

COVID-19 Evidence Coordination Initiative

Proposed working groups, terms of reference and participants

(Last updated 14 April 2020)

Scoping

Proposed terms of reference

- 1) Developing a name for the initiative, with candidate names and considerations suggested to date including:
 - a. COVEND (but we'd need to come up with an N and D for the acronym: COVID-19 Evidence N? D?)
 - b. COVID Global Evidence Alliance
 - c. possibly something broader (like emerging infectious diseases or pandemic evidence) to support sustainability
 - d. something that lends itself to a URL that is available for purchase
- 2) Describing the focus of the initiative
 - a. Reviews, primary studies or both (and within reviews, all types of quantitative, qualitative and mixed-methods reviews, as well as evidence maps, rapid reviews, and scoping reviews), as well as health technology assessments and guidelines informed by such evidence (all regardless of publication status)
 - b. Human studies, animal studies or both
 - c. Health and select other sectors, or all sectors?
 - i. Note that this has implications for PROSPERO given it includes reviews about health and social care, welfare, public health, education, crime, justice, and international development, where there is a health related outcome
 - d. COVID-only evidence, COVID-relevant evidence (e.g., evidence addressing a topic like task shifting that is highly relevant to COVID but where the studies were not conducted in the context of COVID), or both
- 3) Drafting principles that underpin the work of the initiative
 - a. Continuously updating a guidance to COVID-19 evidence sources that makes it as easy as possible for decision-makers, and those who support them, to find and use evidence efficiently in their decision-making and recommendations (i.e., supporting, not competing with or replacing, well-positioned regional, national and sub-national organizations that are working in close partnership with key target audiences)
 - b. Supporting – with a common brand/identity, small agile secretariat, and simple working group structure – a distributed network of organizations and individuals to play to their comparative advantages and avoid unnecessary duplication within and across all elements of the evidence supply and demand chains
 - c. Seeking out quick wins and taking measured steps to longer-term solutions
 - d. Strengthening existing institutions (e.g., Campbell and Cochrane) and processes (e.g., protocol registration in PROSPERO) and contributing to their long-term sustainability
 - e. Committing to open access of all data, methods, processes, code, software, publications, education and peer review produced through the initiative (in keeping with 'open synthesis' principles)
 - f. Ensuring diversity, equity and inclusion in the leadership of the initiative and its working groups (e.g., achieving a balance of co-chairs by gender and from high-income countries and from low- and middle-income countries)
- 4) Contributing to the topics part of the taxonomy of key meta-data that is being developed by the Digitizing working group to ensure it captures everything from diagnosis through managing surge to addressing delays in chronic-disease management on the health side and from people going hungry through businesses failing and violence in the home increasing on the broader social side
- 5) Describing the links in the evidence supply and demand chains, gathering information about who's working in each, and then combining this information to identify and capture efficiencies (e.g., potential overlaps between our working groups, especially the Digitizing working group, and those of the COVID-19 Knowledge Accelerator)
- 6) Confirming relationship between the initiative and other related initiatives, such as Evidence Synthesis International and Global Evidence Synthesis Initiative
- 7) Collaborating with other working groups to identify the human and financial needs to support the work, ways 're-program' existing budgets where possible, and contribute to collective efforts to pursue opportunities for additional funding where appropriate

Proposed participants

- 1) Birte Snilsveit, 3IE, UK
- 2) David Gough, EPPI Centre, UK
- 3) Jeremy Grimshaw, Ottawa Hospital Research Institute | RISE, Canada (possible co-chair)
- 4) John Lavis, McMaster Health Forum | RISE, Canada
- 5) Patrick Okwen Mbah, Effective Basic Services (eBASE) Africa, Cameroon
- 6) Ruth Stewart (possible co-chair)
- 7) Trish Greenhalgh
- 8) *Secretariat: Heather Bullock and Safa Al-Khateeb, McMaster Health Forum | RISE, Canada and Jeremy Grimshaw (listed above), Ottawa Hospital Research Institute | RISE*

Engaging

Proposed terms of reference

- 1) Identifying evidence groups that are contributing to the COVID-19 response and should be included in our communications (building from the list of rapid review centres developed by Laurenz Langer, etc.)
 - a. Name
 - b. Focus
 - c. Taxonomy being used
 - d. URL
 - e. Email address
- 2) Developing and communicating messages to these evidence groups about how to leverage existing evidence-related data (e.g., daily search data) and processes (e.g., PROSPERO registration)
 - a. e.g., register all titles and protocols with PROSPERO (and possibly select other sites that follow similar ‘open synthesis’ principles)
 - b. e.g., share an anticipated delivery date and update the date if conditions change
 - c. e.g., upload completed reviews and guidelines to any of a small group of select sites that follow principles around transparency, etc.
- 3) Canvassing input from these evidence groups for additional ideas for how to work more collaboratively as an evidence synthesis community, both within and across ‘divides’ (e.g., quantitative and qualitative synthesis, health and social sciences)
- 4) Developing approaches to manually capturing reviews and guidelines that are not housed on portals being prioritized by the digitizing working group (e.g., biweekly website reviews)
- 5) Identifying and engaging a broader array of groups (e.g., data analytics, modelling, implementation science, and monitoring and evaluation) that need to have access to the best evidence sources for their work

Proposed participants

- 1) Laurenz Langer, African Centre for Evidence, South Africa (possible co-chair)
- 2) Lesley Stewart, Centre for Reviews and Dissemination (PROSPERO), UK
- 3) Maureen Dobbins, National Collaborating Centre for Methods and Tools, Canada (possible co-chair)
- 4) Susan Norris, WHO, Switzerland
- 5) Sylvia de Haan, Cochrane Central
- 6) *Secretariat: Francois-Pierre Gauvin, Heather Bullock, John Lavis and Safa Al-Khateeb, McMaster Health Forum | RISE, Canada*

Digitizing

Proposed terms of reference

- 1) Developing and operationalizing an approach to optimizing and sharing searches, de-duplicated articles, and screen articles (e.g., stable ID for all studies)

- 2) Developing a taxonomy of key meta-data that all working groups can use and that leverage work already done by groups like FRBR, MCBK, HL7 (and its health-evidence initiative called EBMonFIHR), and OMG, among others
 - a. Topic – capturing everything from diagnosis through managing surge to addressing delays in chronic-disease management (and liaising with the Scoping working group on this part)
 - b. Document type - review/study type, derivative product type and target audience focus, etc.
 - c. Evidence ‘provenance’
 - d. Status
 - e. Date – title registration, protocol registration, review target date, search completed date, review completed date
- 3) Rationalizing, linking and aggregating metadata across key portals to capture what is being done (as well as for when and how can it be accessed) in ways that follow FAIR data principles (findable, accessible, interoperable, and re-usable)
 - a. Questions being asked (e.g., Cochrane question bank, Oxford CEBM questions)
 - b. Studies
 - c. Evidence syntheses (including those that are relevant to COVID-19 but where the studies were not conducted in the context of COVID-19 (e.g., Evidence Aid))
 - i. Registered titles
 - ii. Registered protocols (e.g., can PROSPERO’s scope be expanded beyond existing topics and review types, can its capacity be expanded to cope with the increased volume, can its data elements be expanded to include anticipated completion date, can follow-up be automated, can preprints be linked, can a results template be used)
 - iii. Completed reviews, including rapid reviews
 - iv. Data from completed reviews
 - d. Guidelines
 - e. Derivative products
- 4) Identifying portals that can be strengthened/expanded, joined up or built to fill gaps in any of the above
- 5) Identifying, sharing and operationalizing ways to use machine learning to streamline processes
- 6) Exploring a potential collaboration with one or more of the COVID-19 Knowledge Accelerator working groups

Proposed participants

- 1) Alfonso Iorio, McMaster PLUS, Canada
- 2) Chris Mavergames, Cochrane, Germany
- 3) Gunn Vist, Norwegian Institute of Public Health, Norway
- 4) James Thomas, EPPI Centre, UK (possibly co-chair)
- 5) Jon Brassey, TRIP database, UK
- 6) Julian Elliott, Cochrane Australia, Australia
- 7) Linn Brandt, MAGIC, Norway (possible co-chair)
- 8) Possibly others whose names have been suggested:
 - a. Davide Sottara, Principal Knowledge Engineer, Mayo Clinic
 - b. Lisa Schilling, Healthcare Information Technology core lead, University of Colorado’s Anschutz Medical Campus
- 9) *Secretariat: Kaelan Moat, and Safa Al-Khateeb, McMaster Health Forum | RISE, Canada and Jeremy Grimshaw and Anna Dion, Ottawa, Hospital Research Institute | RISE, Canada*

Synthesizing

Proposed terms of reference

- 1) Contributing to maintaining the guide to COVID-19 evidence sources and encouraging its use to avoid unnecessary duplication and encourage updating or extending existing reviews (while digital solutions are being developed)
- 2) Creating and sharing evidence tables that can be used in local evidence-contextualization and guideline-development processes

- 3) Identifying and sharing guidance for conducting and reporting rapid reviews
- 4) Promoting the quality assurance, publishing, translation and other benefits that come from working with the Campbell Collaboration, Cochrane, etc.
- 5) Identifying and promoting living reviews and living guidelines as emerging standards of evidence synthesis
- 6) Identifying and sharing ways for individuals and groups to contribute to work that is already underway (e.g., Cochrane TaskExchange)

Proposed participants

- 1) Additional LMIC participants (possible co-chair)
- 2) Andrea Tricco, SPOR Evidence Alliance, Canada
- 3) Birte Snilsveit, 3IE, UK
- 4) Elie Akl, SPARK, Lebanon
- 5) Karla Soares-Weiser, Cochrane Central
- 6) Per-Olav Vandvik, MAGIC, Norway
- 7) Simon Lewin, Norwegian Institute for Public Health, Norway
- 8) Vivian Welch, Campbell Collaboration, Canada (possible co-chair)
- 9) *Secretariat: Mike Wilson, John Lavis and Safa Al-Khateeb, McMaster Health Forum | RISE, Canada and Anna Dion, Ottawa Hospital Research Institute | RISE, Canada*

Packaging

Proposed terms of reference

- 1) Contributing to the ‘document types’ part of the taxonomy of key meta-data that is being developed by the Digitizing working group to ensure it captures the full array of derivative products being produced for each target audience
 - a. Citizens
 - b. Providers
 - c. Policymakers and managers
 - d. Researchers, synthesizers and guideline developers
- 2) Identifying intermediaries already providing evidence to key target audiences and in multiple languages, and encouraging and supporting them to draw on high-quality sources of synthesized research evidence and related derivative products for each target audience
 - a. ***Note that the intent of the initiative is to support, not compete with or replace, well-positioned regional, national and sub-national organizations that are working in close partnership with key target audiences (i.e., with the demand side)***
- 3) Supporting the quality appraisal of evidence syntheses that could form the basis of derivative products
- 4) Supporting the translation into multiple languages of plain-language and other derivative products
- 5) Identifying the filters that key target audiences would want to use in searching and sharing these insights with the digitizing working group
- 6) Creating and sharing derivative products with portals that can link them back to the original record when possible
- 7) Connecting evidence-synthesis groups with organizations with experience in creating derivative products (e.g., Joanna Briggs Institute)

Proposed participants

- 1) Additional LMIC participants (possible co-chair that is consumer-focused)
- 2) Ben Heaven-Taylor, Evidence Aid, UK (possible co-chair)
- 3) Craig Lockwood, Joanna Briggs Institute, Australia
- 4) Jo Anthony, Cochrane Central (or Sylvia de Haan, Cochrane Central if Jo isn't available)
- 5) Patrick Okwen Mbah, Effective Basic Services (eBASE) Africa, Cameroon
- 6) Sally Green, Cochrane Australia, Australia
- 7) *Secretariat: John Lavis and Safa Al-Khateeb, McMaster Health Forum | RISE, Canada and Anna Dion, Ottawa Hospital Research Institute | RISE*

Sustaining

Proposed terms of reference

- 1) Retrospectively studying why the evidence synthesis community didn't have the mechanisms in place to respond efficiently
- 2) Prospectively studying how the evidence synthesis community's newly developed mechanisms are being put in place to optimize sustainability
- 3) Proposing ways to 'mainstream' emergent mechanisms within existing institutions and processes, including in the work of a broader array of groups (e.g., data analytics, modelling, implementation science, and monitoring and evaluation) that need to have access to the best evidence sources for their work
- 4) Developing a theory of change to capture demand- and supply-side interventions and how they are expected to lead to impact
- 5) Liaise with donors about the importance of investing in existing institutions and processes

Proposed participants

- 1) David Gough, EPPI Centre, UK (possible co-chair)
- 2) Elie Akl, SPARK, Lebanon (possible co-chair)
- 3) Jeremy Grimshaw, OHRI | RISE
- 4) Sylvia de Haan, Cochrane Central
- 5) *Secretariat: Heather Bullock and Safa Al-Khateeb, McMaster Health Forum | RISE, Canada (and Jeremy Grimshaw listed above)*