COVID-END’s 7 principles

1. Supporting (not competing with or replacing) well-positioned regional, national and sub-national organizations that are working in close partnership with key target audiences and already responding to their evidence needs.

2. 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 leverage one another’s work.

3. Seeking out quick wins for those supporting decision-makers and among those involved in preparing evidence syntheses, technology assessments and guidelines, and taking measured steps to longer-term solutions that can better support decision-makers.

4. Strengthening existing institutions (e.g., Campbell and Cochrane) and processes (e.g., protocol registration in PROSPERO) and contributing to their long-term sustainability.

5. Addressing a diversity of regional and linguistic needs among decision-makers and those who support them.

6. 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).

7. Committing to related principles articulated by others:
   • Principles of high quality evidence synthesis as articulated by Evidence Synthesis International.
   • Principles of open access to all data, methods, processes, code, software, publications, education and peer review produced through the initiative (in keeping with ‘open synthesis’ principles).

Together we can make a big difference in minimizing the human suffering being caused by COVID-19. We can also position ourselves optimally for addressing the more everyday challenges that we will return to when the worst of COVID-19 is behind us.
COVID-19 Evidence Demand Context
Unprecedented but uneven demand for evidence (incl. syntheses, guidance & HTAs) across sectors

COVID-19 Evidence Supply Challenges
Rapid upsurge in variable quality primary COVID-specific research, leading to rapidly evolving evidence base

COVID-19 Evidence Synthesis Activities
Evidence ecosystem less coordinated than optimal
More duplication of synthesis activities than is constructive
New entrants not always aware of best approaches and tools
Evidence synthesis activities are of variable quality

Inputs
- People
  - I - Partners (supply & demand sides)
  - II - Community
  - III - Working groups
  - IV - Secretariat
  - V - MUN MPH students
- Other resources
  - Project funds (Ontario Ministry of Health)
  - Donor funds

Mechanisms
- Convening partners
- Coordinating activities
- Sharing knowledge & expertise
- Collaborating with partners, community & stakeholders
- Curating useful & high-quality synthesis resources
- Producing products, tools & processes
- Responding to stakeholder needs
- Amplifying partner resources
- Advocating for a more effective evidence ecosystem

Outputs
- Tools & resources to support:
  - Decision makers
  - Researchers
  - Other target groups
- Opportunities & structures that enable relationship building & collaboration
- Awareness-building & communication activities

Target Groups
- Primary
  - Decision makers
  - Evidence synthesizers
  - Researchers
  - Other target groups
- Secondary
  - Citizens
  - Patients
  - Primary researchers
  - Civil society organizations
  - Funders
  - Media

Short-term Outcomes
- Uptake & use of tools produced by COVID-END
- Increased collaboration among partners
- Better alignment of partner activities
- Less redundancy in synthesis activities

Short-term Influences
- More cohesive evidence synthesis ecosystem for COVID-19
- Improved global response to COVID-19 pandemic

Long-term Influences
- More connected evidence synthesis ecosystem that can better support health & social system transformation

Inclusiveness
Diversity
Equity
COVID-END partner organizations

Short-term Outcomes
- Increased collaboration among partners
- Better alignment of partner activities
- Less redundancy in synthesis activities
- Better quality, more accessible and timely synthesis products in response to needs
- More evidence-informed decision makers

Short-term Influences
- More cohesive evidence synthesis ecosystem for COVID-19
- Improved global response to COVID-19 pandemic

Long-term Influences
- More connected evidence synthesis ecosystem that can better support health & social system transformation
COVID-END Expected Areas of Influence in Context of the Broader Evidence Ecosystem

The Digital and Trustworthy Evidence Ecosystem

- **Synthesize evidence**
  - Analyze data, write and publish systematic reviews

- **Create guidance and HTA**
  - Analyze data, write and publish trustworthy HTA and guidelines

- **Tools and platforms**

- **Trustworthy evidence**

- **Common methodology**

- **Digitally structured data**

- **Coordination and support**

- **Culture for sharing**

- **Universal standards**

- **Authoring & Publication Platform**
  - Disseminate to policy makers, clinicians and patients
    - User friendly and understandable HTA, guidelines and decision aids

- **Implement evidence**
  - Personalized Decision Support Systems in the EHR

- **Evaluate and improve practice**
  - Population-based data in Registries, Quality Indicators, data from EHR

- **Produce evidence**
  - Plan, conduct and publish primary research (trials and observational studies)

- **data**
COVIDEND
→ Guide to evidence sources
→ Rapid evidence service
EVIDENCE ECOSYSTEMS

WIDER SYSTEMS AND CONTEXTS INFLUENCING THE EVIDENCE ECOSYSTEM

ACTORS/ PERSPECTIVES/ ISSUES / QUESTIONS / POWER

Policy, practice and individual decision making
Informed by research

ENGAGEMENT
Including intermediaries and further information

Research production
Synthesis of research
Primary studies

Demand for research
Prioritizing issues
Supporting uptake
Create Guidance
Communication

Adapted from (Gough et al, 2010, 2018, 2019)
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