COVID-END Resources

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Case for Doing Things Differently As We Transition from a Sprint to a Marathon

- Remarkable number of single studies being published everyday has created a very high noise-to-signal ratio;
- One-off reviews on long-term and recurring issues are quickly out of date;
- Many rapid (and full) reviews are of low quality;
- Few reviews about interventions provide a GRADE evidence profile that speaks to the level of certainty of the available evidence;
- Too many evidence syntheses address the same topic (e.g., >200 prognostic reviews and only 5 such reviews address ≥ 5 factors);
- Too many key decisions have no available evidence synthesis (let alone a living evidence synthesis that is updated as new studies are published);
- The small number of existing living evidence syntheses often address same topic (e.g., 3 living network meta-analyses of COVID-19 treatments).
Case for Doing Things Differently As We Transition from a Sprint to a Marathon (2)

- More on the high noise-to-signal ratio →
  - **Start with** recently updated, high-quality **evidence syntheses**, which
    - Reduce the likelihood that decision-makers will be **misled** by research (by being more systematic and transparent in the identification, selection, appraisal, and synthesis of studies)
    - Increase **confidence** among decision makers about what can be expected from an intervention (by increasing the number of units for study)
    - Allow decision makers to focus on **how findings do or don’t vary by context and population** (ideally using an explicit equity lens) and hence what the evidence means for a specific jurisdiction at a specific moment in time
    - Allow stakeholders, including public interest or civil society groups, to **constructively contest** research evidence because it is laid out for them in a more systematic and transparent way

- These evidence syntheses are distinct from **jurisdictional scans**
COVID-END Resources for Those Supporting Decision-making (https://www.covid-end.org)

- Inventory of ‘best’ evidence syntheses for COVID-19 decisions
- Horizon scans for emerging issues (and for topic prioritization)
- Community of those supporting decision-making
- Living hub of COVID-19 knowledge hubs
- Additional supports
  - Guide to COVID-19 evidences sources
  - Evidence-packaging resources
  - Evidence-support models
  - Tips and tools
Inventory of Best Evidence Syntheses

- Sources of syntheses
  - UNCOVER
  - VA Evidence Synthesis Program
  - Cochrane
  - COVID-NMA
  - Epistemonikos (own products only)
  - ‘Forwards’

- Sources of synthesis protocols
  - PROSPERO
  - NCCMT

- Sources of ‘processed’ syntheses
  - McMaster Health Forum rapid evidence profiles
  - NCCMT rapid syntheses
Inventory of Best Evidence Syntheses (2)

- Organized by type of decision (public-health measures, clinical management, health-system arrangements, and economic and social responses)
- ‘Best’ is defined by
  - Recency of search
  - Quality of review
  - GRADE evidence profile availability
- Declarative title to facilitate relevance assessments (e.g., PICO and certainty level for available evidence)
- Additional decision-relevant details
  - ‘Living’ status, with key information about ‘living’ syntheses (date of search and declarative title) updated weekly
  - Synthesis type
  - Synthesis question
Inventory of Best Evidence Syntheses (3)

- A snapshot of how the inventory reduces the noise-to-signal ratio
  - 3,600+ ‘harvested’
  - 2,600+ non-duplicates
  - 1,250+ decision-relevant syntheses included in database
  - 175+ included in the inventory based on three criteria for ‘best’ evidence syntheses
Horizon Scans for Emerging Issues (and for Topic Prioritization)

- Monthly briefing note drawing on horizon scans from around the globe
- Monthly meeting of a panel of 40+ diverse strategic and ‘out-of-the-box’ thinkers and doers, with diversity defined in relation to
  - Taxonomy (public-health measures, clinical management, health-system arrangements, and economic and social responses)
  - Target audiences (citizens, service providers, policymakers, and researchers)
  - WHO regions
  - Primary languages spoken
- Monthly survey (at the end of each meeting) to
  - Prioritize topics where evidence syntheses are lacking or insufficient
  - Improve the framing of topics to enhance their decision relevance
Community of Those Supporting Decision-making

- Focused on individuals with the following attributes
  - Creating and/or using evidence syntheses, technology assessments, and/or guidelines as the focus of their support to decision-making about COVID-19
  - Engaging with decision-making about COVID-19 by citizens/service users, service providers, and/or health- and social-system policymakers
  - Keen to learn from others about how to support decision-making about COVID-19 and willing to explore challenges and/or share experiences through online discussions
  - Share COVID-END’s principles
- Join the COVID-END Community listserv
Living Hub of COVID-19 Knowledge Hubs

- Decision-makers may want to identify organizations that are supporting decision-making with a specific topic or sectoral focus, with a specific type of resource (e.g., recommendations, evidence syntheses or data), and/or with a specific geographic or linguistic scope.
- COVID-19 knowledge hubs are broadly defined as any publicly available platform whose main aim is to collate and share relevant data, research and other types of evidence related to the COVID-19 pandemic.
- Of the 440 hubs that were originally identified, 304 hubs met the eligibility criteria and are included in the current version of the searchable database.
Additional Supports

- Guide to COVID-19 evidences sources
  - Sources that are regularly searched as part of the inventory are flagged to avoid having to search them a second time
- Evidence-packaging resources
- Evidence-support model
  - An example of a model for national or sub-national efforts to contextualize evidence for decision-making
  - Rapid-evidence profiles that are completed in 4 hours, 1 day, 2 days or 3 days and that provide both ‘best evidence’ and jurisdictional scans
- Tips and tools
COVID-END Resources for Researchers
(https://www.covid-end.org)

- Priorities for living evidence syntheses (and guidelines)
  - List will be posted by the end of the week
  - Tips for teams taking up priority topics for living evidence syntheses
- Supports for evidence synthesizers
- Supports for guideline developers (coming soon)
Priorities for Living Evidence Syntheses

- **Public-health measures**
  - Supporting **adherence** to public-health measures
  - Strategies for testing and for **test-track-trace approaches** that optimize the use of existing capacity
  - Surveillance, analytic and synthesis **capacity** in public-health units and **linkages** to other parts of the health system
  - Patterns in and consequences of the greater **geographic dispersion** in second wave
  - Building **rapid-response mechanisms** to support outbreak studies and M&E

- **Clinical management of COVID-19 and pandemic-related conditions**
  - **Long-haul symptoms of COVID** (among people without severe COVID) and/or long-term sequelae of severe COVID
  - Understanding COVID-19 as a **syndemic**
  - **Concurrent management** of COVID-19 and other (seasonal) infections
  - Screening for and managing emergent **mental health** and substance use issues
Priorities for Living Evidence Syntheses (2)

- Health-system arrangements
  - Managing vaccine allocation, communication, administration and reporting
  - Strengthening health-system governance
  - Leveraging primary care as the foundation for the health-system response to COVID-19
  - Responsive and agile efforts to address health human resource shortages, motivation and wellbeing
  - Restoring non-COVID services after services and addressing the effects of interrupted care
  - Approaches to strategic purchasing of supplies and equipment
  - Packages of responses (public-health / health-system) and combinations of centralized and decentralized approaches
  - Consolidating and optimizing the value achieved through shifts in virtual care
Priorities for Living Evidence Syntheses (3)

- Economic and social responses
  - Financial protection – Enhancing **financial security** by adjusting ‘safety nets’ (and keeping in mind differential impacts on women and other vulnerable populations) and enhancing workforce training
  - Community and social services - Differential impact of COVID-19 on **vulnerable populations** and increasing **inequalities**
  - Education - Benefits and risks to students, educators and families arising from **school closures**, re-openings, **operations** and pedagogical innovations that can support ongoing education
  - Economic development and growth – Embracing **new approaches** to public financing that support fairness and equity (especially for women and other vulnerable populations), avoiding fiscal cliffs (expiring tax cuts and government spending cuts), and avoiding debt traps
  - Food safety and security – Approaches to addressing food supply-chain challenges and **food poverty**, including both community-based or nationally led actions
Priorities for Living Evidence Syntheses (4)

- Economic and social responses (2)
  - Transportation - Safely re-opening the tourism and travel industry and managing the related risks (e.g., through testing protocols)
  - Culture and gender - Additional risks of gender-based and domestic violence arising from restrictions, and appropriate ways to address such violence
  - Citizenship - Linking citizen and community participation in pandemic planning, policymaking and response with outcomes and capturing innovations in government approaches
  - Climate action – Additional risks of environmental crisis and maximizing the opportunity for synergies between the COVID-19 response and climate action

- Cross-cutting
  - Equity – Working with vulnerable groups in society to customize packages of public-health measures, clinical-management approaches, health-system arrangements, and economic and social responses that are sensitive to equity, diversity and inclusion considerations
Tips for Teams Taking Up Priority Topics for Living Evidence Syntheses

- Consider committing to explicitly
  - Foreground **equity** considerations
  - Examine **benefits and harms** (health outcomes but also economic and social outcomes), citizen experiences, and costs
  - Be attentive to variation in **government capacity**

- Engage **interdisciplinary** teams (e.g., laboratory, infection prevention and control, engineering, data modeling, outbreak studies, behavioural and social sciences, equity, science communication, and citizens) alongside methodological experts

- Commit to explicit cycles or triggers for **updating** living evidence syntheses (and/or at least to finding a home for an evidence synthesis when an emergent issue becomes long-term or recurring and needs to become a living evidence synthesis)
Supports for Evidence Synthesizers

- Interactive flow diagram
- Clarify the issue or decision to inform
- Avoid duplication of effort
- Update an out-of-date review
- Conduct a new review
  - See additional steps
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