



COVID-END Resources

COVID-END Community Webinar, 2 December 2020

John N. Lavis, MD PhD

Co-Lead, COVID-END

Director, McMaster Health Forum

Director, WHO Collaborating Centre for Evidence-Informed Policy

Professor, McMaster University



HEALTH FORUM



The Ottawa
Hospital
Centre for Implementation
Research

Acknowledgements

- Funding for COVID-END
 - Government of Ontario (through a grant to Rapid-Improvement Support and Exchange, or RISE), which supports the locally focused parts of our work
 - National Institute of Health Research (Evidence Synthesis Program), UK
 - Individual donors through the Centre for Effective Altruism and Fidelity Charitable, USA, and private individual donors

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- One-off reviews on long-term and recurring issues are quickly **out of date**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

[\(https://www.covid-end.org\)](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



COVID-END

COVID-19 Evidence Network
to support Decision-making

COVID-END

<https://www.covid-end.org>

