COVID-END in Canada

Evidence Synthesis Network, 12 January 2021

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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- One-off reviews on long-term and recurring issues are quickly out of date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)
Update on Funding

- New funding for COVID-END
  - **Canadian Institutes of Health Research**, which will support pan-Canadian work and Canada-relevant parts of our global work (‘COVID-END in Canada’) addressing all types of responses
    - Public-health measures
    - Clinical management
    - Health-system arrangements
    - Economic and social responses

- Past and current funding for COVID-END
  - Government of Ontario (through a grant to Rapid-Improvement Support and Exchange, or RISE), which has supported our Ontario-focused work
  - National Institute of Health Research (Evidence Synthesis Program), UK, which has supported our global work
  - Individual donors through the Centre for Effective Altruism and Fidelity Charitable, USA, and private individual donors, which has supported our global work
Who’s Who in COVID-END in Canada

- **Canadian secretariat**
  - John Lavis & Jeremy Grimshaw (COVID-END)
  - Andrea Tricco (SPOR EA) & Nancy Santesso (Cochrane Canada)
  - Maureen Smith (citizen partner)

- **Steering committee** (15 reps from ES teams in government, KT groups, citizen leaders, professional bodies, and policy/system leaders)

- **25+ evidence-synthesis teams from across the country**

- **100+ collaborators (both co-investigators and knowledge users)**

- **20+ citizen partners (synthesis teams, plain-language summaries, horizon scanning panel, and steering committee)**

- **Other partners**
  - Indigenous partners (Margo Greenwood, NCC Indigenous Health, who will be consulting with the First Nations Information Governance Centre, Network Environments for Indigenous Health Research NCC, etc.)
  - Dissemination partners (e.g., CanCOVID)
Six ‘Actions’ by COVID-END in Canada

1) New or updated syntheses

- Types
  - Rapid evidence profiles (MHF/OHRI) in 4 hours to 3 days with a focus on existing evidence syntheses and jurisdictional scans
  - Rapid evidence syntheses (SPOR EA) in 5 to 10 days

- Intake form (drawing on ESN and SPOR EA) → Check against domestic and global inventories → Notification of synthesis teams → Scoping call with requester → Team selection → Work commences

- Plain-language summaries will be prepared in English and French

2) Living evidence syntheses

- As above but with regular updates (e.g., vaccine roll-out LEP to be updated twice a month)
Six ‘Actions’ by COVID-END in Canada (2)

3) Inventory of ‘best evidence syntheses’

- **Current approach to the ‘static’ inventory already available online**
  - ‘Best’ defined by recency, quality & evidence profile availability
  - Declarative title to highlight PICO & evidence certainty
  - ‘Living’ status, synthesis type, and synthesis question

- **Current reduction in noise-to-signal ratio**
  - 4,100+ syntheses from high-quality / high-yield sources
  - 3,000+ non-duplicate syntheses → 1,750 decision-relevant syntheses
  - 216 ‘best’ evidence syntheses

- **Future approach**
  - Searchable inventory and customizable evidence service
  - Additional field(s) for equity considerations
  - Once-or-twice-a-month ‘inventory spotlights’ on where evidence has shifted (either new evidence syntheses or updates to living evidence syntheses), which will be shared through dissemination partners
Six ‘Actions’ by COVID-END in Canada (3)

4) Evidence-demand coordination (webinars re actions 1-3 and 5-6)
- Canadian Public Health Network
  - FPT Special Advisory Committee for COVID-19 (SAC): FPT chief medical officers of health (CMOH)
  - FPT Technical Advisory Committee for COVID-19 (TAC): Deputies and delegates
- Evidence synthesis and contextualization shops in FPT governments and affiliated agencies
  - E.g. COVID-19 Clinical Pharmacology Task Group and Office of the Chief Science Officer, Public Health Agency of Canada
- Other centres of gravity in FPT governments and affiliated agencies (based on an upcoming session organized by CIHR)

5) Horizon scanning
- Monthly Canadian panel immediately following our global panel
  - Briefing note re emerging issues and panel summary of high-priority topics
Six ‘Actions’ by COVID-END in Canada (4)

6) Evidence-supply coordination

- At the end I’ll ask whether you would participate in the following approach to tracking
  - Eligible if you are an evidence synthesis (and contextualization) shop in Canada (but not an evidence translation shop relying on others’ evidence syntheses)
  - Proactively share topics newly taken on and syntheses completed since 1/12 (or provide link to public listing or respond when new request) and note whether select details (e.g., email address for contact) can be shared within network (to respond to a request) or publicly

- Once-or-twice-a-month ‘Canadian synthesis spotlights’ on where evidence is being or has been synthesized (when details can be shared publicly), which will be shared through dissemination partners
COVID-END Resources for Those Supporting Decision-making (https://www.covid-end.org)

- **Inventory of ‘best’ evidence syntheses for COVID-19 decisions**
  (with tips for using the inventory coming soon)

- **Horizon scans for emerging issues**
  - Monthly meeting of a panel of 36+ diverse strategic and ‘out-of-the-box’ thinkers and doers
    (with diversity defined in relation to our taxonomy, target audiences, WHO regions, and primary languages spoken)

- 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
COVID-END Resources for Researchers
(https://www.covid-end.org)

- Priorities for new evidence syntheses and guidelines
  - Global (coming soon)
  - Canada (coming once Canadian panel set up in February)
- Supports for evidence synthesizers (with updates coming soon)
  - Supports for living evidence synthesizers (coming soon)
- Supports for guideline developers (coming soon)
Other COVID-END Activities

- Global secretariat
- Global partners (50+)
- Working groups
  - Four continuing: Scoping, Engaging, Recommending, Sustaining
  - Three starting: Prioritizing, Profiling, Advocating
  - Three on stand-by: Digitizing, Synthesizing, Packaging
  - Two complementary task groups: Equity, Citizen partnership
- Other
  - ACTS (implementation) & COKA (data standardization)
  - BESSI (behavioural science)
  - Cochrane (post-COVID)
  - Lancet Commission
  - WHO ECC-19
Willingness to Participate in Supply Tracking

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<th>Organization</th>
<th>Share COVID-19 questions newly taken on?</th>
<th>Share email address for best contact for each question?</th>
<th>Share questions and email addresses within network or publicly?</th>
<th>Share COVID-19 questions for which syntheses completed (post 1/12)?</th>
<th>Share link to each completed synthesis or email address for best contact?</th>
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