

COVID-END in Canada

Public Health Agency of Canada
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HEALTH FORUM



COVID-END ‘Actions’ and Related Key Messages

4. Evidence-demand coordination

- Prioritizing questions from senior decision-makers and likely relevant to multiple jurisdictions
 - Two of last four questions were handled with existing services and connections to ‘living synthesis’ teams

1. New or updated evidence syntheses | 2. Living evidence syntheses

- Intake form prompts for timeline (4 hours to 3 days for rapid evidence profiles & 5-10 days for rapid syntheses), focus (evidence +/- jurisdictional scan), and ‘living’ or not

3. Inventory of ‘best’ evidence syntheses for COVID-19 decisions

- Twice-a-month ‘global synthesis spotlights’ on where evidence has shifted (either new evidence syntheses or updates to living evidence syntheses) and later a searchable database
- Possible staff webinars on finding and using evidence syntheses

5. Horizon scanning

- Once-a-month briefing notes about emerging issues and panel summaries from a global (and soon a Canadian) horizon-scanning panel

6. Evidence-supply coordination

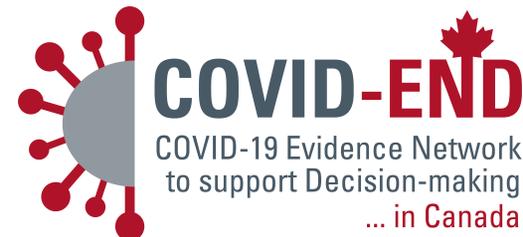
- Twice-a-month ‘Canadian synthesis spotlights’ on where evidence is being or has been synthesized (by groups across Canada, ideally including PHAC groups)

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- One-off reviews on long-term and recurring issues are quickly **out of date**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)
- 19 (+12 + 3 + 7 +++) 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 (and sometimes we have what's needed or a plan for it) → 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
 - 4,425+ syntheses from high-quality / high-yield sources
 - 3,250+ non-duplicate syntheses → 1,775 decision-relevant syntheses
 - 216 'best' evidence syntheses
- ❑ Future approach
 - Searchable database and customizable evidence service
 - Additional field(s) for equity considerations
 - 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 (which can also fit on the supply slide)
 - E.g. COVID-19 Clinical Pharmacology Task Group, Science Policy Unit of HP&CDP Branch, Office of the Chief Science Officer (and **who else within PHAC?**)
- ❑ 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 PHAC groups would be willing to 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 questions newly taken on and syntheses completed since 1 December (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
- 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 40+ 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 (55+)
- 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

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Willingness to Participate in Supply Tracking

Organization	Share COVID-19 questions newly taken on?	Share email address for best contact for each question?	Share questions and email addresses within network or publicly?	Share (COVID-19 questions for which) syntheses completed (post 1 December)?	Share link to each completed synthesis or email address for best contact?	Share questions and either links or email addresses within network or publicly?
e.g., SPOR EA (Andrea Tricco)	Yes	Yes	Publicly	Yes	Links	Publicly
COVID-19 Clinical Pharmacology Task Group, PHAC						
Science Policy Unit of HP&CDP Branch, PHAC						
Office of the Chief Science Officer, PHAC						
Who else from PHAC?						