

4.6 Coverage, quality and recency of evidence syntheses

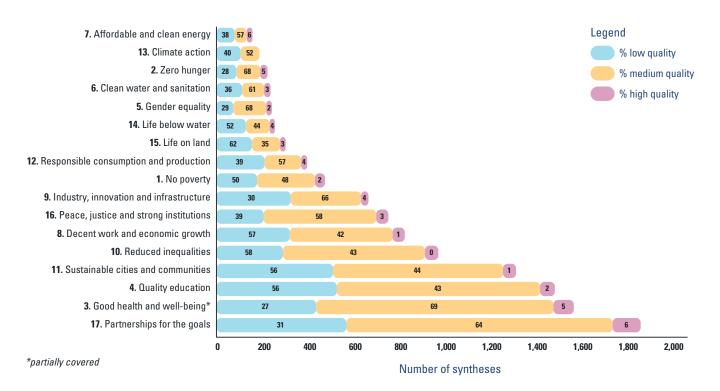
The global stock of evidence syntheses suffers from incomplete coverage of priority topics, a wide spectrum of quality (of the synthesis), and problems with recency (of the search for potential studies to be included in the synthesis). Analyses of two 'one-stop shops' for evidence syntheses illustrate the magnitude of the problem. One 'shop' focuses on all of the non-health Sustainable Development Goals, or SDGs (Social Systems Evidence), and the other focuses on all potential COVID-19 responses (COVID-END inventory of best evidence syntheses and the larger database from which the inventory is drawn).

SDG evidence syntheses

Of the 4,131 SDG evidence syntheses – defined as overviews of reviews, reviews of effects, and reviews addressing other questions – included in Social Systems Evidence as of 12 August 2021:

- coverage was uneven, with seven SDGs addressed by a relatively small number of evidence syntheses (263 or fewer) relative to the number of questions that can be asked in relation to each SDG (2 Zero hunger, 5 Gender inequality, 6 Clean water and sanitation, 7 Affordable and clean energy, 13 Climate action, 14 Life below water, and 15 Life on land)
- quality was uneven, with seven SDGs addressed by a stock of evidence syntheses in which at least half are of low quality (6 Clean water and sanitation, 7 Affordable and clean energy, 9 Industry, innovation and infrastructure, 12 Responsible consumption and production, 13 Climate action, 14 Life below water, and 15 Life on land)
- all SDGs have a median year of last search that is five or six years ago (2016 or 2017)
- only between one in 10 (12%) and one in five (21%) evidence syntheses about most SDGs included at least one study from a low- and middle-income country, with an even lower percentage (3%) for one SDG (9 – Industry, innovation and infrastructure).

The number and quality of evidence syntheses are presented by SDG in the bar chart below.



Share freely, give credit, adapt with permission. This work is licensed under a Creative Commons Attribution-NoDerivatives 4.0 International License. © McMaster Health Forum on behalf McMaster University | <u>The Evidence Commission report</u> Keep the following in mind with this bar chart:

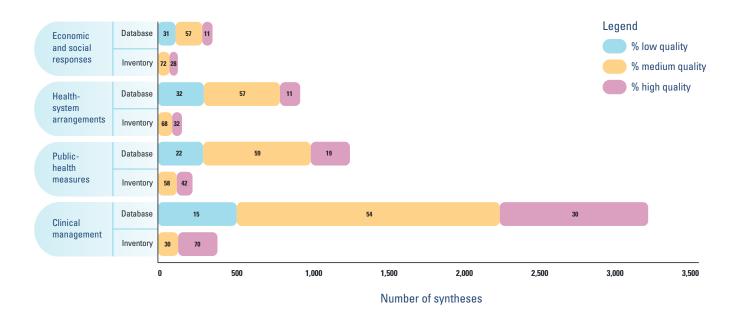
- the numbers add to more than the total number of evidence syntheses because a synthesis may address more than one SDG
- the number of evidence syntheses addressing:
 - o SDG3 is a significant undercount, with health-related evidence syntheses included only if they also address another SDG
 - SDG17 is a significant overcount, with many evidence syntheses addressing another SDG as their primary question also addressing partnerships as a secondary question
 - SDGs 7, 13, 14 and 15 may be an undercount as they have been a more recent focus for inclusion in Social Systems Evidence
- quality ratings have been completed for 85% of the evidence syntheses included in Social Systems Evidence.

COVID-19 evidence syntheses

Of the 4,256 COVID-19-related evidence syntheses included in the full COVID-19 database and the 562 COVID-END inventory of best evidence syntheses, as of 1 August 2021:

- coverage was uneven, with only 237 evidence syntheses addressing economic and social responses to COVID-19 (of which only 49 were included in the inventory), while much higher numbers addressed clinical management (3,128), public-health measures (1,148), and health-system arrangements (818)
- quality was uneven, with roughly one quarter (26%) of COVID-19 evidence syntheses being low quality and over half (56%) being medium quality
- three of the four COVID-19 response categories have a median date of last search that is within 4.5 months of the World Health Organization (WHO) declaring a pandemic (11 March 2020).

The much more recent median search date for clinical management – 12 months after the pandemic declaration and 4.5 months before the analysis was completed – was driven by the large number of comparisons of drug treatments, all with the same search date, on the COVID-NMA living evidence platform. The number and quality of evidence syntheses are presented by broad category of COVID-19 response in the bar chart below.



Keep in mind the following with this bar chart:

- the numbers add to more than the total number of evidence syntheses because a synthesis may address more than one category of the COVID-END taxonomy
- evidence syntheses needed to have a quality rating of medium or high to be considered for inclusion in the COVID-END inventory of 'best evidence syntheses.'

These findings echo similar shortfalls in the stock of evaluations (specifically randomized-controlled trials), evidence syntheses, and evidence maps (of evaluations and evidence syntheses) available to inform decision-making about:

- education, where only 25% of trials had more than 1,000 participants (and only 12% of trials conducted in the 1980-2016 period were performed in Asia, Africa or Central and South America) (5)
- health, where only 16% of evidence syntheses incorporated quality assessment in their analysis (although 70% conducted such as assessment) and more generally reporting quality was highly variable (6)
- sustainable development in low- and middle-income countries, where four or fewer evidence maps reported outcomes relevant to eight of the 17 SDGs in the 2010-17 period, and one quarter of the evidence maps did not address equity in any way.(7)

Other such stock-taking exercises have been framed more positively, such as the one noting that the 740 randomized-controlled trials in social work demonstrate that this approach to evaluation is indeed possible in the field.(8)