Notes from 10 March 2022 meeting of
co-investigators/collaborators and evidence-synthesis teams

OVERALL PROJECT REVIEW and DISCUSSION ITEMS	
1. COVID-END in Canada project progress	
Status overview	- Status of requests and completed products *(including plain language summaries)* - Currently we have 115 completed products (new and updates), 7 in-progress, and 22 planned already to 31 March 2023 (144 total) - This includes 3 inter-related living evidence syntheses (LES) about vaccine effectiveness: - What is the effectiveness of available COVID-19 vaccines for adults, including for variants of concern and over time frames up to 120 days? - What is the effectiveness of available COVID-19 vaccines for children and adolescents, including for variants of concern? - What is the long-term effectiveness of available COVID-19 vaccines for adults, including for variants of concern and over time frames beyond 112 days in those with a primary series and beyond 84 days in those with a primary series and an additional dose? - This also includes an updated review on vaccine effectiveness in immunocompromised individuals, as well as rapid syntheses about the risk of severe outcomes in children and the effect of COVID-19 vaccine mandates on trust, psychological reactance, and future vaccine intention - This also includes a living evidence synthesis about the management of, and care models for, long COVID (now supported through Simon Décary's separate CIHR funding) - Review of key points in the annotated standing items in the table below - Leveraged relationships, grants, and contracts - PHAC - CoVaRR - Other CIHR and NSERC-funded networks and teams (modeling, trials, Indigenous) - COVID-END in Canada partners - SPOR-EA **ACTION:** - Evidence-synthesis teams to reach out to the secretariat (covidend@mcmaster.ca) or to Maureen Smith (maureen_smith@rogers.com) and FP Gauvin (gauvinf@mcmaster.ca) if they are interested in engaging citizen partners in the preparation of evidence synthesis products
Round table	- Brief updates from participants about other relevant initiatives underway in Canada - Emerging topics: - mental health and PTSD in healthcare providers; mental health in patients who have been waiting for surgery - a group in Switzerland has taken this on: Georgia Salanti https://mhcovid.ispm.unibe.ch/ - Simon Décary started a roadmap in long COVID. - New Frontiers in Research Fund (NFRF) special call 2022 competition: Research for Postpandemic Recovery - restructured surgical programs to deal with the backlog caused by the pandemic (suggested by Ahmed Abou-Setta) see https://www.chimb.ca/chi-staff/eric-bohm - we're starting to see a diverging direction in the intention for getting the second dose versus getting the boosters (Simon Bacon) - PHAC produced an evidence brief on the 'Attitudes and Acceptance of COVID-19 Booster Doses' in January - some teams (e.g., Lynora's) are seeing questions and requests for evidence-synthesis support trending towards long-term COVID-19 considerations, which the COVID-END network would be well-positioned to address in a way that avoids duplication

2. Global Commission on Evidence to Address Societal Challenges	

Update from the secretariat	• Presentation (see slides circulated with the meeting notes)
	• Excerpted links from the presentation:
	   ○ Evidence Commission report available in multiple languages and formats
	   ○ Sample media coverage links:
	      - Nature editorial 28 February 2022: Wanted: better systems for turning evidence into action
	      - The New York Times guest essay 8 February 2022: Getting rid of Joe Rogan won't solve the health misinformation problem
	      - The Conversation - article 6 February 2022: 5 ways to tackle ignorance about evidence during and after the COVID-19 pandemic
	• Excerpted list of priorities in the pathways to influence
	   ○ rapid jurisdictional assessments
	   ○ global evidence architecture
	   ○ citizen engagement

Round table	• Brief updates from participants about other relevant initiatives underway in Canada
	
	• The secretariat has planned a multifaceted approach to the federal government. Several participants added that at the provincial level we need to be aware of the upcoming elections in Ontario (June) and in Quebec (November)
	• In Ontario, a provincial Health Evidence Support System (HESS) is being proposed
	
	Participants also discussed two timely topics:
	• With respect to the availability of research evidence in a rapidly-changing environment (as experienced with the Omicron wave, for example), participants noted that:
	   ○ we need to think differently about the challenges related to the use of best available evidence, the timeliness of access to it and the need for a 'shorthand process for where to look on the fly' when there is no evidence and there is no time to do a rapid synthesis
	   ○ we need to find ways to validate early sources of information that are used when decisions needed to be made urgently (e.g., could we used population-based synthesis to go back and validate?)
	• A discussion about the use of social media as method for knowledge translation included:
	   ○ comments about the urgency of needing to address misinformation (as well as 'bad takes' on good information), and the potential to leverage the current media traction and attention, and to leverage opinion leaders
	   ○ suggestions and cautions from several participants around the need to engage resources that are highly specialized in social media, to design a successful strategy and avoid certain pitfalls that may have the opposite effects to the desired outcomes.
	
	ACTIONS:
	• All co-investigators/collaborators and members of the evidence-synthesis teams are encouraged to use any of the Evidence Commission resources (or contact the secretariat) as they generate conversations about pathways to influence.
	• Everyone to send any advice, input, ideas (by email to the secretariat covidend@mcmaster.ca or evidencecommission@mcmaster.ca

STANDING ITEMS	
A) Activity streams	
0. New or updated syntheses	
Rapid evidence profiles (REPs)	• *See above (in project progress)*
Rapid evidence syntheses (RSs)	• *See above (in project progress)*
Plain language summaries (includes summaries for living documents below)	• Progressing well, in collaboration with citizen partners. Plain language summaries available through the scan evidence products link in the 'resources for decisionmakers' section (and plans underway for additional dedicated page)
1. Living evidence syntheses	
Living evidence profiles (LEP)	• See above

Living evidence syntheses (LES)	• See above
Other	• Living behavioural sciences documents funded by PHAC (see link above)

2. Inventory of 'best evidence syntheses'

Status	• 13,091 syntheses from high-quality/high-yield sources (of which 96 living syntheses) → 9,410 non-duplicate syntheses → 6,525 decision-relevant syntheses assessed and included in the database →644 'best' evidence syntheses included in the inventory (updated 8 March)

	• Equity considerations:
	  o methods developed to identify syntheses that address key equity domains, extract in a standardized way equity-related insights from the syntheses
	  o piloted with 37 reviews from the inventory
	  o next steps: adapt methods to integrate equity considerations into new searchable online inventory

Searchable database	• A full database of syntheses from around the world powers the inventory, and it will soon be available in searchable form
Inventory spotlights	• Canadian (see below) and global inventory spotlights

3. Evidence-demand coordination

Canadian Public Health Network (SAC and TAC)	• Content from our spotlights is being included in the weekly evidence summary being distributed to all SAC members
Other PHAC (e.g., Chief Science Officer)	• Regular communications
Other federal government	• Secretariat continues to reach out to government contacts with three calls to action:
Provincial and territorial governments	1) sign-up for the twice-a-month email updates 2) submit a request using the online form (for questions from high-level decision makers) 3) use the COVID-END inventory when looking for the best global evidence and reminders to use the COVID-END website for additional resources
• Tracking	
• Webinars (and presentations)	• Full roster for COVID-END in Canada webinars can be found here: webinars • Recordings from the Evidence Commission launch webinars and other events are available here

4. Horizon scanning

• Adjustments to existing process • Canadian panel membership	• We are replacing our global horizon-scanning initiative with a version that allows for more ad hoc engagement of panelists as the pandemic and pandemic response evolve • We are transitioning to a more agile version of our Canadian horizon-scanning initiative that reduces the frequency of regular meetings but allows for more ad hoc engagement between meetings. • We are complementing our COVID-focused horizon scanning with more broad-based horizon scanning about building a better evidence-support system for future pandemics, health emergencies, and health challenges more generally (through the Global Commission on Evidence to Address Societal Challenges).

5. Evidence-supply coordination

• Evidence-synthesis teams	• Meetings now combined for co-investigators/collaborators and evidence-synthesis teams • The 'Resources for researchers' webpage continues to provide
• Canadian synthesis spotlights	• Canadian spotlights can be accessed here

• Dissemination vehicles	• Reminder to subscribe here (and encourage others to do the same) to the Canadian COVID-19 email update, which provides three types of products from COVID-END in Canada:
	  o Canadian spotlights,
	  o global spotlights, and
	  o horizon scans
	• Distribution also through partner newsletters, websites, and social media
	• Citizen-focused social media communications (see below)

B) Cross-cutting	

1. Citizen partnership	• Coordination of citizen engagement with the research teams
	• Expanding the citizen pool (three new citizen partners onboarded)
	• Evaluation planning meeting with SPOR EA
	• Evaluation tools for citizens/research teams (in progress)
	• Citizen engagement priorities related to Recommendation 13 of the Evidence Commission report:
	   ○ COVID-END citizen partners (global and Canada) - being engaged to promote the report recommendations
	   ○ Canadian and international organizations
	   ○ citizen section on the Evidence Commission website
	• Reminder that resources are available to researchers for engaging citizens.

2. Indigenous peoples engagement	• Evidence Commission section on Indigenous rights and ways of knowing
3. Website and communications	• Resources for Canadians section of the COVID-END site • Resources to support the public section of the COVID-END website, including separate page to facilitate direct access to plain language summaries, and sections with answers to frequently asked questions

4. Measuring impact	• Evaluation framework as outlined in our grant submission for year 2, outlining existing and new approaches to evaluation, including:
	   ○ processes (e.g., citizen partners' engagement experiences; improvement in the signal-to-noise ratio by sharing only the world's 'best' evidence syntheses and – in a single place – all new Canadian contextualized syntheses).
	   ○ outputs (e.g., quality of our evidence syntheses; comparative evaluations of our plain-language summaries and inventory against best-in-class examples of each),
	   ○ outcomes (e.g., views and downloads of our work; decision-makers' experiences in using our products), and
	   ○ impacts (e.g., case descriptions of how our products influenced decision-making).