COVID-19 Evidence Coordination Call
6 April 2020

Participants and their organizations' activities (completed and planned)

Organization	Name	Activities completed and planned
Africa Centre for Evidence (ACE)	**Laurenz Langer** (llanger@uj.ac.za) Ruth Stewart (not available for call; ruths@uj.ac.za)	• Working with government departments to address local questions • Coordinating 'hub of hubs' for COVID-19
Campbell Collaboration	Vivian Welch (not available for call; (vwelch@campbellcollaboration.org)	• Addendum post-call: Fast-tracking any COVID-19 reviews, particularly those with a focus on social consequences of the public health measures
Cochrane	**Sylvia de Haan** (sdehaan@cochrane.org) **Jo Anthony** (janthony@cochrane.org)	• Re-configured website • Free open access to Cochrane content • Special collections • Fast track service • Rapid reviews
Cochrane Australia	**Sally Green** (sally.green@monash.edu) Julian Elliot (not available for call; julian.elliott@monash.edu)	• Convened task force with health professionals, consumers, and aboriginal representatives • Prepared and now updating living guidelines for health professionals
Cochrane Ireland	**Declan Devane** (declan.devane@nuigalway.ie)	• Rapid reviews • Working with EPPI Centre on evidence map
EPPI Centre	**James Thomas** (james.thomas@ucl.ac.uk)	• Evidence map
Evidence Aid	**Ben Heaven-Taylor** (bhtaylor@evidenceaid.org) Claire Allen (not available; callen@evidenceaid.org)	• Re-profiled existing content with new summaries • Translated into Arabic, Chinese, French, Portuguese, Spanish • Phase 2 will involve presentation to policymakers in low- and middle-income countries
Global Evidence Synthesis Initiative (GESI)	**Tamara Loutfi** (tamara_loutfi@hotmail.com)	• Task force to coordinate, and ensure LMIC representation in, evidence syntheses • Starting work on an 'open synthesis' working group and will use COVID-19 as an exemplar • Survey (in partnership with ACE) about who's doing what • (In working with Holger Schunemann at McMaster) Syntheses on two priority questions
Joanna Briggs Institute (JBI)	**Craig Lockwood** (craig.lockwood@adelaide.edu.ca)	• Derivative KT products based on existing reviews
McMaster PLUS	**Alfonso Iorio** (iorioa@mcamster.ca)	• Evidence service that includes all evidence, not just evidence meeting minimum quality criteria
National Collaborating Centre for Methods and Tools	Maureen Dobbins (mistakenly left off distribution list; dobbinsm@mcmaster.ca)	• Maintaining a self-registering databases of rapid reviews

Norwegian Institute of Public Health (NIPH)	**Gunn Vist** (gunn.vist@fhi.no)	• Evidence map • Next step is evidence tables and rapid reviews
Oxford Centre for Evidence-based Medicine (CEBM)	David Nunan (not available for call; david.nunan@phc.ox.ac.uk)	• Evidence service • List of questions in the queue for the evidence service
PROSPERO	**Lesley Stewart** (lesley.stewart@york.ac.uk)	• Quick search on homepage • Fast tracking protocols • Working with EPPI Centre on evidence map
RISE (McMaster Health Forum and Ottawa Hospital Research Institute)	**Jeremy Grimshaw & Anna Dion** (OHRI) **John Lavis & Heather Bullock** (MHF)	• Structured guide to help decision-makers find existing evidence and know when evidence is in the pipeline • Re-profiling citizen-targeted content on the McMaster Optimal Aging Portal • Re-profiling content on Health Systems Evidence and Social Systems Evidence
TRIP database	**John Brassey** (jon.brassey@tripdatabase.com)	• Adding COVID-19 content to TRIP • Examining what users are searching for on TRIP • Working with Oxford evidence service
WHO	**Susan Norris** (norriss@who.int)	• Coordinating rapid reviews • Started an evidence collaborative (in part to address duplication among rapid reviews)

Background to the call (circulated by email)

John Lavis (McMaster Health Forum) and Jeremy Grimshaw are exploring interest in developing better mechanisms to disseminate Covid-19 evidence syntheses (and related activities) to decision makers at national and sub-national levels. The Covid-19 pandemic has led to an astonishing mobilization of the evidence synthesis community globally as it has responded to local and global needs. This impressive effort has created a further challenge of how best to disseminate evidence syntheses to key audiences – maximizing the signal and minimizing the noise. Within our jurisdiction we have created a living document of Covid-19 related evidence synthesis sources (attached – please let us know if you we have missed any key resources/evidence synthesis groups). We believe there are considerable opportunities to enhance international co-operation to facilitate decision maker's access to Covid-19 evidence synthesis sources (and to encourage better co-ordination/collaboration among groups undertaking these syntheses).

We would like to convene an international discussion among key Covid-19 evidence synthesis groups on four questions:
1) Whether you agree there is a need to make it easier for decision-makers to find relevant evidence and for researchers to ensure they are building on what's already being done (e.g., updating existing reviews, not starting from scratch) and avoiding duplication (e.g., starting the same update when someone else has already started it)
2) If yes, how best to do this building upon the expertise and resources within the evidence synthesis community. For example, potential steps could include:
   a) developing a structured guide to the available evidence, including an inventory on review questions or identifying if such an inventory already exists
   b) developing a one-stop evidence hub with filters for focus, document type, etc. and quality ratings and other information to assist decision-makers in their judgement about how much confidence to place in any given document
3) How best to operationalize and manage any international co-ordination effort
4) Ideas on other strategies and opportunities to support decision-makers around Covid-19

Action items

1) **All to review these notes, identify actions that you can take individually with others involved in similar functions (e.g., share search strategies), and propose ways to strengthen the proposed working groups and inventory of functions**
2) **All who are interested to participate in the WHO ad-hoc technical consultation on managing the COVID-19 infodemic (7 and 8 April 2020)**
3) GESI to circulate a summary about the Open Synthesis Working group – see attached file (and please send emails about this to tamara_loutfi@hotmail.com and neal.haddaway@sei.org)
4) RISE to send an email confirm a meeting for the same time of day this Thursday (addendum: also confirm meetings for the same time on Mondays and Thursdays for the weeks of 13-17 April and 20-24 April, by which time we can confirm whether there's a need for this group to continue meeting and/or hand off to other better positioned groups)
5) RISE to propose a set of working groups that could support key functions and come together periodically for cross-group discussions (addendum: see the sub-points below to get the conversation going on Thursday's call)
   a. Possible working groups:
      i. **Scoping** (confirming focus on reviews versus reviews and primary studies, confirming focus on human studies versus human and animal studies, finding existing taxonomies and crafting a workable hybrid) – e.g., Jeremy
      ii. **Engaging** (mapping evidence groups out there and what they're doing, engaging them in contributing to more streamlined processes) – e.g., Laurenz, Lesley, Maureen
      iii. **Digitizing** (sharing and optimizing searches, sharing data, using machine learning to 'break the back' of work with meta-data) – e.g., Alfonso, Gunn, James, Jon
      iv. **Synthesizing** (creating evidence tables, conducting rapid reviews, updating systematic reviews, conducting systematic reviews, developing living guidelines)
      v. **Packaging** (identifying intermediaries already providing evidence to key target audiences, documenting and incorporating innovations from the structured guides / derivative products / portals that they're using, and proposing more streamlined packaging processes that combine best global evidence and best locally contextualized information), by target audience
         1. Citizens
         2. Providers
         3. Policymakers and managers
         4. Researchers, synthesizers and guideline developers
   b. Possible functions (see table 1 below and the organizations that could support them)
   c. Possible need to distinguish short- and long-term priorities
6) RISE to update the pre-circulated structured guide with additional evidence sources based on input received by email and during the call
7) RISE and others to continue to identify and liaise with organizations that are attempting to support similar coordination (e.g., ACE with its hub of hubs, GESI with its task group and emergent working group, and WHO with its evidence collaborative)
8) RISE and others to explore the possibility of formalizing the name of the group (e.g., COVID Global Evidence Alliance) and finding a global entity to host the key webpages
9) [RISE internal – to liaise with Ontario and broader Canadian efforts in this space (e.g., ministry, Ontario Health) about what processes are in place), prioritize local efforts, and explore budget re-allocations to support them

Table 1: Inventory of functions and potential working groups and organizations that could support them

	Possible working group	ACE	Cochrane [HQ Australia Ireland]	EPPI Centre	Evidence Aid	GESI	JBI	McMaster PLUS	NCCMT	NIPH	Oxford CEBM	PROSPERO	RISE	TRIP	WHO
Back-of-house functions															
Conducting and sharing daily searches of bibliographic databases	Digitizing														
Reviewing websites (or sending emails to organizations) daily to collect updates on titles, protocols, rapid reviews, review updates, full reviews, and guidelines	Engaging														
Reviewing websites (or sending emails to organizations) daily to collect updates on questions being asked by key target audiences	Engaging														
Identifying and engaging additional groups whose work needs to be captured as well	Engaging														
Following up on registered titles and protocols to get status updates and ask for results to be shared	Engaging											Lead				
Coding documents according to topic (using a taxonomy -see below), document type, and other variables (and sharing codes)	Synthesizing														
Creating evidence tables	Synthesizing														
Conducting rapid reviews	Synthesizing														
Updating reviews	Synthesizing														
Conducting full reviews	Synthesizing														
Developing and maintaining living guidelines	Synthesizing														
Writing summaries of reviews	Packaging														
Assessing the quality of reviews	Packaging														
Extracting decision-relevant information from each review	Packaging														
Translating summaries into key languages (Arabic, Chinese, English, French, Portuguese, Spanish)	Packaging														
Front-of-house functions															
Developing and maintaining a structured guide to evidence sources for each of (or with refinements for each of) four target audiences	Packaging														
Identifying and linking to evidence-based derivative products for each of four target audiences	Packaging														
Re-profiling COVID-relevant but not COVID-targeted evidence	Packaging														
Flowing content into portals relevant to each target audience	Digitizing														

Disseminating structured guides to jurisdictional contacts who can contextualize them (see below)	Packaging															
Contextualizing structured guides to national and sub-national contexts	Engaging															
Supporting the use of contextualized guides	Engaging															
Supporting infrastructure																
Creating a hybrid of existing taxonomies that can support back-of-house and front-of-house functions	Scoping															
Creating distribution lists to engage key groups	Engaging															
Creating a standard template to solicit main findings that can be shared (PROSPERO)	Synthesizing													Lead		
Selecting the common features of a structured guide	Packaging															
Selecting or creating a portal that can accommodate all document types and all relevant filters	Digitizing															