Meeting: GESI Webinar on Initiatives to map resources/address COVID19 related questions
Attendees: Simon Lewin, Peter Tugwell, Elie Akl, Tamara Lotfi, Tamara Kred, Zahra Saad, Taryn Young, Sandy Oliver, Birte Snilstveit, Sylvia DeHaan, Robert Marten, Jeffrey Knezovich, Emma Thompson

1.Objectives of the webinar session:	To Dos
- To inform the GESI Network about ongoing initiatives by our Governance Group Members and some of the GESI Network members that reached out - Discuss opportunities for collaboration on COVID-19 in these initiatives or other that might be brought up during the webinar	- Have a webinar session with the network members in case they are not aware of the different efforts that our partners and governance group members have been leading on. - Make sure they are aware of them and have access to use these resources and see if there is any collaborative potential work on the table.

2.Distrusting Roles:	Room for GESI Network's Contribution
Sandy Oliver: Eppi-Centre	
Eppi-Centre has a living systematic map of evidence on COVID-19 that is weekly updated. - This map shows results of different weekly searches, it contains what has been found by all searches all together. - The department of health in the UK has found it useful to have broad categories rather than narrow categories. - It is publicly available for anybody to navigate and use. - Contributing with the Africa Evidence network to collect work being done across Africa.	Sharing their work on the African Evidence Network's page .

• How can someone contribute to the map? James Thomas is leading this work and he may be collaborating with Norwegian Institute of Public Health. James is inviting people to comment on map and comment on what might be useful categories. • The African evidence network have set a page where they have an open invitation for people through the network to share their work.	
Sylvia De Haan: Cochrane	
Couple things that Cochrane is working on: 1 Cochrane library in response to COVID-19, the library is available to everyone now: compiling existing information in a way that we feel is relevant to response to COVID-19 2 COVID Rapid Reviews page: • The page contains a question bank , and so far 170 questions are submitted. • What Cochrane does is prioritize these questions, by following question prioritization process • Anyone can submit a question on this link. Then, Cochrane sees which of these questions really need a rapid review and which ones Cochrane can respond to. • Outline of the process of how we want to do those rapid reviews. • Resources for rapid review methodologies Key Challenge from this work: to avoid duplication and make sure it has not been done before distributing the priority question to a rapid review team. 3. Living registry of COVID-19 that will go live on Monday. This has been discussed with WHO.	GESI members can contribute by submitting questions to the platform to go through prioritization. Also, if there are teams through the network interested in picking up some of those questions, they can contribute. Anybody interested in contributing can send an email to **covidrapidreviews@cochrane.org**. It will be picked up by the editorial methods team in Cochrane.

Taryn Young and Tamara Kredo: Stellenbosch University & Cochrane South Africa	

Cochrane South Africa and Cochrane Africa:
 	
• Put together a brief survey to send to Cochrane authors and shared it with GESI networks to send it to other LMICs.
• This survey helps:
  1. Find out what are the priorities questions that people from our region and LMICs are facing.
  2. Understand what primary research and evidence synthesis are being conducted
  3. Check if people are willing to share the evidence synthesis that they conducted
 	
• We are looking at the responses we have now, and we will send out again to have more input. Then we need to organize the responses and questions and then recheck it with Cochrane with what they have been doing. To put it in their priority setting rapid review page.
• Review these responses and also feeding questions for evidence that has come up from the survey to the Cochrane database of questions.
 	
We were thinking of collecting a repository, but Africa Evidence is already collecting repository of evidence synthesis related to COVID-19. We thought of engaging with Ruth, Sandy and their team to find out whether we could collect other summaries to share there. This is still in progress.
 	
The Team is working with national governance and WHO, to conduct some of reviews on the topic.
	The GESI Secretariat, shared the survey with the GESI Network.
	Points to mention during the webinar after sharing results of survey:
	• How to move forward once we know what questions were considered as priorities.
	• How we will be open as GESI to be coordinating any efforts from the members of different centres to collaborate by answering these questions.
	• If we can provide support through our platforms, collaborating through experts and try to find potential funding opportunities if available.

Simon: For Cochrane rapid synthesis in the EPOC scope, we are open to providing methods and editorial support to these as they go forward. One is already being supported by EPOC	
Birte Snilstveit: 3ie	
We have an evidence gap map on digital health interventions which is in draft stage. We worked with our funders to post that online and make it available. We are waiting for the world bank to put a blog where they tell people about it. It Is not mainly focused on COVID-19, but on health. It includes around 700 studies around different digital health interventions and around 100 SR. This will be useful but slightly indirect. We recently relaunched the 3ie development evidence platform where we indexed systematic reviews in LMICs with a very broad scope. A lot of it is health but in most system interventions. It covers agriculture, social protection... it will be a useful resource. At the moment, we are trying to identify some funders to get some specific projects of the group. And the GESI network will be a natural collaborating partner.	Share the link of the evidence gap map with the network. Engage the GESI Network members when funding opportunities are available.
Elie: AUB	
We are conducting 3 rapid reviews for the WHO for specific questions they had prioritized. I've been part of these discussions and I would like to call for a better coordination and collaboration to avoid duplication of efforts. I think with everyone's good intentions and getting things done, we are still missing in this community leadership to bring all of this together and then say let us coordinate.	

• There are different steps of this process to stream these things online, that could be defined: 1. Prioritization of questions, 2. Mapping of primary studies 3. Mapping of evidence synthesis 4. Everything related to KT products, recommendations and guidelines Different efforts have been described, map to one of those, there has to be link. The 4 steps have to be linked together. There has to be a common framework of how to organize the evidence across these different steps of the process. We should not forget about stakeholders, under the rapid conditions. There has to be different conditions on how to engage with stakeholders, bringing us to issues of equity, acceptability, feasibility and others.	

3.Open Discussion:

Birte: The issue of coordination is important, but it would be useful to understand what is going on at the moment, eg. which reviews are being done and is the doing being resourced?
Partially, in our experience, we can do prioritization based on what we think is common good.
Regarding the highlight of lack of leadership to coordinate this: If you have any thoughts of how to contribute to improving coordination.

Elie:
There should be mapping of all efforts, to understand of what is missing,
I propose this framework of the types of products: prioritization, primary studies, mapping of evidence synthesis, KT products/guidelines mapping.

It is important if you have a question that has been prioritized, before you commission an evidence synthesis. It would important to check what is already available or published in terms of systematic reviews.

If you have a priority question and there is a systematic review published, then I would focus on other questions that don't have published systematic reviews on the topic.
This is why it is important to have a map of available systematic review, or ongoing SR.

The mapping regarding primary studies is great and is much needed, but that has to facilitate any evidence synthesis process.
Tamara, Elie, and the team published a [paper](#) on Evidence Synthesis 2.0 which talks about how the primary studies should be organized in a way like in boxes of PICO questions.

Common thread to work on: how to organize the evidence. Eg. is it by population or interventions...?

Do not have a filter on study design and include ETDs.

Birte:
o It would be useful to do some thinking and connect again in terms of how we can best coordinate.
o We can make a good start through the people on this call to agree on some kind of framework to start to map out what is currently being done.
o I loved the idea of standardizing the data scheme for abstraction and mapping of primary studies and reviews.
o It would be useful to think about how that is going to feasible to get it done.

Tamara: Have a follow up discussion with those who are interested to talk about how to help reduce duplication.

Simon: I think the following are realistic: (1) repository of questions that stakeholders are asking; (2) repository of rapid responses being produced in different settings; (3) bank of review questions; (4) prioritisation of these review questions: (5) ensuring that these questions are addressed; (6) making syntheses available. Some of this is already been done
For me what is missing now globally is 1, 2, 5 and 6 (although 5 and 6 is happening to some extent).
Step 7 would be KT products in a range of languages and formats

o Coordination globally is somehow impossible. Many of the key people may not have the time to think about coordination. There are some things we can promote.

Elie: At the least this should be an opportunity to learn how our community should react to the next crisis; hopefully we can still improve the reaction to this current crisis

Sylvia: I agree coordination is almost impossible. We have decided to do is add links to all initiative we are aware of, and we are sure and useful and of good quality. There is more to do, but we can't take any lead on that for the time being, since we are overwhelmed with work.
Minimum thing that others can do is point to each other resources, like the links being shared today.

Jeffery: We have supported a number of systematic reviews, over time and we are working to build on capacity for LMICs. We have a few rapid response centres; we want to start from that and from the part of stakeholders to few topics. We would like to make sure a lot of researchers from LMICs are being involved in such processes, not just by sending questions more like undertaking research.
We are looking on questions and we have to coordinate with science divisions and WHO to avoid over lapping.
 I am interested in knowledge translation side of things and how to make sure we have the appropriate products to ensure that.

Robert: Try to see how we can play a productive role on this in particularly in with intention of consider social science questions in the response.

Elie: GESI has been trying to work on intersectoral evidence synthesis, and this pandemic crisis has been affecting sectors, from health to economy to education, the environment. It is an opportunity to push GESI's agenda on trans sectoral evidence synthesis. (long-term aim)

Tamara: GESI is interested in pushing for cross sectoral evidence synthesis. We already tested our collaboration with GESI network, in terms of coproducing in the mapping of evidence synthesis in conflict and war project. We had 14 different members from different centres to participate and they had different background. We can make use of this experience when we have different questions to address and ensure the teams are of cross sectoral backgrounds. (not only have health experts to participate to these priority questions)

Sylvia: Cochrane is not limiting the question banks to health and clinical related questions only. However, in the prioritisation process, we are prioritizing questions related to health care workers in LMICs.

Tamara:

We identified this funding opportunity and circulated it with the Network, just in case it is relevant to anyone and it could support the collaborative work then we can also build a team of applicants. The application details mostly seem to be supporting primary studies though.

The funding shared could be one model of the kind of funding that could get GESI network members to collaborate. So, this funding is asking for focused research on COVID-19 but on Internally displaced populations and refugees. This could fit under the cross-sectoral process that Elie has brought up. We would be interested in identifying such opportunities.