COVID-END
COVID-19 Evidence Network to support Decision-making

COVID-END Inventory (& Sharing)

COVID-END Partners, 9 July 2020

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Primary Use Case for Inventory (and Sharing)

- Inventory for 'front-line' decision-maker support (so these individuals can focus on evidence contextualization… what does the evidence mean for our context?)
  - Evidence syntheses harvested from sources in the COVID-END guide
  - Filters applied for all levels in the COVID-END taxonomy of decisions
  - 'Best evidence syntheses' rank-ordered within any given 'row' in taxonomy
    - Recency of search
    - Quality of review (using AMSTAR I)
    - Available evidence profile
  - Decision-relevant information profiled (above plus living evidence document, type of review, type of question and (later) countries where studies conducted and possibly whether all studies included)
- COVID-END's 'improve my RIS file service' will enable value-added data sharing across different group's workflows (e.g., Cochrane, NIPH)

Secondary Use Case for Inventory

- Horizon scanning to identify needed taxonomy adjustments and priorities for living reviews on recurring priorities (and full or rapid reviews on one-off priorities) where none currently exist
  - Summarizing key insights derived from horizon-scanning organizations and from a variety of other types of organizations (including international agencies, governments, NGOs, media, etc.) and from assessments of gaps in inventory
  - Engaging a global horizon-scanning panel in 'sense-making,' with members selected to achieve
    - Coverage across 4 parts of the taxonomy and 4 key target audiences (citizens, providers, policymakers & researchers)
    - Diversity in terms of WHO region and primary language

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Rough Example of What It Will Look Like

Taxonomy				Criteria for 'best evidence synthesis'			Decision parameters to support relevance assessment	Additional decision-relevant details			Citation
				Date of last search	**Quality rating using AMSTAR I** 1) high quality=8-11 2) medium quality=4-7 3) low quality=0-3	**GRADE evidence profile available** 1) Yes, with hyperlink 2) No	**Re-worded title that highlights the intervention/exposure, comparator (if applicable), outcomes, and participants/population examined in included studies**, with hyperlink to abstract +/- full text	**Living evidence document** 1) Yes 2) No	**Type of review** 1) Full review 2) Rapid review 3) Protocol 4) Other (with description)	**Type of question** 1) Benefits and harms 2) Costs 3) Views and experiences 4) How and why it works 5) Other	
Public-health measures											
	Infection prevention										
		Personal protection									
			Washing hands	2020-07-01	10/10	Yes					
				2020-05-20	8/9	Yes					
				2020-06-21	5/9	No					
			Wearing masks				Effects of all combinations of mask types (e.g., N95 respirators, cloth masks) and select strategies (e.g., producing, allocating, using, conserving, re-using, and re-purposing) on transmission in all target populations (e.g., health workers, essential workers and general population)				
							Effects of N95 respirators and select strategies not covered above on transmission in health workers				
			Wearing personal protective equipment								
			Disinfecting surfaces and facilities								
			Physical distancing								
			Temporal distancing								
			Public-focused behaviour-change supports								
			Health worker and essential worker-focused behaviour change supports for the above								
		Service Limitations									
			Essential service designations								

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Next Steps

- Make available iterations of the inventory as it becomes filled out (all 88 living reviews, then all full systematic reviews, etc.), and eventually transitioning from COVID-focused documents only to also include COVID-relevant documents when gaps exist
- Setting up the data in ways that are usable by the 'improve my RIS service' (drawing on insights from COKA and using JSON format) and formally acknowledging reciprocity
  - Partner logo on COVID-END inventory webpage if used as a source and/or as a supplier of value-added data
  - COVID-END logo on source page if use COVID-END data
- Making available additional value-added data (e.g., countries where studies were conducted), making the interface (including titles) available in all six WHO languages, etc.