COVID-END Working Groups
Terms of reference
(Last updated 29 May 2020)

Scoping

Proposed terms of reference

1) ***Confirming the name for the initiative, which is provisionally COVID-19 Evidence Network for supporting Decision-making (COVID-END)***
2) ***Describing the focus of the initiative***
   a. ***Evidence synthesis (and within syntheses, including those addressing any type of questions and those using any type of quantitative, qualitative and mixed-methods reviews, as well as evidence maps, rapid reviews, and scoping reviews), as well as technology assessments and guidelines informed by such evidence syntheses (all regardless of publication status)***
      i. ***Not primary studies (including modeling studies) except as an input to evidence syntheses (and reciprocally with other working groups taking up the challenge of encouraging researchers, including modelers, to include data from evidence synthesis in their primary research or models)***
   b. ***Human studies***
      i. ***Not animal studies, although we will maintain a connection to leading groups in this domain (e.g., CAMARADES)***
   c. ***All sectors***
      i. ***Note that this has implications for PROSPERO given it includes reviews about health and social care, welfare, public health, education, crime, justice, and international development, where there is a health-related outcome***
   d. ***COVID-only evidence and COVID-relevant evidence (e.g., evidence addressing a topic like task shifting that is highly relevant to COVID but where the studies were not conducted in the context of COVID), with the latter also positioning the evidence synthesis and related communities to respond to any future pandemics that arise***
3) ***Drafting principles that underpin the work of the initiative***
   a. ***Supporting (not competing with or replacing) well-positioned regional, national and sub-national organizations that are working in close partnership with key target audiences and already responding to their evidence needs***
   b. ***Supporting – with a common brand/identity, small agile secretariat, and simple working group structure – a distributed network of organizations and individuals to play to their comparative advantages and avoid unnecessary duplication within and across all elements of the evidence supply and demand chains***
   c. ***Seeking out quick wins for those supporting decision-makers and among those involved in preparing evidence syntheses, and taking measured steps to longer-term solutions that can better support decision-makers***
   d. ***Strengthening existing institutions (e.g., Campbell and Cochrane) and processes (e.g., protocol registration in PROSPERO) and contributing to their long-term sustainability***
   e. ***Addressing a diversity of regional and linguistic needs among decision-makers and those who support them***
   f. ***Ensuring diversity, equity and inclusion in the leadership of the initiative and its working groups (e.g., achieving a balance of co-chairs by gender and from high-income countries and from low- and middle-income countries)***
   g. ***Committing to related principles articulated by others***
      i. ***Principles of high quality evidence synthesis as articled by Evidence Synthesis International***
      ii. ***Principles of open access to of all data, methods, processes, code, software, publications, education and peer review produced through the initiative (in keeping with 'open synthesis' principles***
4) ***Contributing to the topics part of the taxonomy of key meta-data that is being developed by the Digitizing working group to ensure it captures everything from diagnosis through managing surge to addressing delays in chronic-disease management on the health side and from people going hungry through businesses failing and violence in the home increasing on the broader social side***
5) ***Describing the difference parts of the evidence ecosystem (on both demand and supply sides), gathering information about who's working in each (in partnership with ACTS), and then combining this***

information to identify and capture efficiencies (e.g., potential overlaps between our working groups, especially the Digitizing working group, and those of the COVID-19 Knowledge Accelerator)

6) *Confirming relationship between the initiative and other related initiatives, such as Evidence Synthesis International and Global Evidence Synthesis Initiative*
7) *Collaborating with other working groups to identify the human and financial needs to support the work, ways 're-program' existing budgets where possible, and contribute to collective efforts to pursue opportunities for additional funding where appropriate*

Engaging

This working group focuses on engaging those already supporting decision-makers to work in more coordinated and efficient ways. Its emphasis is on collating groups providing evidence (in particular, evidence synthesis and guidelines) related to COVID-19 and to engage these groups for co-ordination of efforts in supporting evidence-informed COVID-19 decision-making. The scope of the group extends to all sectors of decision-making and is not limited to health systems.

Proposed terms of reference

1) *Identifying evidence synthesis groups[1] and evidence hubs that are contributing to the COVID-19 response and be included in our communications (building from the list of evidence sources and centres developed by the Africa Centre for Evidence and McMaster, etc.)*
   a. *Name*
   b. *Focus*
   c. *Taxonomy being used*
   d. *URL*
   e. *Email address*
2) *Developing and communicating messages to these organizations/centres about how to leverage existing evidence-related data (e.g., daily search data) and processes (e.g., protocol registration)*
   a. *E.g. register all titles and protocols with a relevant Systematic Review protocol registration site (i.e. Prospero, Open Science, etc)*
   b. *e.g., share an anticipated delivery date and update the date if conditions change*
   c. *e.g., provide details on how to access the freely available synthesis/guideline once completed (E.g. URL, pre-print, DOI, etc)*
3) *Canvassing input from these evidence groups for additional ideas for how to work more collaboratively as an evidence synthesis community, both within and across 'divides' (e.g., quantitative and qualitative synthesis, health and social sciences)*
4) *Developing approaches to manually capture reviews and guidelines that are not housed on portals being prioritized by the digitizing working group (e.g., biweekly website reviews)*
5) *Identifying and engaging a broader array of groups (e.g., data analytics, modelling, implementation science, and monitoring and evaluation, horizon scanning / foresight) that need to have access to the best evidence sources for their current COVID related work as well as for policies and practice post COVID*

Digitizing

Proposed terms of reference

1) *Developing and operationalizing an approach to optimizing and sharing searches, de-duplicated articles, and screen articles (e.g., stable ID for all studies)*
2) *Developing a taxonomy of key meta-data that all working groups can use and that leverage work already done by groups like FRBR, MCBK, HL7 (and its health-evidence initiative called EBMonFIHR), and OMG, among others*
   a. *Topic – capturing everything from diagnosis through managing surge to addressing delays in chronic-disease management (and liaising with the Scoping working group on this part)*
   b. *Document type - review/study type, derivative product type and target audience focus, etc.*

   c. *Evidence 'provenance'*
   d. *Status*
   e. *Date – title registration, protocol registration, review target date, search completed date, review completed date*
3) *Rationalizing, linking and aggregating metadata across key portals to capture what is being done (as well as for when and how can it be accessed) in ways that follow FAIR data principles (findable, accessible, interoperable, and re-usable)*
   a. *Questions being asked (e.g., Cochrane question bank, Oxford CEBM questions)*
   b. *Studies*
   c. *Evidence syntheses (including those that are relevant to COVID-19 but where the studies were not conducted in the context of COVID-19 (e.g., Evidence Aid))*
      i. *Registered titles*
      ii. *Registered protocols (e.g., can PROSPERO's scope be expanded beyond existing topics and review types, can its capacity be expanded to cope with the increased volume, can its data elements be expanded to include anticipated completion date, can follow-up be automated, can preprints be linked, can a results template be used)*
      iii. *Completed reviews, including rapid reviews*
      iv. *Data from completed reviews*
   d. *Guidelines*
   e. *Derivative products*
4) *Identifying portals that can be strengthened/expanded, joined up or built to fill gaps in any of the above*
5) *Identifying, sharing and operationalizing ways to use machine learning to streamline processes*
6) *Exploring a potential collaboration with one or more of the COVID-19 Knowledge Accelerator working groups*

Synthesizing

Proposed terms of reference

1) *Contributing to maintaining the guide to COVID-19 evidence sources and encouraging its use to avoid unnecessary duplication and encourage updating or extending existing reviews (while digital solutions are being developed)*
2) *Creating and sharing evidence tables that can be used in local guideline-development processes (or local evidence-contextualization processes more generally)*
3) *Identifying and sharing guidance for conducting and reporting rapid reviews*
4) *Promoting the quality assurance, publishing, translation and other benefits that come from working with the Campbell Collaboration, Cochrane, etc.*
5) *Identifying and promoting living reviews (and living guidelines) as an emerging standard for evidence synthesis*
6) *Identifying and sharing ways for individuals and groups to contribute to work that is already underway (e.g., Cochrane TaskExchange)*

Recommending

Proposed draft terms of reference:

This working group (WG) aims to support clinical practice guideline (CPG) and health technology assessment (HTA) developers and end users to find relevant, appraised, trustworthy, fair and reasonable COVID-19 guidance. Our work is connected with other COVID-END working groups to reduce duplication and facilitate work among groups (with emphasis on linking with digitizing, synthesizing, and packaging groups).

This WG has identified two key target audiences, specifically, CPG and HTA developers and their users. The WG activities will be further explored through engaging the target audiences and assessing needs. Our

work can be understood within three overarching roles: indentifying, collaborating and undertaking guidance related work.

Identifying

1) ***Providing an initial overview of emerging and existing repositories and initiatives for COVID-19 guidance (completed and underway), through mapping and surveying initiatives and organizations (May 2020).***
2) ***Identifying and supporting the most useful repository for trustworthy COVID-19 guidance ("Global guidance repository") that can be re-used, shared and adapted globally and is optimally linked to other repositories of evidence sources (e.g., systematic reviews, evidence tables, economic models) from trustworthy partners such as PAHO, WHO, G-I-N, and others.)***
3) ***Identifying and sharing standards, methods, processes and digital platforms for developing, disseminating, adapting and implementing trustworthy, fair and reasonable actionable and living guidance (linked to evidence).***

Collaborating

4) ***Collaborating with key organizations within CPG and HTA fields to share their COVID-19 guidance and evidence tables to initially feed into COVID-END repository and ultimately the Global guidance repository (June 2020 onwards).***
5) ***Contributing to maintaining the guide to COVID-19 evidence sources and encouraging its use to avoid unnecessary duplication, while coordinating with the Global guidance repository.***

Undertaking

6) ***Conducting quality assessment of the available CPGs reports to provide a database that provide them along with their quality (Start in June 2020, onwards).***
7) ***Developing rapid guidance following trustworthy methods for rapid recommendations (e.g., BMJ rapid recommendations) for selected prioritized questions (TBD).***
8) ***Identifying funding opportunities to support guideline organizations with limited capacity in their work on COVID-19 guidelines, through expertise and person-power (TBD).***

Packaging

Proposed terms of reference

1) ***Contributing to the 'document types' part of the taxonomy of key meta-data that is being developed by the Digitizing working group to ensure it captures the full array of derivative products being produced for each target audience***
   a. ***Citizens***
   b. ***Providers***
   c. ***Policymakers and managers***
   d. ***Researchers, synthesizers and guideline developers***
2) ***Identifying intermediaries already providing evidence to key target audiences and in multiple languages, and encouraging and supporting them to draw on high-quality sources of synthesized research evidence and related derivative products for each target audience***
   a. ***Note that the intent of the initiative is to support, not compete with or replace, well-positioned regional, national and sub-national organizations that are working in close partnership with key target audiences (i.e., with the demand side)***
3) ***Supporting the quality appraisal of evidence syntheses that could form the basis of derivative products***
4) ***Supporting the translation into multiple languages of plain-language and other derivative products***
5) ***Identifying the filters that key target audiences would want to use in searching and sharing these insights with the digitizing working group***
6) ***Creating and sharing derivative products with portals that can link them back to the original record when possible***
7) ***Connecting evidence-synthesis groups with organizations with experience in creating derivative products (e.g., Joanna Briggs Institute)***

Sustaining

Proposed terms of reference

1) ***Retrospectively studying which mechanisms the evidence synthesis community had in place to respond efficiently and which needed to be developed, strengthened or better coordinated***
2) ***Prospectively studying how the evidence synthesis community's newly developed mechanisms are being put in place to optimize sustainability***
3) ***Proposing ways to 'mainstream' emergent mechanisms within existing institutions and processes, including in the work of a broader array of groups (e.g., data analytics, modelling, implementation science, and monitoring and evaluation) that need to have access to the best evidence sources for their work***
4) ***Developing a theory of change to capture demand- and supply-side interventions and how they are expected to lead to impact***
5) ***Liaise with donors about the importance of investing in existing institutions and processes***