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

Synthesizing Working Group
Notes from MS Teams call on 29 October 2020

1. FOLLOW-UP ON ACTION ITEMS a. Notes and action items from previous meeting (see attachment 2) b. Notes and action items from previous joint Synthesizing-Recommending meeting (see attachment 3)	**10 min**

2. LIVING EVIDENCE AND GUIDANCE
 	
a. Introduction of a working group to consider the role of Living Evidence in relation to the COVID pandemic from the perspective of the four COVID-END taxonomies: clinical management, public health, health care systems and social and economic measures (see https://livingevidence.org.au/about-living-evidence#our-program-vision and https://community.cochrane.org/review-production/production-resources/living-systematic-reviews)
• Some of the mechanisms that make living reviews possible in other areas (e.g. clinical management, having complete targeted searches) are less feasible in COVID context because of vast amounts of screening that are harder to automate
• In terms of living guidelines, we need to hear from the experience of WHO's reproductive and sexual health research group who have been able to do this efficiently and be able to shift virtually before COVID
• Do the additional challenges associated with COVID-related living reviews make the criteria for a living review higher (e.g. because it likely requires more resources)
• Link to the paper written on living guidelines at WHO short while back: https://gh.bmj.com/content/4/4/e001683.abstract
 	
• Several existing criteria as to whether a review should be living (or semi-living review) (e.g. how rapidly the evidence is evolving and whether new evidence is likely to change findings)
  ○ Elie highlighted a 4-article series that he co-published in JCE several years ago addressing criteria for living criteria (relevance of question, that evidence is going to be identified, that evidence will shift the decision, whether it is feasible)
• David spoke of another series that has other criteria such as:
  ○ What you need in place - such as project management, a search retrieval, facilitators
  ○ Rationale - is it important, is it likely to change
	20 min

- A set of pieces that needed to be in place for it to be feasible (e.g. resources)
- David raised the question: whether it is useful, helpful or a distraction to think of living guidance within the same project/approach or are there different criteria for living guidance

Elie presented a slide deck for the fourth living systematic review within the JCE's series that looks at living guideline recommendations

- Living guidelines went from being a luxury to a necessity
- COVID-19 was the ultimate field test for living reviews and recommendations, because of sub-optimal information, misinformation and the politicization of information
- Sub-optimal information: due to lack of RCTs and rigorous methodology, for example the retraction of papers from major journals
- Misinformation: 'fake news' and media coverage
- Politicization of the information: different governmental bodies intervening
- Challenges include:
  - rapid effect (there is an urgency to publish, rapid effect is related to the fact that the updated versions are relaying on the rapid review. The rapid review becomes the 'base review')
  - yo-yo effect'- unstable evidence base leads to unstable recommendations
  - bumper car effect – contradictory finding between different reviews
  - living fatigue – are we able to sustain the effect and when can we retire living reviews?
- Achievements of living systematic reviews and recommendations:
  - Evaluation of non-randomized evidence
  - Contextual information (important to look at contextual information)
  - Better linkages between decisionmakers, primary researchers, and evidence synthesizers, guideline developers
- Funding organizations/bodies are often not receptive to request for resources to support a review become living and being maintained

- Need to communicate to funding community that a good living review can be better than many rapid reviews
- Issues similar across SRs and guidelines (yo-yo effect, duplication of effort)
- This will be a continuing discussion (also in collaboration with Recommending working group) with opportunity for any members interested in contributing to moving this work forward

ACTION: If any members of the group are willing to contribute to a writing process for a living systematic review, to notify Safa via email

3. **EQUITY GROUP**	**15 min**
a. Feedback from Equity group on work to date, including: i. Discussion with inventory team Anna walked through a PowerPoint describing updates to supporting equity in COVID-END: • PROGRESS acronym: place of residence, race/ethnicity/culture/language, occupation, gender/sex, religion, education, SES, social capital • PROGRESS-plus is an extension and includes the following: o Personal characteristics associated with discrimination and/or exclusion (e.g. age, disability) o Features of relationships (e.g. smoking parents, excluded from school) o Time-dependant relationships (e.g. leaving the hospital, respite care, other instances where a person may be temporarily at a disadvantage) o The equity group identified COVID-specific vulnerabilities (e.g. migrants, refugees) as well For the inventory, equity relevant evidence would include the following suggestions: Equity relevant evidence would include the following: 1) Reviews that explicitly address equity and complement existing inventory taxonomy Reviews in this category fall into three criteria: i. high-quality reviews that address an existing category within the inventory, e.g. in social and economic response, identified a review that addresses economic resilience. This can be achieved by including an additional column to highlight equity-relevant findings in high quality review ii. reviews that address (possibly new) sub-category of inventory. This can be achieved by including additional rows for specific populations, for example, within social and economic response, if we're looking at 'Mental health among specific populations' as a broad decision, we can add rows at the bottom that address 'Immigrant communities' and 'People with disabilities' iii. complementary reviews that address the same topic within the inventory but do not qualify for 'best available review'. This can be achieved by adding an additional row for equity-relevant complementary reviews (when it addresses the same decision category) or adding an additional column called equity considerations included within "additional decision-relevant details" as coming from complementary review	

2) Reviews that explicitly address equity that cross multiple inventory categories and/or address questions outside of inventory scope
    i. Includes reviews that explicitly focus on equity, equity-seeking populations and equity issues related to implementation (rather than effectiveness)
        - may focus on questions not explicitly addressed within inventory and/or may cut across many areas of the inventory
        - Does not fit neatly within one category of the inventory
        - For example, to support decision makers who may want to quickly find information on how to improve pandemic measures for people who are precariously housed across, so instead of looking across multiple areas in the inventory, equity group suggested that we have a focused, comprehensive collection that houses those type of reviews

Next steps:

- COVID-END inventory group reviewing ways to adapt inventory to include equity relevant findings
- Flagging any reviews currently featured with equity-relevant findings
- Equity group developing search protocol to complete a weekly (or bi-weekly) broad search of COVID-specific and other relevant databases. Then do a pilot of triaging those reviews into those equity relevant categories described above.

Potential suggestions for equity considerations in COVID-END include:

1) Within individual working groups
2) Incorporate equity considerations in Cochrane's rapid review template and other resources to support evidence synthesis for COVID-19
3) Incorporate equity considerations into priority setting process/horizon scanning
4) Incorporate equity-relevant reviews and findings into COVID-END inventory

Equity in resources of each working group

i. Scoping: eg equity, diversity and inclusion in values, governance and network
ii. Engaging: inclusiveness, diversity and stakeholder engagement
iii. Digitizing: are there issues for digitizing group and synthesis, eg with text-mining, machine learning?
iv. Synthesizing: eg add equity guidance to interactive flowchart, eg. Cochrane Handbook, Campbell/Cochrane equity methods group, others
v. Recommending: eg add equity resources, such as GRADE-equity, WHO- INTEGRATE, others
vi. Prioritizing and Packaging: eg add resources on packaging that considers accessibility, cultural relevance, literacy/reading level?)
vii. Sustaining: eg. consider equity in evaluating COVID-END's activities; addressing equity in horizon scanning

ii. The Lancet article on LMICs and COVID-END	
4. JOINT SYNTHESIZING-RECOMMENDING MEETING a. Discussing agenda items for next joint working groups meeting on Friday 6 November, 9am (Eastern) • David asked for any agenda items for the shared meeting	**10 min**
5. ANY OTHER BUSINESS • COVID-END leadership initiating a look at the structure of the COVID-END working groups: o The motivation is to ensure that there is constant reflection (whether partners think their time is being valuably used, can we be doing things better, are there tasks and roles that we should continue to do, etc.). Want to ensure that we are not missing opportunities for valuable change • Reduction of duplication remains as a challenge that may not have been addressed to its full potential o Conversations with funding organizations have expressed that there is a need to reduce duplication of efforts, however, there is a sensitivity around infringing the boundaries of partners' institutions and organizations who may have different aims, objectives and contexts and may be pushed in different directions o COVID-END could propose processes, methods to facilitate coordination (as members of group have ability and willingness to do this) o Perhaps, this will require prior primary research to be conducted to understand why duplication is occurring, the barriers, and facilitators, before processes and methods can be developed. For example, different stages of a systematic review such as screening and data abstraction can be a joint effort and be made available online across different organizations	**5 min**