COVID-END in Canada

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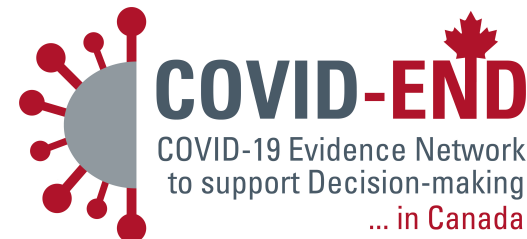# Case for Doing Things Differently As We Transition from a Sprint to a Marathon

- Remarkable number of single studies being published everyday has created a very **high noise-to-signal ratio**

- One-off reviews on long-term and recurring issues are quickly **out of date**

- Many rapid (and full) reviews are of **low quality**

- Few reviews about interventions provide a GRADE evidence profile that speaks to the **level of certainty** of the available evidence

- Too many evidence syntheses address the **same topic** (e.g., >200 prognostic reviews and only 5 such reviews address ≥ 5 factors)

- Too many key decisions have **no available evidence synthesis** (let alone a living evidence synthesis that is updated as new studies are published)

- The small number of existing **living evidence syntheses** often address same topic (e.g., 3 living network meta-analyses of COVID-19 treatments)

Update on Funding

- New funding for COVID-END

  - **Canadian Institutes of Health Research**, which will support pan-Canadian work and Canada-relevant parts of our global work ('**COVID-END in Canada**') addressing all types of responses
    - Public-health measures
    - Clinical management
    - Health-system arrangements
    - Economic and social responses

- Past and current funding for COVID-END

  - Government of Ontario (through a grant to Rapid-Improvement Support and Exchange, or RISE), which has supported our Ontario-focused work

  - National Institute of Health Research (Evidence Synthesis Program), UK, which has supported our global work

  - Individual donors through the Centre for Effective Altruism and Fidelity Charitable, USA, and private individual donors, which has supported our global work

Who's Who in COVID-END in Canada

- Canadian secretariat
  - John Lavis & Jeremy Grimshaw (COVID-END)
  - Andrea Tricco (SPOR EA) & Nancy Santesso (Cochrane Canada)
  - Maureen Smith (citizen partner)
- Steering committee (15 reps from ES teams in government, KT groups, citizen leaders, professional bodies, and policy/system leaders)
- 25+ evidence-synthesis teams from across the country
- 100+ collaborators (both co-investigators and knowledge users)
- 20+ citizen partners (synthesis teams, plain-language summaries, horizon scanning panel, and steering committee)
- Other partners
  - Indigenous partners (Margo Greenwood, NCC Indigenous Health, who will be consulting with the First Nations Information Governance Centre, Network Environments for Indigenous Health Research NCC, etc.)
  - Dissemination partners (e.g., CanCOVID)

Six 'Actions' by COVID-END in Canada

1) New or updated syntheses

- ❑ Types
  - • Rapid evidence profiles (MHF/OHRI) in 4 hours to 3 days with a focus on existing evidence syntheses and jurisdictional scans
  - • Rapid evidence syntheses (SPOR EA) in 5 to 10 days
- ❑ Intake form (drawing on ESN and SPOR EA) → Check against domestic and global inventories → Notification of synthesis teams → Scoping call with requester → Team selection → Work commences
- ❑ Plain-language summaries will be prepared in English and French

2) Living evidence syntheses

- ❑ As above but with regular updates
  (e.g., vaccine roll-out LEP to be updated twice a month)

Six 'Actions' by COVID-END in Canada (2)

3) Inventory of 'best evidence syntheses'

- ❑ Current approach to the 'static' inventory already available online
  - 'Best' defined by recency, quality & evidence profile availability
  - Declarative title to highlight PICO & evidence certainty
  - 'Living' status, synthesis type, and synthesis question

- ❑ Current reduction in noise-to-signal ratio
  - 4,100+ syntheses from high-quality / high-yield sources
    → 3,000+ non-duplicate syntheses → 1,750 decision-relevant syntheses
    → 216 'best' evidence syntheses

- ❑ Future approach
  - Searchable inventory and customizable evidence service
  - Additional field(s) for equity considerations
  - Once-or-twice-a-month 'inventory spotlights' on where evidence has shifted (either new evidence syntheses or updates to living evidence syntheses), which will be shared through dissemination partners

Six 'Actions' by COVID-END in Canada (3)

4) Evidence-demand coordination (webinars re actions 1-3 and 5-6)

- ❑ Canadian Public Health Network
  - FPT Special Advisory Committee for COVID-19 (SAC): FPT chief medical officers of health (CMOH)
  - FPT Technical Advisory Committee for COVID-19 (TAC): Deputies and delegates
- ❑ Evidence synthesis and contextualization shops in FPT governments and affiliated agencies
  - E.g. COVID-19 Clinical Pharmacology Task Group and Office of the Chief Science Officer, Public Health Agency of Canada
- ❑ Other centres of gravity in FPT governments and affiliated agencies (based on an upcoming session organized by CIHR)

5) Horizon scanning

- ❑ Monthly Canadian panel immediately following our global panel
  - Briefing note re emerging issues and panel summary of high-priority topics

Six 'Actions' by COVID-END in Canada (4)

6) Evidence-supply coordination

- ❑ At the end I'll ask whether you would participate in the following approach to tracking
  - • Eligible if you are an evidence synthesis (and contextualization) shop in Canada (but not an evidence translation shop relying on others' evidence syntheses)
  - • Proactively share topics newly taken on and syntheses completed since 1/12 (or provide link to public listing or respond when new request) and note whether select details (e.g., email address for contact) can be shared within network (to respond to a request) or publicly
- ❑ Once-or-twice-a-month 'Canadian synthesis spotlights' on where evidence is being or has been synthesized (when details can be shared publicly), which will be shared through dissemination partners

COVID-END Resources for Those Supporting Decision-making (https://www.covid-end.org)

- **Inventory of 'best' evidence syntheses for COVID-19 decisions**
  (with tips for using the inventory coming soon)

- **Horizon scans for emerging issues**
  - ❑ Monthly meeting of a panel of 36+ diverse strategic and 'out-of-the-box' thinkers and doers (with diversity defined in relation to our taxonomy, target audiences, WHO regions, and primary languages spoken)

- Community of those supporting decision-making

- Living hub of COVID-19 knowledge hubs

- Additional supports
  - ❑ Guide to COVID-19 evidences sources
  - ❑ Evidence-packaging resources
  - ❑ Evidence-support models
  - ❑ Tips and tools

COVID-END Resources for Researchers (https://www.covid-end.org)

- **Priorities for new evidence syntheses and guidelines**
  - ❑ Global (coming soon)
  - ❑ **Canada** (coming once Canadian panel set up in February)
- Supports for evidence synthesizers (with updates coming soon)
  - ❑ Supports for living evidence synthesizers (coming soon)
- Supports for guideline developers (coming soon)

Other COVID-END Activities

- Global secretariat

- Global partners (50+)

- Working groups
  - Four continuing: Scoping, Engaging, Recommending, Sustaining
  - Three starting: Prioritizing, Profiling, Advocating
  - Three on stand-by: Digitizing, Synthesizing, Packaging
  - Two complementary task groups: Equity, Citizen partnership

- Other
  - ACTS (implementation) & COKA (data standardization)
  - BESSI (behavioural science)
  - Cochrane (post-COVID)
  - Lancet Commission
  - WHO ECC-19

Willingness to Participate in Supply Tracking

Organization	Share COVID-19 questions newly taken on?	Share email address for best contact for each question?	Share questions and email addresses within network or publicly?	Share COVID-19 questions for which syntheses completed (post 1/12)?	Share link to each completed synthesis or email address for best contact?	Share questions and either links or email addresses within network or publicly?