

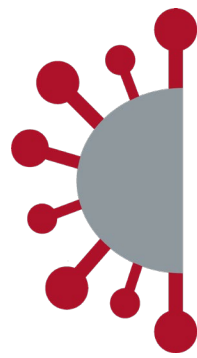
# COVID-END update

**WHO ECC-19 meeting  
18<sup>th</sup> February 2021**

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# COVID-END

COVID-19 Evidence Network  
to support Decision-making



AGENCY FOR  
CLINICAL  
INNOVATION



Campbell  
Collaboration

- Centre for
- Evidence
- Based
- Health
- Care



Cochrane  
France



Cochrane  
Ireland



- Evidence
- Synthesis
- International



EVIDENCE SYNTHESIS  
IRELAND



The Global Evidence  
Synthesis Initiative



HEALTH TECHNOLOGY  
ASSESSMENT INTERNATIONAL



International  
Initiative for  
Impact Evaluation



Ministério da Saúde  
FIOCRUZ  
Fundação Oswaldo Cruz  
Brasília



National Collaborating Centre  
for Methods and Tools  
Centre de collaboration nationale  
des méthodes et outils



Norwegian Institute of Public Health

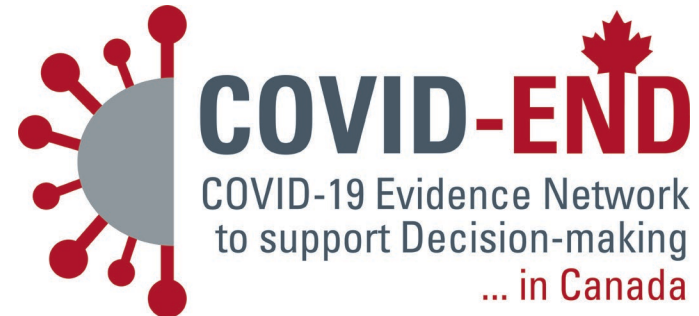


## Early achievements (covid-end.org)

- **Resources for decision makers**
  - Living hub of COVID-19 knowledge hubs
  - Evidence packaging resources
  - Evidence support models
  - Tips and tools
  - Taxonomy of decisions
  - (Guide to key COVID-19 evidence sources)
- **Resources from researchers**
  - Supports for evidence synthesisers

## Funding update

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



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

- Remarkable number of single studies being published every day 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- One-off reviews on long-term and recurring issues are quickly **out of date**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., by June, >200 prognostic reviews and only 5 such reviews address  $\geq 5$  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)

# Priorities: 1) Inventory of best evidence syntheses

- Inventory of ‘best evidence syntheses’ for all types of decisions being faced by those who are part of the COVID-19 pandemic response, which will save time and avoid duplication for those providing ‘front-line’ decision support in government (who can then focus on what the evidence means for their context)
  - Evidence syntheses harvested from sources in COVID-END guide
  - Filters applied for all parts of the COVID-END taxonomy of decisions (COVID-focused for all parts and often COVID-relevant too for health-system arrangements and economic & social responses)
  - ‘Best evidence syntheses’ rank-ordered within any given ‘row’ in taxonomy, based on
    - Date of search (e.g., 2020-07-01)
    - Quality (AMSTAR) rating (e.g., 8/11)
    - Evidence profile available (e.g., yes, with hyperlink)
  - Re-worded title with details to support relevance assessment (e.g., participants, exposure / intervention / phenomenon, and outcomes)

# Priorities: 1) Inventory of best evidence syntheses

Broad and specific decisions			Criteria for 'best evidence synthesis'			Details to support relevance assessment	Additional decision-relevant details		
			Date of last search	Quality (AMSTAR) rating	Evidence profile (e.g., GRADE) available	Key findings	Living evidence synthesis	Type of synthesis	Type of question
		Anti-virals	2021-02-05	8/9	Yes	<u>conducted</u>  <u>[Azvudine] Synthesis pending.</u>	Yes (row content last updated on 2021-02-08)	Full review	Benefits and harms
			2021-02-05	10/11	Yes	<u>[Baloxavir marboxil] The effects of adding baloxavir marboxil to standard care are uncertain</u>	Yes (row content last updated on 2021-02-08)	Full review	Benefits and harms
			2021-02-05	10/11	No	<u>[Baloxavir marboxil vs favipiravir] The effects of baloxavir marboxil compared with favipiravir are uncertain</u>	Yes (row content last updated on 2021-02-08)	Full review	Benefits and harms

## Priorities: 2) Horizon Scans for Emerging Issues

- Global horizon-scanning panel, comprised of diverse strategic and ‘out-of-the-box’ thinkers and doers, to proactively identify both **long-term and emergent issues** that need to be prioritized in efforts to synthesize the best available research evidence to support decision-making about COVID-19
  - Diverse in their coverage across the parts of the taxonomy and the four key target audiences (citizens, providers, policymakers and researchers)
  - Diverse in terms of WHO region and primary language
- Main focus is to identify priorities for **living reviews** on recurring priorities (and full or rapid reviews on one-off priorities)





**COVID-END**

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## Priorities: 3) Living Systematic Reviews

- In the short-term
  - Create a list of **priority topics** where living systematic reviews are needed (based upon our inventory and horizon-scanning activities)
- In the medium-term
  - Cajole, encourage and nudge groups to collectively take **responsibility** for a full set of living reviews addressing all priority issues related to the pandemic and pandemic response



## Priorities: 3) Living Systematic Reviews

### COVID-END in Canada

- Living evidence profiles
  - vaccine roll-out
  - long-term care crisis management and renewal)
- Living rapid evidence syntheses
  - real-world effectiveness of vaccines to complement the living ESs of safety and efficacy from trials
  - variants and their implications for public-health measures, clinical management, and health-system arrangements

## Priorities: 4) COVID-END Community Listserv

- Targets **individuals with the following attributes**
  - Creating and/or using evidence syntheses, technology assessments, and/or guidelines as the focus of their support to decision-making about COVID-19
  - Engaging with decision-making about COVID-19 by citizens/service users, providers, and/or health- and social-system policymakers
  - Keen to learn from others about how to support decision-making about COVID-19 and willing to explore challenges and/or share experiences through online discussions
  - Share the values of the COVID-END partnership
- **300+ members** from around the globe, and counting
- Vibrant list **discussion topics and facilitators**
- **Webinar series**
- Plan to summarize and share the **insights** from both organized topic discussions and ad hoc interactions

## Priorities: 5) Global co-ordination and collaboration

- COVID-END and Cochrane have joined the secretariat of WHO ECC-19
- Currently producing a position paper on better co-ordination and collaboration of the global evidence synthesis response

## Priorities: 6) COVID-END in Canada

- CIHR funding to provide:
  - Rapid evidence syntheses and profiles addressing needs of Canadian decision makers
  - Living rapid syntheses for key priority questions
  - Demand side co-ordination in Canada
  
  - Horizon scanning (global and Canada)
  - Maintain inventory of best evidence syntheses
  - Supply side co-ordination (global and Canada)
  
- COVID-END website - Resources specific to Canada

## Forthcoming

- ***Supports for guidance developers***
- Tips for using the inventory
- New working and task groups (eg Prioritising, equity)
- New partners and resources (eg e-COVID)
- 2 weekly Global COVID evidence spotlight

## Stay in touch!

- [covid-end@mcmaster.ca](mailto:covid-end@mcmaster.ca)
- [covid-end.org](https://covid-end.org)
- [@COVID\\_E\\_N\\_D](#)