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COVID-19 EVIDENCE MAP

NEWSLETTER



Partners and collaborators

The COVID-19 evidence map was launched on April 3rd, 2020. Three months later 29 317 publication have been screened and 6 513 studies have been selected for inclusion. The map is a growing collaborative effort of international networks, organizations, and individual contributors.

Networks

Professional networks have helped put the project in the spotlight for different interest groups.



[European network for Health Technology Assessment \(EUnetHTA\)](#) is an EU-funded network of more than 80 governmental and non-for-profit agencies across Europe. The live map makes it possible for EUnetHTA partners to respond rapidly to requests from their national health authorities handling the outbreak.



[Health Technology Assessment international \(HTAi\)](#) is a global, non-profit, scientific and professional society with 82 member organizations and more than 2500 individual members from 65 countries. HTAi has established several approaches related to the COVID-19 pandemic including webinars to support international collaboration.



G-I-N has organized a webinar that discussed how guideline developers can make use of evidence registries such as the COVID-19 evidence map.



COVID-END is a COVID-19 evidence network that involves over 40 partners who have come together to help those supporting decision-making to find and use the best evidence that is already out there. COVID-END aims to help reduce duplication in evidence syntheses, technology assessment and guidelines being produced, and to aid a better coordination of these efforts.

Collaborating organizations

The networks have allowed us to collaborate with organizations from outside our immediate circle.

[McMaster University / Michael G. DeGroote Cochrane Canada](#) and [McGRADE Centres](#) are widely acknowledged as the home of evidence-based medicine. They are partnered with the WHO and the Pan American Health Organisation among others. Their COVID-19 recommendation map, which is based on trustworthy guidelines will link with and greatly supplement the COVID-19 evidence map.

[Cochrane Belgium](#) and [The Centre for Evidence-Based Practice \(CEBaP\)](#) decided to join forces with NIPH for the COVID-19 living map as they realized the potential of the map to provide quick access to studies relevant to their topics of interest.

[The Austrian Social Insurance](#) oversees the pension, occupational accident insurance, and routine health care of the Austrian population. They see the map as a great opportunity to collaborate internationally to provide quick and easy access to already vetted evidence and thus better serve the needs of their population.

[The Croatian Institute of Public Health](#) is a governmental non-profit organization in Zagreb, Croatia. They recognize the need for a COVID-19 evidence map to reduce the time and cost needed to produce systematic reviews.

[EPPI Centre at University College London](#) is the mastermind behind the software we use, EPPI Reviewer. The Centre develops information technologies to make systematic reviews more efficient for many users and organizations globally. The Centre's team of programmers, researchers, and evidence synthesizers provide excellent individual support and training to the map team.

[Vivit AS](#) is a Norwegian healthcare information technology company that develops language processing and machine learning technology within the Norwegian health care sector. Vivit recently spearheaded a joint research proposal with NIPH and EPPI Centre for a two-year project that would develop state-of-the-art evidence extraction and processing methods, using the current coding work as a springboard.

A web of coders

Our growing network of excellent external coders is part of our response to tackling the continuously rising number of publications.

In addition to the core project group and coders at the Norwegian Institute of Public Health (NIPH) several external coders contribute. Individual external coders begin with a one-hour training session to learn the software and code their first publication. They categorize their first studies with follow up from an experienced coder. Thereafter, each coder receives a list of publications to categorise remotely in a fixed period.

After having finished the categorization, they meet online with an experienced coder to reconcile their coding differences. Reconciliation happens via video-chat, which has been great to deal with the long distances and helped us to become better acquainted with our partners. With advancement in coding experience, coders begin to code in pairs to enable machine learning, followed by reconciliation from an independent third.



Ragil Setia Dianingati is a pharmacist and a lecturer at Diponegoro University, Semarang, Central Java, Indonesia:

– It is an amazing experience to join the COVID-19 live map as an external contributor. At first, I just wanted to give a hand while updating my knowledge on COVID-19 and systematic reviews. In many ways it's a new experience different to the traditional systematic reviews that

**Ragil Setia
Dianingati**

I have done before. The technology and management systems allow us to work comfortably even when we are miles away. So, thank you for the opportunity, NIPH!



Renata Linertová is a health economist working at Servicio Canario de la Salud (SESCS), a Spanish HTA-agency based on the Canary Islands:

– We are a multidisciplinary team and our main activities are HTA reports and research projects on a regional, national and international level. We are members of the Spanish network of HTA agencies RedETS and the European network EUnetHTA. We have recently joined the Living map project, which we find very useful given the huge amount of information generated every day about the COVID-19. There are a lot of interesting topics, besides the clinical and

**Renata
Linertová**

network, we are also involved in the development of the evidence map. We are looking forward to contributing to the project and learning from the other contributors.

epidemiological issues, that are being explored worldwide, and the evidence must be synthesized and analyzed. I am especially interested in the socio-economic impact of the pandemic and the measures taken to mitigate it.

Individual coders

Several individuals outside the Norwegian Institute of Public Health contribute as coders for the project:

Name	Country
Anne-Cathrine Vanhove, Red Cross Belgium	Belgium
Katya Tsaioun, Johns Hopkins University	USA
Johannes Jodalen, University of Oslo	Norway
Andreas Larsen, University of Oslo	Norway
Shervin Banitalebi, University of Oslo	Norway
Daniela Bragatini, NTNU	Norway
Ragil Setia Dianingati, Diponegoro University	Indonesia
Athina Samara	Norway
Noemi Kiss, Austrian Social Insurance	Austria
Julia Aneth Mbalilaki, Sunnaas Rehabilitation Hospital	Norway
Raquel Cristine Leão	Norway
Alezandra Torres Castaño, Servicio Canario de la Salud, SCS	Spain
Renata Linertová, Servicio Canario de la Salud, SCS	Spain
Jakov Vukovic, Croatian Institute of Public Health	Croatia
Tamara Polickanin, Croatian Institute of Public Health	Croatia
Marija Svajda, Croatian Institute of Public Health	Croatia
Jelena Dimnjakovic, Croatian Institute of Public Health	Croatia
Alona Masheiko, HTA Department of SEC of Ministry of Health of Ukraine	Ukraine
Oresta Bogdanivna, HTA Department of SEC of Ministry of Health of Ukraine	Ukraine

More collaborators are welcome

We are still seeking agencies and individual contributors interested in collaborating on this live map of COVID-19 evidence. Specifically, we are looking for partners that want to engage in the categorization of COVID-19 studies or in the risk of bias appraisal of prioritized studies. [A complete call for collaboration is available.](#)

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