



Cochrane Methods
Equity

Equity in guideline development: Application in living eCOVID-19 recommendation map

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Trusted evidence.
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What are health inequities?

- Health inequities are defined as differences in health that are avoidable and also considered unfair or unjust.
- PROGRESS-Plus Acronym – tool to identify dimensions which inequities may exist.
- Health inequities are present both between and within countries for many health-related issues, such as noncommunicable diseases, communicable diseases, and injuries.



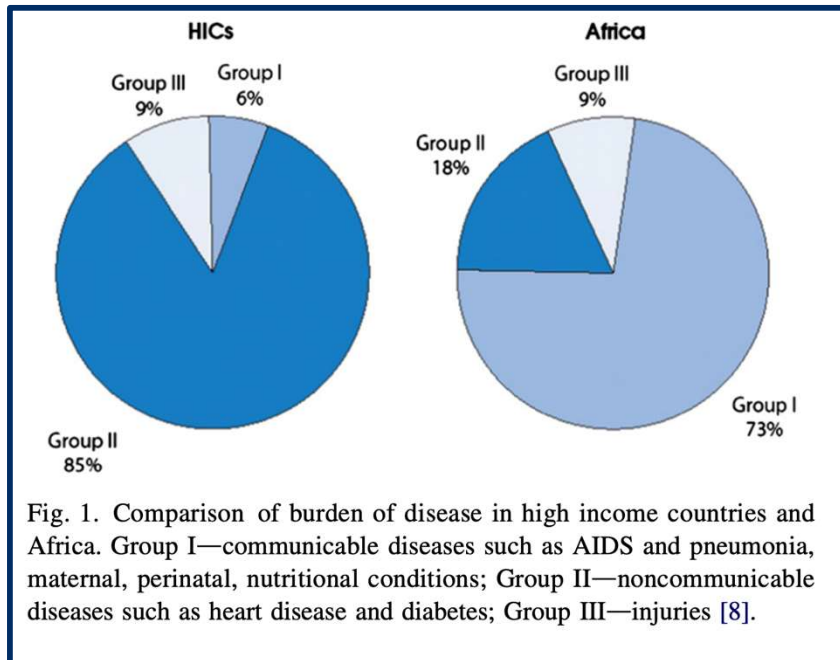
TB is very prevalent in indigenous communities, with an infection rate 290 times higher than the for non-indigenous people in Canada.



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Guideline recommendations can unintentionally increase health inequities

- Clinical Practice Guidelines have focused primarily on the effectiveness of interventions



Prevalence rates for obesity and under-nutrition in an urban and rural area in the Philippines

Region	% Overweight	% Undernourished
Urban ^a	33.7	21.9
Rural ^b	15.0	36.8

Source: Ref. [10].

^a National Capital Region.

^b Autonomous Region of Muslim Mindanao.

Across country inequities:
greatest burden of disease in rich countries was due to degenerative diseases

Within country inequities:
under-nutrition as the pre-eminent problem in the rural settings

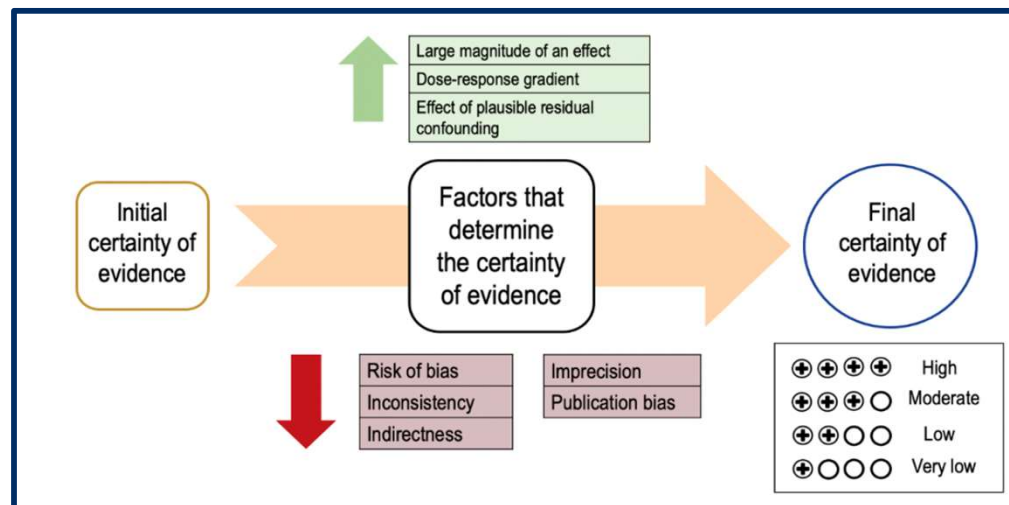
Action against health inequities

- Global prevalence of health inequities drove it to be universally considered as a relevant principle to clinical/public health practice and health policy.
- Global organizations pledged to address health inequities.



GRADE and evidence to decision (EtD)

- The Grading of Recommendations Assessment, Development and Evaluation (GRADE) started in 2000 as an informal group interested in addressing shortcomings of grading system in health care.
- GRADE group developed the EtD framework that consists of 12 criteria and explicitly includes impact on health equity as a criterion.



Evidence to decision (EtD) table

Criteria	Question and Judgments	Research evidence
Priority of the problem	Is the health problem a priority?	
Benefits and harms	How substantial are the desirable and undesirable anticipated effects?	
Certainty of the evidence	What is the overall certainty of the evidence of effects?	
Outcome importance	Is there important uncertainty about or variability in how much people value the main outcomes?	
Balance	Does the balance between desirable and undesirable effects favour the intervention or the comparison?	
Resource use	How large are the resource requirements (costs)?	
Equity	What would be the impact on health equity? E.g. Decreased, Uncertain, Increased	
Acceptability	Is the intervention acceptable to key stakeholders? E.g. Yes, No, Varies, Uncertain	
Feasibility	Is the intervention feasible to implement? E.g. Yes, No, Varies, Uncertain	

Guidance by GRADE-Equity Working Group

Guideline development

- Setting priorities
- Guideline group membership
- Identifying target audience
- Generating guideline question
- Considering importance of outcomes
- Deciding on evidence
- Summarizing evidence
- Wording recommendation
- Evaluation

Certainty of evidence

- Population level inequalities
- Patient important outcomes
- Assessing subgroup effects
- Differences in baseline risk
- Generalizability

Guidance by GRADE-Equity Working Group: Consider Equity in all EtD criteria

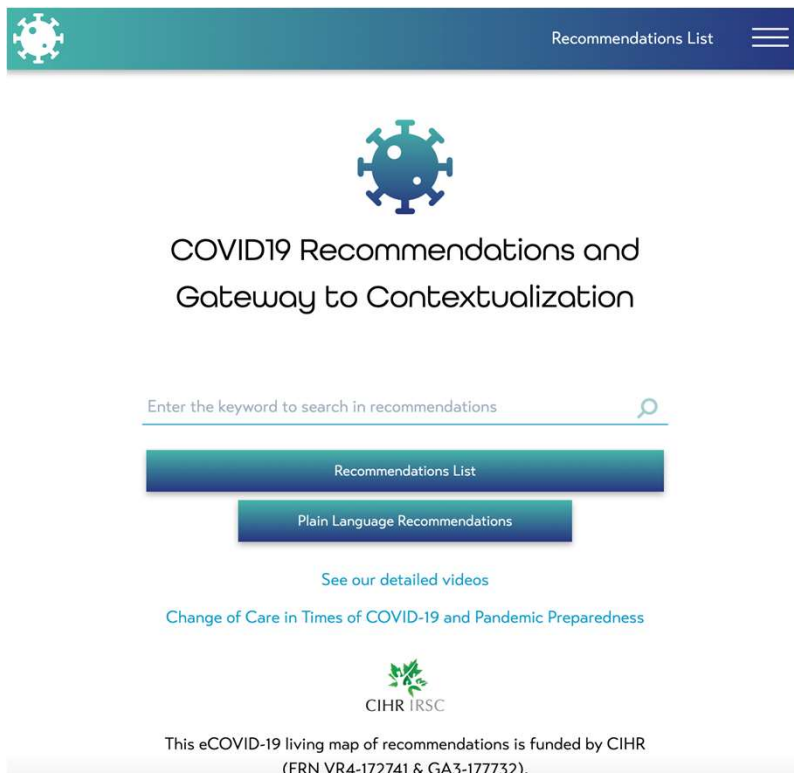
Criteria	Question and Judgments	Equity consideration
Priority of the problem	Is the health problem a priority?	Disease disproportionately affect certain populations
Benefits and harms	How substantial are the desirable and undesirable anticipated effects?	Benefits and harms may differ across groups
Certainty of the evidence	What is the overall certainty of the evidence of effects?	Body of evidence may not apply to certain groups
Outcome importance	Is there important uncertainty about or variability in how much people value the main outcomes?	Disadvantaged populations may value the main outcomes differently
Balance	Does the balance between desirable and undesirable effects favour the intervention or the comparison?	Informed by three previous criteria
Resource use	How large are the resource requirements (costs)?	Cost effectiveness and resource requirements vary by setting
Equity	What would be the impact on health equity? E.g. Decreased, Uncertain, Increased	Differential effects on disadvantaged populations
Acceptability	Is the intervention acceptable to key stakeholders? E.g. Yes, No, Varies, Uncertain	Differences in acceptability between groups
Feasibility	Is the intervention feasible to implement? E.g. Yes, No, Varies, Uncertain	Differences in feasibility of carrying out intervention between groups

Equity in the eCOVID19 Recommendations map

Tamara Lotfi



eCOVID-19 living recommendations map



The screenshot shows the top navigation bar with a COVID-19 icon and the text "Recommendations List" and a hamburger menu icon. Below this is a large blue COVID-19 icon and the text "COVID19 Recommendations and Gateway to Contextualization". A search bar contains the text "Enter the keyword to search in recommendations" and a magnifying glass icon. Below the search bar are two buttons: "Recommendations List" and "Plain Language Recommendations". Below these buttons is a link "See our detailed videos" and another link "Change of Care in Times of COVID-19 and Pandemic Preparedness". At the bottom is the CIHR IRSC logo and the text "This eCOVID-19 living map of recommendations is funded by CIHR (FRN VR4-172741 & GA3-177732)."

- Provide decision-makers and other stakeholders (including patient representatives, the public, and users of recommendations) with:
 - an easy-to-navigate
 - living
 - freely accessible
 - electronic platform that includes
 - all available trustworthy COVID-19 recommendations
- Identify COVID-19 recommendations, critically appraise them, and make them available for **contextualization and implementation by decision-makers across the globe**

Partners



57 Researchers on our team extract, code, and post recommendations to the map, including language translators, who collectively participate from **19** countries



Enter the keyword to search in recommendations

Good Practice Statement [See more](#)

According to the European Centre for Disease Prevention and Control (ECDC), substances of human origin (SoHO) establishments should inform donors of the nature and clinical signs of COVID-19, transmission risks and related donation restrictions. The possibility of COVID-19 transmission during the SoHO donation process and infection prevention and control measures to be taken by SoHO establishments need to be specifically clarified.

Recommendation [See more](#)

As long as quarantine is not arbitrary, has a sound scientific basis, and is applied consistently, reasonably, transparently, respectfully, in a safe and sanitary manner, and in full compliance with the International Health Regulations (IHR), the potential benefit to the public health of the receiving population may warrant temporary restrictions on freedom of movement for arriving travellers.

Certainty of evidence ⊕○○○ Very low to low **Recommendation strength** ✔ conditional

Additional Guidance [See more](#)

The use of portable air filtration devices with high-efficiency particulate air (HEPA) filter devices could be considered as an additional protection in situations where enhancing natural or mechanical ventilation is not possible and when physical distancing can not be achieved.

Additional Guidance [See more](#)

When rooms are in use, maximum ventilation rates must be maintained regardless of the number of occupants.

- Source
- Publication Year
- Adapted
- AGREE II score
- World region
- Age group
- Coexisting condition
- Intended population
- Plain Language Recommendation



eCOVID-19 recommendations map

Living

Map view

COVID19 Recommendations									
Enter the keyword to search in recommendations									Recommendat
									FILTERS
All	Infection control	Vaccination	Screening	Diagnosis	Treatment and rehabilitation	Prognosis	Planning and monitoring	Health services and systems	
COVID-19 confirmed ⁹⁹⁶	159	38	15	28	645	1	48	62	
Public ⁵⁸¹	245	176	15	9	9		68	59	
Educational establishment ⁴⁹⁰	284	12	18	10	4		93	69	
COVID-19 suspected ⁴⁶⁷	228	10	23	73	63	1	28	41	
Healthcare professional ⁴⁰⁷	180	103	6	6	16		33	63	
At high risk for COVID-19 ²²⁹	81	69	11	10	19		28	11	
Hospital ²¹⁹	38	15	3	4	122		5	32	
School ²¹⁰	120	8	8				68	6	
Public health officer ¹⁶⁶	30	31	1				47	57	
National government top managers ¹⁶⁴	16	26	1	2			57	62	
Healthcare facility ¹⁶⁰	82	1	3	2	1		13	58	
Healthcare service manager ¹⁵⁷	7	50		2			32	66	



1	60	Coexisting condition
	56	Intended population
	17	Plain Language Recommendation
1	31	Recommendation type
	5	Recommendation intent
	6	PROGRESS
	11	PLUS
	80	Income
	73	
1	6	
	21	

PROGRESS

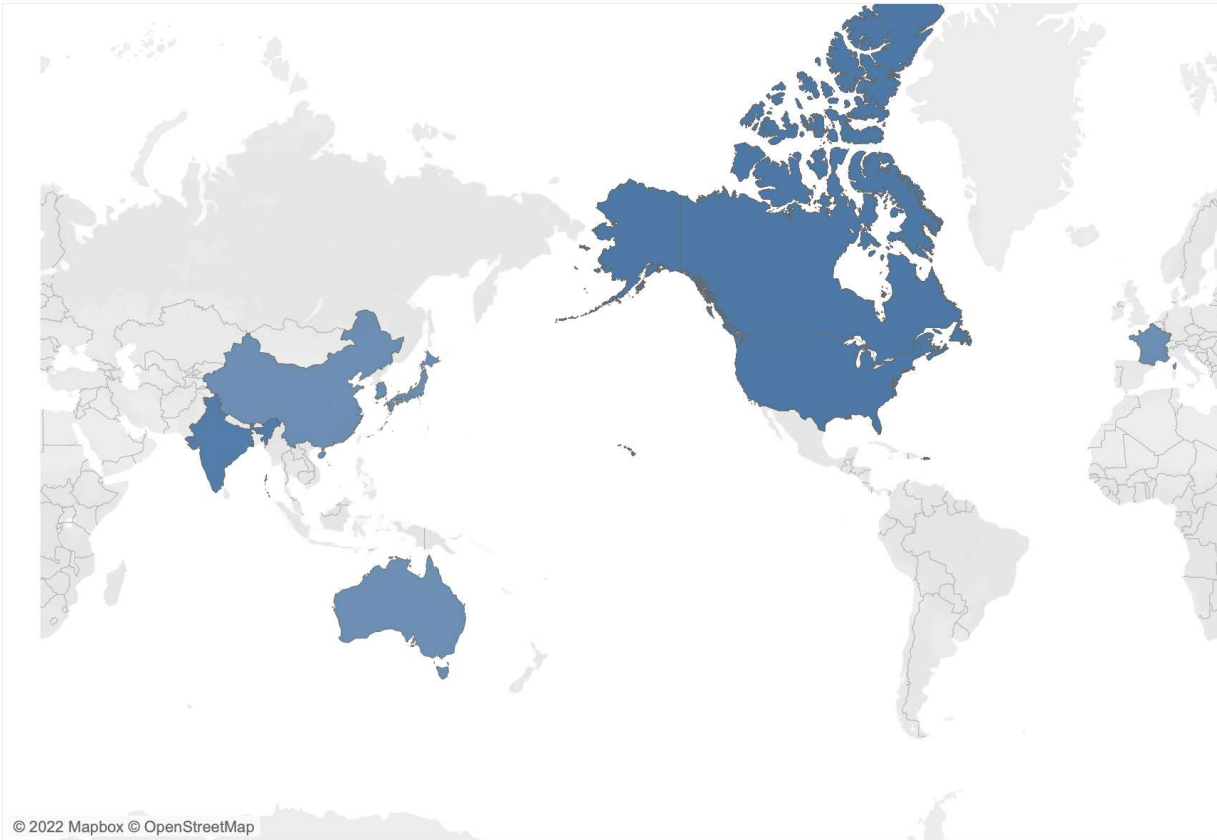
- Any
- Education (47)
- Gender/sex (87)
- Occupation (129)
- Place of residence (206)
- Race/ethnicity/culture/language (63)
- Religion (22)
- Socio-Economic Status (132)
- Social capital (61)

PLUS

- Any
- Features of relationships (e.g. smoking parents, excluded from school) (30)
- Personal characteristics associated with discrimination (e.g. age, disability) (459)
- Time-dependent relationships (e.g. leaving the hospital, respite care, other instances where a person may be temporarily at a disadvantage) (61)



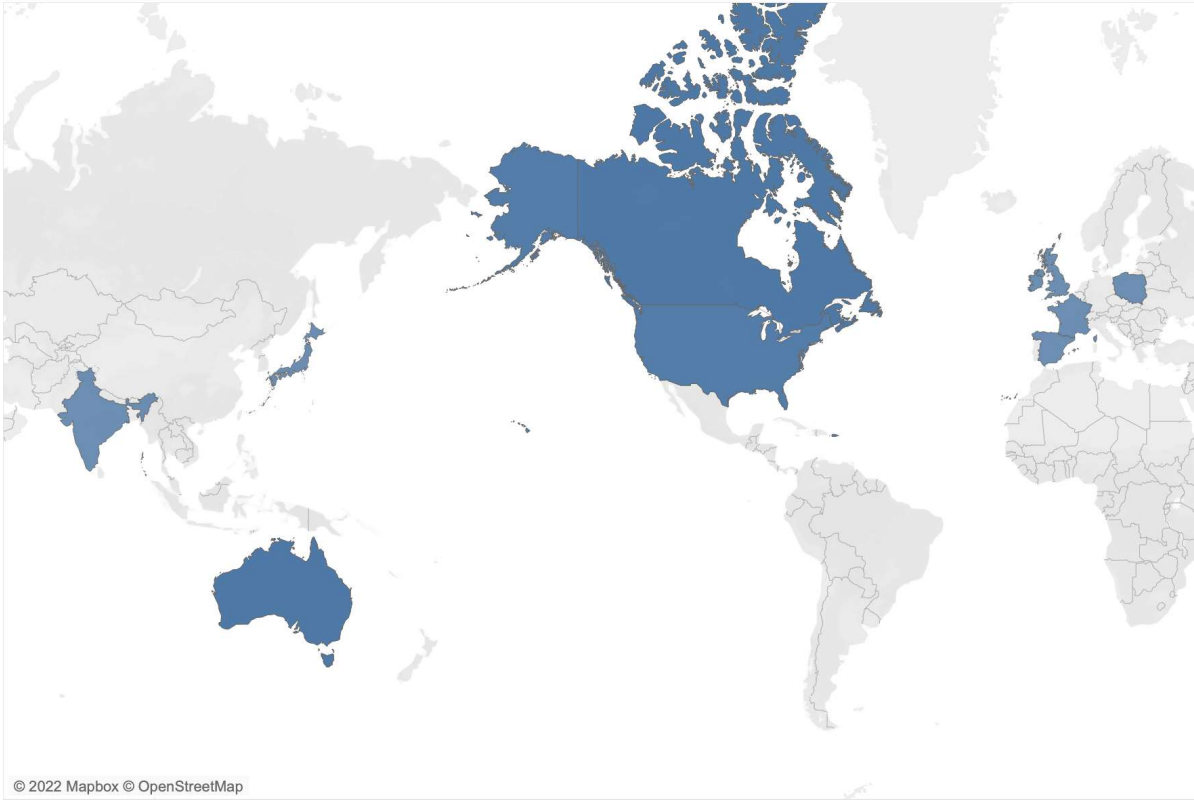
Guidelines addressing PROGRESS



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Guidelines addressing PLUS



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Pregnancy	21	5
Public	10	
Healthcare service manager	9	
Neonate	9	8
Breastfeeding	8	
COVID-19 confirmed	7	1
Refugee	7	
Country Government	4	
Healthcare facility	3	1
Hospital	2	2

Additional Guidance Highlight

Accordingly to SMFM, vaccination should not be given if the recipient is acutely ill.

Additional Guidance Highlight

Vaccination should be offered regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection

Recommendation Highlight

The National Advisory Committee on Immunization (NACI) and the Public Health Agency of Canada (PHAC) recommend that a complete vaccine series with an mRNA COVID-19 vaccine should be offered to individuals in the authorized age group who are pregnant or breastfeeding. Informed consent should include discussion about emerging evidence on the safety of mRNA COVID-19 vaccines in these populations.

Certainty of evidence **Recommendation strength**

⊕⊕○○ Low ✔ strong

Intended population

Plain Language Recommendation

Recommendation type

Recommendation intent

PROGRESS

PLUS

Income

heat map



	Infection control	Vaccination	Screening	Diagnosis	Treatment and rehabilitation	Prognosis	Planning and monitoring
5		3	3				
4							
2							
7							
							7
6							
1							3
1		2					1

Good Practice Statement

Persons in settings such as refugee and detention camps, prisons, slums, and other settings with high population densities, where physical distancing is not implementable, should be prioritized for vaccination as outlined in the World Health Organization (WHO) Prioritization Roadmap, taking into account national epidemiological data, vaccine supply and other relevant considerations.

[Highlight](#)

Coexisting condition

Intended population

Plain Language Recommendation

Recommendation type

Recommendation intent

PROGRESS

Race/ethnicity/culture/language

PLUS

Income





Instructions

FILTERS

Clear

control Vaccination Screening Diagnosis Treatment and Prognosis Planning and

Good Practice Statement

The Advisory Committee on Immunization Practices (ACIP) recommended that in Phase 1b, vaccine should be offered to persons aged ≥ 75 years and frontline essential workers (non-health care workers).

Highlight

Good Practice Statement

The Advisory Committee on Immunization Practices (ACIP) recommended that, when a COVID-19 vaccine is authorized by FDA and recommended by ACIP, both 1) health care personnel and 2) residents of long-term care facilities (LTCFs) be offered vaccination in the initial phase of the COVID-19 vaccination program (Phase 1a).

Highlight

Coexisting condition

Intended population

Plain Language Recommendation

Recommendation type

Recommendation intent

PROGRESS

Occupation (2)

PLUS

Income

Control Vaccination Screening Diagnosis Treatment and rehabilitation Prognosis Planning and monitoring

 **Additional Guidance**

Authorities should leverage community-based networks and leaders to disseminate COVID-19-related information in culturally and linguistically appropriate manners among migrant worker communities.

Highlight

Coexisting condition

Intended population

Plain Language Recommendation

Recommendation type

Recommendation intent

PROGRESS

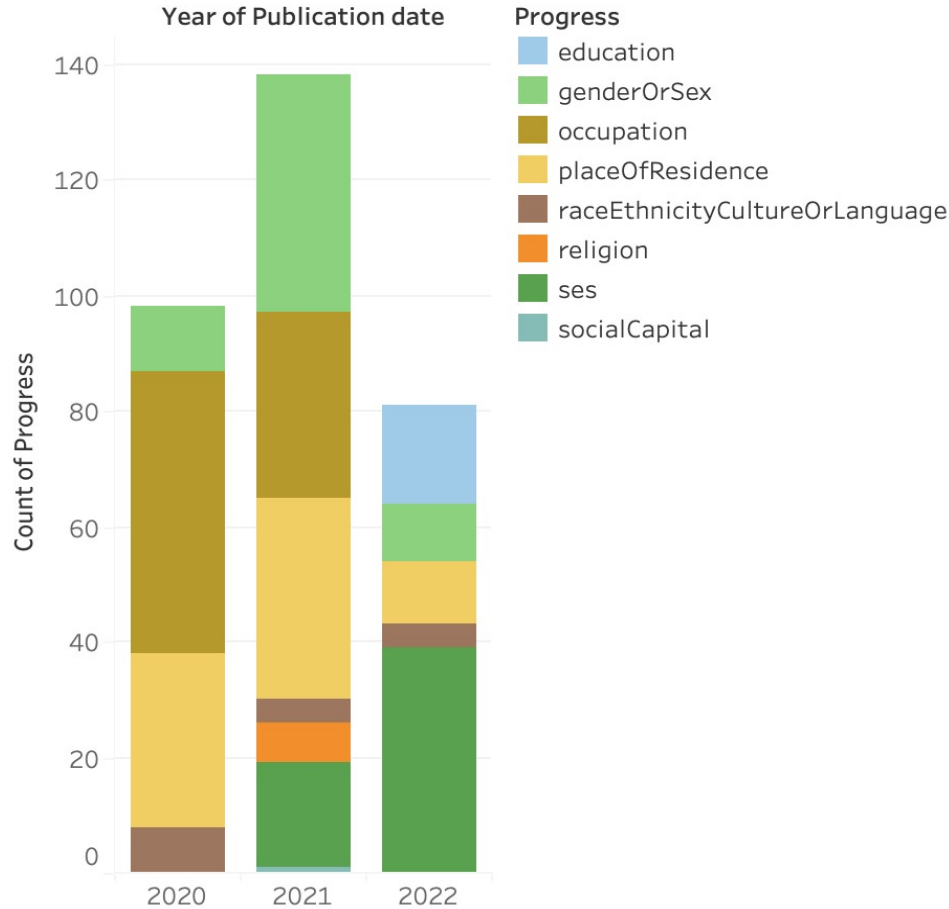
Social capital (1)

PLUS

Income



PROGRESS across time



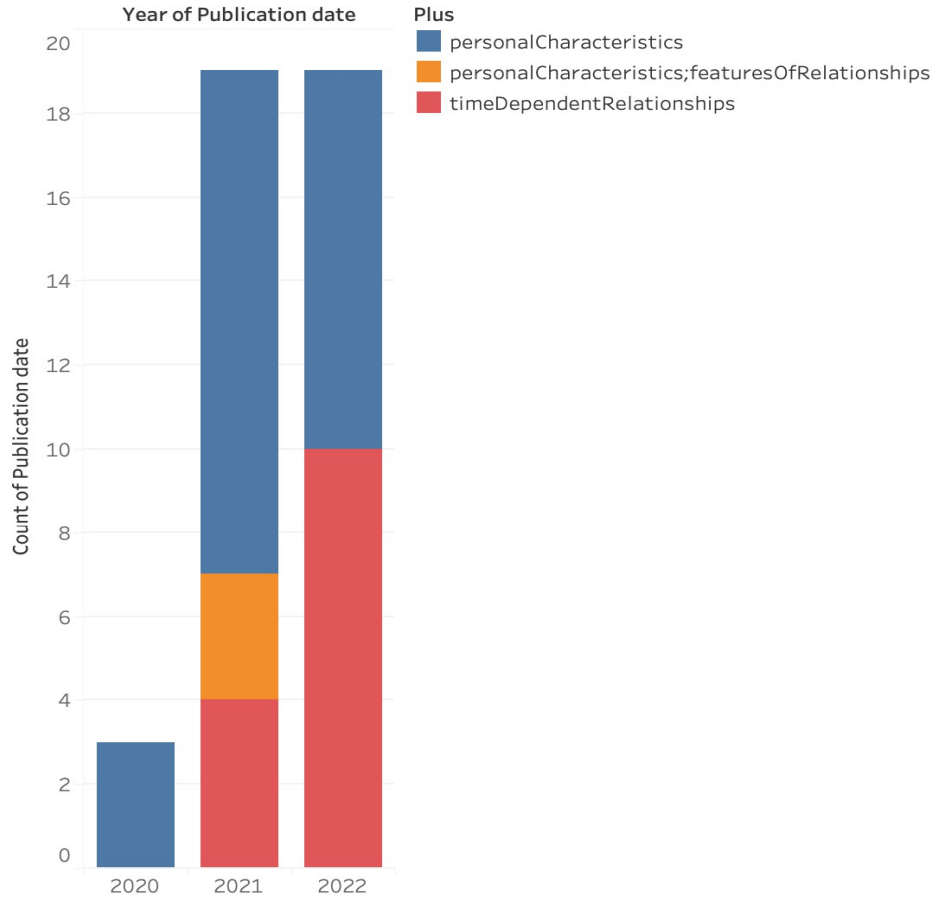
Count of Progress for each Publication date Year. Color shows details about Progress. The view is filtered on Progress, count of Progress and Publication date Year. The Progress filter keeps 8 of 32 members. The count of Progress filter keeps non-Null values only. The Publication date Year filter keeps 2020, 2021 and 2022.

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PLUS across time



Count of Publication date for each Publication date Year. Color shows details about Plus. The data is filtered on Progress, which keeps 7 of 32 members. The view is filtered on Plus, which keeps personalCharacteristics, personalCharacteristics;featuresOfRelationships and timeDependentRelationships.

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Upcoming work: Equity in the development of eCOVID-19 recommendations

- Assess the guidelines, organizational guideline development manuals and recommendations for equity considerations across the 18 GIN-McMaster Guideline development topics

18 topics from the GIN-McMaster Guideline Development Checklist

- Organization, budget, planning and training
- Priority setting
- Guideline Group Membership
- Establishing Guideline Group Processes
- Identifying Target Audience and Topic Selection
- Consumer and Stakeholder Involvement
- Conflict of Interest Considerations
- PICO Question Generation
- Considering importance of Outcomes and Interventions, Values, Preferences and Utilities
- Deciding what Evidence to Include and searching for Evidence
- Summarizing and Evidence to Include and Searching for Evidence
- Summarizing Evidence and Considering Additional Information
- Judging Quality, Strength or Certainty of a Body of Evidence
- Developing Recommendations and Determining their Strength
- Wording of Recommendations and of Considerations of Implementation, Feasibility and Equity
- Reporting and Peer Review
- Dissemination and Implementation
- Evaluation and Use
- Updating

GRADE equity guidelines 1: considering health equity in GRADE guideline development: introduction and rationale. Vivian Welch et al.
<https://doi.org/10.1016/j.jclinepi.2017.01.014>

GRADE equity guidelines 2: considering health equity in GRADE guideline development: equity extension of the guideline development checklist. Akl et al.
<https://doi.org/10.1016/j.jclinepi.2017.01.017>

GRADE equity guidelines 3: considering health equity in GRADE guideline development: rating the certainty of synthesized evidence. Welch et al.
<https://doi.org/10.1016/j.jclinepi.2017.01.015>

GRADE equity guidelines 4: considering health equity in GRADE guideline development: evidence to decision process. Kevin Pottie et al.
<https://doi.org/10.1016/j.jclinepi.2017.08.001>

eCOVID19 RecMap

<https://covid19.recmap.org>