

## Future of evidence synthesis

### Cochrane Campbell Global Ageing Partnership Field's perspectives

Our field would like to share our thoughts and suggestions regarding the discussions of the future of evidence synthesis in Cochrane. We have compiled information so that it offers inputs regarding the three key questions that our editor in chief Karla Soares-Weiser has addressed the Fields.

" How we best set priorities to tackle global challenges? "

"If we are to diversify the types of Cochrane Reviews to respond to the needs of different end-users how we prioritise the areas of work and guarantee quality?"

"Discussing format of Cochrane Reviews to respond to needs of different end-users."

- **Global challenge: Healthy ageing and longevity**

This year marked the beginning of the UN Decade of Healthy Ageing (2021-2030). Healthy ageing and longevity will dominate the agenda on all levels of societies: from research to evidence-informed health policies and care. However, given the demographic trends of societies worldwide, ageing will remain one of the greatest societal challenges well past this decade, throughout the 21st century. As this is a global challenge it lends itself to developing and consolidating funding partnerships, consortia, and other opportunities.

Cochrane is ideally positioned to become a leading agent of evidence synthesis in this field. In fact, our partnership has already acted as a first mover with regards to this topic. We have established a strong working relationship with the WHO with major contributions to all key documents of the decade up until now. The development of an evidence-to-impact framework for the baseline report of the Decade of Healthy Ageing demonstrates how our team has successfully worked together with stakeholders to create effective and impactful solutions for their needs. By integrating the WHO international consortium on metrics and evidence in healthy ageing, we are strategically placed to identify the need of evidence synthesis products for the working packages across the decade. The WHO is currently developing metrics which could aid in measuring the IMPACT of Cochrane activity. Furthermore, we have already been identified by the WHO teams as important partners regarding evidence to inform policymaking - as the participation of our co-directors in the UN decade of Healthy Ageing leader's voice video and in the launch of the Decade platform can testify.

- **Integrating a health and social care perspective**

Our partnership is unique in the sense that it combines the strengths from both Cochrane and the well-established expertise on social sciences topics of the Campbell Collaboration. We have an integrated health and social care perspective in our approach to ageing and age-related topics. Our evidence and gap map focusing on health interventions for older adults is an example of such work. It was the first EGM on ageing. We chose to register and publish it with the Campbell Collaboration because of the focus on social care. It has since influenced work within Cochrane (such as the living interactive map of Cochrane Rehabilitation). Up until our map, this type of evidence mapping was not an approach used by Cochrane.

- **Optimizing co-production and stakeholders' participation across the evidence synthesis production and mobilization cycle**

Adopting participative approaches is possibly one of the best ways to prioritise areas of work, as we can collect feedback from stakeholders. This will ensure that any evidence products are timely and relevant to their end-users- including funding agencies. The opportunity that these approaches offer with regards to priority setting and cultural adaptation of products may also increase the chances of successful applications to external funding. Particularly when adopting a worldwide scope for Cochrane activities given our global landscape and our geographic dissemination.

We have already started this work. Not only with key stakeholders of the decade, but by conducting a scoping review of research priorities from both stakeholders and older adults. This not only will be used to support our program of work in this area, but it also responds to a need identified by the WHO international consortium on metrics and evidence in healthy ageing.

- **Focusing on equity, including low- and middle-income settings**

The joint Campbell and Cochrane equity methods group published Chapter 16 on equity and specific populations, as well as training material. The CCGAP includes an equity focus in its evidence and gap maps. Such focus has been increasingly valued and requested by the WHO and other key stakeholders.

- **Developing specific methods addressing ageing and age-related topics**

Through our work with the WHO, we have identified a series of needs regarding the development and adaptation of evidence synthesis methods to address ageing and longevity topics. We have already defined a series of recommendations and continue to develop solutions. This has been traditionally an underrepresented topic in research, and with the

evolving concept of healthy longevity, key stakeholders are quite motivated towards obtaining responses that allow them to better understand ageing trajectories and potential interventions.

- **Creating a Healthy Ageing and Longevity evidence support unit**

All the above-cited suggestions could be operationalized through an evidence support unit specializing in healthy ageing and longevity. This unit could function in an interdisciplinary manner, collaborating with evidence synthesis projects across Cochrane to provide the specific support, methods, and content expertise, as well as to optimize the knowledge translation and mobilization cycle. Such activities would also include adapting the format of Cochrane reviews to specific end-users, developing, and following templates. It could also involve publishing in the relevant library-Cochrane or Campbell- depending on the focus and the intended audience of the work. From our experience, a partnership such as CCGAP means that we bring interdisciplinary focus, we select methods appropriate to the question and we publish in the relevant library, then we use knowledge translation and dissemination to reach the right audiences with tailored information

This unit could also provide support in terms of selecting and facilitating the publication process. Different types of outputs and evidence syntheses can be published in different outlets. If we think outside the current “Cochrane library” publication format, we can consider other options for publication. For protocols, either creating an open access Cochrane registry (as an extension of the central registry, for instance) or officially adopting an existing one (such as the open science framework) could be potential solutions. Living reviews and evidence and gap maps could be hosted on the Cochrane library using an interactive format.

Furthermore, this specialized unit could also have a repository of existing international databases and key high impact journals in the field of ageing for which there would be publication protocols ready to edit and submit.

Thank you very much for your time and consideration.

We very much look forward to contributing to the future of Cochrane.

The CCGAP executive team

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