Global Evidence Summit

UNED: A Strategy to Strengthen Evidence-Informed Decision Making in Colombia

Daniel F. Patiño Lugo
Professor Faculty of Medicine, University of Antioquia

UNIVERSIDAD DE ANTIOQUIA
Facultad de Medicina

Unidad de Evidencia y Deliberación para la toma de decisiones
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Declaration of Conflict of interest

To the best of my knowledge, I declare that I or any of my co-authors, and any of my/our close family members, have not had employment, received research support or other funding from, or had any other professional relationship with, an entity directly involved in the production, manufacture, distribution or sale of tobacco, tobacco products, weapons or arms, or have represented the interests of any such entities in any way.

I have no actual or potential conflict of interest in relation to this presentation.

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Unit of evidence and deliberations for decision making: UNED

We support the **decision making** of communities, patients (citizens), (health) professionals, organizations and decision makers using the **best available evidence** and **people's values and preferences**.

Our purpose is to contextualize evidence to support

local decisions

- Patient decisions Aids
- **Rapid synthesis (10 days, 30 days or 90 days)**
- Evidence Gap Maps
- **Evidence briefs for policies**
- **Citizen panels**
- **Stakeholders and policy dialogues**
- Health technology assessments
- Clinical practice guides
- Evidence search services
- Teaching, continuing education
- Research

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Our team

Dirección

Iván D. Flórez – Profesor, MD, MSc, PhD
Daniel Felipe Patiño - Profesor, MD, MSc, PhD
Marcela Vélez - Profesor, MD, MSc, PhD

Area administrativa y financiera

Administración de proyectos
Juan Carlos Velázquez

Área técnico-científica

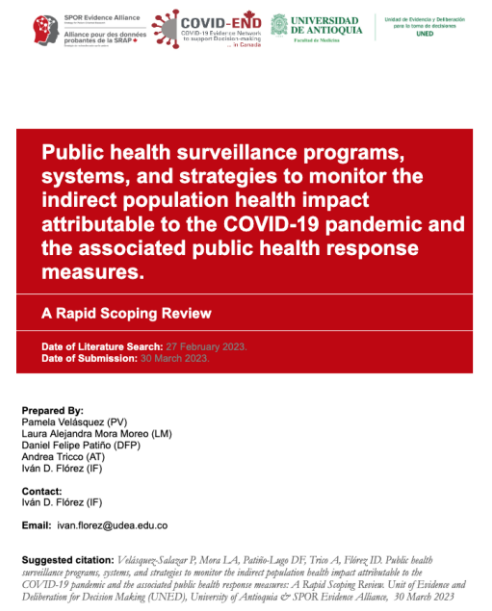
Equipo de investigación
Pamela Velázquez, MD, MSc
Silvia Villatoro, MD, MSc
Viviana Vélez-Marín MD, MSc
Isabel Cristina Marín, MD, MSc
David García, Politólogo, MSc
Duber Osorio, Odontólogo, MSc
Ana María Pérez, MD

Gestion documental y archivo
Paola Andrea Ramírez

Estudiantes
Claudia Lorena Ramírez MD
Camila Rodríguez, MSc, PhD
Nelia Palacio, GESIS

Rapid Evidence Synthesis and Living Evidence Synthesis.

Synthesis developed in 7, 10, 30 or 90 days for different actors like: Colombian Ministry of Health, Ministry of Education, COVID-END, Public Health Agency of Canada.



Public health surveillance programs, systems, and strategies to monitor the indirect population health impact attributable to the COVID-19 pandemic and the associated public health response measures.

A Rapid Scoping Review

Date of Literature Search: 27 February 2023.
Date of Submission: 30 March 2023.

Prepared By:
Pamela Velásquez (PV)
Laura Alejandra Mora Moreo (LM)
Daniel Felipe Patiño (DFP)
Andrea Tricco (AT)
Iván D. Flórez (IF)

Contact:
Iván D. Flórez (IF)

Email: ivan.florez@udea.edu.co

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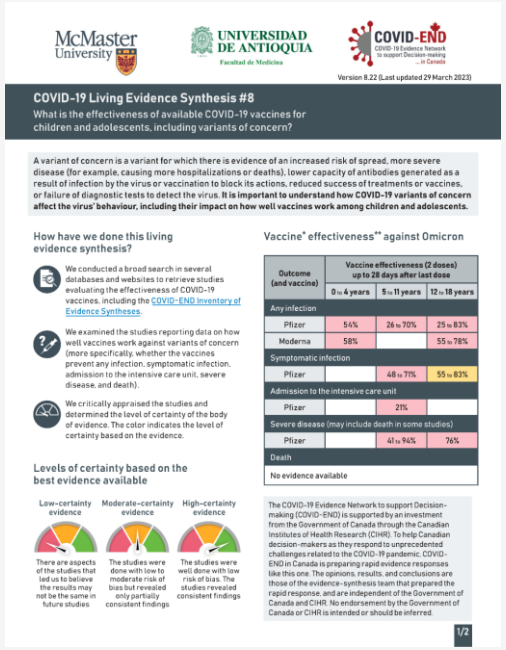

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Version 8.22 (Last updated 29 March 2023)

COVID-19 Living Evidence Synthesis #8

What is the effectiveness of available COVID-19 vaccines for children and adolescents, including variants of concern?

A variant of concern is a variant for which there is evidence of an increased risk of spread, more severe disease (for example, causing more hospitalizations or deaths), lower capacity of antibodies generated as a result of infection by the virus or vaccination to block its actions, reduced success of treatments or vaccines, or failure of diagnostic tests to detect the virus. **It is important to understand how COVID-19 variants of concern affect the virus' behaviour, including their impact on how well vaccines work among children and adolescents.**

How have we done this living evidence synthesis?

We conducted a broad search in several databases and websites to retrieve studies evaluating the effectiveness of COVID-19 vaccines, including the COVID-END Inventory of Evidence Syntheses.

We examined the studies reporting data on how well vaccines work against variants of concern (more specifically, whether the vaccines prevent any infection, symptomatic infection, admission to the intensive care unit, severe disease, and death).

We critically appraised the studies and determined the level of certainty of the body of evidence. The color indicates the level of certainty based on the evidence.

Levels of certainty based on the best evidence available

Low-certainty evidence: There are aspects of the studies that led us to believe the results may not be the same in future studies

Moderate-certainty evidence: The studies were done with low to moderate risk of bias but revealed only partially consistent findings

High-certainty evidence: The studies were well done with low risk of bias. The studies revealed consistent findings

Vaccine* effectiveness** against Omicron

Outcome (and vaccine)	Vaccine effectiveness (2 doses) up to 28 days after last dose		
	0 to 4 years	5 to 11 years	12 to 18 years
Any infection			
Pfizer	54%	26 to 70%	25 to 83%
Moderna	58%		55 to 78%
Symptomatic infection			
Pfizer		48 to 71%	55 to 83%
Admission to the intensive care unit			
Pfizer		21%	
Severe disease (may include death in some studies)			
Pfizer		41 to 94%	76%
Death			
No evidence available			

The COVID-19 Evidence Network to support Decision-making (COVID-END) is supported by an investment from the Government of Canada through the Canadian Institutes of Health Research (CIHR). To help Canadian decision-makers as they respond to unprecedented challenges related to the COVID-19 pandemic, COVID-END in Canada is preparing rapid evidence responses like this one. The opinions, results, and conclusions are those of the evidence-synthesis team that prepared the rapid response, and are independent of the Government of Canada and CIHR. No endorsement by the Government of Canada or CIHR is intended or should be inferred.

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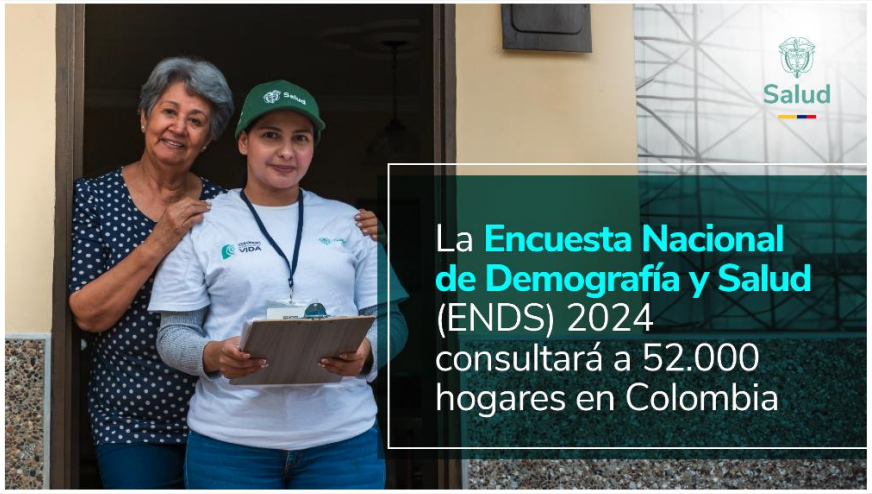

We are conducting 13 rapid synthesis to support the National Demographic and Health Survey

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Up to date evidence to inform real world decisions

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Evidence informed policy process

Evidence combined with citizens preferences and stakeholder´s views and experiences to inform policies in Colombia around: **Medical Cannabis, Antimicrobial Resistance and uses of Psychoactive plants**

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Thank you
Gracias!!

Using evidence. Improving lives.