



**UNIVERSIDAD
DE ANTIOQUIA**

Facultad de Medicina

Unidad de Evidencia y Deliberación
para la toma de decisiones

UNED



The Unit of Evidence and Deliberation for Decision Making - a responsive service to strengthen evidence-informed decision making in Colombia

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September 2024



Agenda

1. Why we need a responsive services to contextualize the use of evidence in policy making
2. How to contextualize the use of evidence and what is our guideline
3. Our experience



1. Why we need a responsive service to contextualize the use of evidence in policy making?



1. Why we need responsive services to contextualize the use of evidence in policy making?

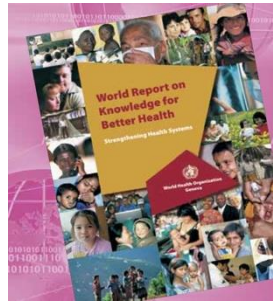
“Something is wrong. For the first time, public health has commitment, resources, and powerful interventions.

What is missing is this: the power of these interventions is not matched by the power of health systems to deliver them to those in greatest need, on an adequate scale, in time. In part, this lack of capacity arises from the failure of governments all around the world to invest adequately in basic health systems. It also arises, in part, from the fact that research on health systems has been so badly neglected and underfunded.

Dr. Margaret Chan, Director-General of the World
Health Organization
Beijing, China, October 29, 2007

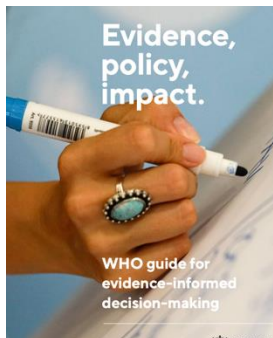


1. Why we need responsive services to contextualize the use of evidence in policy making?



WHO 2004

“Stronger emphasis should be placed on translating knowledge into actions to improve health by bridging the gap between what is known and what is actually being done”.



WHO 2022. For more than a decade, it has been recognized that one way to strengthen health systems is by improving the mechanisms by which scientific evidence informs health policy-making processes.



The Evidence commission report from the Global Evidence Commission began as a grassroots effort to improve the use of research evidence, both in routine times and in future global crises.

The report provides a framework to Strengthening domestic evidence-support systems and UNED is part of these framework



2. How to contextualize the use of evidence and what is our guideline



Evidence Commission Report

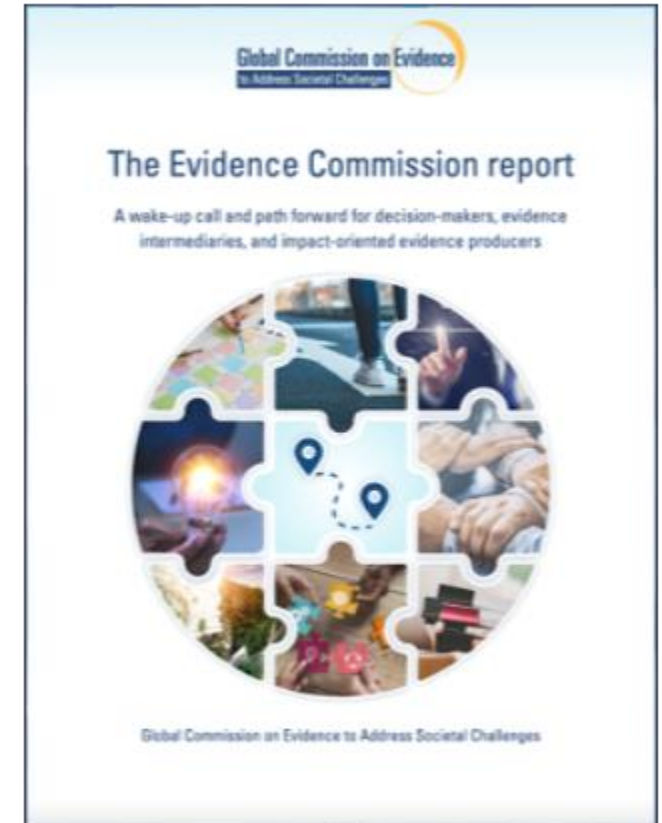
Strengthening domestic evidence-support systems

UNED

Member of The Rapid Evidence-Support System Assessment (RESSA) Country Leads Group
Member of the Implementation Council of the Global Commission on Evidence to Address Societal Challenges

The Global Commission on Evidence

- It was created to:
 - Reflect on what worked well during COVID19 and what could work better in using evidence to address societal challenges.
 - 25 intersectoral commissioners, representing diverse points of view, with gender balance, including indigenous peoples (Brazilian Amazon), and the 6 world regions (1 Chilean and 1 Mexican) and multiplicity of roles (including civil society).
- The report was published in January 2022 (Last update 2024):
 - Provide the context, concepts and vocabulary that support work in this area.
 - Offer recommendations on how we can and should improve the use of evidence, both in routine times and in future global crises
- 24 recommendations
→ evidencecommission.org



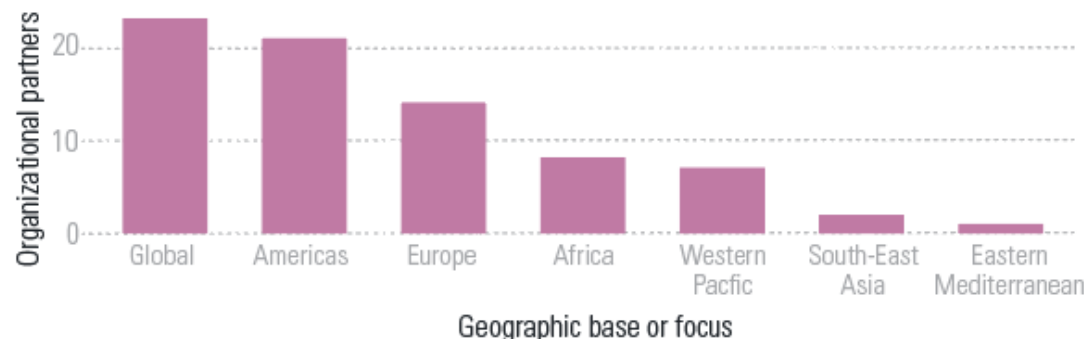
The Implementation Council has the support of 76 organizaciones en 18 países

76
organizational partners

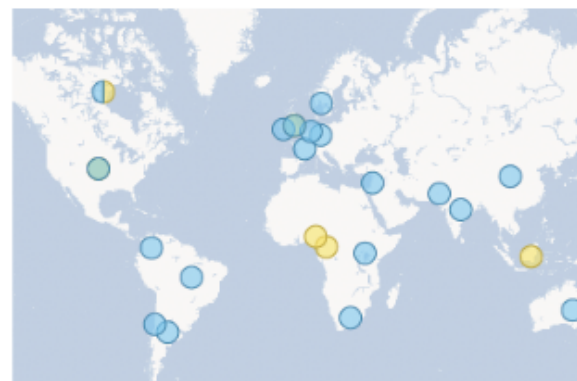
Including:

- Africa Evidence Network
- Alliance for Living Evidence
- Campbell Collaboration
- Cochrane
- Effective-Basic Services (eBASE) Africa
- EPPI-Centre
- Global SDG Synthesis Coalition
- Guidelines International Network
- Instituto Veredas
- International Federation of Library Associations and Institutions
- Oswaldo Cruz Foundation (Fiocruz)
- Pan-African Collective for Evidence
- Réseau francophone international en conseil scientifique
- Sense About Science
- UK Health Security Agency
- UNICEF

Implementation council members



- Organizational partners (n = 76)
- Citizen partners (n = 10)

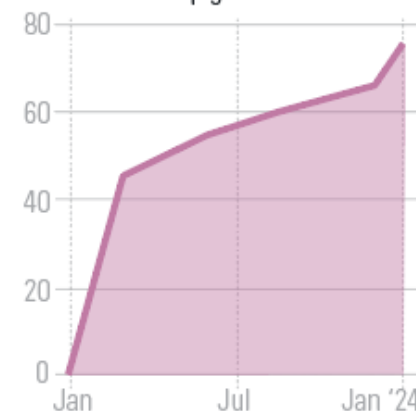


18
countries

- Argentina
- Australia
- Brazil
- Canada
- Chile
- China
- Colombia
- France
- Germany
- India
- Ireland
- Lebanon
- Norway
- Pakistan
- South Africa
- Uganda
- United Kingdom
- United States

Not counting the countries where regional and global bodies are based

Membership growth over 2023



The 24 recommendations are grouped in **3 implementation priorities**

Report



Update 2023



Update 2024



Formalize and strengthen domestic evidence-support systems



Enhance and leverage the global evidence architecture



Put evidence at the centre of everyday life

The commission recognizes four types of decision-makers and eight forms in which evidence is typically encountered in decision-making



Government policymakers

Need to be convinced there's a compelling problem, a viable policy and conducive politics



Organizational leaders

(e.g., business and non-governmental organization leaders)
Need a business case to offer goods and services



Professionals

(e.g., doctors, engineers, police officers, social workers and teachers)
Need the opportunity, motivation and capability to make a professional decision or to work with individual clients to make shared decisions



Citizens

(e.g., patients, service users, voters and community leaders)
Need the opportunity, motivation and capability to make a personal decision, take local action or build a social movement

Behavioural /
implementation
research

Evaluation

Modeling

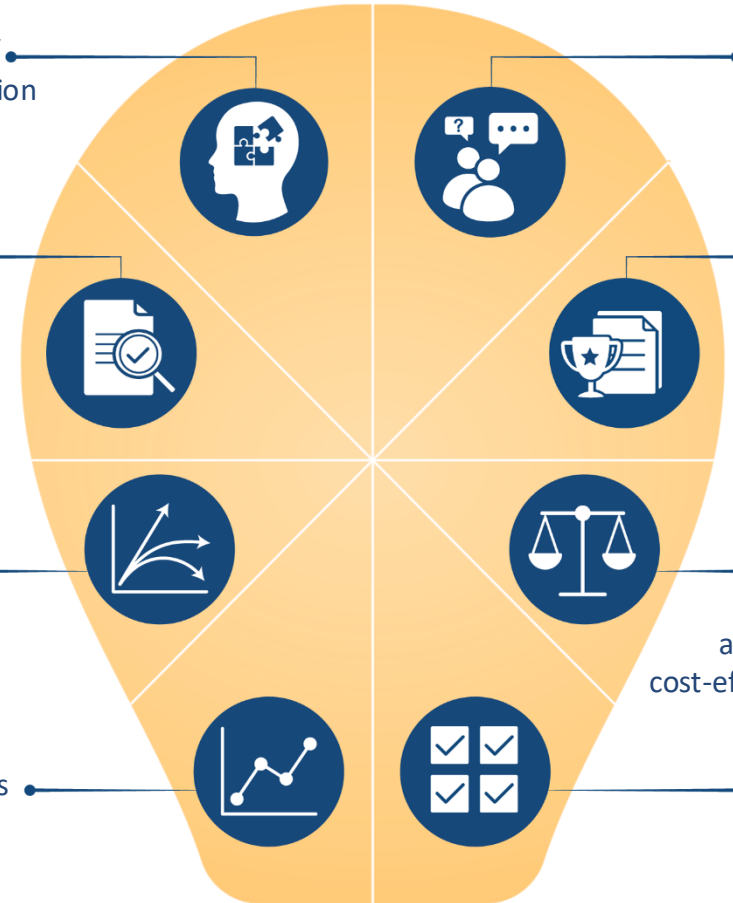
Data analytics

Qualitative
insights

Evidence
synthesis

Technology
assessment/
cost-effectiveness
analysis

Guidelines




Possible ingredients in timely, demand-driven, equity-sensitive evidence products

Domestic evidence

(by step in the decision-making cycle,
any of which could be the focus of a contextualized evidence synthesis)

Understanding a problem
and its causes

-  Data analytics
-  Modeling
-  Qualitative insights



1

Selecting an option for
addressing the problem

-  Modeling
-  Evaluation
-  Qualitative insights
-  Guidelines
-  Technology assessments

2

Identifying implementation
considerations

-  Behavioural/
implementation research
-  Qualitative insights

3

Monitoring implementation
and evaluating impacts

-  Data analytics
-  Evaluation
-  Qualitative insights

4

Global evidence

(each for one or more steps in the decision-making cycle)



Evidence synthesis, Ideally living
(what has been learned from around the world, including how it varies by groups and contexts)



Emerging evidence
(what is being learned from around the world as the evidence evolves rapidly)



Jurisdictional scan
(to document policies and practices and experiences with & evaluations of what's been tried in parts of the country and in other countries)



Horizon scan
(to leverage foresight work done nationally and globally)



Key-informant interviews summary (to leverage rich experiences) **and public-opinion research** (to capture opinions)



Deliberative processes summary (to engage citizens and stakeholders in collective problem solving) **and stakeholder engagement** more generally

What a domestic evidence-support system is

Structures and processes on the evidence-demand side to:

- 1) incorporate evidence into routine advisory and decision-making processes and into learning and improvement platforms (**enablers**)
- 2) build and sustain an evidence **culture**; 3) strengthen **capacity** for evidence use



Evidence-demand prioritization mechanism

(horizon scanning and elicitation of questions)

One-window requests
(when complex questions)



Packaged responses that align
with decision-making processes

Evidence-supply coordination mechanism

(ultra-rapid evidence support to bring in needed forms of existing evidence and a 'general contractor' model to bring in the right 'trades' to build out new evidence)



Timely demand-driven evidence-support units (the 'trades')

... focused on a specific form of evidence

- Data analytics
- Modeling
- Evaluation
- Behavioural/implementation research
- Qualitative insights

- Evidence synthesis (contextualized)
- Technology assessments / cost-effectiveness analysis
- Guidance

... focused on specific sectors (and many forms of evidence)

- Climate action
- Education, health, public security, social services, etc.
- International development

Global evidence architecture

- living evidence syntheses

This is what
UNED is





3. Our experience



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

Our team



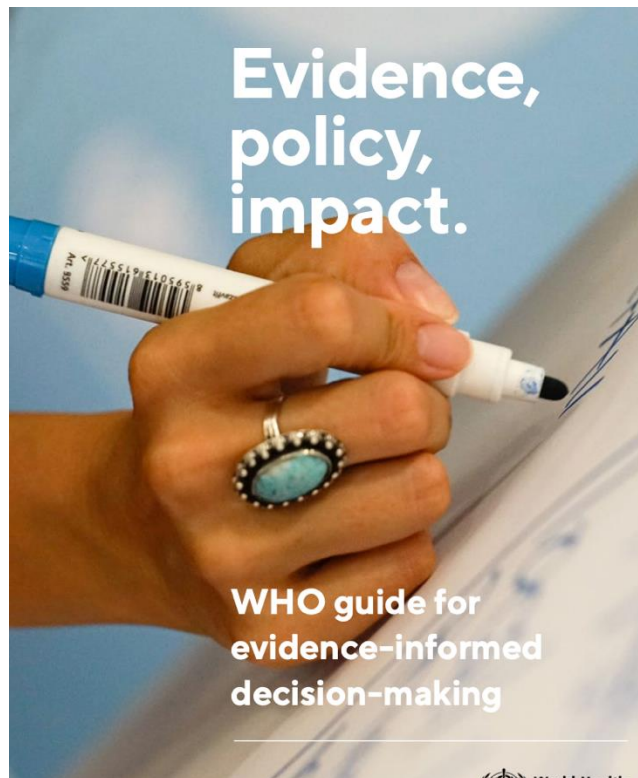


UNED: Accomplishments

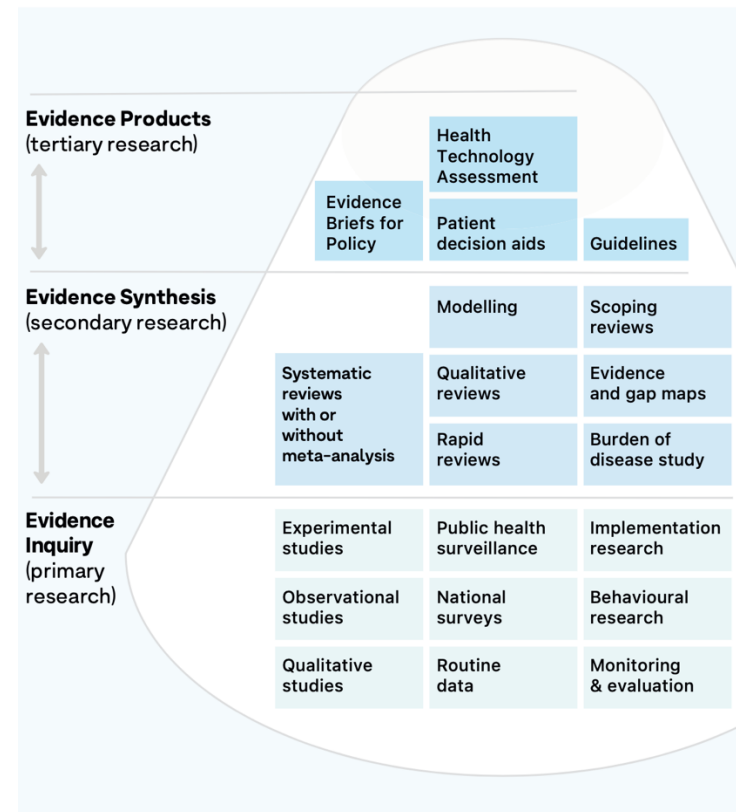
- Experience with rapid synthesis for decision makers (Window of opportunity COVID-19)
- Living Evidence Synthesis (LES) of COVID-19 children and adolescents' vaccines
- Evidence informed policy process: Medical Cannabis, Antimicrobial Resistance (AMR), Psychoactive plants
- LATAM Hub



Rapid evidence synthesis



1. Evidence creation funnel

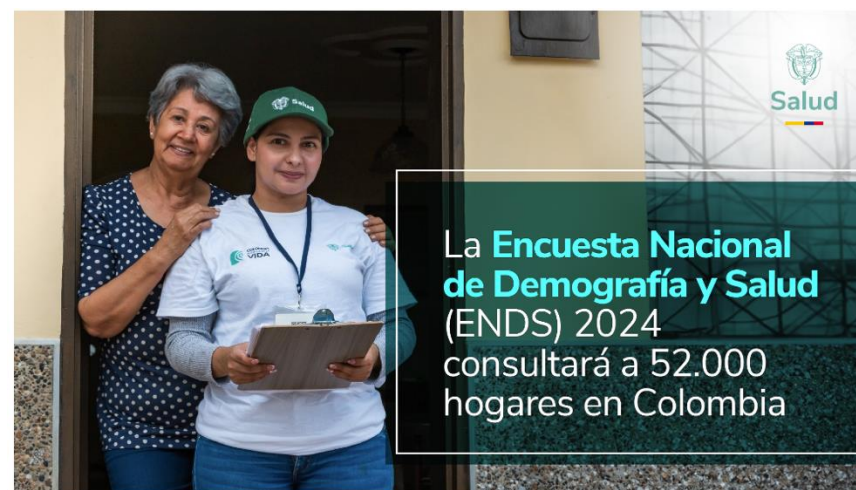
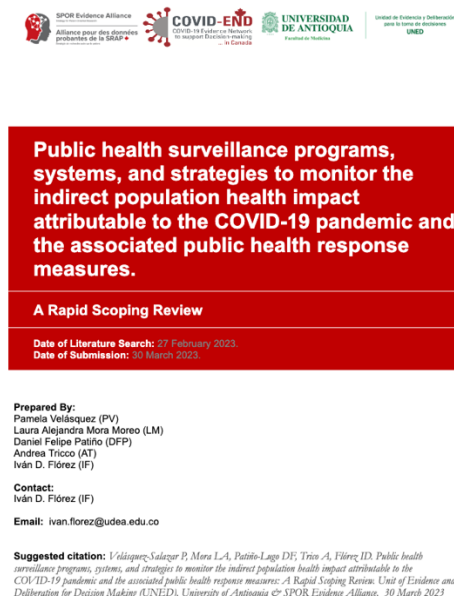


Mobilizing evidence when decision makers need it.



Rapid 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.



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



Rapid evidence synthesis

- During the COVID19 we use the methodology to identified what other countries where doing.



J Rehabil Med 2021; 53: jrm00228

REVIEW ARTICLE



ADAPTATIONS TO REHABILITATION SERVICES DURING THE COVID-19 PANDEMIC PROPOSED BY SCIENTIFIC AND PROFESSIONAL REHABILITATION ORGANIZATIONS

Luz H. LUGO-AGUDELO, MD, MSc¹, Kelly Mariana CRUZ SARMIENTO, MD¹, Maria Alejandra SPIR BRUNAL, MD¹, Juan Carlos VELÁSQUEZ CORREA, SPC¹, Ana Maria POSADA BORRERO, MD, MSc¹, Luisa FERNANDA MESA FRANCO, MD¹, Rosarita DI DIO CASTAGNA IANINI, MD¹, Paola Andrea RAMÍREZ PÉREZ LIS¹, Claudia Marcela VÉLEZ, MD, PhD¹, Daniel F. PATIÑO LUGO, PhD¹ and Christoph GUTENBRUNNER, MD, PhD, FRCP²
From the ¹Health Rehabilitation Group, University of Antioquia, Medellín, Colombia and ²Department of Rehabilitation Medicine, Hannover Medical School, Hannover, Germany

Objective: To describe adaptations in the provision of rehabilitation services proposed by scientific and professional rehabilitation organizations to avoid interruptions to patients' rehabilitation process and delays in starting rehabilitation in patients with COVID-19.

Methods: A narrative review approach was used to identify the recommendations of scientific and professional organizations in the area of rehabilitation. A systematic search was performed in the main databases in 78 international and regional web portals of rehabilitation organizations. A total of 21 publications from these organizations were identified and selected.

Results: The results are presented in 4 categories: adequacy of inpatient services, including acute care services and intensive care unit for patients with and without COVID-19; adequacy of outpatient services, including home-based rehabilitation and tele-rehabilitation; recommendations to prevent the spread of COVID-19; and regulatory standards and positions during the COVID-19 pandemic expressed by organizations for protecting the rights of health workers and patients.

Conclusion: Health systems around the world are rapidly learning from actions aimed at the reorganization of rehabilitation services for patients who are in the process of recovery from acute or chronic conditions, and the rapid response to the rehabilitation of survivors of COVID-19, as well as from efforts in the prevention of contagion of those providing the services.

LAY ABSTRACT

In response to the coronavirus disease 2019 (COVID-19) pandemic, which developed very rapidly worldwide, rehabilitation services were forced to modify and adapt the way they provide and deliver services. These measures were proposed and adopted across a wide range of countries, the changes proposed included the following measures: critical patients with SARS-CoV-2 infection should be cared for by a multidisciplinary team providing early mobilization, respiratory, outpatient, and long-term care rehabilitation interventions. Home-based and community rehabilitation can be delivered through different strategies, such as telerehabilitation or direct care. The use of measures to prevent and protect against transmission of COVID-19 are necessary for all patients in rehabilitation care.

COVID-19 has had a significant impact on the delivery of healthcare, including rehabilitation services. Globally, rehabilitation services have been forced to modify and adapt the way they provide and deliver services in response to the pandemic, aiming to reduce physical contact between professionals and patients without affecting communication in the rehabilitation process (1). Furthermore, restrictions to contain the spread of COVID-19 have limited patients' access to many rehabilitation services, causing collateral damage and negative consequences to people with disabilities, increasing functional limitations in chronic conditions, and hampering recovery after acute events (2).

Countries Response for People With Disabilities During the COVID-19 Pandemic

Lugo-Agudelo LH^{1*}, Maria A Spir Brunal¹, Ana M Posada Borrero¹, Kelly M Cruz Sarmiento¹, Juan C Velasquez Correa¹, Rosarita Di Dio Castagna Iannini¹, Manuela Gonzalez Zuluaga¹, Victor A Ospina¹, Daniel F Patiño Lugo¹, Luisa F Mesa Franco¹ and Christoph Gutenbrunner²

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Background and Objectives: During the Coronavirus disease 19 (COVID-19) pandemic, isolation and prevention measures to reduce COVID-19 contagions are essential for the care of all people; these measures should comply with the principles of inclusion and accessibility for people with disabilities (PWD), with all kinds of deficiencies and levels of dependency. Thereby, the aim of this article is to present the measures adopted for PWD or people with rehabilitation needs, for containment, mitigation, or suppression of the SARS-CoV-2 virus in different countries of all continents and of all income levels.

Methods: A narrative approach was used in this article. First, a broad search was carried out in the 193 member states of the UN, and then 98 countries that issued any document, report, or information related to disability and COVID-19 were selected. Finally, 32 countries were included in this article because they presented official information. We considered official sources, the information available in the government, or on the health ministry page of the country. In this way, the countries that presented information which did not correspond to an official source were excluded. The search was conducted in August 2020 and updated in March 2021.



Living evidence synthesis (LES)

Continue electronic database searches

Study selection

Data extraction

Risk of bias, effect size,
certainty of evidence

Summary of evidence

COVID-19 Living Evidence Synthesis # 8 (Version 8.15: 16 Aug 2022)

Question

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

Findings

For vaccine effectiveness in variants of concern (VOC), we present a [visual summary of evidence in Table 1 and Table 2](#).

Methods are presented in Box 1 and in the following appendices:

- 1) [reference list](#)
- 2) [glossary](#)
- 3) [data-extraction template](#)
- 4) [process for assessing variant of concern to studies](#)
- 5) [research question and critical appraisal process](#)
- 6) [detailed description of the narrative summary statement](#)

Overall, **76** studies were appraised and **32** used to complete this summary. The [reasons for excluding the remaining 44](#) studies are reported in the second section of Appendix 2.

Two studies had been updated and five new studies had been added since the previous edition of this living evidence synthesis, which is signalled by a last updated date of 16 Aug 2022 (highlighted in yellow). The studies included results for VOC: Delta (3) and VOC: Omicron (7) – one reporting results by sub lineage BA.2.

Studies examining effectiveness of vaccines in adults, including those covering periods beyond 120 days, are captured in COVID-END living evidence synthesis 6 and 10. The most recent version of all three syntheses (6,8,10) can always be found on the [COVID-END website](#).

Box 1: Our approach

We retrieved candidate studies and updates to living evidence syntheses on vaccine effectiveness using the following mechanisms: 1) PubMed via COVID-19+ Evidence Alerts; 2) systematic scanning of pre-print servers; 3) updates to the COVID-END inventory of best evidence syntheses; and 4) cross-check with updates from the VESPs team. We included studies and updates to living evidence syntheses identified up to two days before the version release date. We did not include press releases unless a preprint was available. A full list of included and excluded studies is provided in [Appendix 1](#). A glossary is provided in [Appendix 2](#).

Prioritized outcome measures: Infection, severe disease (as defined by the study investigators), death, and transmission.

Data extraction: We prioritized variant-confirmed and vaccine-specific data over total study population data (variant assumed and/or vaccine unspecified). We extracted data from each study in duplicate using the template provided in [Appendix 3](#). Relevance to VOC is determined directly, when reported by study authors, or indirectly where reasonable assumptions can be made about the variant prevalent in the jurisdiction at the time of the study as described in [Appendix 4](#).

Critical appraisal: We assessed risk of bias, direction of effect, and certainty of evidence. **Risk of bias:** assessed in duplicate for individual studies using an adapted version of ROBINS-1. **Direction of vaccine effect:** “prevented” or “protection” was applied to mean estimates or range of mean estimates of effect that are greater than or equal to 70% (the lowest acceptable limit for vaccine effectiveness as determined by WHO). **Certainty of evidence:** assessed for the collection of studies for each vaccine according to variant of concern using a modified version of GRADE. Details of the research question for this synopsis and the critical appraisal process are provided in [Appendix 5](#).

Summaries: We summarized the evidence by presenting narrative evidence profiles across studies, with or without pooling, as appropriate. A template for the summary statements used on page 1 under “Findings” and in Table 1 under each VOC is provided in [Appendix 6](#).

We update this document Wednesday every two weeks and post it on the COVID-END website, but we are moving to every four weeks, with the next updates to be posted on 22 June, 20 July, 17 August, and 14 September.

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

- Report ([English](#) | [Spanish](#))
- Living evidence map ([English](#))
- Plain language summary version 4 ([Spanish](#))
- Infographic ([English](#) | [French](#))
- [Past versions](#)

Spanish

Up to date evidence to inform real world effectiveness of COVID-19 vaccines in children and adolescents.



Living evidence synthesis (LES)

Suite of living evidence syntheses about public health and social measures to prevent transmission of respiratory infectious diseases



This suite of living evidence syntheses (LES) aims to describe the effectiveness of, and adherence to, public health and social measures (PHSMs) for reducing transmission of respiratory infectious diseases. It also aims to identify knowledge gaps in the scientific literature and potential negative outcomes associated with these PHSMs.

The overarching question addressed the suite of LESs is: What is the best-available evidence about each of the effectiveness of PHSMs (quarantine and isolation, masks, ventilation, physical distancing, reduction of contacts, hand hygiene and respiratory etiquette, cleaning, and disinfecting), as well as combinations of and adherence to these measures, in preventing transmission of respiratory infectious diseases?

Each of the living evidence syntheses in the suite used a common approach to risk of bias assessment, which is described [here](#).

Title/question (if in progress)	Synthesis product type (product #)	Status	Date of last search (and publication)
Effectiveness of hand hygiene to reduce the transmission of respiratory infectious diseases in the community <ul style="list-style-type: none"> • Report • Past versions: 17.1 (16 December 2022) 	LES 17.2	Complete	9 August 2024 (12 September 2024)
Effectiveness of Cleaning and Disinfecting for reducing transmission of Respiratory Infectious Diseases in non-healthcare community-based settings <ul style="list-style-type: none"> • Report • Past versions: 18.1 Plain-language summary (14 March 2023) 	LES 18.2	Complete	28 March 2024 (12 September 2024)



Evidence informed policy process: Medical Cannabis



Evidence combined with citizens preferences and stakeholder's views and experiences to inform medical Cannabis policies in Colombia.



Description of the process: Terms of reference



- Created a steering committee with members of UNED and the MoH.
- Developed the TOR around the policy problem, the options to address the problem and implementation considerations.
- Agreed to work on three elements (example medical cannabis):
 - THC control limit to be considered by the national agency of narcotic drugs.
 - Effectiveness and safety
 - Supports for patients, professionals and community.

Description of the process: Evidence brief for policy



- Systematic search
- Screening
- Data extraction
- Risk of bias assessment
- Narrative synthesis



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Description of the process: Citizens brief



- Plain language summary of the evidence
- The objective is to inform the deliberations of the citizens' panel.



Description of the process: Citizen panel



- Seek the input of citizens on important issues. Virtual panel from 8 am to 12.
- The panel brought together 9 participants from different cities (low participation, ideal 14-16).
- Participants discussed their ideas and experiences regarding the issue, learn from research evidence, and from the views of others.
- The panel helps to understand the values that citizens feel should inform future decisions about the issue, as well as to reveal new understandings and get ideas about how it should be addressed.

Description of the process: Policy dialogue



- The purpose was to support a discussion about a high-priority issue, medical cannabis, in order to inform action. Research evidence was the starting point but what is important are the participants' views, experiences and the tacit knowledge.
- Key features of the dialogue were: 1) it focused on different features of the problem and the three elements for addressing the policy issue; 2) it was informed by a pre-circulated evidence brief that mobilized both global and local research evidence about the problem, three elements, and key implementation considerations, 3) it ensured fair representation among policymakers, stakeholders and researchers; 4) it did not aim for consensus. It was virtual, from 2 to 6 pm with 34 participants.

Evidence informed policy process



- Medical Cannabis
- Antimicrobial resistance
- Children and adolescents participation in policy decisions
- Psychoactive plants



Evidence informed policy process: Medical Cannabis



RESUMEN DE EVIDENCIA

Consideraciones para el uso del cannabis medicinal:
fiscalización, efectividad, seguridad y apoyo para
pacientes, profesionales y comunidad

Unidad de Evidencia y Deliberación para la Toma de Decisiones
01/02/2022



RESUMEN PARA CIUDADANOS

Consideraciones para el uso del cannabis
medicinal: fiscalización, efectividad,
seguridad y apoyo para pacientes,
profesionales y comunidad

Unidad de Evidencia y Deliberación para la Toma de Decisiones
4/08/2021



REPORTE DEL DIÁLOGO DELIBERATIVO

Consideraciones para el uso del cannabis
medicinal: fiscalización, efectividad y
seguridad

Unidad de Evidencia y Deliberación para la Toma de Decisiones
01/06/2022

Element 1. Identification of THC control limits.

Element 2. Identification of evidence about effectiveness and safety.

Element 3. Information and education for community and professionals.

This process was useful for decision makers in the ministries of justice and law, agriculture and rural development, and health and social protection. Specifically, the process helped inform Resolution 227 of 2022 on safe access to cannabis products.

Evidence informed policy process: Antimicrobial resistance (AMR)



RESUMEN DE EVIDENCIA

Estrategias para optimizar el uso de
antimicrobianos y controlar el fenómeno de la
resistencia antimicrobiana

Unidad de Evidencia y Deliberación para la Toma de Decisiones

25/04/2022



RESUMEN PARA CIUDADANOS

Estrategias para optimizar el uso de
antimicrobianos y controlar el fenómeno
de la resistencia antimicrobiana

Unidad de Evidencia y Deliberación para la Toma de Decisiones

08/07/2022



REPORTE DEL PANEL DE CIUDADANOS

Estrategias para optimizar el uso de
antimicrobianos y controlar el fenómeno de la
resistencia antimicrobiana

Unidad de Evidencia y Deliberación para la Toma de Decisiones

30/08/2022

- 1- Strategies to strengthen regulatory activities that impact the control and mitigation of AMR
- 2- Educational strategies for technicians, technologists and professionals in the fields of human, animal, environmental and phytosanitary health to contribute to the control of AMR.
- 3- Education and awareness strategies aimed at the community to contribute to the control of AMR.

Evidence informed policy process: Plant with psychoactive properties



Serie:

- Cannabis,
- Ayahuasca,
- Coca,
- Psilocibina,
- Amapola y mezcalina.

1- Identify the evidence on the uses of plants with psychoactive properties.

2- Strategies for the incorporation into health systems policies and guidelines of Cannabis, Coca, Poppy, Ayahuasca (Yagé) plants and mushrooms with psychoactive properties and their derivatives. (Jurisdictional scan)

3- Identify the evidence on the impacts of the incorporation of policies and guidelines on the use of Cannabis, Coca, Poppy, Ayahuasca (Yagé) plants and mushrooms with psychoactive properties and their derivatives in health systems.



Evidence Gap Maps

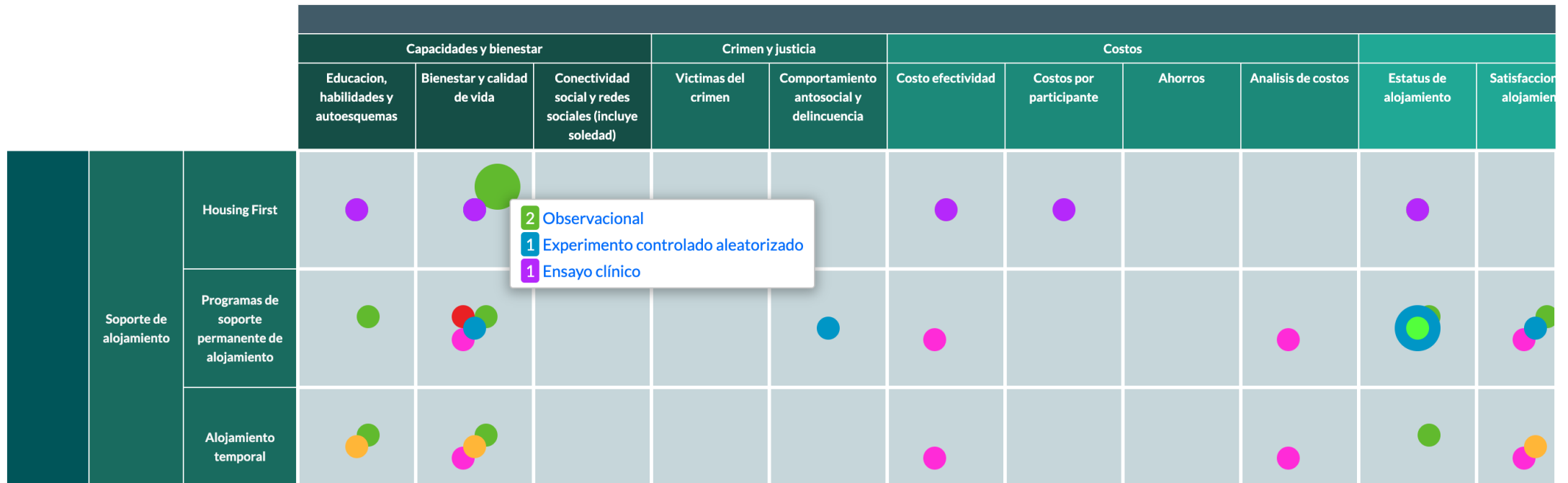
- Evidence gap map on Homeless interventions: <https://uned-udea.github.io/habitantedecalle/index.html>
- LES vaccine effectiveness in children and adolescents:
https://public.tableau.com/app/profile/uned.udea/viz/LES8_17_16674924847540/Historia1
- Uses of plants with with psychoactive properties:
<https://public.tableau.com/app/profile/uned.udea/viz/Usosdeplantasconpropiedadespsicoactivas/Historia1>



Filters

Mapa de evidencia Habitante de calle

● Estudio de metodos mixtos ● Observacional ● Revisión Sistemática con Metaanálisis ● Revisión Sistemática ● Experimento controlado aleatorizado ● Revisión Sistemática ● Evaluación económica ● Cuasi-experimento ●
Ensayo clínico ● Estudio cualitativo

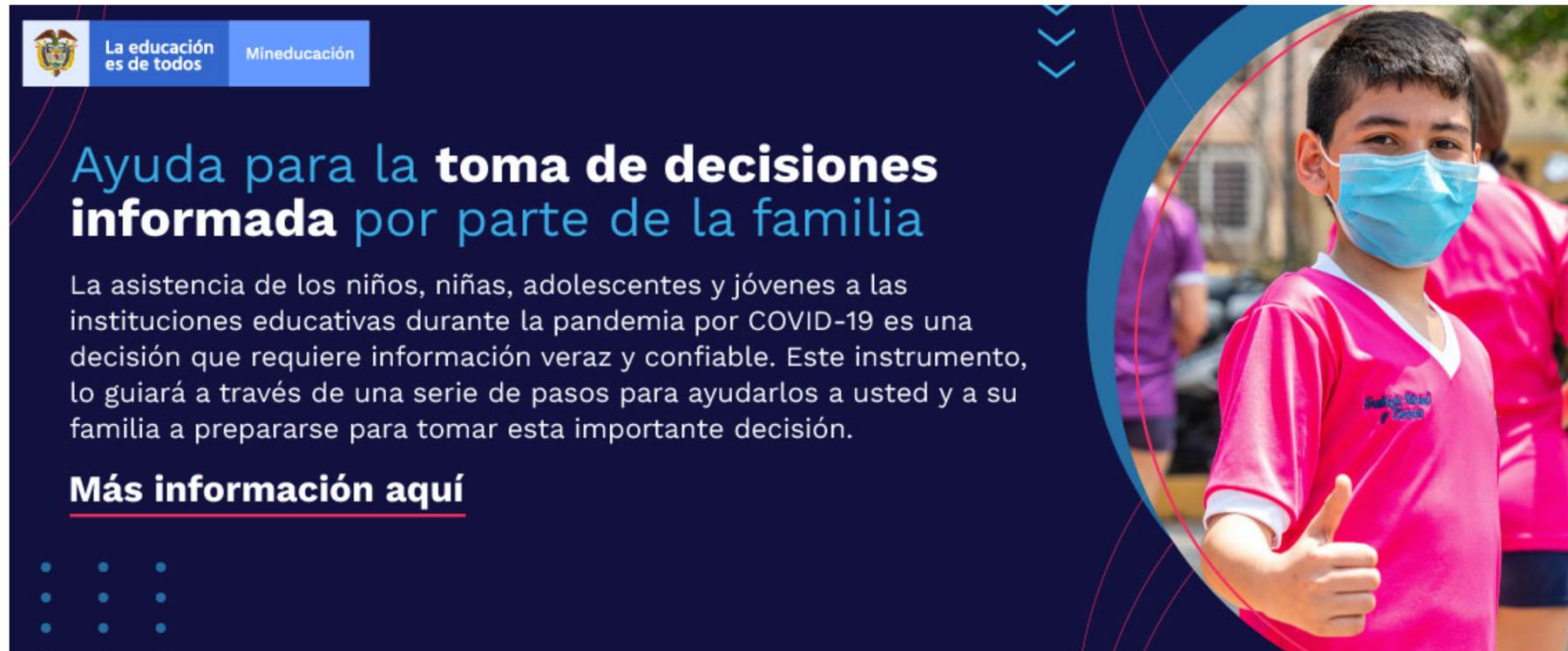




Evidence decision aid for parents: Ministry of education.

Ayuda para la toma de decisiones informada por parte de la familia

La asistencia de los niños, niñas, adolescentes y jóvenes a las instituciones educativas durante la pandemia por COVID-19 es una decisión que requiere información veraz y confiable. Este instrumento, lo guiará a través de una serie de pasos para ayudarlos a usted y a su familia a prepararse para tomar esta importante decisión



La educación es de todos Mineducación

Ayuda para la toma de decisiones informada por parte de la familia

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[Más información aquí](#)



Evidence decision aid for parents: Ministry of education.



AYUDA PARA LA TOMA DE DECISIONES INFORMADA POR PARTE DE LA FAMILIA

REGRESO A LAS INSTITUCIONES
EDUCATIVAS DURANTE LA PANDEMIA
COVID-19

La asistencia de los niños, niñas, adolescentes y jóvenes a las instituciones educativas durante la pandemia por COVID-19 es una decisión que requiere información veraz y confiable. Este instrumento, lo guiará a través de una serie de pasos para ayudarlos a usted y a su familia a prepararse para tomar esta importante decisión.

Fecha de elaboración: noviembre 2020

¿QUÉ DEBO SABER PARA EL RETORNO DE MI HIJO A LA INSTITUCIÓN EDUCATIVA?

1

Conozca sobre
la COVID-19

2

Beneficios de
la alternancia

3

Explore sus
sentimientos

4

Evalúe lo que
sabe

5

Mensajes para
recordar



Lessons learned

- Trust and long-term relationships with policy makers are needed to strengthen the structures and process on the evidence-demand side.
- We have a long way to go in Colombia to institutionalize efforts within governments to use evidence transparently and systematically on a routine manner (instead of a project-based approach).
- We have advance in creating an Evidence-support unit, outside government, that:
 - is timely and demand-driven (e.g., rapid reviews on demand)
 - focus on contextualizing the stock of existing evidence – both domestic evidence (in its many forms) and global evidence (systematic reviews, living evidence synthesis) – for a given decision (e.g., evidence briefs, policy dialogs)



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Thank you!!