

A real-time policy dashboard can aid global transparency in the response to coronavirus disease 2019

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There has been great provision of open data across the coronavirus disease 2019 (COVID-19) pandemic response, with, for example, dashboards presenting real-time descriptions of new daily cases and risk factors. Transparency has been an important discussion point and there have been concerns and criticisms of governments for not publishing the evidence base that is informing their decision-making. A ‘policy dashboard’ could act as a hub to show the localised reasoning behind COVID-19 policy decisions and allow the global health community to provide further support to governments and international stakeholders.

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One observation we can make from this ongoing coronavirus disease 2019 (COVID-19) pandemic is that the new rapid is not the old rapid. The new rapid is, and has to be, faster than ever before.

There has been great provision of open data across the COVID-19 response. This has allowed useful real-time interpretation of the epidemiology, showing mortality rates across different demographic and risk factors that increase severity. There are numerous dashboards produced at the national and global level that for several months have been continuously (often daily) updated with the latest information¹ along with rapidly established collations of the published literature.² Although there is little time to stop and properly reflect on this provision of extensive information, this is quite an astonishing achievement.

The rise of social media has driven a cultural need for speed and rapid provision of news and information. Pandemic response in the 21st century has responded accordingly. This means that some information about COVID-19 is quickly disseminated in the public domain but is then later retracted, an example being the high profile Lancet article concerning the use of hydroxy-chloroquine.³ However, the intensity of ‘post-publication peer review’ appears thus far to have ensured that any low-quality information is broadly overwhelmed by the good and useful data.

Government transparency has been a key focal point of COVID-19 commentators.⁴ There have been criticisms of the UK government for not providing information on the evidence base used to inform their decision-making.⁵ The UK has now provided the scientific evidence supporting the UK government response, including the minutes of several meetings from the Scientific Advisory Group for Emergencies (SAGE).⁶

Evidence is best applied with a local context and so, given how responses differ across countries, a further global source of supporting information could be a ‘policy dashboard’ that collates information from multiple countries. This dashboard would show what evidence is being used to inform decision-making and allow cross-country scrutiny so that individuals and institutions commenting from a distance can be better informed with the full evidence base available.

This requires governments to publish that evidence base, as well as the need for some oversight, from, for example, the World Health Organization (WHO), in order to encourage governments to do so. It is also possible that lobbying from the scientific community hastened the UK publication of their evidence base.⁵

The WHO may arguably be best placed to host any such tool, as they do with other areas of new knowledge,² with the benefit of their relative independence from each country and government. However, there are calls for the WHO to be restructured amid political volatility between the USA and China. Therefore it may be more prudent to utilise the skills and expertise that exist in universities, where person-time during the COVID-19 pandemic has been rapidly redeployed towards supporting response efforts and includes the creation of new tools. The University of Oxford has created an ‘evidence service’,⁷ while John Hopkins University hosts the dashboard of global cases¹ and we at the University of Southampton maintain a tracker of COVID-19 research and development funding decisions.⁸

Given there will be limited person-time available to those reviewing the evidence on behalf of each government around

the world, a policy dashboard can have the benefit of potentially allowing others to provide extra supporting analysis that can feed into real-time decision-making. The content of any dashboard could include minutes of advisory group meetings and the evidence behind high-profile policy decisions, such as when and how (or not) to lock down regions and countries, opening and closing of schools, decisions on the use of face masks and advice regarding social distancing. This facilitates the potential for analysis of how countries compare and how international evidence is being applied in a local context and promotes further global sharing of knowledge that can feed directly into decision-making pathways.

A focus on joined-up and transparent policymaking should be included in planning and preparedness during the interpandemic period, ahead of 'the next time'. Surely few people would really like to be the national-level decision-maker in any country during a pandemic? This is a time where decisions risk derision and have the potential for huge positive or negative impacts upon public health and there are often unseemly political battles at a time of heightened tension. These people deserve our support, and if there are approaches that can provide greater transparency around their evidence-informed policymaking, the global health community can collectively provide better support towards evidence-informed decision-making.

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