16 THE LOGIC OF LOCKDOWNS: A GAME OF MODELING AND EVIDENCE

Wesley Park*. *Rutgers University, New Brunswick, USA. Collateral Global, Southend-on-Sea, UK*

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Lockdowns, or modern quarantines, involve the use of novel restrictive non-pharmaceutical interventions (NPIs) to suppress the transmission of COVID-19. In this paper, I aim to critically analyze the emerging history and philosophy of lockdowns, with an emphasis on the communication of health evidence and risk for informing policy decisions. I draw a distinction between evidence-based and modeling-based decision-making. I argue that using the normative framework of evidence-based medicine would have recommended against the use of lockdowns. I first review the World Health Organization's evidence-based pandemic preparedness plans for respiratory viruses. I then provide a very brief history of COVID-19 modeling, which was cited as justification for the use of lockdowns in the U.K., the U.S., and much of the world. I focus on the so-called Imperial College model designed by Neil Ferguson et al. as well as the so-called Oxford model designed by José Lourenço et al. I analyze the evidence-based pandemic response known as 'mitigation', and I compare it with Ferguson et al.'s experimental strategy known as 'suppression'. I summarize the strengths and weaknesses of these strategies based on their diametric aims and each model's parametric assumptions. Based on my critical analysis of the suppression strategy, I attempt to expose what has been called the 'logic of lockdowns', which Sunetra Gupta of the Oxford model group has suggested is flawed. Finally, I consider Trisha Greenhalgh's objection to evidence-based policy based on the precautionary principle, and I attempt to offer a response. I conclude with a brief narrative review of the emerging randomized evidence on restrictive NPIs, which seems to support my claim that mitigation was the strategy that would have been recommended by evidence-based medicine. If this is true, then COVID-19 modeling may serve as an important reminder of the enduring lesson of evidence-based medicine: that one should always 'Trust the Evidence!' for better health policy.

17 PROMOTING EQUALITY AND DIVERSITY IN ACADEMIC PUBLISHING

[1,2]Juan Victor Ariel Franco*, [3]Helen Macdonald. *[1]BMJ Evidence-Based Medicine, London, UK; [2]Heinrich Heine Universität Düsseldorf, Düsseldorf, Germany; [3]BMJ, London, UK*

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Background In the last years, there has been an increasing debate on how scientific journals represent sex, gender, ethnicity and other aspects of human diversity. Moreover, the hegemony of the English language in scientific publications lays the foundation for structural inequalities for non-native speakers. There is a call to authors, editors, and reviewers to ask themselves: How can we minimise our biases and be more inclusive? Contents: Initiatives for Equality, Diversity and Inclusion (EDI). Current guidelines on sex, gender and ethnicity. Diversity in research teams and in the content of research. Common problems related to language when submitting, reviewing and editing a manuscript.

Methods Based on the discussion of real-life cases from the BMJ, this workshop aims to promote debate and analysis on this topic while thinking of possible solutions to some of the emerging challenges in this area. We will collect and summarise the input of the participants into themes that will be disseminated in further communications.

145 EVIDENCE GAP MAP (EGM)S: A POLICY MAKERS TOOL FOR NAVIGATING THE EVIDENCE LANDSCAPE. A CASE STUDY OF EMPLOYMENT AND HEALTH FROM THE SYSTEMS SCIENCE IN PUBLIC HEALTH AND HEALTH ECONOMICS RESEARCH (SIPHER) PROJECT

[1]Fiona Campbell*, [1]Duncan Chambers, [2]Ruth Wong, [1]Jennifer Llewellyn, [3]Corinna Elsenbroich. *[1]ScHARR, University of Sheffield, Sheffield, UK; [2]ScHARR, Sheffield, UK; [3]MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Glasgow, UK*

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Objectives Policy decisions are often made in complex, interlinked systems. Providing evidence to support policy making decisions within this context presents methodological challenges. Policy makers have multiple information needs, looking at broader topics. In contrast, systematic reviews usually address a very specific question, examining a particular intervention or exposure. Policy makers timeframes are usually shorter than the time needed to undertake a systematic review and the outputs of evidence synthesis are often unwieldy to process and are quickly out of date. In addressing the broad topic of the relationship between employment and health, we undertook a mapping review and produced a mega-map as an interactive, visual web-based tool. The tool allows multiple questions to be addressed and a range of types of evidence synthesis quickly identified and provides links to the abstract and full text.

Method We used systematic approaches, searching seven bibliographic databases, to locate and include review level evidence that measured associations of employment and unemployment with physical, psychological and social health and wellbeing outcomes. We limited our search strategy to those reviews published since 2010 and only included published systematic reviews. In collaboration with our stakeholders, we constructed a framework of employment-related exposures (row headings) and health and social wellbeing outcomes (column headings). Filters, allow further exploration of the map. The features of employment we considered was comprehensive including; employment conditions, contractual arrangements, management styles, working patterns, specific working populations and transition periods such as returning to work. Included studies were coded using the prepared framework. Coding was undertaken by three reviews independently, using Eppi-Reviewer and Eppi-Mapper software. We are incorporating an ongoing evaluation of the EGM in order to determine how to improve the utility of the tool for policy decision making

Results Initial database searches identified 4,087 potentially relevant studies, and following screening 239 systematic reviews were included in the map. The EGM provides an overview of the volume, diversity and the type of evidence syntheses that have explored the relationship between aspects of employment and health and social wellbeing. We created filters so that the types of systematic reviews could be readily identified, categorising those using a meta-analysis (n=43), meta-analyses and meta-regression (n=24), narrative (n=163) or qualitative