PACKAGING WORKING GROUP

Presentation to COVID-END partners group
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**TERMS OF REFERENCE**

1. Prepare a list of **key principles** for packaging evidence about COVID-19 for decision-makers [completed]

2. Create a list of **resources** that can support those engaged in packaging evidence about COVID-19 for decision-makers [ongoing]

3. Liaise with the Engaging working group to **identify** ways to bring the above webpages to the attention of those who could benefit from them [ongoing]

4. Once the above deliverables completed, **propose** to the Scoping working group what this working group should do next (or whether it should cease to exist)
1. Recognize the **unique evidence needs** of four distinct target audiences (patients/citizens, providers, policymakers and managers, and researchers) and relevant intermediaries (e.g., media and guideline developers), and recognize that for now with COVID-19 the two key ones are policymakers and providers;

2. Before starting a new evidence-packaging initiative, identify existing initiatives that are already reaching a given target audience in a given language and context and consider whether to contribute to an existing initiative or complement existing initiatives in a **coordinated** way that will make sense to the target audience;

3. Package only **high-quality and timely** evidence syntheses, HTAs and guidelines (with primary attention given to COVID-focused evidence and secondary attention to broader COVID-relevant evidence);

4. Package evidence in ways that can be **understood** (e.g., plain language and multiple languages) and **used easily** (e.g., graded-entry formats that provide a bottom-line message followed by more detail for those who want to more) by the target audience and in the context for which it was prepared;

5. Disseminate the packaged evidence as **quickly as possible and ideally through existing channels** that are already being used by key target audiences;
Approaches to evidence packaging

1. Communicating in plain language
   a. Glossaries of COVID-19 terms like the ones from Dictionary.com, the Kaiser Family Foundation and the University of Aberdeen
   b. Tools to assess the readability of a communication like the one built into MS Word
   c. Consistent style for plain-language summaries like this one from Cochrane
   d. Complementary products like the blogpost, podcast, visual abstract from Cochrane (as well as additional visual abstracts from Emory University’s School of Medicine and infographics from BMJ)

2. Translating content into multiple languages
   a. Services provided by groups like Translators without Borders and technical second-best options like a Google Translate widget on a webpage
   b. Organization-wide commitments to translating content into multiple languages by groups like Cochrane and Evidence Aid

3. Meeting the needs of groups with distinct information needs
   a. Patients, consumers and citizens
      i. Resources to help make sense of health information from Cochrane and from the Cochrane Consumer Network
      ii. Opportunity to collaborate on rapid reviews as part of the COVID-19 consumer rapid-response group or as citizen scientists on the Cochrane Crowd platform
   b. Service providers
      i. Actionable information to support point-of-care decision-making from Cochrane Clinical Answers
      ii. Living systematic reviews that are updated regularly like the one on drug treatments from Cochrane France

4. Grouping content thematically for those with shared interests
   a. Resources for different clinical specialties like fertility and pregnancy, special collections for public-health and clinical management topics like infection prevention and control, and resources for broader health domains like aging from Cochrane
   b. Resources for organizations engaged in addressing humanitarian emergencies from Evidence Aid

5. Combating mis-information
   a. Resources to support fact checking from the Public Media Alliance
   b. Fact-checking services from Africa Check (Live Guide), Cochrane Ireland (iHealthFacts), and the World Health Organization (Myth busters)

6. Providing a ‘daily fix’ about what we know and don’t know
   a. Daily updates about COVID-19 in general like the one from Johns Hopkins School of Public Health or about COVID-19 evidence in particular like the one from Australia’s Agency for Clinical Innovation.
WHERE NEXT?

What do we understand about what research audiences want and how they want it …?

How are decisions really taken in the context of crises like COVID-19 …?

Is it enough to just package up evidence …?