



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)

PRINCIPLES

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;
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RESOURCES



Approaches to evidence packaging

1. Communicating in plain language

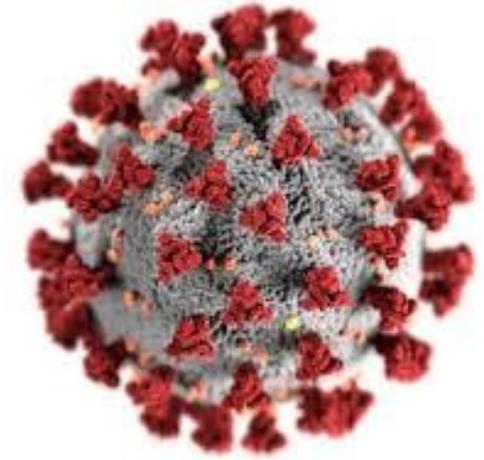
- Glossaries of COVID-19 terms like the ones from [Dictionary.com](#), the [Kaiser Family Foundation](#) and the [University of Aberdeen](#)
- Tools to assess the readability of a communication like the one built into [MS Word](#)
- Consistent style for plain-language summaries like this one from [Cochrane](#)
- Complementary products like the [blogshot](#), [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

- Services provided by groups like [Translators without Borders](#) and technical second-best options like a [Google Translate widget](#) on a webpage
- 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

- Patients, consumers and citizens
 - Resources to help make sense of health information from [Cochrane](#) and from the [Cochrane Consumer Network](#)
 - 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](#)
- Service providers
 - Actionable information to support point-of-care decision-making from [Cochrane Clinical Answers](#)
 - 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

- 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
- Resources for organizations engaged in addressing humanitarian emergencies from [Evidence Aid](#)

5. Combatting mis-information

- Resources to support fact checking from the [Public Media Alliance](#)
- 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

- 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 ...?