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 the 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