Terms of reference, principles and resources, and broader messages

(Last updated 19 May 2020)

Revised (draft) terms of reference
1) Prepare (and update as needed) a list key principles for packaging evidence about COVID-19 for decision-makers (that can be added to a dedicated webpage on the COVID-END website)
2) Create (and update as needed) a list of resources that can support those engaged in packaging evidence about COVID-19 for decision-makers (that can be added to a dedicated webpage on the COVID-END website)
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
4) Propose to the Scoping working group whether this working group should cease to exist after the above deliverables have been created, transition into a new function like drafting position statements to advance public understanding of and support for using evidence in decision-maker, or something else

Revised (draft) 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), but recognize that for now the two key ones are policymakers and providers
2) Undertake a new evidence-packaging initiative when it offers the potential to decrease the noise-to-signal ratio for a given target audience or in a given language (and, in the case of a national or sub-national initiative, when it also offers the potential to complement existing government directives and professional recommendations)
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 through existing channels that are already being used by key target audiences

Revised (draft) resources
1) Resources to support plain-language communication
   a. Glossaries like the one from Kaiser Family Foundation
   b. Processes for engaging consumers in supporting plain-language communication
   c. Tools to assess the readability of a communication like the one built into MS Word
   d. Tools to use in creating infographics (e.g., BMJ), podcasts and videos
2) Resources to support translation into multiple languages
   a. Groups like Translators without Borders and technical second-best options like a Google Translate widget on a webpage
   b. Applications by groups like Cochrane and Evidence Aid
3) Resources to address the use of the same word/phrase to mean different things (e.g., rapid reviews) and the use of different words/phrases to mean the same thing or similar things (e.g., systematic review and the name for a particular type of systematic review such as a meta-analysis)
4) Resources to understand quality ratings of evidence syntheses, technology assessments, and guidelines (e.g., what an AMSTAR score for a systematic review means, what a GRADE assessment of the strength of evidence means) and the value (or not) of potential proxies for quality (e.g., peer review)
5) Resources to group information for distinct groups
   a. Special collections for distinct provider groups
b. All recommendations applicable to hospitals that are re-opening non-COVID-19 activities and to groups like employers, universities and others faced with other types of complex re-opening tasks

6) Resources to combat mis-information
   a. Resources like the one about fact checking from the Public Media Alliance
   b. Applications by groups like Africa Check and WHO’s ‘Myth busters’

7) Resources to provide a ‘daily fix’ about what we know and don’t know
   a. Services that are already reaching key target audiences like the Bloomberg service
   b. Services that have been newly created for key target audiences like the Australian one

Draft messages about the broader climate (for consideration by the partners as a position statement)

1) Never needed scientific evidence more (across the full range of public-health measures, clinical management, health-system arrangements, and economic and social responses)

2) Never needed evidence syntheses (and HTAs and guidelines) more (given the explosion of scientific research)

3) Never needed living evidence syntheses (and HTAs and guidelines) more (given the pace of change in the available science)

4) Never needed to sort high from low quality evidence syntheses (and HTAs and guidelines) more

5) Never needed evidence contextualization more (what does the research evidence mean for us in our context given the state of the pandemic and pandemic responses and local values and preferences)

6) Never needed effective communication of high-quality and locally contextualized findings more (in hours not months, in plain language and in multiple languages, and in ways that combat mis-information)

7) Never needed to support decision-makers more (with the most recent, best available, and locally contextualized research evidence that is understandable to them and directly applicable to the decisions they’re grappling with)

8) Never needed to avoid unnecessary duplication and enhance coordination more (in all of the above) and to strengthen existing institutions and processes while doing it