Evidence Aid: COVID-19 evidence summaries collection

Summary of the initiative

This online platform run by Evidence Aid provides plain language summaries of systematic reviews on research and evidence-based interventions for prevention and treatment of the coronavirus disease (COVID-19). It complements Evidence Aid’s regular activities aimed at providing decision-makers with evidence on how to prepare for and respond to emergencies.

The collection of summaries of high-quality systematic reviews provides policy analysts and decision-makers in the health sector with easy access to the latest evidence on what works and what might not work in the global response to COVID-19.

The initiative operates on five channels: a project website, Facebook, Instagram, LinkedIn, and Twitter. The team publishes its summaries on the project website, with an emphasis on adding reviews that are up-to-date and likely to be most relevant to decision-makers. The reach is amplified by sharing the content across the other outlets. The summaries are available in eight languages: Arabic, Chinese, English, French, German, Italian, Portuguese and Spanish.

An international team of volunteers who have a wide variety of backgrounds, and include medical students, information specialists, health care practitioners and academic researchers, including professors in various disciplines engage in the distillation of systematic reviews into plain language summaries. To date, they have reviewed more than 900 systematic reviews from which over 580 summaries have been produced.

Image above: screenshot of the Evidence Aid homepage. Copyright and credit: Evidence Aid.
**Summary of the analysis**

**Innovation factors**

The COVID-19 pandemic has produced an immense amount of research investigating the transmission modes, consequences, preventive measures and risks of infection. Systematic reviews are the gold standard for evidence synthesis, systematically summarizing and assessing the body of research for a pre-defined research question. However, they often use subject-specific terminology and are written in a very technical manner. This makes their content and conclusions less accessible for people with different professional backgrounds or lay readers. In addition, the reviews, like the studies they include, are often scattered across multiple databases, journals and websites requiring advanced scientific search skills, sometimes expensive database subscriptions and considerable time to search through all the evidence.

Evidence Aid produces short summaries of about half a page for the latest systematic reviews on COVID-19. The summaries are written in plain language and follow a structured format focusing on:

- what was being researched;
- what was found as a result of the review;
- what implications the results have; and
- any other considerations taken during the search such as location of the original studies, etc.

The project website includes summaries of systematic reviews in areas such as diagnosis, prognosis and epidemiology of COVID-19 as well as public health interventions that are relevant to the pandemic response and recovery. While most evidence synthesis work has focused on the rapidly evolving research on COVID-19, the Evidence Aid team also searches for reviews of relevant pre-pandemic research which can be used to make decisions about COVID-19 and its effects.

This allows decision-makers and other interested audiences to gain a rapid overview of the content and conclusions of the latest, best available evidence on COVID-19-related topics. During a time in which evidence-informed decisions are crucial but the amount of emerging evidence is overwhelming, the Evidence Aid platform makes a significant contribution to science translation.

The summaries are innovative in drawing on feedback from decision-makers in different levels of government, nongovernmental, and humanitarian organizations.

**Accuracy of scientific information**

As sources, the team uses:

- systemic reviews of emerging research;
- pre-pandemic reviews of relevant interventions, such as those used to prevent and treat other coronaviruses;
- reviews on other health conditions that might be impacted by the consequences of COVID-19, such as those relating to the use of telehealth; and
- reviews that may be important for the recovery period after the pandemic, including those on the mental health impact of the pandemic measures.

These are found from regular searches of the health care literature, using databases such as PubMed.

The summaries are freely accessible online with links to the original systematic reviews for transparency and to facilitate the user’s information search.
Gender equality, equity and human rights considerations

The project promotes information-equity and human rights by providing access to reliable and accurate health information in plain language for free. This enables users of any literacy level to make evidence-informed decisions during the pandemic.

The summaries are available in multiple languages to promote multilingualism.
Challenges, solutions, and limitations

The project relies on volunteers who struggle to keep up with the large number of reviews published every week. The team is soliciting funds to sustain the project by recruiting full-time staff and scaling up the work.

The team believes that the project will have more impact with a suitable promotion strategy as there is suboptimal awareness of its work among decision-makers on a global scale. To overcome this, the team is publishing monthly newsletters, engaging with a wider audience through social media, and recruiting new volunteers and researchers from around the world.

Looking forward

The project team continues to produce evidence summaries and improve the format to respond to the feedback collected. Additionally, team members are collaborating with agencies such as the Pan American Health Organization and the UK Health Security Agency (formerly, Public Health England) to increase outreach and consolidate efforts to support evidence-informed decision-making.

Evidence Aid is also working with the World Health Organization to build a knowledge hub for health emergency and disaster risk management research. This work aims to build a strong evidence base for health and natural disasters.

The team recognizes that currently most resources are focused on COVID-19 research which has deprived other areas of health and social care which now needs to recover, become more resilient and grow.

References

ii. Evidence Aid Facebook page (https://www.facebook.com/EvidenceAid/).
iii. Evidence Aid Instagram account (https://www.instagram.com/evidenceaid/).
iv. Evidence Aid LinkedIn page (https://www.linkedin.com/company/evidence-aid/).
v. Evidence Aid on Twitter (https://twitter.com/EvidenceAid?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor).

Illustrations by Sam Bradd

Disclaimers

The World Health Organization (WHO) has invited individuals, institutions, governments, non-governmental organizations or other entities to submit case studies of good practices and innovative solutions in the area of communicating public health science during the COVID-19 pandemic through a public call for submission. WHO has selected a few cases based on a pre-defined rating system and makes such publications publicly available on the WHO website (the “Website”).

Contributors (authors) are solely responsible for their contributions, and readers are solely responsible for the interpretation of the posted contributions. The views expressed in the posted contributions are those of the authors and do not necessarily reflect those of WHO.

In no event shall WHO be responsible for the accuracy of information contained in the posted contributions and WHO makes no warranties or representations regarding the completeness or accuracy of any content included in the contributions. WHO shall not be held liable for any damages whatsoever arising out of the use of the contributions. WHO reserves the right to make updates and changes to posted content without notice and accepts no liability for any errors or omissions in this regard.

WHO accepts no responsibility whatsoever for any inaccurate advice or information that may be contained in the contributions or referred to in sources reached via links or other external references to the content of the contributions.

The contributions may contain links to resources on external websites. WHO is not responsible for the accuracy or content of any external link. The presence of any resource or external link in the contributions does not imply that the resource, or its author or entity, is endorsed or recommended by the WHO. These links are provided for convenience only.

The designations employed and the presentation of content in the contributions, including maps and other illustrative materials, do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delineation of frontiers and borders. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted; the names of proprietary products are distinguished by initial capital letters.

Contributions are for use of the WHO and users of the WHO website. Reproduction or translation of substantial portions of the contributions, or any use other than for educational or other non-commercial purposes, require the prior authorization in writing of the relevant author/contributor.