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*