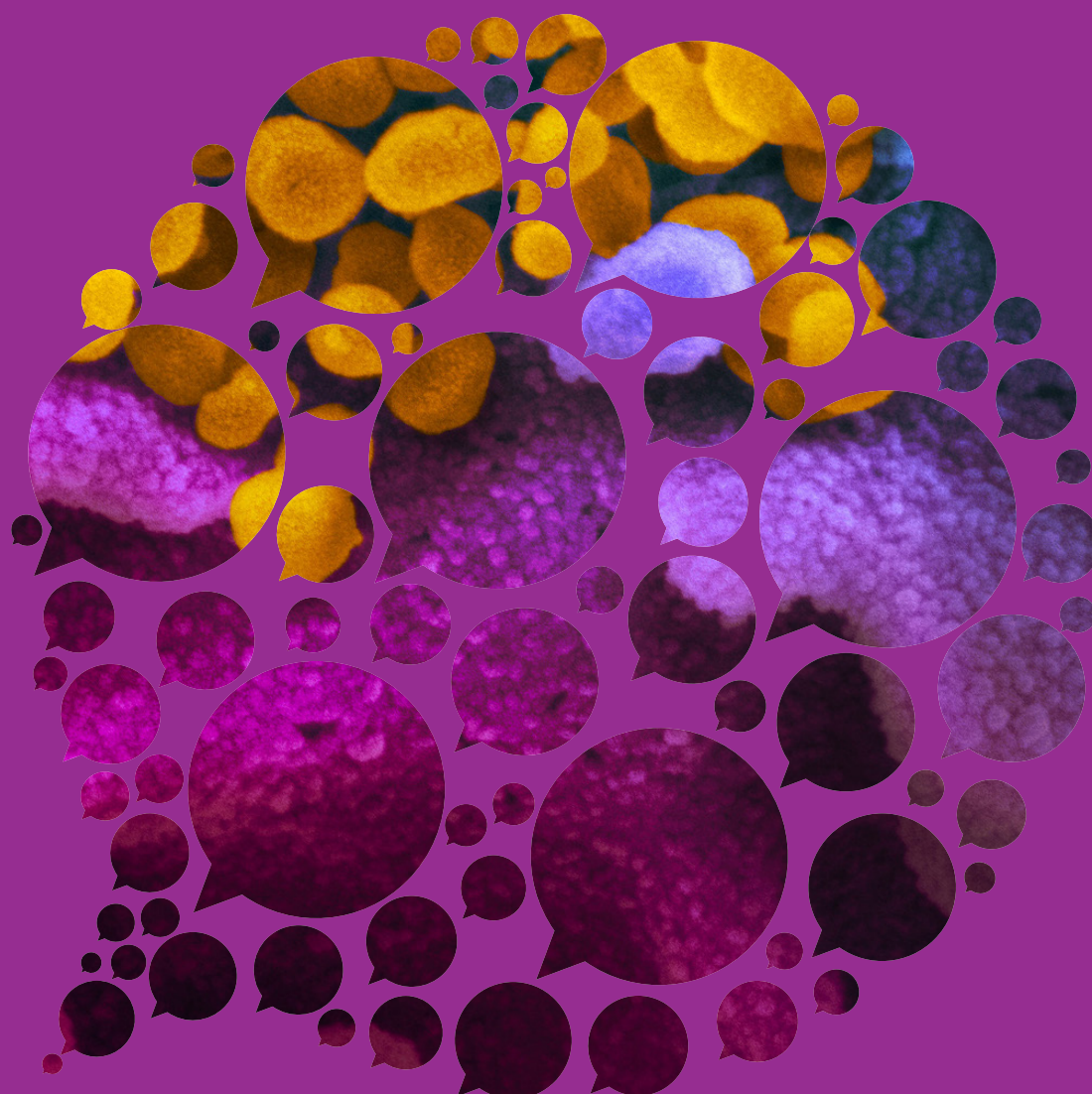


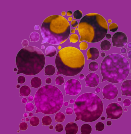
# Preparing for and responding to global health emergencies

Learnings from the COVID-19 evidence response and recommendations for the future



Credit: NIAID-RML

**Report summary**



# Summary

The arrival of COVID-19 created an unprecedented focus on health evidence for governments, businesses and nongovernmental organizations as well as members of the public. The need for evidence to support decision making has sparked some notable innovations and fast-tracked collaboration among decision makers and researchers – but it has also laid bare shortfalls in the production and sharing of quality evidence synthesis.

In October 2021, Cochrane Convenes

invited key thought leaders from around the world to reflect on their experiences of producing, sharing and using evidence during the pandemic with a view to making a collaborative call to action on areas identified by the community for improvement.

This paper attempts to summarize and organize the recommendations arising from the online events. The full set of recommendations arising from each of the seven online roundtable events is available from: [convenes.cochrane.org/](https://convenes.cochrane.org/).

## Key reflections

- The pandemic has exacerbated pre-existing inequities in society, including social determinants of health, and to date, the evidence response has also been unequal – across sectors, countries, regions and populations.
- The rapidly changing (highly politically charged) context and rapidly evolving evidence of mixed quality have challenged research methods, tools, processes, partnerships and communication, especially without additional resources. In particular, we have struggled to convey uncertainty, what is known (right now) and what is not known (yet), and how the evidence and broader response to the pandemic might evolve.
- In spite of the evolution in information and communications technology since the 2009 H1N1 pandemic, we have been unable to promote evidence, to counter mis/disinformation, or to hold to account those intentionally creating and spreading mis/disinformation – this continues to threaten lives.

## Key recommendations

### Incentivizing and encouraging change at system level

In order to minimize research gaps and better respond to the needs of decision makers with high-quality evidence during the next global health emergency, Cochrane Convenes participants recommend the following.

- Working with decision makers at national and international levels to arrive at a common and mutual understanding of decision-making needs in relation to global health emergencies, and what research can deliver in response, working towards:
  - greater transparency about how (and what) evidence is needed and used in decision making
  - a better understanding of uncertainty, the evolving nature of evidence, and how to work with and communicate this
  - a common and mutual understanding of quality and what is ‘good enough’.
- Working towards a common understanding of global research needs and who might be best placed to meet or coordinate these and how – for example, discussing what a global evidence system, or ‘systems’, or ‘service’ might look like – in order to ensure more equitable coverage and reduce research duplication and waste.
- Funding and commissioning research wisely to meet global needs:
  - invest in research and research communications in addition to funding short-term projects – notably to enable better sharing of data and to understand ‘what works’ in terms of communicating evidence
  - use the funding process to help identify, prioritize, fund and meet national and international research needs equitably
  - provide more financial support for evidence generation, communication, networks and infrastructure development in low- and middle income countries.





### Producing and sharing research and evidence synthesis

By way of preparing to deliver timely, relevant, high-quality evidence during future emergencies Cochrane Convenes participants recommend:

- further developing or reviewing research tools, processes, methods and standards to meet the challenges of rapid onset health emergencies more effectively
- investing in and using new technology to facilitate review processes (using study repositories and databases, citizen science and artificial intelligence) and enhance transparency and data sharing
- evaluating the suitability of faster, more agile editorial processes and formats (such as rapid and living reviews and preprints)
- investing time and resources in science communications on an ongoing basis – including in people, technology and learning:

- ensure that people know where to go to find evidence
- ensure that we know ‘what works’ in terms of formats and delivery
- build trust in ‘peacetime’
- build information literacy
- build partnerships – between disciplines and sectors – to understand needs, share experiences and work to communicate uncertainty more effectively.

In addition, the participants highlight the value of being ‘good partners’ in support of the changes and made recommendations at system and communication levels, including:

- being alert to – and communicating about – fraudulent trials and studies
- reducing duplication and research waste
- playing a role in building capacity in low- and middle-income countries
- engaging with evidence users – directly and in partnership with others – to help communicate uncertainty and its evolving nature.

## Reflecting on uncertainty and mis/disinformation

Beyond communicating what we want to say accurately and responsibly, there is also the question of listening to a wider audience and understanding what they need to hear and how they need to hear it. This may require us to open up the discussion with other professionals and other disciplines (social and behavioural science for example) in order to further refine our reflections to develop recommendations and a plan of action. In addition to the above recommendations, top-line recommendations on what is needed include:

- researching what works (and where) in terms of both communicating uncertainty and countering mis/disinformation
- building trust through increased collaboration between evidence producers, evidence users and clinical partners
- increasing transparency around public decision-making processes (see ‘System-level change’)
- raising awareness of the evolving nature of both evidence and context in a health emergency – this might include direct engagement with decision makers as well as with intermediaries (and training)
- considering a form of accreditation and ‘quality’ approval for official sources of evidence that has met certain quality-control standards, making it easier for people to access trustworthy information – considering, for example, the increased engagement of information scientists to help increase both ‘push’ (ensuring people receive and can act on evidence) and ‘pull’ (helping people to find and use evidence), as well as using non-traditional formats, channels and champions
- forming multidisciplinary coalitions to hold to account those deliberately creating and sharing mis/disinformation.

## Next steps:

During 2022 and beyond, Cochrane will be engaging with a wider group of experts in relevant disciplines in order to take forward the most pressing of these recommendations. In particular, it will work towards:

- more support for evidence synthesis in low and middle-income countries to address global imbalances
- the development of a system (or systems) – tools, methods, processes and relationships – at national and global levels to ensure that we are prepared for the next global health emergency
- more investment in science communications – including working to act on mis/disinformation and to hold those responsible to account.

During 2022, Cochrane will be:

- incorporating the recommendations and learnings from Cochrane Convenes into its own future strategic direction
- building a consortium of current and new partners to mobilize around addressing the key issues identified in this report – and, where established initiatives already exist, joining up with these
- developing campaigns to advocate for the conditions that will support an improved evidence response at key moments, including the World Health Assembly

**We call on you to join with us and help to build a system that we can all trust, that caters for all users of evidence wherever they are in the world, and that is sufficiently prepared for the next global health emergency.**

[convenes.cochrane.org](https://convenes.cochrane.org)