



## Commentary

## COVID-19 – Where should we go now?



Evidence Aid ([www.evidenceaid.org](http://www.evidenceaid.org)) is a UK-based charity with international roots. It has collated and translated more than 270 coronavirus-related research papers to aid clinicians, policymakers and other decision-makers around the world both in high and low resource settings.

Starting at the beginning of March 2020, Evidence Aid has (at mid-June 2020) published summaries of more than 270 papers related to COVID-19 – each translated into one or more of seven languages – Arabic, Chinese Simplified, Chinese Traditional, French, Italian, Portuguese and Spanish (soon to be eight to include German). Since the COVID-19 collection was launched, over 70,000 people have used the website (<https://evidenceaid.org/evidence/coronavirus-covid-19/>) from around the world. International organisations, including the Pan American Health Organisation and the World Health Organisation, have praised Evidence Aid's work. Every day more summaries are being added to the collection and more translations uploaded.

The summaries are written by volunteers (including professors, doctors, nurses, medical writers, PhD students and undergraduates) all around the world. They are quality checked by a panel of experts, are intended for use by anyone – both in high and low resource settings. They are freely available to anyone and the website is mobile-optimised. To ensure the relevance to low resource settings articles are reviewed by volunteers in those settings who can assess the applicability to their health care delivery. The volunteers are not only summary writers, but also take part in screening, searching for relevant records, administrative support and website maintenance.

Unsurprisingly, some of the most popular resources are those on the effectiveness of facemasks and quarantine, although this often changes related to what is a much-discussed topic in the world media and in specific countries. Studies summarised and translated on the open access website range from infection prevention and control (including for healthcare workers) to social issues, mental health and the impact on levels of domestic violence. The collection includes summaries of systematic reviews that might be relevant to the direct impact of COVID-19 (including reviews of emerging research as well as reviews of relevant treatments) on health and other outcomes, the impact of COVID-19 response on other conditions and longer term issues to consider for the recovery period after COVID-19.

Frontline workers and decision makers in countries around the world are crying out for information they can swiftly absorb and apply immediately in clinical settings. Most of these workers don't have time to read through, what is now, thousands of research papers. In fact, evidence from the work Evidence Aid has done sug-

gests many may only have time to engage with posts on social media. We need to give them the information they need, in the format need, in the language they need at the time that they need it.

New research into COVID-19 is needed and vast amounts of money are being spent on producing it. But there is also an urgent need to ensure that governments and health systems around the world know about evidence relevant to COVID-19 that already exists in order to save valuable resources where possible. Evidence Aid and its partners suggest that it is possible to prevent wasted resources and the implementation of potentially harmful strategies if governments, medical research bodies and UN bodies provided organisations like Evidence Aid with a fraction of the funding currently being poured into primary studies seeking treatments and vaccines.

Although urgent action is needed now, the issue goes much deeper than COVID-19.

It would be pertinent to form a strong evidence-base for future health disasters like COVID-19. Evidence Aid have long argued that the international organisations who made use of its resources even before COVID-19 need to invest in a proper evidence resource for health disasters. The fact that this hasn't yet happened and evidence resources are still being produced around the world by many different organisations is particularly frustrating as COVID-19 is proving that systematic reviews and wide dissemination of research are far better value for money and more effective than funding a massive number of new studies. It is important that COVID-19 allows us to learn from our mistakes and invest in better systems for the future whilst not forgetting research done in the past.

With COVID-19 and other science research challenges in the disaster sector we see funding of many studies that often don't answer key questions and that overlap or repeat what has been done before. It would be better and less expensive if evidence-based study outcomes were brought together and made quickly available in a range of languages.

Evidence Aid was established by people linked to Cochrane, the internationally respected medical research body. It has provided research custodianship, synthesis and communication in clear accessible formats to the humanitarian and disaster sectors for 15 years, being established after the Indian Ocean tsunami.

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This work did not require an ethical approval as it does not involve any human or animal experiment.

**Data availability**

The data is freely available (<https://evidenceaid.org/evidence/coronavirus-covid-19/>).

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