Evidence Aid: Translating systematic reviews into plain language summaries

**Authors and presenters:** Allen C¹, Pizarro AB¹.

**Affiliations:** 1: Evidence Aid, UK, and Colombia;

---

**Ana Pizarro**  
Cochrane Editorial Board  
*Cochrane*  
apizarro@cochrane.org

**Claire Allen**  
Operations Manager  
*Evidence Aid*  
callen@evidenceaid.org
Why summarise systematic reviews?

• Clear need for research evidence to drive policymaking and emergency responses = lives are saved, and resources are not wasted.

• The need for evidence support for health and humanitarian crisis is even more pertinent because of the time and practical constraints that decision-makers in these settings face.

• To improve the use of research evidence in policy and practice, it is important to provide evidence resources tailored to the target audience.

How do we know the summaries are useful?

- Study published in 2023 (lead author: Firas Khalid)
- 26 decision-makers interviewed (health and humanitarian emergencies).
- Challenges decision-makers face include:
  - insufficient time and increased burden of responsibilities during crises,
  - limited access to reliable internet connection,
  - large volume of data not translated into user friendly summaries, and
  - little information available on preparedness and response measures.
- Decision-makers like to see:
  - title,
  - target audience,
  - presentation of key findings in an actionable checklist or infographic format,
  - implementation considerations,
  - assessment of the quality of evidence presented,
  - citation and hyperlink to the full review,
  - funding sources,
  - language of full review, and
  - other sources of information on the topic.
- Study developed an evidence summary template with accompanying training material to inform real-time decision-making in crisis-settings.

“If you’re reading something on Cochrane or Evidence-Aid website, you would expect that is something of good quality and that you can trust the evidence presented”
How do we summarise systematic reviews?

1. Decide on what should be included in the summary (along with client and others).
2. Develop writing guidance (a ‘template’).
3. Obtain feedback from others.
4. Continuous feedback loop, improving and amending as required.
5. Ensure policy makers like the products!
What next?

1. Identify the systematic review.
2. Allocate a ‘writer’.
3. Allocate a ‘checker’
4. ‘Writer’ drafts summary.
5. Sends to ‘checker’ to ensure (a) consistency with template and (b) accuracy of content.
6. Categories are assigned.
7. Draft sent to ‘finalizer’ (Senior Researcher) who then sends it to the Operations Manager for publication within the collection (freely available to all).
We’re going to demonstrate translation of systematic reviews into plain language summaries using the Resilient Health Systems evidence collection as our example...

https://evidenceaid.org/evidence/resilient-health-systems/
Improving **access** to reliable, curated information for well-informed decisions on disasters and health emergencies.

Summarising complex systematic reviews to lay writing for people across various languages.

- **Priorities**
  - Implementing and coordination end-user input

- **Research**
  - High-quality research that is relevant to health emergencies.

- **Reviews**
  - Systematic reviews of such research provide a reliable and robust evidence base.

- **Summaries**
  - Accessible summaries of this evidence to decision-makers at different levels of health emergency response and preparedness
7 Interconnected Collections

COVID-19
(585 summaries)

Earthquakes & Windstorms
(97 summaries)

Climate Change
(17 summaries)

Refugees & Asylum Seekers
(113 summaries)

Ebola
(34 summaries)

Malnutrition
(111 summaries)

Resilient Health Systems
(200 summaries)
Resilient Health Systems

Identification

Searches were run by topic (Phase 1: 5652 results, 1725 reviews screened).

Enhancement

Collection of publication data, topic, methodology, findings, implications, and equity considerations.

Website

Categorizing summaries, cross-linking to other collections, reference management, and embeddability.

Preparation

Summaries drafted, edited, confirmed by PAHO, sent for translation (ENG, POR, SPA, FRE)

Publication

200 summaries on Resilient Health Systems published on EvidenceAid.org
Resilient Health Systems

Read this introduction in English, Portuguese and Spanish. Watch the launch of the collection here in English, Spanish and French.

The Pan American Health Organization/World Health Organization and Evidence Aid have been working together for several years and, in June 2011, started work on an Evidence Aid collection relevant to the development of resilient health systems in the context of disasters and other health emergencies. This collection of summaries for relevant systematic reviews will support preparedness, response and recovery, thereby sustaining and protecting public health gains. The partnership will further advance the Policy on Resilient Health Systems and the Plan of Action for Disaster Risk Reduction that were approved by Ministries of Health of the Americas and the Caribbean in 2005, the Strategy to Build Resilient Health Systems which was presented in 2007 and the Policy on Research for Health endorsed by the countries of the Americas in 2009.

This collection of summaries of systematic reviews is available in English, French, Portuguese and Spanish. The summaries will inform policies, programs and plans to achieve universal health coverage and support the achievement of the United Nations Sustainable Development Goals. The collection was first published on 15 August 2011.

**Select a category**

- Arabic (العربية)
- Chinese (simplified) 中文（简体）
- Chinese (traditional) 中文（繁体）
- English
- French (Français)
- German (Deutsch)
- Italian (Italiano)
- Japanese (日本)
- Portuguese (Português)
- Spanish (Español)

**Search**

- Date Added
- Descending

**Apps to reduce burnout, depression and stress**

- Added October 12, 2007
- Add to my selections

**Telehealth interventions for older adults in rural settings**

- Added September 29, 2022
- Add to my selections

**Police-related triage interventions for mental health-related incidents**

- Added September 29, 2022
- Add to my selections

**Communication with the public about chemical, biological, radiological or nuclear (CBRN) terrorism (search done in November 2011)**

- Added September 29, 2022
- Add to my selections
<table>
<thead>
<tr>
<th>Search</th>
<th>Select a collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>Date Added</td>
</tr>
</tbody>
</table>

**Apps to reduce burnout, depression and suicidality among healthcare students and professionals**
Added October 10, 2020
Add to my selections

**Telehealth interventions for older adults in rural settings**
Added September 26, 2022
Add to my selections

**Police-related triage interventions for mental health-related incidents**
Added September 21, 2022
Add to my selections

**Communication with the public about chemical, biological, radiological or nuclear (CBRN) terrorism**
Added September 20, 2022
Add to my selections

**Initiation and completion of treatment for latent tuberculosis infection in migrants**
Added September 21, 2022
Add to my selections

**Public engagement with pre-incident information materials for initial response to a chemical, biological, radiological or nuclear (CBRN) incident**
Added September 21, 2022
Add to my selections
Phase 1 & Phase 2

Expand PAHO priorities (e.g., migration, climate change).

Advisory Board

Next Phase

PAHO
Expand PAHO priorities (e.g., migration, climate change).

Analysis
Implications for field implementation beyond what is stated in reviews, and evidence (gap)maps.

Usage Data

Expansion
Phase 3 of the RHS collection and its topics and broader use and communication.
Draft summary *template*

**Citation:** [insert Vancouver style citation – see below for examples - and check that this is complete (e.g. that it includes the page details or article number). For Cochrane Reviews, you should put the CD number at the end of the citation].

**Examples are given in the template.** If you are unsure of the correct citation, please check other citations in our evidence collections and most importantly, the article itself (https://evidenceaid.org/evidence/).

**DOI:** [insert DOI alone, not the url for the DOI]

**URL:** [insert link that will take people to the online version of the article (where available, link to a free to view version such as a PubMedCentral version if the article is not free to view on the journal’s website)]

**Free to view:** [insert Yes or No]

**Funding sources:** [insert the funding sources for the review, if reported. If not reported, write “Nothing noted”]. If the authors reported that they had no funding please write [The authors reported that they had no external funding for this review.]
**Language:** [If Abstract and Full text are in the same languages write “Abstract and full text available in [insert code(s) from list below]. [If Abstract and Full text are in different languages, write “Abstract available in [insert code(s) from list below. Full text available in [insert code(s) from list below]. [Audio podcast (only applicable to Cochrane reviews) available in [insert code(s) from list below].

If there is only one language, please write “Abstract and full text available in XX”.

<table>
<thead>
<tr>
<th>Language</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deutsch</td>
<td>German</td>
<td>DE</td>
</tr>
<tr>
<td>English</td>
<td>English</td>
<td>EN</td>
</tr>
<tr>
<td>Español</td>
<td>Spanish</td>
<td>ES</td>
</tr>
<tr>
<td>فارسی</td>
<td>Persian</td>
<td>FA</td>
</tr>
<tr>
<td>Français</td>
<td>French</td>
<td>FR</td>
</tr>
<tr>
<td>Hrvatski</td>
<td>Croatian</td>
<td>HR</td>
</tr>
<tr>
<td>日本語</td>
<td>Japanese</td>
<td>JA</td>
</tr>
<tr>
<td>한국어</td>
<td>Korean</td>
<td>HO</td>
</tr>
<tr>
<td>Bahasa Malaysia</td>
<td>Malay</td>
<td>MS</td>
</tr>
<tr>
<td>Polski</td>
<td>Polish</td>
<td>PL</td>
</tr>
<tr>
<td>Português</td>
<td>Portuguese</td>
<td>PT</td>
</tr>
<tr>
<td>Русский</td>
<td>Russian</td>
<td>RU</td>
</tr>
<tr>
<td>தமிழ்</td>
<td>Tamil</td>
<td>TA</td>
</tr>
<tr>
<td>ภาษาไทย</td>
<td>Thai</td>
<td>TH</td>
</tr>
<tr>
<td>繁體中文</td>
<td>Chinese (traditional)</td>
<td>ZH</td>
</tr>
<tr>
<td>简体中文</td>
<td>Chinese (simplified)</td>
<td>ZH</td>
</tr>
</tbody>
</table>

If there is a language which is not in the list above please consult: [https://www.loc.gov/standards/iso639-2/php/code_list.php](https://www.loc.gov/standards/iso639-2/php/code_list.php) and use the code from the column headed ‘ISO 639_1 Code’.
Newborn health interventions in humanitarian settings

Added January 19, 2023


Language: Abstract and full text available in EN.

Free to view: Yes.

Funding sources: UK Research and Innovation (part of the Global Challenges Research Fund).
What is this? [Opening sentences (something along the lines of)]:

- Building a resilient health system will improve its ability to continue to function during and after health emergencies and disasters.
- Health emergencies and disasters can place a great strain on health systems, and they might need to introduce new models of service delivery to ensure equitable provision of health care.
- Being ready and responsive to health emergencies are key factors of a resilient health system.
- A sentence on the relevance of the topic for the review to this Special Collection.

In this [systematic or Cochrane or Campbell or rapid or scoping] review, the authors searched for [insert type of studies if one or two specific study designs are used, if more than two are used then use a more generic term] of [insert focus of study] in [insert setting]. They restricted their searches to articles published in [insert language of searched studies] [also insert any other restrictions, such as for the date or type of publication] [or “They did not restrict their searches by [date], [type] or [language] of publication”] and did the search on [day (if rapid or living review conducted in 2020 or 2021) month and year of search] or [between month year and day (if rapid or living review conducted in 2020 or 2021) and month year]. They included [insert number, types of study, and countries (if applicable) of included studies]. They also identified an additional [insert number] ongoing studies and [insert number] articles, which are awaiting assessment (if applicable).
What is this? Newborn babies are especially vulnerable to health problems in humanitarian settings.

In this systematic review, the authors searched for studies of interventions for improving health outcomes of newborns (0-28 days after birth) in acute or protracted humanitarian emergencies in low- and middle-income countries (LMICs). They restricted their searches to articles published in English, Portuguese, Spanish and French, between 1 January 1990 and 15 November 2021. They included 35 articles, which reported 1 cluster randomised trial, 17 cross-sectional studies, 2 cohort studies, 5 pre-post studies, 3 controlled pre-post studies, 2 case studies and 5 qualitative studies.
What works/was found: [use “works” for reviews of the effects of interventions and “was found” for other reviews/descriptive reviews] [insert one sentence answering the main objective of the study].

[insert any additional sentences stemming from results/conclusions of the review that are important, and note any trade-offs (e.g. harms) from an otherwise beneficial intervention]

What doesn’t work: [use this subheading for reviews of the effects of interventions or delete it for other reviews where you have used “What was found” above] [insert sentences describing interventions included the review that do not work] [if not applicable, write “Nothing noted”].

Only include an intervention here if there is evidence of no effect or evidence of harm that outweighs benefits, rather than a lack of evidence for benefits or harms.

What is uncertain: [use this subheading for reviews of the effects of interventions or delete it for other reviews where you have used “What was found” above] [insert sentences describing interventions or setting where the effects are uncertain].

[If the evidence in the review is insufficient to conclude that something is beneficial, include it here rather than under What doesn’t work.]
What was found: The most common types of essential newborn care reported were thermal care and feeding support.

Strategies such as training healthcare workers, community-based interventions and providing financial incentives and specialized equipment had been implemented to increase the use of newborn care, but without an evaluation of their impact on health outcomes in newborns.
Implications: The authors of the review stated [implications]. [if not applicable, state “Nothing noted”].

Other considerations: The authors of the review discussed their findings in the context of [insert all that apply from the following list in a sentence, rather than a bullet point list]:

- Place of residence / Race/ethnicity/culture/language / Occupation / Gender/sex / Religion / Education / Socioeconomic status / Social capital / Personal characteristics associated with discrimination such as age or disability; features of relationships (e.g. smoking parents or excluded from school) or time-dependent relationships (e.g. leaving the hospital, respite care or other instances where a person may be temporarily at a disadvantage)]

OR

The authors of the review did not discuss their findings in the context of issues relating to health equity.
Implications: The authors of this review concluded that, apart from the training of healthcare workers, community health interventions and understanding the social beliefs around newborn care seem to be key activities for the success of newborn care programmes. However, they stated that despite an increasing availability of guidance and advocacy on improving newborn health in humanitarian settings, there is still insufficient quantity and quality of studies documenting these interventions and evaluating their effectiveness and they called for more such studies.

Other considerations: The authors of the review discussed their findings in the context of place of residence (LMICs).
Newborn health interventions in humanitarian settings

Added January 19, 2023


Language: Abstract and full text available in EN.

Free to view: Yes.

Funding sources: UK Research and Innovation (part of the Global Challenges Research Fund).

What is this? Newborn babies are especially vulnerable to health problems in humanitarian settings.

In this systematic review, the authors searched for studies of interventions for improving health outcomes of newborns (0-28 days after birth) in acute or protracted humanitarian emergencies in low- and middle-income countries (LMICs). They restricted their searches to articles published in English, Portuguese, Spanish and French, between 1 January 1990 and 15 November 2021. They included 35 articles, which reported 1 cluster randomised trial, 17 cross-sectional studies, 2 cohort studies, 5 pre-post studies, 3 controlled pre-post studies, 2 case studies and 5 qualitative studies.

What was found: The most common types of essential newborn care reported were thermal care and feeding support.

Strategies such as training healthcare workers, community-based interventions and providing financial incentives and specialized equipment had been implemented to increase the use of newborn care, but without an evaluation of their impact on health outcomes in newborns.

Implications: The authors of this review concluded that, apart from the training of healthcare workers, community health interventions and understanding the social beliefs around newborn care seem to be key activities for the success of newborn care programmes. However, they stated that despite an increasing availability of guidance and advocacy on improving newborn health in humanitarian settings, there is still insufficient quantity and quality of studies documenting these interventions and evaluating their effectiveness and they called for more such studies.

Other considerations: The authors of the review discussed their findings in the context of place of residence (LMICs).
Join us by signing up to our newsletter. Send your details to info@evidenceaid.org

Follow us on:
Twitter @EvidenceAid, or on Facebook, Instagram and LinkedIn – all Evidence Aid

EvidenceAid.org/evidence/resilient-health-systems

Claire Allen
callen@evidenceaid.org

Thank you for listening!