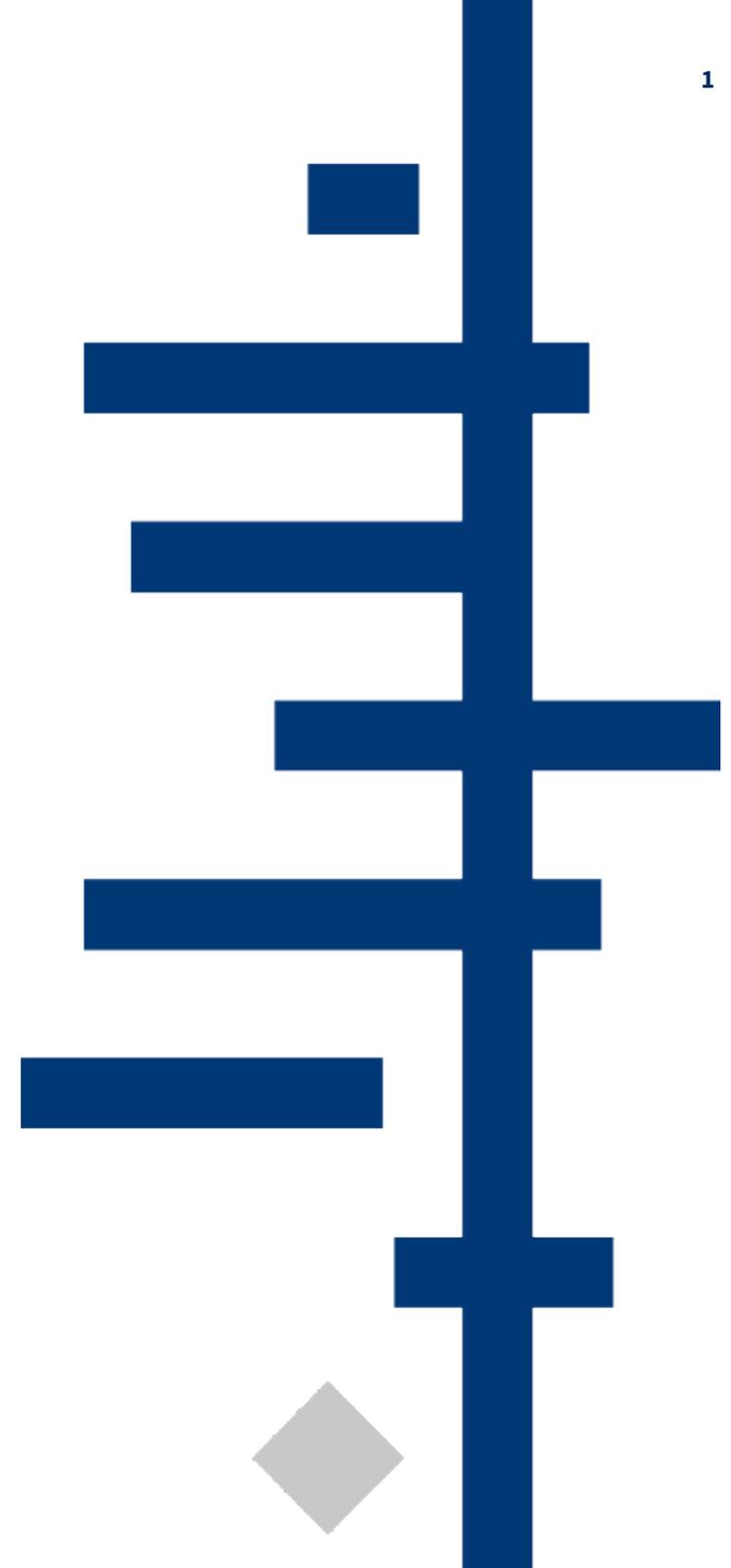


Learning from Cochrane's initial response to COVID-19 (External stakeholder Perspective)

March - October 2020

Trusted evidence.
Informed decisions.
Better health.



Overview

Cochrane is responding to the COVID-19 pandemic rapidly and flexibly to provide people with high-quality, relevant and timely evidence to inform their decisions. We have changed how we work and what we produce. Cochrane Groups and central teams have worked with each other and with partners to develop, share and advocate for the best available evidence.

The pandemic is ongoing and our response continues to evolve. We wanted to get an understanding of what people think of our COVID-19 resources so far.

Over a 12-week period from March to August 2020 we drew together reflections about what external stakeholders thought about Cochrane's initial response to COVID-19. **We heard from over 800 people**, including those visiting the Cochrane Library, Cochrane.org and associated social media accounts (831). We also looked at how many people were viewing our resources up to August 2020.

This document provides a summary of the results from an initial 'snapshot' of what our external stakeholders thought of the Cochrane response during the initial period.

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1. Are people using our COVID-19 resources?



In this section we summarise statistics about how often the COVID-19 resources on Cochrane.org and the Cochrane Library are being accessed and by whom, the impact of unrestricted access to the Cochrane Library and changes in our social media and newsletter subscriptions. Some of our COVID-19 resources on the Cochrane Library and Cochrane.org are highly viewed. We are maintaining about the same number of unique users on the Cochrane Library, which may be an achievement in a pandemic. The number of unique users has grown on Cochrane.org. Greater numbers of new users joined our social media accounts and newsletters initially during the pandemic, but the rate of monthly growth has now returned to usual levels.

Are people using our centrally-published resources?

People are using our COVID-19 resources on Cochrane.org and the Cochrane Library.

As of 31 August 2020:

- our COVID-19 reviews are Cochrane's **most cited reviews** so far in 2020. Five out of the 11 COVID-19 reviews published as of August 2020 have higher Altmetric scores than all other reviews published in 2020;
- at least **31 clinical guidelines** and other national and international guidance documents have cited Cochrane reviews about COVID-19. This demonstrates that guideline developers are using Cochrane evidence to inform their recommendations;
- people are visiting the Cochrane Library and Cochrane.org specifically to view our COVID-19 resources. For example, four out of the top 10 pages that people first land on when they visit the Cochrane Library are COVID-19 resources, so they are coming directly to those resources.

How many people are looking at our websites?

Cochrane's COVID-19 resources have been popular on Cochrane.org and the Cochrane Library.

As of 31 August 2020:

- our COVID-19 **Special Collections** are better used than our past Special Collections. Every COVID-19 Special Collection has been viewed more than the top five Special Collections in the same period in 2019. Our COVID-19 Special Collection pages were viewed almost 670,000 times between March and August 2020;
- some of our COVID-19 Reviews are amongst the top five most viewed reviews from March to August 2020. Overall, the 11 **COVID-19 Reviews** published as of August 2020 had been viewed almost 1.5 million times (range 949 to 711,770 per review, which includes views of the full review text and/or abstracts and Plain Language Summaries);
- COVID-19 Clinical Answers are popular. They were viewed more than all Clinical Answers in the same period last year and two of our COVID-19 **Clinical Answers** have been the most viewed in 2020;
- five of the COVID-19 news items were viewed more than any of the top five news items in the same period last year. The 18 centrally-released **news items** were viewed over 160,000 times up to August 2020;
- 20,742 people have visited our COVID-19 Study Register a total of 29,906 times. That is 200 to 300 people per week.

So far, our COVID-19 response does not appear to be attracting a greater number of unique visitors to the Cochrane Library compared to the same period last year. Our COVID-19 resources are highly used, but between March and August 2020 the number of unique visitors to the Cochrane Library and total visits to the Cochrane Library were about the same as the same period in 2019 (see Figure 1).

We do not know why our Library users are not increasing overall. This may be because our established users were accessing the Library for COVID-19 information rather than other information. Alternatively, new people could have been attracted by our COVID-19 resources whereas established users were not using the Library because they were busy with clinical work, other commitments or perhaps not working as much in this period. We could keep watching the number of unique users to see whether numbers grow as people return to more usual working patterns.

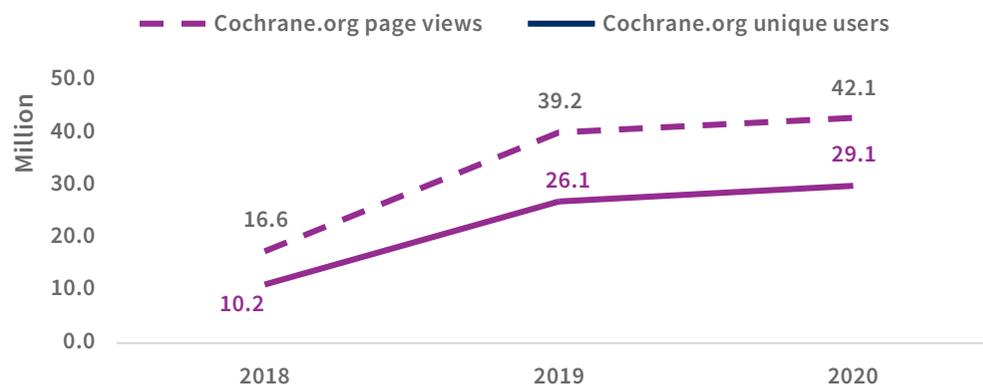
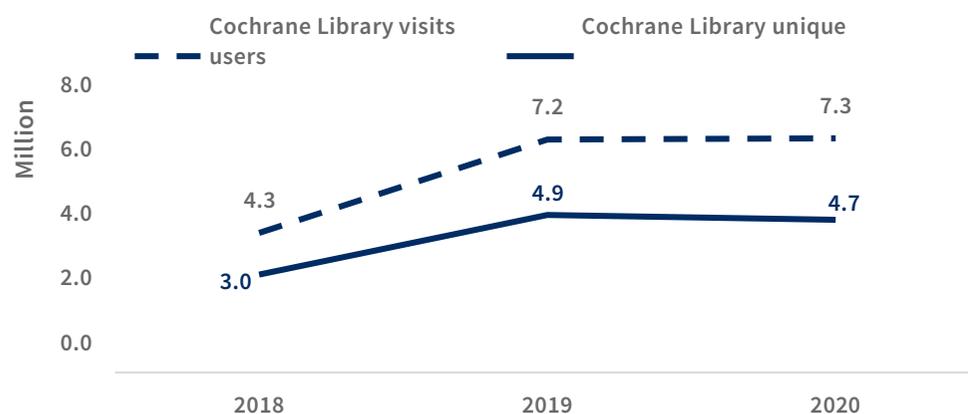
There have been more people visiting Cochrane.org compared to the same period in 2019. This may be related to our COVID-19 resources. Search engines may direct people to Cochrane.org more than the Cochrane Library because Cochrane.org is a non-commercial URL, it does not have a paywall, it contains accessible resources and is translated into 15 languages. Our social media content for most reviews also directs people to Cochrane.org content.

From the data available, we cannot tell whether resources such as COVID-19 rapid reviews and rapid updates of Cochrane reviews are more popular than ‘usual’ Cochrane reviews. Our COVID-19 Reviews have a high amount of views immediately when published, but we cannot say whether this is because they were rapidly produced, because they were about topics that people were very interested in or a combination of both.

Our COVID-19 podcasts are generally not well viewed compared to our other COVID-19 resources. Some podcasts had more than 1,000 page views up to 31 August 2020, but our COVID-19 podcasts are not our most popular podcasts in 2020 and nor are they as popular as the highest viewed podcasts in 2019. Our podcasts about any topic are generally not highly viewed. We may want to consider whether our podcasts have a clear enough target audience, appropriate dissemination strategy and high enough usage to continue investing time in these.

The centrally promoted COVID-19 ‘Evidently Cochrane’ blogs from Cochrane UK have variable uptake. One blog ranked high on Google search pages and was one of our top five most viewed blogs of 2020. This is a great achievement. But none of the other centrally promoted COVID-19 blogs are in the top ten blogs for 2020 so far and our COVID-19 blogs are less popular than the most highly viewed blogs from 2019. Our COVID-19 news items usually reach as many people as our COVID-19 blogs so we may want to consider whether both are always needed, though blogs may target specific audiences.

Figure 1: Visits and unique users for the Cochrane Library and Cochrane.org (1 March to 31 August each year)



Who is accessing our published COVID-19 resources?

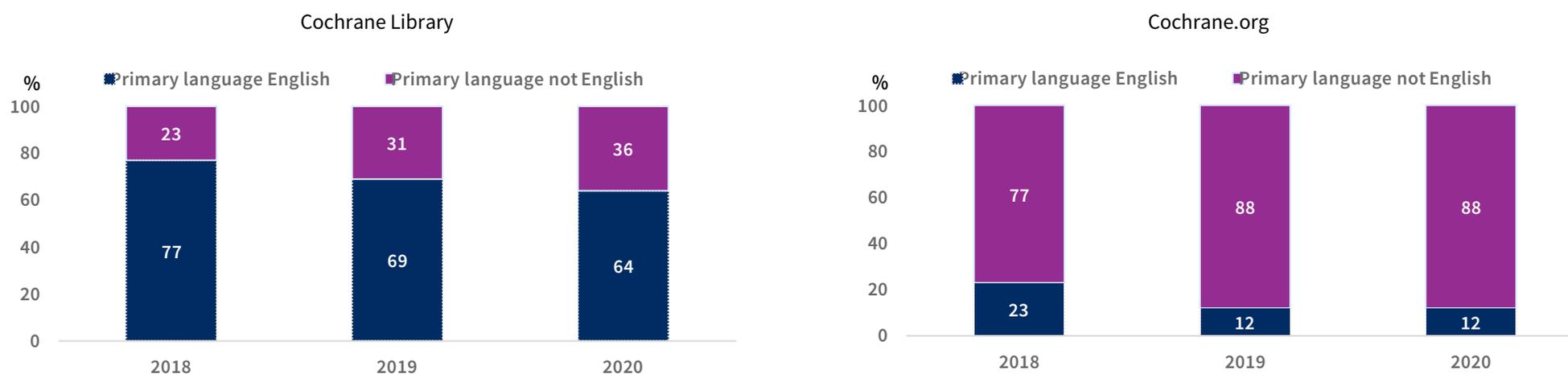
A pop-up survey found that between late May and early July 2020, over half of 1,120 people landing on our COVID-19 resource page on [Cochrane.org](https://www.cochrane.org) were health practitioners (55%), 28% were researchers, 12% were patients or informal caregivers and 5% were policy-makers.

In the past, the Cochrane Library has mainly been used by health professionals and researchers. This trend was maintained in the latest Voice of the Customer survey in mid-2020. The Cochrane Library uses ‘personas’ to identify different types of users in a sophisticated manner. We could use these data to consider whether the user personas accessing Library resources altered in 2020 during the pandemic compared to when the survey was completed in 2019. This was outside the scope of this snapshot.

Our COVID-19 response may be associated with a slight increase in the proportion of visits to the Cochrane Library from countries where English is not the primary language, but there has been no change for [Cochrane.org](https://www.cochrane.org) (based on the top 10 most frequent countries visiting, see Figure 2).

Of the 218 countries that accessed the COVID-19 Special Collections on the Cochrane Library during the unrestricted period, around half were low- and middle-income countries (47%). These countries accounted for about 10% of all page views. This trend in usage was maintained once the rest of Library reverted to restricted access, with the unrestricted COVID-19 Special Collections continuing to be well accessed by low- and middle-income countries.³ Examples of countries that are accessing our COVID-19 material on the Cochrane Library more than would usually be the case include India, Indonesia, the Philippines and Peru.

Figure 2: Proportion of visits by countries with and without English as the primary language (based on top 10 countries visiting)



Note: Data are based on the 10 countries showing the highest number of visits for the period March to August of each year. The Cochrane Library was relaunched in 2018 so data were collected in a different way that year. The data for ALL countries visiting the Cochrane Library and Cochrane.org shows similar trends (not graphed).

1 Data about the countries accessing Special Collections on the Cochrane Library were examined as of April 2020 (during unrestricted access) and as of June 2020 (after unrestricted access ended).

Impact of unrestricted access to all Cochrane Library content

Between 26 March and 26 May 2020, all content on the Cochrane Library had temporary unrestricted access. There were an increased number of visits from countries without usual national or regional funded access to the Library. People visited COVID-19 rapid reviews following referrals from Cochrane.org and social media more than usual in this period.

There was a 55% increase in full-text content viewed directly on webpages in the Cochrane Library during the unrestricted period compared to the same period last year. This is more than the usual annual growth rate of around 20% (see Table 3). This relates to viewing webpages related to any content in the Library, not solely COVID-19 resources. It does not include PDF file views or downloads. The increase may be due partly to offering unrestricted global access, but is also likely due to high interest in the COVID-19 content published in this period. Almost all of the top five accessed reviews, trials and Clinical Answers in the unrestricted period pertained to COVID-19. However, when the full text content viewed as webpages or as PDFs is considered together, there was a minimal increase in use above expected annual growth (about 3%). This may be because people were looking at webpages rather than PDFs. It could possibly signal different types of users, including people from low-and-middle-income countries and/or members of the public.

The Cochrane Library is now back to pre-pandemic access options, but COVID-19 resources remain unrestricted to access. Usage growth rates returned to usual levels for most databases quickly.

Figure 3: Trends in visits to the Cochrane Library databases

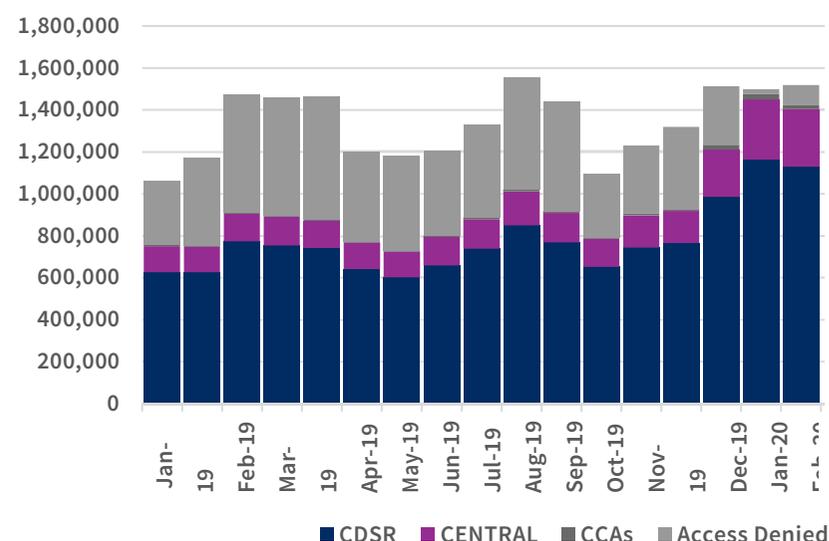


Table 3: Views of 'webpage versions' of full text content in the Cochrane Library

Library elements	Week before unrestricted access			Week during unrestricted access			Week after unrestricted access		
	2019	2020	% change	2019	2020	% change	2019	2020	% change
Systematic reviews	180,525	211,695	17%	176,489	285,136	62%	128,284	151,612	18%
Central (trials)	36,191	50,667	40%	41,660	90,722	118%	12,556	20,140	60%
Clinical Answers	1,722	2,819	64%	1,829	6,071	232%	1,616	1,761	9%
Total	220,457	267,201	21%	219,978	381,929	74%	142,456	173,513	22%

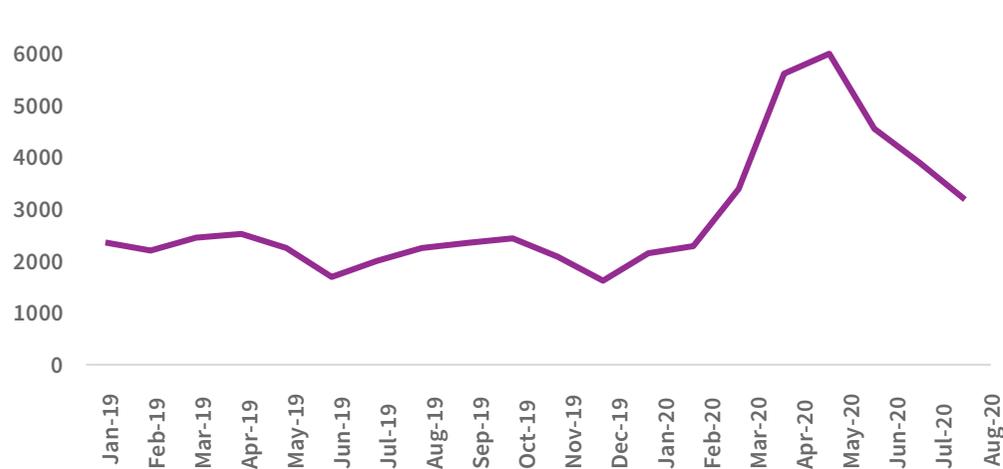
Note: This table shows year-on-year growth in viewing webpage versions of full text in each database within the Cochrane Library for 7-days in three time periods: before unrestricted access (1-7 March), during unrestricted access (12-18 April), and the first week after unrestricted access stopped (27 May – 2 June). Figures for the same week in 2019 are shown for comparison. The '% change' shows the percentage increase in views between 2019 and 2020.

How many people are engaging in other ways?

People create Cochrane Accounts when they subscribe to newsletters, do online learning or want to contribute to Cochrane in other ways such as through our Crowd or TaskExchange platforms. **The number of people creating new Cochrane Accounts increased compared to before the pandemic** suggesting that people wanted to contribute. The number of new accounts created per month is now returning to usual levels (see Figure 4).

There was an increase in the number of people subscribing to our newsletters around March 2020, although this growth has also reduced. Around 50 more people per month continue to sign-up for our newsletters compared to before COVID-19, though the absolute rate of growth is only 1-2% higher than prior to the pandemic.

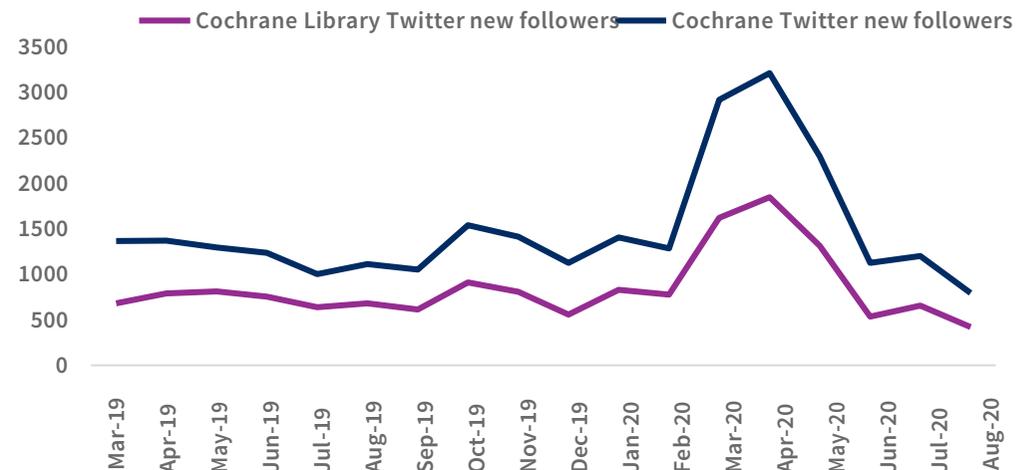
Figure 4: Number of new Cochrane accounts created per month



Overall, Cochrane's Facebook, Twitter, Instagram and Linked In followers / members have not grown significantly faster during the pandemic than in previous years. There was an initial increase in interest and numbers, but this has returned to broadly similar growth rates compared to 2019. For instance, in March, April and May 2020 both Cochrane and the Cochrane Library had more new Twitter followers, but this has returned to pre-COVID-19 levels (see Figure 5).

The number and pace of media enquiries has not changed from previous years. It does not appear that Cochrane was mentioned more in the media from March-August 2020 compared to previous years. We do not currently have a process that allows us to get comments or reactions from our contributors promptly enough to meet the rapid deadlines often needed by media stories. There may be an opportunity to co-ordinate a press response network across Cochrane Groups.

Figure 5: Number of new followers on central Twitter accounts



Note These figures are to illustrate broad trends over time.

2. What do people think of our COVID-19 resources?



In this section we summarise key points from a survey of 831 audience members, including how people find out about our COVID-19 resources, what they think of them, why people do not use them and what type of evidence formats people prefer. We found that the people using our COVID-19 resources say they are relevant, easy to understand and trustworthy overall. Our resources are helping to shape policy and clinical practice. But many people do not know what Cochrane offers. Even amongst people visiting the Cochrane Library, Cochrane.org or our social media accounts, more than half had not used our COVID-19 resources, largely because they did not know they existed.

Who provided feedback?

We wanted to find out what people thought of our COVID-19 resources so we surveyed 831 people who visited the Cochrane Library, Cochrane.org or associated social media or who received an invitation from a Cochrane Group.

This is not representative of our potential audiences, just those who already know Cochrane or who visited these websites over a 2-4 week period and were able to respond in English or Spanish.

Most people who responded to the survey were healthcare professionals (43%) or members of the public (28%). 14% were researchers, 5% were policy-makers or policy influencers and 10% had other roles. These proportions are similar to our annual survey on the Cochrane Library and our Cochrane.org popup survey. 36% of people who shared their views were from Europe, 25% from North America, 21% from Central and/or South America, 9% from Asia and 9% from elsewhere including Africa and Australasia.

How do people find out about our COVID-19 resources?

46% of the people surveyed said they had used Cochrane's COVID-19 resources (385 people).

The most common ways that these people had found out about our resources were:⁴

- seeing them on Cochranelibrary.com or Cochrane.org (55% of those using resources);
- their own past knowledge of Cochrane (44%);
- a search engine (e.g. Google) (30%);
- journals, medical literature or PubMed search (24%);
- social media (18%);
- newsletters from Cochrane (18%);
- friends, family or colleagues (16%).

² Each person could select more than one option to this question about how they found out about our resources.

Do people think our COVID-19 resources are useful?

Of the 385 (46%) people who had used one or more of Cochrane's COVID-19 resources so far:

- 93% said our resources were **easy to understand**
- 95% said our resources were **relevant** to them
- 80% said that Cochrane had provided evidence **fast** enough
- 93% said that Cochrane is one of their **trusted sources** of information during the pandemic
- 98% would **recommend** Cochrane's COVID-19 resources to others

Figure 6 shows that despite these positive trends overall, **only one quarter 'strongly agreed' that our resources were easy to understand (27%)**.

Figure 7 shows which of our different types of COVID-19 resources people were aware of and whether they found them helpful.

Figure 6: What 385 people who used our COVID-19 resources thought of them

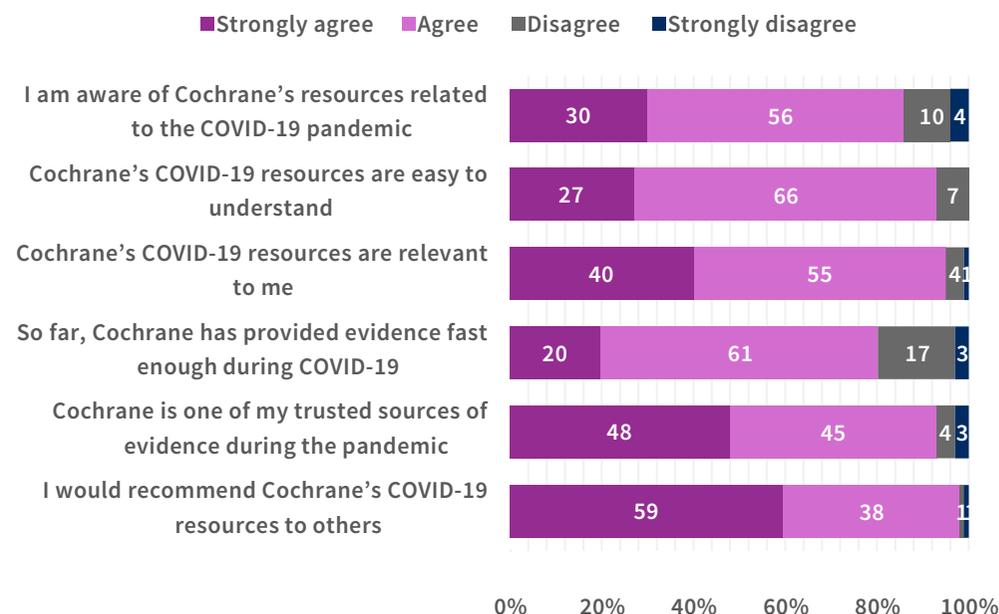
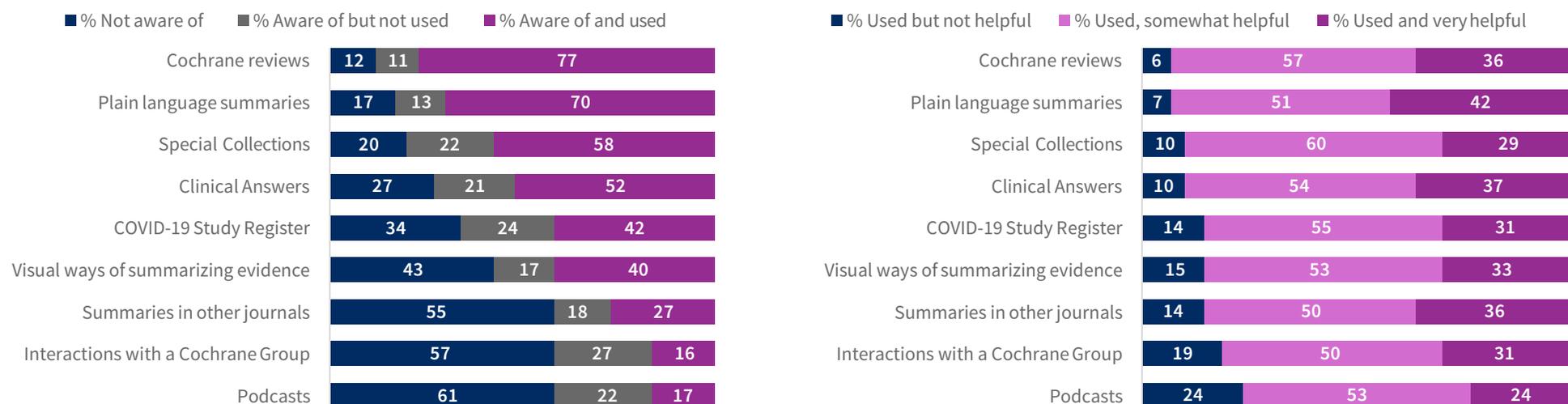


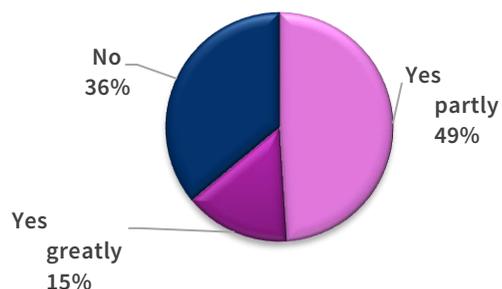
Figure 7: Extent to which people who had used a Cochrane COVID-19 resource were (1) **aware** of various resources and (2) found them **helpful** if they used them



Note: 385 people who said they had used at least one of Cochrane's COVID-19 resources commented. Numbers ranged from 60 to 345 per resource. A description of each resource was provided. The percentages show those who were aware of various resources (first figure) and whether people who had used a resource found it helpful (second figure).

Two thirds of people who had used our COVID-19 resources said that these resources had influenced their decisions or behaviour around the pandemic (64%), especially healthcare professionals and researchers.

Figure 8: Did our COVID-19 resources influence people's decisions or behaviour?



Note: Based on 385 people who said they used our COVID-19 resources

The people who said that our COVID-19 resources had influenced their decisions or behaviour reported that our evidence had:

- informed **health professionals' decisions** about diagnosis or clinical treatment (31% of those who said our evidence influenced them);
- increased their knowledge so they could make better decisions (24%);
- informed their day-to-day decisions or personal behaviour, such as wearing personal protective equipment (20%);
- provided a trusted independent source to compare with others or counteract non-evidence-based views (19%);
- confirmed the appropriateness of policy decisions or guidelines (7%).

"It helped greatly with the decision-making process in treatment and patient testing in primary care with limited resources." (Healthcare professional in Central/South America)⁵

"I found it very helpful in increasing my knowledge and informing how I conduct my life in the current situation. I trust Cochrane's reviews totally as a source of balanced and reliable evidence." (Member of the public in Europe)

- 3 Throughout this report quotes are used to illustrate what **many** people said. The words from one individual are used to represent the views of many.

Why aren't people using our COVID-19 evidence?

54% of people surveyed had not used our COVID-19 resources or did not know whether they had (446 people). They said this was due to:

- **lack of awareness:** they did not know about Cochrane or Cochrane's COVID-19 resources or Cochrane was not at the forefront of their mind when thinking about pandemic resources (54%);
- **access difficulties:** they could not find our COVID-19 evidence, either because it did not appear in online searches or because it was difficult to access or search for using our websites (14%);
- **perceived lack of relevance:** they thought Cochrane's approach would not be fast enough, able to summarise rapidly emerging evidence without randomised trials or able to cover the topics they wanted to know about (11%);
- **perceived usability:** they said Cochrane reviews were too long, too complex, did not include practical implications tailored to their interests or region or would unhelpfully conclude 'not enough evidence' (6%).

"Just didn't occur to me to use Cochrane. Lots of info on social media and that's where we are daily anyway. Cochrane may need to have social media visibility raised if you want the world to hear your info." (Policy-maker in Australasia)

It may seem unusual that people visiting our websites or social media said they did not know about our COVID-19 resources, especially as we have large banners on our websites. However, some people visit Cochrane websites through direct links to a resource or topic, rather than our home page. They may not see our banners advertising COVID-19 resources. Some may have known that Cochrane had resources, but not looked at what these comprised.

Quotes are inserted verbatim and so may include grammatical differences. Quotes represent the views of the person providing feedback, not the authors.

What type of COVID-19 evidence would people prefer?

Whether or not people had used our COVID-19 resources, we asked them where they had gained useful research evidence about COVID-19 so far.

Over half of the 831 people surveyed mentioned the World Health Organization, government sources and journals (see Figure 9). Two fifths mentioned Cochrane. The survey was only distributed to people visiting our websites or reached through Cochrane Groups, so it is not surprising that a high proportion mentioned Cochrane.

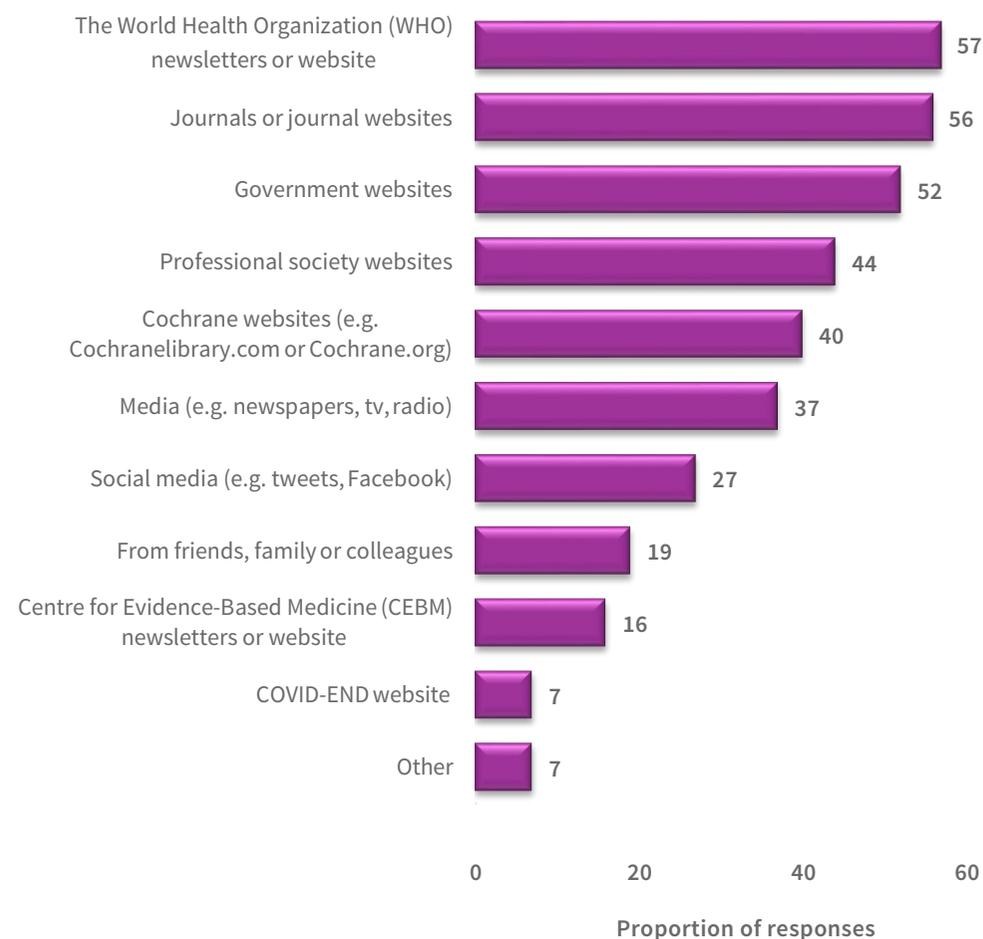
Patients, carers and members of the public were more likely than others to say they had found research evidence from the media or friends and family. Health professionals were more likely than others to mention professional society websites and journals.

People with different roles were equally likely to say they had used social media and government websites.

Those who had used Cochrane resources prior to COVID-19 were more likely to say that they had used Cochrane websites as a source of research evidence than others.

The overall trends were broadly the same regardless of people's geographic region.

Figure 9: Places where people said they had got useful evidence about COVID-19



Note: The question asked 'Where have you got useful research evidence about the COVID-19 pandemic so far? (select all that apply)' and provided a list of responses plus an open-ended 'other' category. Less than 5% of people said that they had not had any useful research evidence so far. Proportions are calculated out of all 831 responses.

We also asked people about the best way to make them **aware** of research evidence related to the pandemic. The most common suggestions were:

- **email updates**, tailored to areas of interest, perhaps as a weekly newsletter (34% of 522 who provided a suggestion);
- promotion through the media (13%);
- social media e.g. Twitter, LinkedIn, YouTube (12%);
- website that is regularly updated and includes a searchable repository organised into sections (12%);
- free journal publications / scientific articles (9%).

“I follow reliable sources and academics on Twitter and then read the articles they highlight.” (Member of the public in Europe)

“Weekly newsletter/e-mail of published systematic reviews or summary with links of major studies and/or reviews sorted by various COVID-19-related topics/categories. Emails need to be well promoted so that people know about them and can subscribe.” (Researcher from North America)

There were no major differences between people from different areas or roles or between people who had or had not used our COVID-19 resources.

Note: Proportions are calculated only out of those who said they had found the resource helpful. These numbers varied per resource.

We asked what formats people would find most useful for presenting research evidence related to the pandemic. Participants could select as many formats as they wished from a list and could make other suggestions. The most preferred formats were:

- **1-2 page summaries** of research evidence in plain language (60% of all surveyed);
- systematic reviews available on a website (60%, mainly health professionals and researchers);
- short summaries of research findings accompanied by a commentary about the implications (51%);
- visual summaries like diagrams and infographics (48%);
- tables listing the benefits and harms of different options (48%);
- short journal articles (48%);
- short summaries of research evidence translated into people’s preferred language (38%);
- monthly newsletters (24%);
- videos (24%);
- social media posts (like tweets) (24%)

Health professionals and researchers were more likely than other audiences to prefer systematic reviews available on a website.

Policy-makers, members of the public and all other audiences preferred 1-2 page summaries in plain language, visuals, videos and social media posts. Many health professionals also prioritised these methods.

All audience types were equally likely to want to see practical implications and tables comparing the benefits and harms of different options.

Fewer than one in five said they would find podcasts (17%) or blogs (9%) helpful. These are resources that Cochrane invests time in.

