

WORLD  
EVIDENCE-BASED  
HEALTHCARE DAY  
20 OCTOBER

ebhc



## **WORLD EVIDENCE-BASED HEALTHCARE DAY**

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**BLOG** Author  
Guidelines

# HEALTH AND BEYOND: FROM EVIDENCE TO ACTION

The 2024 World EBHC Day Campaign encourages the global evidence community to share their insights, experiences, challenges, innovations, lessons learned, and promising failures in using evidence-based approaches to take action for health and beyond.

Within the context of a polycrisis, the current global discourse related to evidence-based healthcare is being shaped by a recognition that we need greater intersectoral action 'beyond health'. We invite your engagement through submitting a blog, vlog or hosting an event to discuss key issues related to taking action to build better evidence support systems for polycrises under the following broad pillars:

## PILLARS

### Pillar 1: Intersectoral action for health

It is widely recognised that health and health outcomes are influenced by many nonmedical factors outside the traditional health sector, including social, commercial, environmental and digital determinants of health, requiring greater intersectoral and multisectoral action- particularly during a polycrisis. We invite stories/ideas/innovations/examples of working across and managing evidence from multiple sectors, where it has and hasn't worked, and how to support, achieve and sustain evidence-informed multi/intersectoral action. Examples might include, but are not limited to, climate, poverty, humanitarian and conflict states, education, healthy cities/urban planning, economics etc.

### Pillar 2: New and old technology and communication innovation

Innovations such as artificial intelligence (AI), machine learning, big data analytics, social media and other transdisciplinary digital collaboration tools are revolutionising the evidence ecosystem. They open exciting opportunities for evidence production, synthesis, translation and use to bring high-quality, equitable, and socially beneficial evidence-based health on a planetary scale. They also, however, bring potential challenges around quality, transparency, and rapid diffusion of mis/disinformation facilitated by algorithms and incentive structures (i.e. in the case of social media). At the same time, there is a recognition that Indigenous approaches, knowledge, and communication systems can improve the way that information is captured, communicated, and retained using new tools and age-old techniques.

We invite stories, experiences and examples of creating and adopting new and old approaches, advancing our collective ability to drive progress in more agile, inclusive, and responsive ways to society's needs and challenges. We also welcome lessons learned and the showcasing of solutions around managing transparency using innovations to ensure evidence remains credible and reproducible.

### Pillar 3: People, policy and power reimagined

Achieving wide-scale change for human and planetary health requires a reimagining of the ways the public (both as citizens and consumers), policymakers and private sector interact. It requires strong governance frameworks, structures and processes that foster transparency, accountability and integrity throughout the evidence cycle. It requires concrete action towards decolonising global health research and addressing the power asymmetries and knowledge hierarchies that sustain colonial ideas and relationships. It requires building a culture within evidence ecosystems that fosters effective, meaningful, and equitable co-production of evidence and interventions to counter mis/disinformation and corruption. It also requires

recognising the important role of civic mobilisation, social movements, and how individuals can make a difference.

We invite your stories, ideas, and experiences on how people, policy, and power across evidence ecosystems—and the systems, structures, and processes that sustain interactions—are being reimagined. Examples might include, but are not limited to, a showcasing of patient-public engagement/involvement, approaches to assess the transferability and generalisability of the findings of evidence syntheses, establishing patient-important/relevant outcomes, and the involvement of policymakers and advocacy groups at early phases of prioritisation

### **AUTHOR GUIDELINES:**

To assist with writing a blog a [template is available](#) for use, once finalized submit via the [dedicated online form](#).

The BLOG SUBMISSION should include:

- **A title** (max. 10 words).
- **Corresponding author** –full name, email address and 25-word bio of the corresponding author.
- **Authors** and institutional affiliations, where appropriate. Where possible it is encouraged to include authors from each partner in the blog to represent the experience and views of all partners.
- **500 - 1,500 words** written in narrative style and plain language (assume that you are speaking to a non-specialist audience) addressing the following:
  - **Themes** – the blog can consider one or more of the above themes.
  - **Lessons Learned** – where relevant, the blog should include lessons learned i.e., What worked? What didn't? What would you do differently in the future?
  - **Key messages/recommendations:** please include 2-3 key "take home" messages or recommendations at the end of your blog.
- **Style** – The writing style of blogs is **different from the journal or academic style of writing**. Adapt your writing style to your audience, including reducing the lengths of sentences and size of paragraphs; use sub-headings and/or bullet lists to break up your article.
- **Acronyms** - If using acronyms, please use the full terminology followed by the abbreviation in parentheses the first time it is used.
- **References** – Please use in-text links. If a URL cannot be provided then a traditional reference is acceptable, although strongly discouraged. Links should be descriptive. Avoid using the word 'link' in brackets after a sentence or linking from the word 'here', where an alternative is possible. For example:
  - The director-general of the World Health Organization, Dr. Tedros Ghebreyesus, championed the need for [research evidence to inform policy and decision-making](#) in dealing with COVID-19.
- **Reference List** - provide a reference list at the bottom of the blog
- **Links to additional resources** (i.e. publications, guidelines, organisational websites, videos etc.)

- **At least one landscape image** depicting the blog content, to be used as a teaser image on the website. This can be a stock image or graphic image relevant to your story; or an image of your activity/program/setting (please ensure you have permission to use images) **Size: 600px wide or minimum 700Kb.**
- **Portrait image** of the corresponding author **size 200px x 200px or minimum 200Kb.**
- **Co-publication declaration:** please declare whether this story, or any parts of it have been published elsewhere.
- **X handles & LinkedIn Profiles** (of authors and respective organisations).
- **Conflict of interest:** please declare any conflicts of interest. Please note that World EBHC Day cannot accept submissions from conflicted sources, such as the pharmaceutical or medical device industry, or from organisations or individuals with vested interests in the results of research.
- **Language:** All blogs must be submitted in English

A template is available on the World EBHC Day website to assist you with your blog.

## Blog Submission Process



Please note that the information below must be provided to successfully submit your Blog.

- All blogs must be submitted in English
- Submit Blog as a Word document
- Provide a 25-word bio for the Corresponding Author
- Provide a portrait photo of the Corresponding Author **size 200px x 200px or minimum 200Kb**
- Provide a landscape image relevant to the blog content to be used as a teaser image. This can be any picture which you deem appropriate to go along with your content. **Size: 600px wide or minimum 700Kb**

1. [Submit your blog using this online form](#)
2. A receipt of submission will be sent to your registered email address
3. The World EBHC Day Editorial Review sub-committee will review your blog submission within 15 business days

After Editorial Review, the Corresponding Author will be informed that:

- I. the blog has been accepted for publication, a link to your blog published on the World EBHC Day website will be provided – please share freely!

**OR**

- II. the blog requires further work. Thoughtful recommendations from the Editorial Review sub-committee will be provided for your consideration.

For any queries, please email [info@worlddebhcdays.org](mailto:info@worlddebhcdays.org)

**SUBMISSIONS CLOSE: Sunday, 22<sup>nd</sup> September 2024**