

WORLD
EVIDENCE-BASED
HEALTHCARE DAY
OCTOBER 20

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WORLD EVIDENCE-BASED HEALTHCARE DAY

BLOG Author
Guidelines

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Ovid

by Wolters Kluwer

EVIDENCE AND AI: PEOPLE AT THE CENTRE

World EBHC Day 2026 Campaign - Evidence and AI: People at the Centre

The campaign for World Evidence-Based Healthcare (EBHC) Day 2026 examines the role of artificial intelligence (AI) in EBHC and how people can remain at the centre of how AI is developed, deployed, governed, and evaluated in health decision-making — and what is at stake when they are not.

AI is already shaping how people access health information, how clinicians make decisions, and how health systems reach the populations they serve. For individuals, AI-powered tools offer rapid, personalised information about symptoms, treatments, and preventive behaviours, yet they can also distance people from professional care and amplify misinformation. For health workers, AI promises more efficient diagnostics and decision support, but demands new skills and vigilance to preserve equity and humanisation in practice. These shifts are creating new opportunities and new risks for everyone, not only researchers. It is essential that the evidence community engages with AI in ways that keep people at the centre.

AI is also rapidly reshaping the health evidence landscape. From automated evidence syntheses and living reviews to clinical decision-support tools and diagnostic algorithms, AI is already transforming how research evidence is produced, synthesised, translated, deliberated, and used. As AI accelerates the volume and speed of information production, rigorous and trusted evidence synthesis becomes more essential than ever — both to make sense of an expanding knowledge base and to counter the growing tide of AI-generated misinformation.

These developments make clear that AI is not something *happening to* the evidence community. We need to acknowledge that we have agency in its development, and it is something we must actively direct. AI holds immense promise for making evidence more relevant, timely, accessible, and responsive. Yet the same technology can embed biases, deepen inequities, erode trust, and undermine the methodological rigour on which EBHC was built. Furthermore, AI has the potential to help address some of the world's greatest environmental crises, many – if not all – of which affect human health, but the technology itself also has a large impact on the environment as well as high energy and natural resource requirements, leading to a need for energy-efficient AI models in healthcare, evidence ecosystems, and beyond.

AI tools are powerful, but the choices are ours.

The 2026 campaign invites the global evidence community to share your experiences and your original insights based on your challenges or innovations relating to Evidence and AI: People at the centre.

Your blog must align with at least one of the four pillars of the World EBHC Day 2026 campaign.

Pillar 1: Communities, patients, and the public as partners in AI-enabled EBHC

Evidence-based healthcare practice has always recognised that decisions should integrate evidence, clinical expertise, and patient preferences. AI introduces both new urgency and new opportunity for this. Its systems are making or supporting decisions that directly affect people's lives, informed by the data they are trained on and the values embedded in their design. Emerging research shows that community engagement has the potential to make AI more trustworthy, relevant, and effective, yet reliable evidence remains elusive due to language barriers, digital access, and systemic marginalisation. This pillar invites stories and insights on how patients, the public and communities are meaningfully involved as partners, rather than passive recipients, in AI-enabled EBHC.

Pillar 2: Ethics, integrity, and governance of AI in EBHC

Evidence syntheses are built on research integrity: rigour, transparency, and reproducibility. AI brings both promise and peril to this foundation, offering efficiency but also introducing risks of opaque decision-making, algorithmic bias that may exacerbate inequities for marginalised groups, and fabricated outputs. These principles extend beyond evidence synthesis to clinical AI applications, guideline development, and health policy. The RAISE recommendations and GIN principles for AI in guidelines are clear: humans must remain ultimately responsible. This pillar invites experiences and recommendations on safeguarding integrity, building governance frameworks, ensuring transparency and accountability, and navigating the ethical complexities of AI across the evidence lifecycle.

Pillar 3: Innovation, automation, and the transformation of evidence ecosystems

AI is transforming every stage of the evidence lifecycle: from drug discovery and clinical trial optimisation to automated screening and living evidence syntheses to AI-powered clinical decision support. These innovations hold potential to address longstanding challenges, including the gap between evidence generation and implementation. Yet few AI tools have been rigorously validated, and innovation without the voices of end-users — clinicians, patients, the public, policymakers — risks building systems that serve technology rather than people. This pillar invites stories of innovation, lessons learned, and promising failures, as well as the human-centred infrastructure, capacity-building, and validation needed for responsible adoption.

Pillar 4: Communicating trustworthy evidence in the age of AI

Building on the 2025 campaign on Collaborative Knowledge Communication, this pillar examines how AI is reshaping the communication of evidence, and what this means for the public, patients, clinicians, and policymakers who need to access, understand, and act on it. Algorithms increasingly determine what information people see, often prioritising virality over validity, while generative AI and deepfakes represent a new frontier of health misinformation. At the same time, AI offers powerful opportunities: plain language summaries, multilingual translation, and accessible data visualisation to put trustworthy evidence into the hands of those who need it most. This pillar invites insights on harnessing these opportunities, countering AI-amplified misinformation, and developing the literacy of the public, patients, and communities to navigate evidence in an AI-mediated world. We especially welcome insights into how patients and the public are using AI in their own quest for health literacy, and how communities are supporting one another in accessing and critically appraising information.

WRITING YOUR BLOG

The World EBHC Day 2026 campaign invites blog submissions which are based on the authors' experiences, and/or provide original insights. The aim of the 2026 campaign is to contribute to global discourse.

AI-generated blogs

If a GenAI tool (eg ChatGPT, Claude etc) is used to write the content, it is an AI-generated blog. AI-Blog submissions generated by AI do not contribute to global discourse. Instead, AI-generated blogs use existing, freely available public information. They do not contribute to original, critical thought. Nor do they share reflections based on the author's personal or professional experience.

Blog content generated by AI raises concerns about plagiarism and ethical considerations regarding authorship. It also raises concerns about fabricated references, and incorrect, misrepresented and biased information.

For these reasons, even if you have made significant changes to the blog content, it is considered an AI-generated blog, and will not be accepted for publication by World EBHC Day.

AI-assisted blogs

If you have written the content for your blog, but have refined or improved the language using Grammarly, or Word Editor etc), this is an AI-assisted blog. We appreciate that AI-assistive tools can be useful, especially for people who do not have English as their primary language.

The use of AI to assist in tasks such as editing and formatting is ethical as long as:

- The author's original ideas and content are unchanged
- The author has reviewed carefully all changes, and understands and approves them
- The author's 'voice' (writing style or tone) is unchanged.

Use of AI declaration

All authors submitting a blog to World EBHC Day must use the online form provided. As part of the online form, blog authors must read carefully and complete the a 'Use of AI' declaration.

AUTHOR GUIDELINES

You must submit your blog using the [online blog submission form](#).

Submissions close 20 September

Your blog submission must include the following:

- 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).
- Your blog must address at least one of the four pillars.
 - 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.
- The writing style of blogs is different from the journal or academic style of writing. Adapt your writing style to your audience, which is a wide, global audience
- Reduce the lengths of sentences and size of paragraphs; use sub-headings and/or bullet lists to break up text.
- If using acronyms, please use the full terminology followed by the abbreviation in parentheses the first time it is used.
- Please use in-text links when citing or referring to online sources. Links should be descriptive. For example:
 - The World Health Organization's new guide supports evidence-based theories of change in health policy. "In an era of complex global health challenges—from pandemics to climate change—responsive, [evidence-informed policies are more essential than ever](#)."
- A reference list is required at the bottom of the blog.
- Links to additional resources (i.e. publications, guidelines, organisational websites, videos etc.) if relevant are encouraged.
- At least one landscape image depicting the blog content is required. It will 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.
- All blogs must be submitted in English.

Blog submission process

Submit your blog using the [online blog submission form](#).

The deadline for blog submissions is 20 September. There are no extensions.

1. A receipt of submission will be sent to your registered email address.
2. 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:

- 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
the blog requires further work. Thoughtful recommendations from the Editorial Review sub-committee will be provided for your consideration.
- **or**
the blog has not been accepted for publication. Reasons for rejection will be provided.

Questions? Please feel welcome to email info@worldebhcday.org