Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Low-value health care in the COVID-19 pandemic

In their Comment, Soumyadeep Bhaumik and colleagues[1] summarise the burden and consequences of non-evidence-based COVID-19 management in India, highlighting the need for evidence-informed guidelines on various aspects of clinical management and health care delivery.

In India, there is a plethora of so-called guidelines on COVID-19 management and several other topics. However, most of these are administrative documents in which the processes and products are not necessarily based on scientific considerations. By contrast, the process of developing evidence-based guidelines includes a six-step approach: asking an answerable question, accessing literature, assimilating evidence, appraising the evidence for risk of bias, analysing the evidence (quantitively and qualitatively), and applying the evidence to develop a guideline. The products of such guidelines are actionable recommendations linked to the evidence, along with judgments on evidence strength, confidence in the evidence, benefits versus risk balance, implementation considerations, and alternative options. Viewed in this context, most of the current so-called COVID guidelines are not really guidelines.

However, there are two rays of hope. The first is the COVID-19 Recommendations Map project, led by Holger Schünemann, involving institutions across developed and developing counties.[2] Schünemann and colleagues created a portal providing free-of-charge, user-friendly access to a living map of COVID-19 recommendations, sourced from guidelines published globally. Users can search for guideline recommendations among more than 100 topics related to COVID-19, across eight management domains. Additional tools are available for contextualising recommendations for local health-care settings, and disseminating information to the general public. This resource can be immensely helpful for institutions or agencies to provide locally relevant, evidence-based recommendations, without investing the effort, time, and resources needed to develop guidelines de novo.

The second initiative is the multi-institution, multidisciplinary Covid Guidelines India project led by Christian Medical College Vellore, to develop evidence-based recommendations by doing formal systematic reviews on a prioritised list of PICO (population, intervention, control, and outcomes) questions. Using Grading of Recommendations Assessment, Development, and Evaluation methodology, a team of clinicians, researchers, and methodologists, frames contextually relevant recommendations for the country.[3]

These excellent initiatives almost obviate the need for institutions, professional societies, and (state and central) ministries of health to develop and disseminate non-evidence-based guidance documents couched as guidelines. However, the real challenge remains unaddressed, which is how to ensure optimal implementation of recommendations that are backed by evidence, and, perhaps more importantly, how to limit the prescription, promotion, policy support, and self-administration of inappropriate interventions (ie, those not supported by evidence). Until the gap between guideline development and implementation is plugged, the battle against low-value health care cannot be won.

I declare no competing interests.

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For the **Covid Guidelines India project** see https://indiacovidguidelines.org

For the **COVID-19 recommendations map** see https://covid19.recmap.org