Assessing Evidence-support Systems and Identifying Priorities for Next Steps

COVID-END Partners Meeting

3 March 2022

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Background

- Global Commission on Evidence to Address Societal Challenges
  - Now is the time to systematize the aspects of using evidence that have gone well and address the many shortfalls
  - The Evidence Commission’s ‘pathways to influence’ work has now started in full force on domestic evidence infrastructures and global evidence architecture (through the G20 and UN system entities)

- Key steps at the country level:
  - Rapid jurisdictional assessments
  - ‘Deeper dive’ to support efforts to build more coordinated evidence-support systems in Canada
Rapid Jurisdictional Assessments (1)

- **Goal**: Supporting rapid jurisdictional assessments and contributing to a cross-jurisdictional network of government entities engaged in a similar process of systematizing and filling gaps in evidence-support systems.

- **Jurisdictions**: Australia, Canada’s federal / BC / ON governments, China, Indonesia (TBC), Ireland, Israel, and UK, plus additional LMICs.

- **Within-jurisdiction focus**: Central agencies (bringing a whole-of-government perspective) and three departments/topics (one of which is health and others could be digitally supported economic transformation, education, gender-based violence, humanitarian emergency, and net-zero emissions), as well as related UN system entities’ country, regional and global offices.

- **Methods**: Website/document review and 10 interviews → prioritization of what to systematize and what gaps to fill.
Examples of Prioritized Next Steps (1)

- Adapt the UK cabinet office approach to eliciting ‘areas of interest’ where political leaders have unanswered questions and then flow evidence funding to these priorities.

- Start a conversation among evidence producers about reducing duplication and increasing quality, caution them about expert opinion and old-school expert panels, and expose them to new approaches (like living syntheses & guidelines) and to domestic and global assets.

- Adapt the COVID-END model for domestic evidence-demand and evidence-supply coordination (e.g., a one-year investment of $1.34M yielded 86 products on 34 topics – keeping in mind that some of these topics are massive, like what do we know about vaccine effectiveness against variants – as well as the intake / scoping / commissioning process, inventory of best evidence syntheses, twice-per-month spotlights, and monthly horizon scans to identify emerging issues).
Examples of Prioritized Next Steps (2)

- Experiment with new evidence products (including infographics) that bring together many forms of evidence, continue to innovate in stakeholder- and citizen-engagement processes and begin supporting the government’s many advisory groups, and use a collective-impact approach in all of this work (only in line departments like health or in partnership with other units in central agencies).

- Influence the prioritization of and leverage evidence-related global public goods directly (e.g., through domestic contributions) and through what we hope will be future multi-lateral bodies’ investments (e.g., Cochrane, Campbell, CEE, and PROSPERO).

- Institutionalize evidence use by building capacity for it, prompting it (e.g., evidence checklist and advisory-group procedures), documenting it, and ideally rewarding it.
Building Coordinated Evidence-support Systems in Canada

- Funding from Canadian Institutes of Health Research (CIHR) Project Grant fund (PJT- 180388)

- Co-investigators (with me and John as principal investigators)
  - Jean-Louis Denis, Maureen Dobbins, Jeremy Grimshaw, Gary Groot, Anne Hayes, Laura Hillier, Bev Holmes, Mike Law, Cynthia Lisée, Braden Manns, Tara Sampalli, Marina Salvadori, Maureen Smith, Kerry Waddell
  - Team will collaborate as an interdisciplinary steering committee to guide the project and includes policymakers and citizen leaders
Overview of Project

1. Evaluate COVID-19 advisory structures and processes to identify key features and activities of the pandemic evidence response and derive lessons learned to strengthen evidence-support systems.

2. Develop and maintain a living and searchable Canadian evidence-support system map of evidence-support infrastructure designed to respond to pressing policy needs.

3. Identify: 1) insights about whether and how different forms of evidence support were prioritized and used by decision-makers during the pandemic; and 2) lessons learned that could be applied to the full array of health- and social-system challenges we face.

4. Convene a stakeholder dialogue to spark action for piloting and scaling up efforts to build a coordinated evidence-support system to address and health- and social-system challenges in Canada.
Questions?

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