



Global Commission on Evidence to Address Societal Challenges: COVID-END Partners

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Next steps at the country level:

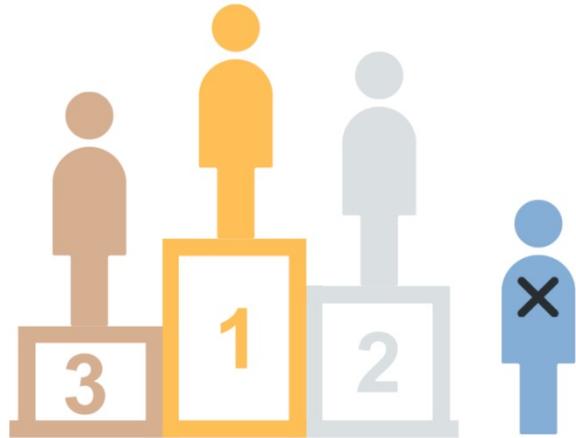
Strengthening domestic evidence infrastructures through rapid learning & improvement through the remainder of 2022

Conduct rapid jurisdictional **assessments** and support a cross-jurisdictional **network** of entities engaged in a similar process of systematizing what went well and addressing what didn't during (and before) the pandemic

- 20 proposed **jurisdictions** in phase 1
 - Proposed **within-jurisdiction focus**
 - **Central agencies** (bringing a whole-of-government perspective) **and three departments/topics** (one of which is **health – including COVID-19** – and other candidates can include **digitally supported economic transformation, education, gender-based violence, humanitarian emergencies, and net-zero emissions**)
 - **In-house units, supports available through formal partnerships, and supports available through UN system entities' country, regional & global offices**
 - **Methods:** website/document review and 10 interviews
 - Existence and 'performance' of units and partners providing timely, demand-driven (and reliable and coordinated) evidence support for all eight forms of evidence and through expert panels and science advice
 - Enablers of evidence use (policy instruments, structures and processes)
- **prioritization of what to systematize and what gaps to fill... to 'go for the gold'** (with a focus on what can be done in 2022 while the 'window of opportunity' is open and before COVID-19 evidence investments end)

Timely, demand-driven evidence support: Evidence synthesis

- ‘Go for the gold’ by relying on information emerging from living evidence syntheses (and stop chasing the latest study)

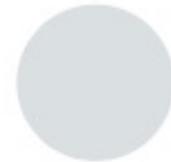


- Living evidence syntheses add new evidence as it's made available, based on its quality, so that we have a continually evolving picture of what the entire evidence base, not just the newest study, tells us
- Good ones also describe how much certainty we have about particular findings
- They don't accept a journal's peer review as synonymous with quality

We also need to continue pioneering innovative evidence products



COVID-NMA and WHO/BMJ living evidence syntheses of drug treatments, plus PHAC-requested COVID-END living evidence syntheses, such as the three focused on vaccine effectiveness (adults, children, and waning immunity)



Syntheses about mental health and substance use, and effort to synthesize across them (COVID-19 and Mental Health Initiative)

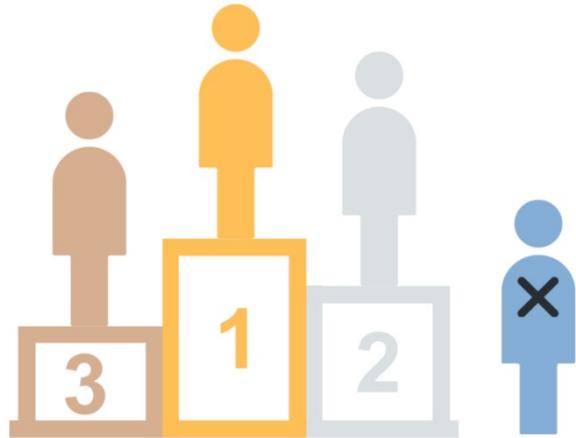


In-house production of ‘annotated bibliographies without explicit quality assessments’ by many units within government that don't have in-house methods expertise (or familiarity with evidence portals and AI approaches)



Government-supported expert panels

- ‘Go for the gold’ by supporting living panels that develop truly evidence-based recommendations (and stop using old-school and one-off expert panels)



- Expert panels should convene people with the right mix of issue-specific knowledge, evidence-appraisal expertise and lived experience
- They should follow rigorous processes to develop their recommendations
- Living expert panels should adjust their recommendations as the evidence and situation evolve



Australia's living COVID-19 guidelines



National advisory committee on immunization's high quality but one-off guidelines (on which vaccines to use, not also on how to get them to all who need them)

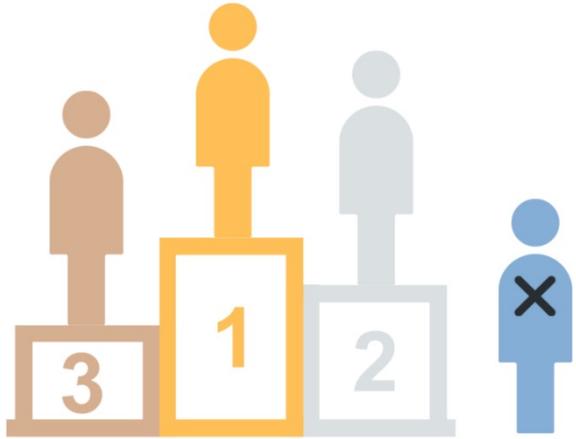


Recommendations from 17+ COVID-19 expert panels with scope creep and overlap and often using a GOBSATT approach (and many expert panels on other topics)

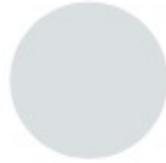


Government science-advice units

- ‘Go for the gold’ by requiring science advisors to back up their statements with best evidence (and stop accepting unquestioningly their personal opinions)



- Experts should speak in a way that makes it possible to judge their accuracy, as American think-tank president Richard Hanania has argued
- Seek out experts who can back up their statements with a description of how they identified, assessed and interpreted the evidence they’re drawing on



PHAC’s Office of the Chief Science Officer coordinating demand and procuring supply of evidence synthesis and other inputs to science advice



Personal opinions of experts in, or engaged by, many other parts of government (CIHR Best Brains Exchanges; Health Canada; Innovation, Science and Economic Development)



Next steps at the global level and with citizens

- Enhancing and leveraging the **global evidence architecture**
 - **UN system entities**: advocacy effort focused on moving away from an ‘expert knows best’ model for normative guidance and technical assistance and from an underinvestment in evidence-related global public goods
 - **Producers of evidence-related global public goods**: encouragement to improve prioritization, increase coordination, and foreground equity and context considerations in their work
 - **Funders’ networks**: encouragement to invest in the global evidence architecture (and domestic evidence infrastructures)
 - **World Bank**: encouragement to invest in evidence-related global public goods
 - **G20**: briefing note and advocacy effort focused on securing both a soft and hard commitment

- Engaging citizen leaders and citizen-serving NGOs in **putting evidence at the centre of everyday life** (moving beyond patient-engagement in research processes)
 - Establish a small leadership group (e.g., commissioners Maureen Smith and Modupe Adefeso-Olateju)
 - Engage citizen leaders and citizen-serving organizations and encourage them to take a specific leadership role
 - Curate resources on the Evidence Commission website that can support action