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Government policymaker, David Halpern

Trusted policy advisor bringing formal experimentation and behavioural insights into governments, first in the United Kingdom and now in many countries

For me the key take-aways are: 1) the sheer scale of the ‘catch-up’ needed for other sectors if they are to ever get to where the health sector is in all aspects of the production, sharing and use of evidence; 2) the need for a global mechanism for governments to jointly commission evidence syntheses – not least to avoid duplication – and for a set of global public-good producers to respond with high-quality and timely evidence products; and 3) the need to build ‘absorptive capacity’ in governments and professional bodies. I’m both passionate and impatient on these points.

On the first point, we need to lay bare the fragility of our evidence base in so many areas, but more positively what’s possible when we do build it. COVID-19 illustrates both sides of this – incredible and rapid advance in some domains, but also some serious lacuna. This sets up our **recommendation 2** – all of us should pay attention when a claim is being made and ask about the quality and applicability of the evidence on which the claim is based. Demand better!

Turning to the second point, we need to ‘flush out’ the questions that government departments should know the answers to but don’t – or said another way, we need to identify the areas of policy and practice that are ‘built on sand.’ We’ve had some success with this in the UK with what we call ‘areas of research interest.’ These questions posed by government departments now help shape the research funding agenda of UK Research and Innovation (£8 billion per annum). This connects to our **recommendation 5** about making government evidence-support systems more fit-for-purpose. We also need a global coordination mechanism to respond to these questions by generating, synthesizing and sharing evidence. We would call them a global network of What Work Centres (extending what we have already in the UK), but other countries may want to use a different name for the network. The global network can help to address the uneven coverage and quality of the available evidence, and the unnecessary duplication that we see now with each country doing its own thing (or free riding on the investments of others). This connects to our **recommendation 24** directed at funders.

The last point brings me to the weakness of the institutions that people think of as offering definitive policy advice. The shocking truth is that, across large swathes of policy and practice, we’re stumbling in the dark. Robust evaluations are rare. At the same time, policymakers are prone to over-confidence. Technical guides such as the UK’s Magenta Book on designing evaluations and the Green Book on how to appraise and evaluate policies, programs and projects are a good starting point. We need more fit-for-purpose evidence-support staff and partnerships, science advisors, and advisory bodies in government (**recommendations 6-8**), and corresponding improvements in professional bodies (**recommendation 12**). Building evaluation capacity, such as the UK’s new Evaluation Task Force, is especially important as pump-primes for evidence building alongside the capacity to utilize it. One day I’d like to see us select, periodically test and internationally compare senior policy advisors on their ability to understand and use evidence. The Evidence Commission report brings such ideas together, along with a lot of ‘how to’ guidance.





Government policymaker, Fitsum Assefa Adela

Committed policymaker striving to bring a whole-of-government perspective to cabinet-level planning and development

As a cabinet member and a key player in my country's macroeconomic team, I and my team bear the huge responsibility of offering the best recommendations for effective development plans and policy designs aimed at solving societal challenges. This makes the office I lead one of the key users of evidence, both to provide a foundation on which plans and policies are based, as well as for alternative policy recommendations.

My participation in the Evidence Commission, as well as my engagement over the last three years at the apex of policymaking where we strive to make policies in a complex environment, have given me an ideal opportunity to re-emphasize the need for synthesizing the many forms of evidence pertinent to the issue at hand.

To support the use of evidence in policymaking and monitor our impacts, my team has been developing a new monitoring and evaluation metrics to better track progress in achieving the Sustainable Development Goals. Furthermore, we have been working with stakeholders to develop a national multidimensional poverty index (MPI) to complement existing measures of poverty. While global MPIs can set the stage for global comparisons, national MPIs can provide the sensitivity to local contexts that we need.

Thus, I strongly support the insights provided in chapter 3 about decisions and decision-makers, particularly those provided in **section 3.3** about the demand for evidence among government policymakers and the context for their use of evidence. I also wholeheartedly support the insights provided about the evidence-support system in **section 6.2**, where the need for basing it on local (national or sub-national) contexts has been emphasized. The insights about the need for global public goods and equitably distributed capacities in **section 6.1** are also important, given the lack of global equity in this regard. This report will be instrumental in guiding us in the best ways for using evidence to properly understand and effectively solve societal challenges.





Government policymaker, Andrew Leigh

Seasoned politician bringing economics and legal training to public-policy writing and debate

Participating in the preparation of this report and in the discussions among commissioners has shifted my thinking about what I can do personally, what countries like my own need to do, and what I'd like to see multilateral organizations do.

On a personal level, **section 4.8** – best evidence versus other things – is my favourite section. There is so much wise advice here about how to get more from the 'other things' that elected officials like me are regularly presented with, such as a single preprint, an expert with an opinion, a panel of experts offering recommendations, and a jurisdictional scan. A few years ago, I wrote a book on randomized trials. Now, after working on this report, I'm even more passionate about the need for randomized policy evaluations. One of the strengths of trials is that they're easy to explain to citizens. They help us get around citizens' concerns about 'technocracy,' in which regular people feel they're being scammed through decision-making processes they don't understand. Trust in government isn't just about making the right decisions; it's about making decisions that citizens perceive to be right.

Evaluation isn't an elite issue. Evidence is for everyone. Our report offers suggestions to individuals, governments, and non-governmental organizations. If you're an individual looking at the evidence on quitting smoking or losing weight, you should look at evidence syntheses, not single studies. If you're a journalist writing about health, become a regular visitor to Cochrane, where you'll find the distilled evidence on thousands of topics. For media outlets reporting on social policy, the Campbell Collaboration offers the same service. Our report proposes that governments become better at using evidence in their decisions, and build the evidence base through rigorous evaluations. International organizations should place greater reliance on evidence, and the World Bank should prepare a landmark report on best-practice use of evidence.

International organizations differ markedly in their use of evidence. Reports from the Intergovernmental Panel on Climate Change use a highly rigorous approach to selecting and grading evidence on global warming and its consequences. Other global bodies are less systematic in their use of evidence, frequently relying on single studies, citing only expert opinion when a substantial body of peer-reviewed literature exists, or extrapolating evidence across very different contexts. This is not a matter of international bodies wanting to misrepresent the science – these organizations are keen to improve, and outside experts can help them do so by assessing reports against each body's published policy on how to use evidence. As described in **section 5.5**, 'naming and shaming' had a tremendously positive impact on the World Health Organization's use of evidence, starting in 2007. Other parts of the UN system need to follow WHO's lead.

Among philanthropic organizations, there is a growing recognition that high-quality evaluation can create a virtuous cycle: allowing ineffective programs to be wound down and effective programs to be scaled up. The fast-growing effective-altruism movement is demanding that charities produce rigorous evidence of their impact. For example, GiveWell.org estimates that two of its top-rated charities – the Against Malaria Foundation and the Malaria Consortium – each save a life for every additional US\$4,500 that they spend on their programs. This is a powerful incentive for donors to support these charities. More evidence of direct impact from other charities could help to spur a philanthropic race to the top.





Government policymaker, Soledad Quiroz Valenzuela

Government science advisor contributing her national experiences to regional and global efforts to improve the quality of government scientific advice

Some of my fellow commissioners are focused on improving on what’s already in place, but in many countries in Latin America, we don’t yet have the key building blocks in place to use evidence to address societal challenges. Some governments don’t have advisory bodies, so we need to start by setting them up. Most governments don’t have staff who’ve been trained in how to use evidence routinely in their work. I don’t think Latin America is alone in this regard. In my role as the vice-president for policy with the International Network for Government Science Advice (INGSA), I hear similar descriptions from colleagues in other regions. Networks like INGSA can play a key role in showing the relevance of an evidence-support system that works for their context.



Organizational leader, Asma Al Mannaei

Experienced public servant leading quality improvement and stewarding research and innovation across a health system

I work in a very fast-paced environment where decisions must be made based on the best available evidence, ideally presented in formats appropriate to busy executives. So the parts of the Evidence Commission report that are most important for me are the ones that could help our authorities develop the types of ultra-rapid evidence-support system that we need in Abu Dhabi. Some examples include **section 2.4** (examples of approaches to prioritizing challenges to address, especially the final column about COVID-END’s approaches), **section 4.7** (living evidence products, especially living evidence syntheses that we can keep returning to), **section 5.3** (strategies used by evidence intermediaries, especially rapid-evidence services), and **section 6.2** (equitably distributed capacities, especially how our own internal processes can better intersect with the norms and guidance, technical assistance and global public goods). If we can create ‘wins’ that meet our current needs better, then I’m hopeful we can introduce the need to be working on multiple time horizons. No doubt we can better anticipate challenges in advance and help to build a local evidence base while we also look at what has been learned in the Gulf Cooperation Council countries, in our region and globally.





Organizational leader, Modupe Adefeso-Olateju

Non-governmental organization leader pioneering the use of citizen-led assessments and public-private partnerships to improve educational outcomes for children

It's critical that we capitalize on this once-in-a-generation opportunity to improve the evidence-support system for educational decision-makers, including government policymakers, school-board officials, school principals, teachers and parents. I wholeheartedly embrace the idea in **section 6.2** about this evidence-support system needing to be grounded in an understanding of local context (including time constraints), demand-driven, and focused on contextualizing the evidence for a given decision in an equity-sensitive way. Through the Evidence Commission, I've learned a lot about how we can complement our local educational evidence from Nigeria, including the citizen-led assessments we implement, with other forms of evidence specific to Nigeria, as well as with the best evidence regionally and globally. I see the UK's Education Endowment Foundation evidence resources and the US Department of Education's What Works Clearinghouse, and can immediately see the value in similar services being initiated in Nigeria and other low- and middle-income countries. Repositories like the ESSA African Education Research Database need to be strengthened and supported to become even more useful. We need to work at this.



Professional, Julian Elliott

Clinician researcher leveraging technology for efficiently preparing and maintaining 'living' evidence syntheses and guidelines to inform decision-making

I come away from my work with the Evidence Commission even more convinced that we need to find ways to systematize the many aspects of the COVID-19 evidence response that went well, and address the many things that went poorly. This includes the incredible work many have undertaken to establish living evidence projects, which we now see being adopted beyond COVID-19. There has also been significant progress in clinical research with the widespread, successful implementation of 'platform trials,' and in publishing with the adoption of preprints. I also note with dismay the uneven coverage of key questions, particularly the unconscionably low level of funding for high-quality studies of non-drug interventions (e.g., behavioural, environmental, social and systems interventions), the low quality and out-datedness of evidence syntheses, and the heart-breaking amounts of wasteful duplication.





Citizen, Maureen Smith — *Citizen leader championing the meaningful engagement of patients and citizens in conducting research and using it in their decision-making*



Citizen, Hadiqa Bashir — *Young leader advocating for girls' rights and gender equality in male-dominated environments*

As two of the three 'citizens' contributing to the Evidence Commission, we have concluded that we need to set higher expectations about how citizens are engaged in the production, sharing and use of evidence to address societal challenges. Our fellow citizen commissioner, Daniel Iberê Alves da Silva, brought his experience as a young Indigenous leader to the creation of **section 4.10** (Indigenous rights and ways of knowing). We need to ensure that Indigenous peoples control their data and that we honour the diversity and complexity of Indigenous approaches to learning and teaching. Here one of us (Maureen) draws on her experiences as a long-standing 'patient partner' in research and more recently as a leader of COVID-END's citizen-engagement in COVID-19 evidence syntheses. The second of us (Hadiqa) draws on her experiences bringing evidence to her advocacy work in Pakistan.

Communicating evidence to citizens has been particularly challenging during the COVID-19 pandemic for many reasons:

- many decisions were made and much guidance was issued – about public-health measures, clinical management, health-system arrangements, and economic and social responses – and then adjusted over time as the pandemic evolved and the evidence accumulated, often without adequately explaining why decisions and guidance changed
- many forms of evidence were generated, and there were significant problems with the amount of 'noise' created by the high volumes of evidence and its uneven quality, which often resulted in citizens questioning which evidence to rely on for their decision-making
- citizens and citizen leaders from different groups and contexts were often not involved in producing and sharing the evidence, and the resulting evidence then didn't 'speak to' many citizens
- many news and social-media platforms – actively or passively – enabled misinformation efforts (as discussed in **section 4.11**).

We think that we need to 'up our game' in engaging citizens in the production, sharing and use of evidence to address societal challenges. Key to realizing these objectives and fostering a culture of evidence for all of society is awareness of, and access to, evidence in terms that are understandable and relevant to citizens, as well as the ability to determine what constitutes reliable evidence. We've shown with COVID-END that a diverse pool of citizens can be meaningfully engaged in preparing rapid evidence syntheses in timelines of one-to-10 days, in regularly updating living guidelines on a weekly or monthly basis, and in preparing plain-language summaries of evidence syntheses and guidelines. Over time, these evidence products can become citizens' evidence products as much as they are researchers' evidence products. We've seen that citizen leaders are key intermediaries and should be actively engaged in sharing evidence within their communities. We've also been reminded that citizens are decision-makers in their own right, and their evidence needs should be met, just as government policymakers' needs are met.

Meaningful citizen engagement must underpin efforts to address all societal challenges. The pandemic exacerbated a number of 'shadow pandemics,' such as gender-based violence, growing levels of mistrust in government, racial and social inequities, and more. If we are to get to the root of these societal challenges, then we need to create space for meaningful citizen engagement and leadership in evidence-creation processes as well as in policy-change initiatives.

It's telling that the Evidence Commission's analysis of global commissions found such limited engagement of citizens in all aspects of their work. Citizens were the least-frequent target audience, commission members, and focus of broader engagement. Citizens need to be equitably engaged in charting paths forward for using evidence to address societal challenges.





Evidence intermediary, Julia Belluz

Respected journalist bringing rigour to reporting about what the best available science does and doesn't tell us about the major challenges of our time

The COVID-19 pandemic has been a challenging and disorienting time in many ways, including for all of us who are trying to make sense of, and communicate, what the latest evidence can tell us about the virus and how to keep our families, communities, and countries safe. In a fast-moving information environment, where we're constantly challenging and updating assumptions, understanding the implications of new studies or policies has been more difficult than ever. But the good news is that COVID-19 has also accelerated a global push to develop and refine tools that can help people think critically about evidence and contextualize it. I'm thinking in particular of evidence synthesis, and living evidence products, which the report addresses in **sections 4.4 and 4.7**. Their very raison d'être is bringing together the latest and best evidence on important social, policy, and clinical questions to come to more fully supported conclusions. For example, the COVID-END inventory collates high-quality evidence on everything from how the various vaccines stack up against new coronavirus variants, to what impact school closures have on minimizing the risk of outbreaks (see **section 4.12** for additional examples). These tools should be an essential resource for journalists reporting on this pandemic, the next pandemic, and the many other societal challenges to come. For those on the receiving end of decisions by clinicians, public servants, and elected officials, these tools are also potentially life-saving. I just hope this pandemic will finally help more people appreciate, and make use of, them.



Evidence intermediary, Kerry Albright

Eternally curious international public servant bringing passion about evidence-informed decision-making, systems thinking, and helping others understand the value of evidence to international development

I want to celebrate the many successes we've collectively had with using evidence to address societal challenges – both prior to and during the COVID-19 pandemic – and to encourage all of us to re-double our efforts now to institutionalize what's going well and improve in other areas. We have come a long way in the past, say, five years in different parts of the UN system, and we still have a long way to go in supporting evidence use by government policymakers and other decision-makers in member states, in using evidence in the UN's normative guidance and technical assistance, and in making the most of partnerships with global public-good producers, which are the subject of many sections in chapters 5 and 6.

On the evidence-supply side, we need to recognize two points. First, there is a tension for researchers between promoting single studies (often their own, with case studies of impact often being linked to enhanced university funding) and promoting bodies of evidence, including the work of 'competitors.' As we address in **recommendations 22 and 23**, we need to re-visit the incentives created by academic institutions and journals to ensure that in future we support a focus on bodies of evidence and open science. Second, there is a tension for evidence intermediaries between distinguishing discrete forms of evidence and finding language that can capture more holistic approaches. In UNICEF, we are increasingly using a definition of implementation research that speaks to the generation and use of evidence being co-led by decision-makers, being integrated across all steps in decision-making (not just step 3 in **section 4.2**) including feeding into adaptive programming, and incorporating the types of complementary systems and political analyses described in **section 5.4**, as well as what I would call broader contextual analysis. This contextual analysis includes analyses of culture, relationships and power differentials, and can draw on tools such as situation analysis, social-network analysis, and power analysis.



Evidence intermediary and producer, Gillian Leng

Experienced executive leading a technology-assessment and guideline agency that supports health and social care decision-making by governments, service providers and patients

The UK has led work over many years to encourage the synthesis and use of evidence – from the first randomized-controlled trial to prevent scurvy in sailors, to the more recent innovative What Works Centres to promote the use of evidence in a range of policy areas. As part of this evidence-based movement, over the last 20 years the National Institute for Health and Care Excellence (NICE) has transformed the use of evidence in healthcare practice, as well as in wider public-health initiatives and social care.

The COVID-19 pandemic has dramatically reinforced the need for high-quality evidence to inform policy and practice, and has also highlighted the negative consequences of social media and associated misinformation. In this context, the work of the Global Commission on Evidence to Address Societal Challenges is hugely important, and should be seen as essential reading for all policymakers around the world.



Evidence producer, Jan Minx

Impact-oriented scholar bringing innovative evidence-synthesis approaches to domestic policy advice and global scientific assessments about climate change and sustainability

I am working at the interface between two forms of evidence: 1) evidence syntheses, which seek to learn from the past and are widely used in the health sector; and 2) modeling, which seeks to predict the future and is widely used in the field of climate change. I strongly support **recommendation 6.3** – we need to learn from evidence groups in other sectors. As we note in that recommendation, Cochrane has pioneered many approaches to synthesizing studies about what works in health, including living evidence syntheses, and the Intergovernmental Panel on Climate Change (IPCC) has pioneered many approaches to modeling human-induced climate change over long time horizons. Cochrane and the IPCC can learn from each other and from others, and others can learn from them.

