

## 1.7 Equity considerations

A challenge often disproportionately affects some groups in society. The benefits, harms and costs of options to address the challenge may vary across groups. Implementation considerations may also vary across groups. Evaluations may ask what worked for which groups under what conditions.

How evidence about a challenge is viewed may also vary across groups based on their historical, social and cultural contexts.

One way to identify groups warranting particular attention is to use the PROGRESS-Plus framework.<sup>(13)</sup> PROGRESS is an acronym formed by the first letters of the following eight ways that can be used to describe groups:

- P** Place of residence (e.g., rural and remote populations)
- R** Race, ethnicity, culture and language (e.g., Indigenous peoples and minority ethnic, cultural and linguistic groups within a country)
- O** Occupation and labour-market experiences more generally (e.g., those in informal or precarious work arrangements)
- G** Gender and sex
- R** Religion (e.g., Christianity, Islam and their respective denominations)
- E** Educational level (e.g., numeric literacy)
- S** Socio-economic status (e.g., economically disadvantaged populations)
- S** Social capital/social exclusion.

Plus refers to:

- +** Personal characteristics associated with discrimination (e.g., age, disability)
- +** Features of relationships (e.g., parents who smoke, school expulsions)
- +** Time-dependent relationships (e.g., leaving the hospital, other instances where a person may be temporarily at a disadvantage).

Access to trustworthy information, immigration status and sexual orientation are examples of other descriptors.

As we return to in chapter 4, an evidence synthesis uses a systematic and transparent process to identify, select, appraise and synthesize the findings from all studies that have addressed the same question. An evidence synthesis aims to come to an overall understanding of what is known on that question, including how this may vary by groups (e.g., racialized communities living in low socio-economic neighbourhoods or socially isolated seniors living in rural communities).

With the COVID-19 pandemic response, the distribution of benefits, harms and costs fell very differently across countries and across groups within countries. For example, in some high-income countries, ‘essential workers’ (who could not stay home during lockdowns) were often women working in low-income jobs with no paid sick leave, from racialized communities suffering from stigma and discrimination, living in small homes with both children and grandparents and where isolating was not possible, and living in urban neighbourhoods with crowded public transportation and overwhelmed hospitals. In some low-income countries, many migrant workers lost their jobs during lockdowns and could not safely return to their villages when public-transportation systems were simultaneously shut down. Other migrant workers had to choose – often without access to trustworthy information – between staying on the job in cities and returning to their villages based on where they would have the lower risk of becoming infected, and greater prospect of receiving healthcare if they became severely ill. Vaccine availability in low-income countries lagged very substantially behind vaccine availability in high-income countries.

As we also return to in chapter 4, context can shape how evidence is viewed by racialized communities and by women, among others (see **section 4.9**). Contexts, as well as Indigenous peoples’ distinct rights and ways of knowing, can also shape how evidence is viewed by Indigenous peoples (see **section 4.10**).



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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-primers 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.