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Introduction

One year has passed since the publication of the [Evidence Commission report](#), which is now available in seven languages and in multiple formats. We see reasons for optimism, as well as reasons to double-down on efforts to implement the report's recommendations.

While government policymakers in some countries (like newly elected ones in some Latin American countries) are open to new approaches to decision-making and evidence use, many policymakers, organizational leaders and professionals have largely returned to pre-pandemic approaches. While some funders and donors and some impact-oriented evidence producers have piloted coordination mechanisms, many evidence producers continue to operate without coordination and to generate significant research waste. While many citizens have become more aware of the potential value of evidence, many others have become more distrustful of decision-makers and evidence.

This (first) annual update is focused on three implementation priorities:



Formalize and strengthen domestic evidence-support systems



Enhance and leverage the global evidence architecture



Put evidence at the centre of everyday life

These implementation priorities were agreed in partnership with the producers of the two other global reports published on this topic in the last 18 months, namely [Cochrane Convenes](#) and the [Global Evidence-to-Policy Summit](#). The priorities are being addressed with the support of the Evidence Commission Implementation Council and three other groups (see appendix 1). The priorities collectively cover 20 of the Evidence Commission's 24 recommendations and do so as a more actionable package (see appendix 2).

Underpinning these three priorities is the growing recognition of how evidence can be used to address societal challenges, as well as about the many other steps needed to support citizens. Below and over the next two pages we review some of the key concepts from the Evidence Commission report to set the stage for what follows.

We need to respond to decision-makers' questions with the right mix of forms of evidence. This means matching the forms of domestic evidence to the right step in the decision-making process. We illustrate this point on the next page in the infographic on the left. This also means not 'falling back on' the select forms of evidence that happen to get a lot of attention now, such as data analytics and evaluation. We illustrate this point in the infographic on the right. Data analytics seems to be weighing even more heavily in decision-makers' minds than a year ago, which is why it appears larger than evaluation. Modeling is getting less attention, which is why it has been moved onto the right side of the scale with the other forms of evidence.

Understanding a problem and its causes

- Forms of evidence
- Data analytics
 - Modeling
 - Qualitative insights

1

Selecting an option for addressing the problem

- Forms of evidence
- Modeling
 - Evaluation
 - Qualitative insights

2

Monitoring implementation and evaluating impacts

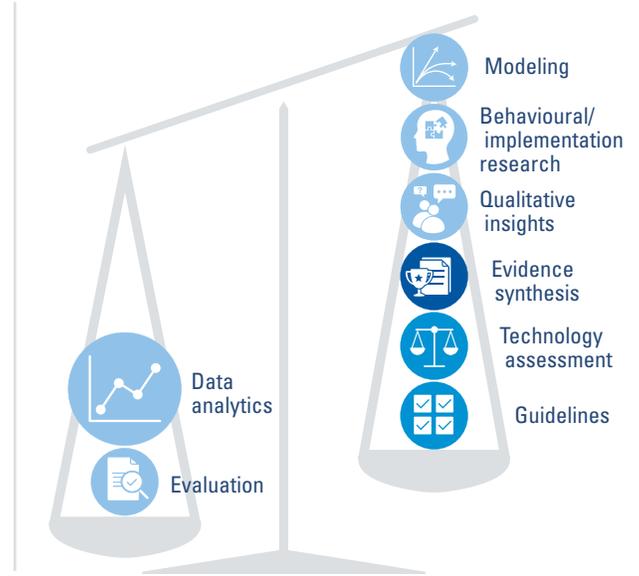
- Forms of evidence
- Data analytics
 - Evaluation
 - Qualitative insights

4

Identifying implementation considerations

- Forms of evidence
- Data analytics
 - Qualitative insights

3



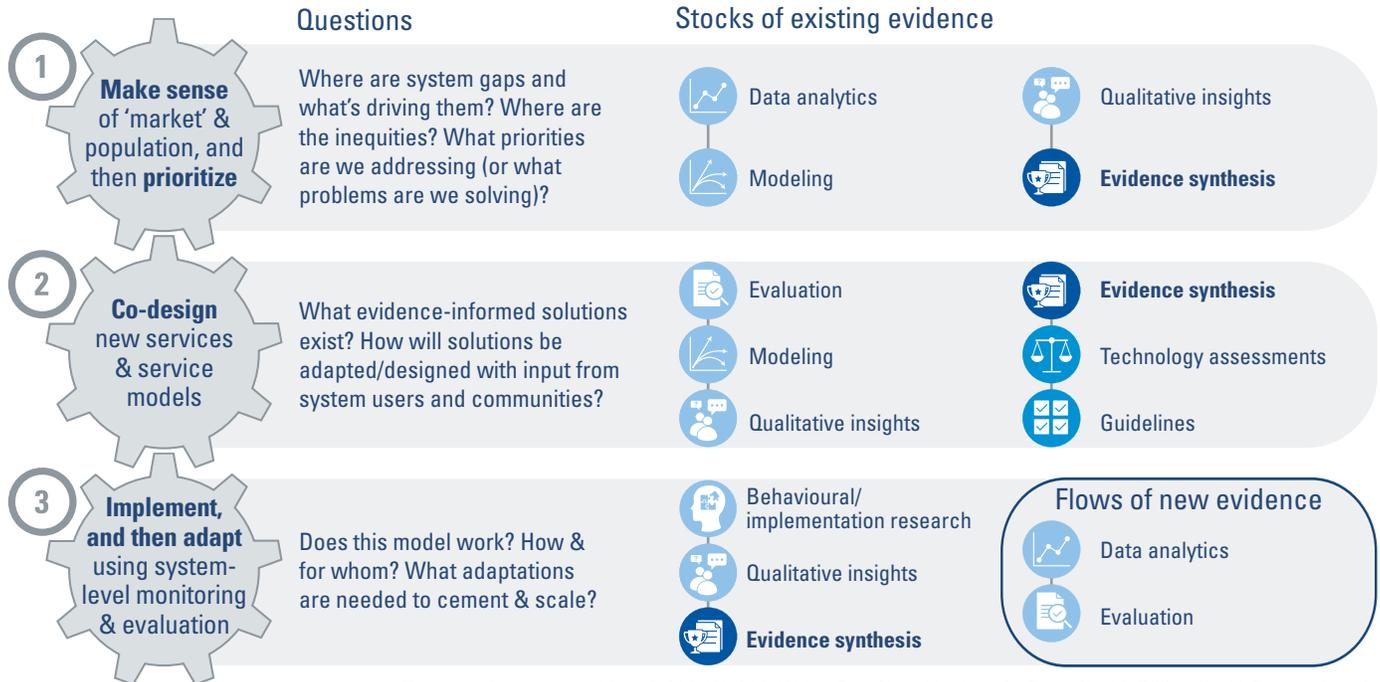
In addition to matching the forms of domestic evidence to the right step in the decision-making process (which we illustrate in a different way below in the top third of the infographic), we need to combine domestic evidence (what has been learned in our country) and global evidence (what has been learned from around the world, including how it varies by groups and contexts). We illustrate the latter point below in the middle third of the infographic. We return later in this report to the role of the global evidence architecture (e.g., contributors such as Campbell and Cochrane) in supplying such global evidence in the form of an evidence synthesis. Combining domestic and global evidence can take the form of recommendations, as we illustrate in the bottom third of the infographic.

Vantage point	Forms of evidence	Steps where it adds the greatest value			
Domestic evidence 	Data analytics	1			4
	Modelling	1	2		
	Evaluation		2		4
	Behavioural/implementation research			3	
	Qualitative insights	1	2	3	4

Vantage point	Forms of evidence
Global evidence 	Evidence synthesis <ul style="list-style-type: none"> • An evidence synthesis: <ul style="list-style-type: none"> • systematically and transparently identifies, selects, assesses and synthesizes the evidence addressing a specific question • includes explicit quality assessments (and doesn't accept a journal's peer review as synonymous with quality) and can itself be assessed for quality (and quality ratings are included in many evidence-synthesis databases like Social Systems Evidence) • can address any question and synthesize any type of evidence • can also describe how much certainty we have about particular findings

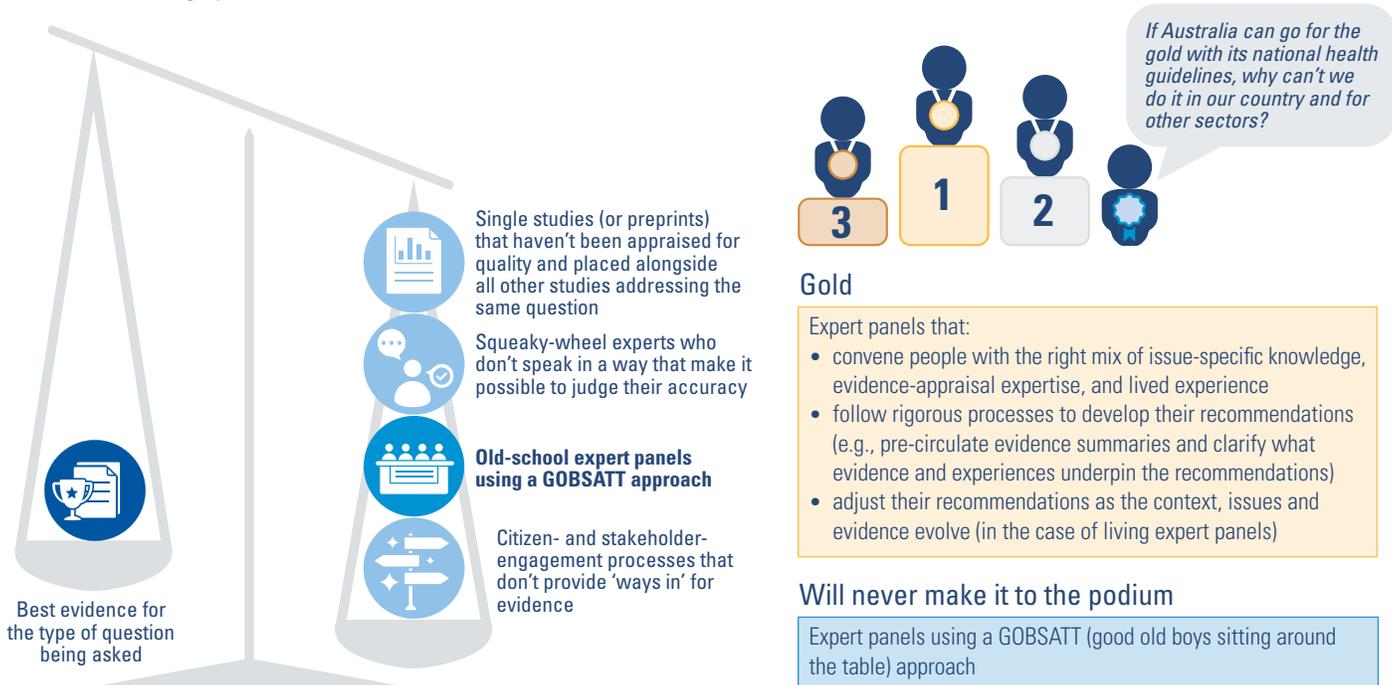
Vantage point	Forms of evidence
Domestic recommendations or evidence support informed by domestic and global evidence 	Technology assessment/cost-effectiveness analysis
	Guideline

Another way of approaching the use of evidence is to embed evidence in cycles of rapid learning and improvement. Talk of 'learning health systems' can be applied equally well to learning climate-adaptation systems and learning education systems. Here again we need to match the forms of evidence to the right step. We can draw on stocks of existing evidence while also generating flows of new evidence as we move through learning and improvement cycles.



First two columns adapted from Reid R, Wodchis W, Lee-Foon N, and Institute for Better Health-Trillium Health Partners (2022)

We need to use best evidence and not the other things that get a lot of attention now. We illustrate this point in the left side of the infographic below. We contrast one of these other things – old-school expert panels – with a gold medal-deserving version on the right side of the infographic below.

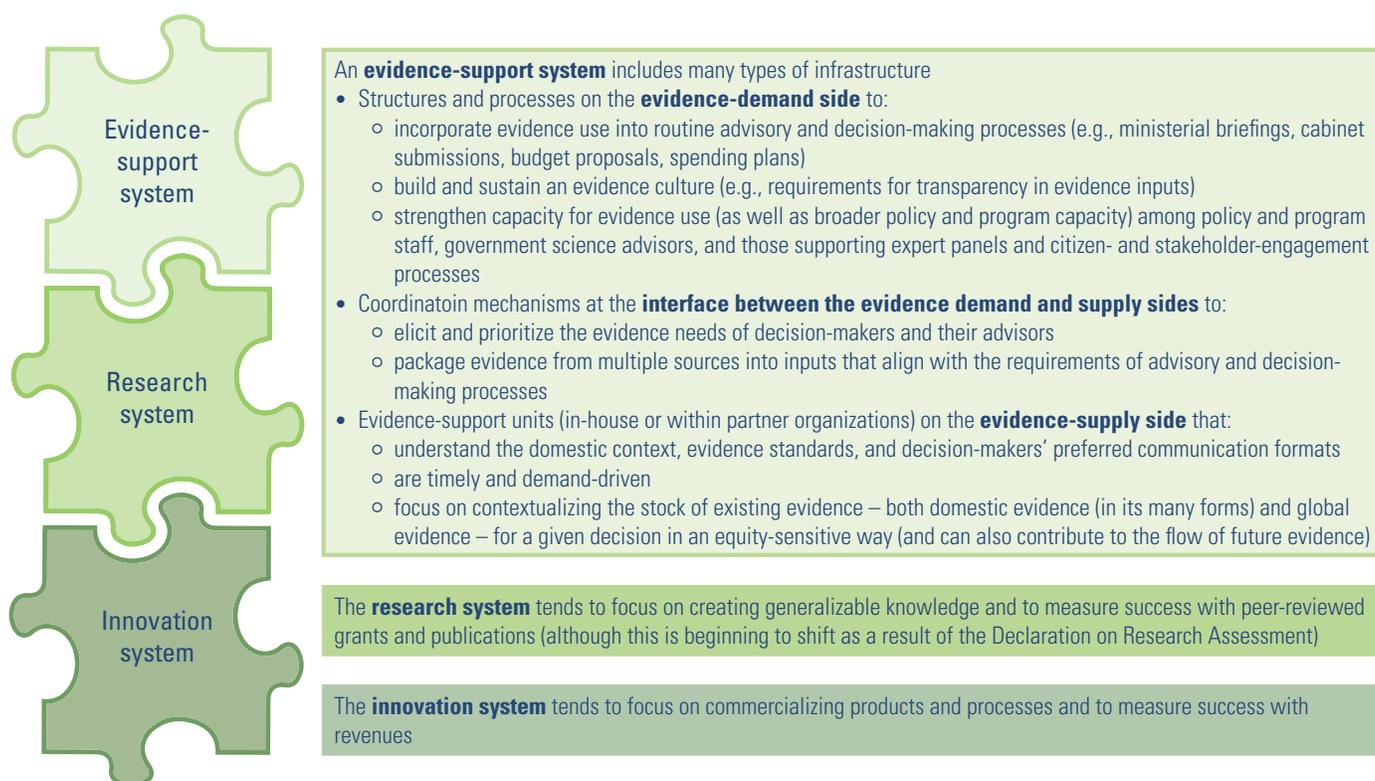


Formalize and strengthen domestic evidence-support systems

The first of three implementation priorities – formalize and strengthen evidence-support systems – provides the mechanisms for on-the-ground impacts with the second priority and it can underpin many of the mechanisms with the third priority.

The Evidence Commission's secretariat and its partners in 12 countries are conducting rapid evidence-support system assessments, or RESSAs, and sharing lessons learned through the RESSA Country Team Leads Group. The goal in each country is to identify what is going well that needs to be systematized and scaled up, and what gaps should be prioritized to fill, and to work with government policymakers, organizational leaders, professionals and citizens to push for improvements.

Conducting a RESSA starts with a solid understanding of what a domestic evidence-support system is and how it differs from research and innovation systems.

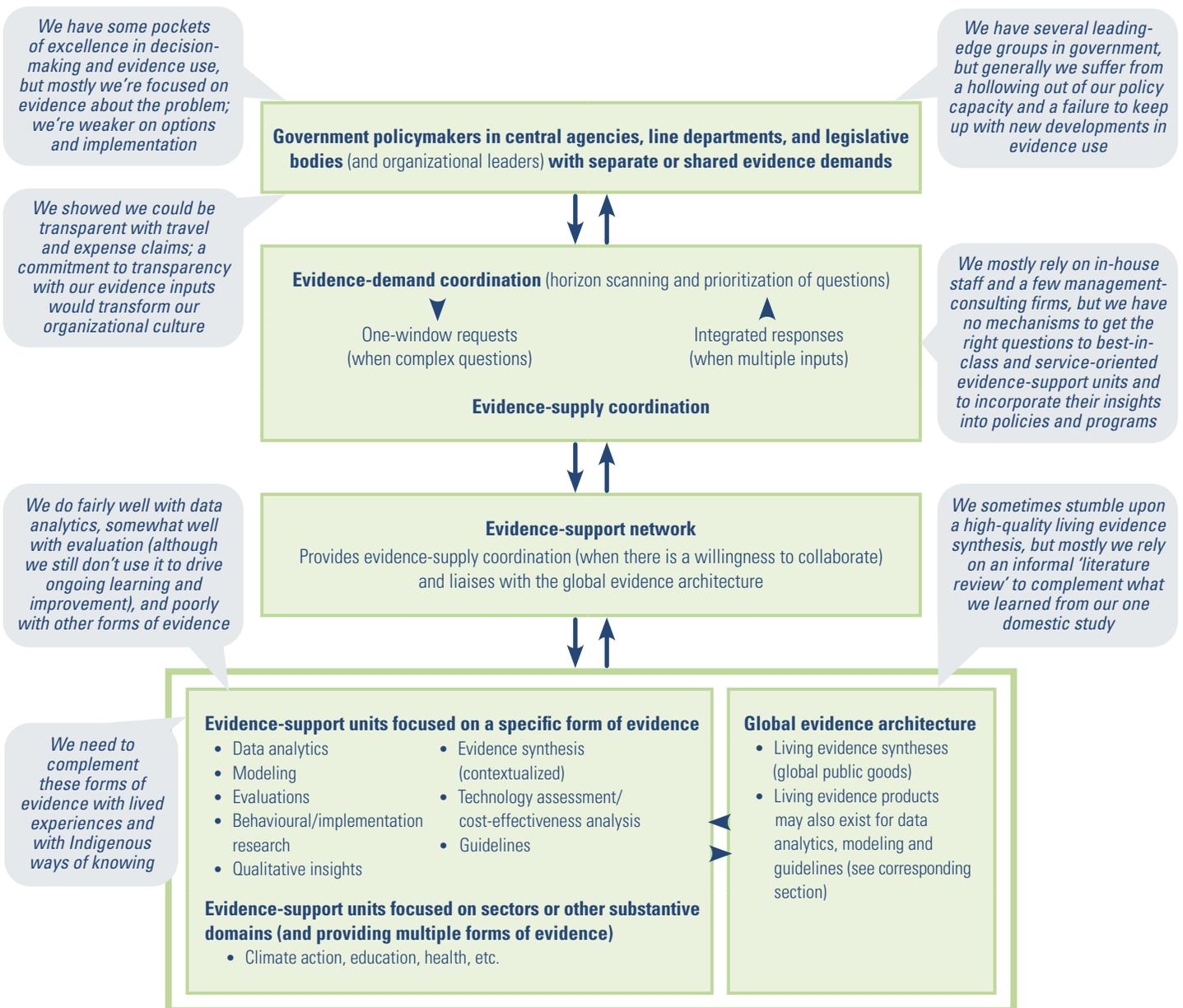


Drawing on websites, documents and interviews, a RESSA involves asking questions about each of the potential features of an evidence-support system – as a baseline – and taking action based on what is learned. Examples of these questions are listed below, and the potential features of an evidence-support system are shown in light green in the infographic on the next page.

- For each agency, department or body on the evidence-demand side
 - What types of decisions are made and what does this mean for the types of evidence needed?
 - What sources of 'evidence' are currently drawn upon (e.g., domestic data analytics and evaluations, evidence syntheses, expert panels like the gold medal-deserving one on the previous page)?
 - Are the enablers (e.g., explicit standard for evidence use in cabinet submissions), culture and capacity in place?
- For the demand side of any coordination mechanism
 - Are there people who have experience with horizon scanning and with prioritizing and scoping questions in all decision-making steps?
 - Are the questions typically similar to those being asked by other groups and is a mechanism in place to share questions and responses across groups?
 - Are the questions typically complex and do they require the engagement of multiple evidence-support units?

- For the supply side of any coordination mechanism
 - Are there people who can act as ‘general contractors’ and bring in the right ‘trades,’ or forms of evidence, depending on the question?
 - for changes to policy and system arrangements, these are typically policy and systems researchers
 - for behaviour changes among professionals and citizens, these are typically behavioural/implementation researchers
 - Is it possible to provide integrated responses that may take the form of one or more of:
 - evidence scan across all applicable forms of evidence (to capture best evidence)
 - jurisdictional scan (to learn from the experiences of other countries)
 - horizon scan (to leverage foresight work done nationally and globally)
 - key-informant interviews (to leverage rich experiences)
 - deliberative processes (to engage citizens and stakeholders in collective problem-solving)?
- For the evidence-supply side
 - Are all forms of evidence covered by existing evidence-support units of the type described in the first infographic?

Examples of the types of things we are hearing from these RESSAs are provided in the comment boxes that appear in light grey. In brief, most countries have few of the features of an evidence-support system, and even fewer working optimally, especially when crises emerge. A documented example of a RESSA, in this case for a specific sector, can be found [here](#).



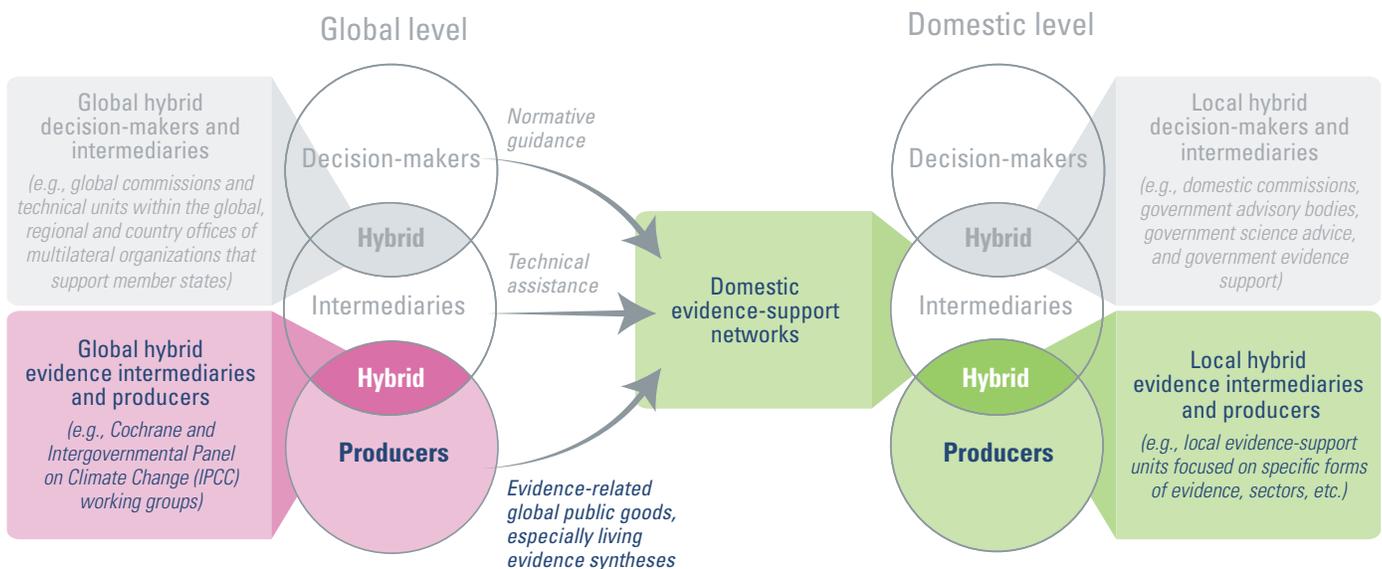
Enhance and leverage the global evidence architecture

The second implementation priority – enhance and leverage the global evidence architecture – is a key enabler of the first priority and of the evidence-informed efforts of multilateral organizations to support their member states.

We have witnessed ongoing leadership by WHO in improving its processes for developing normative guidance, such as through living guidelines and more generally high-quality guidelines (if not yet as visibly in its technical-cooperation activities). We have also noted pockets of leadership at other UN system entities, such as UNICEF and UNDP. We have seen little response from other multilateral organizations.

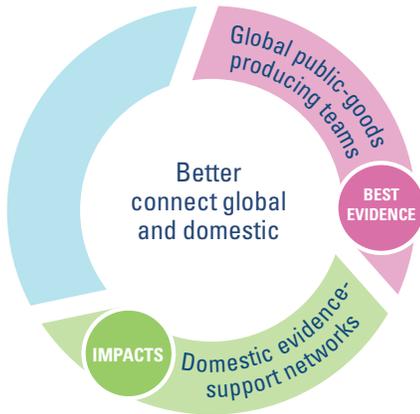
We are aware of some pilots but no broad efforts to coordinate the production of evidence-related global public goods. This has meant a continued low signal-to-noise ratio – with uneven coverage, low quality and outdatedness the pattern for both Sustainable Development Goal-focused evidence syntheses and COVID-19-focused evidence syntheses – as well as continued duplication and hence research waste. We are also aware of many anecdotal examples of funders and donors and global public-goods producers ‘going their own way’ even when made aware of how they would be contributing to research waste.

The Evidence Commission secretariat and its partners are speaking with many funders and donors and with many global public-goods producers (through the Global Evidence Producers Group). The secretariat and its partners are also conducting an assessment of past efforts to enhance aspects of the global evidence architecture. The goal is to develop one or more viable models and to seek funding and the support of evidence producers to pilot the model and then to scale it up based on lessons learned. These areas of focus for our efforts appear in colour in the infographic below, while the engagement of multilateral organizations appears ‘greyed out’ and will be the focus of future efforts.



Fuller list of networks and platforms to complement the second bullet in the next infographic: Networks of producers of global public goods include those focused on evidence syntheses, such as 3IE, Campbell, Cochrane, Collaboration for Environmental Evidence, and JBI, as well as CAMARADES and SYRCLE addressing animal studies, and those focused on other forms of evidence, such as IPCC focused on modeling. Platforms that support the production of global public goods include examples such as Cochrane Engage for translation, Covidence, EPPI-Reviewer, GRADEpro, PROSPERO, EQUATOR and RIGHT. Networks of guideline and technology-assessment groups that use these global public goods include examples such as AGREE, GIN and GRADE for guidelines and HTAi and INAHTA for technology assessments, as well as those that use them to produce living guidelines, such as the Living Evidence Alliance. Networks of groups producing these and other forms of evidence for decision-making include examples such as the Evidence Collaborative for the Triple Billions, Evidence Synthesis International, and the What Works Global Summit.

One possible model for improving the production and use of global public goods like living evidence syntheses starts with better connecting the global evidence architecture to domestic evidence-support systems. We illustrate this in the infographic below.



We were able to respond to a question from national policymakers with a contextualized evidence synthesis on climate-adaptation strategies in three days because a living evidence synthesis was 'sitting there' with more than 17,000 studies already identified and assessed

Global public-goods producing teams

- Each commits to respond to emerging global priorities in ways that increase coordination and reduce duplication in the production of **living evidence syntheses**
- They collectively commit to work with existing networks and platforms to maximize efficiencies and synergies and to strengthen and implement standards (for a fuller list, see the footnote on the preceding page)
 - Networks of producers of global public goods (e.g., Campbell, Cochrane, IPCC)
 - Platforms that support the production of global public goods (e.g., PROSPERO)
 - Networks of guideline and technology-assessment groups that use these global public goods
 - **Domestic evidence-support networks** that use these global public goods and that can bring forward the perspectives of many types of decision-makers who use these global public goods (government policymakers, organizational leaders, professionals, and citizens)

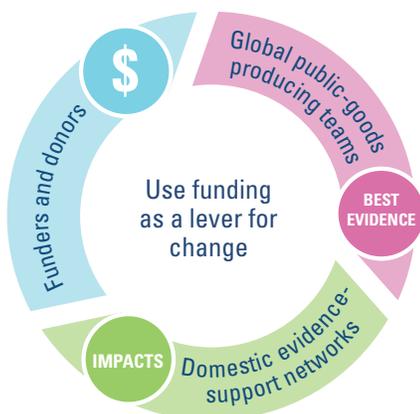
Domestic evidence-support networks

- Each commits to respond to emerging domestic priorities in ways that leverage and enable the implementation of global public goods (e.g., through **contextualized evidence synthesis and support**) and to support the continuous improvement of global public goods (through partnerships with teams in their region or with similar topic coverage)
- They collectively commit to work with existing networks and platforms to maximize efficiencies and synergies and to strengthen and implement standards
 - Networks of evidence-support units (e.g., Brazil Coalition for Evidence, What Works Network in the U.K., EVIPNet in low- and middle-income countries)

The Living Evidence Alliance is a promising prototype, but we have a long way to go with hundreds of low-quality evidence syntheses for unimportant questions and none for many of society's most important questions

Paradoxically, some global public-goods producers like Cochrane are in their most fragile funding position ever, and others like Campbell have never been sustainably funded

Funding can then be a powerful lever for change. Moreover, we can better address many domestic evidence needs just with the money saved from research waste in the production of what purport to be global public goods.



As a group of funders, we have launched some promising pilot projects, but we know we have a long way to go in reducing research waste and in finding ways to collaborate with other funders and to engage impact-oriented evidence producers

Funders and donors

- Global funders, national funders and donors collectively commit to supporting an evolving suite of **living evidence syntheses** addressing periodically and dynamically prioritized questions (e.g., X teams – equitably distributed around the globe – addressing Y questions)
- Their collaboration could progress
 - Share information → coordinate → pool funds
- They can issue calls with common standards for teams about:
 - processes (e.g., machine learning; merit review by decision-makers, evidence intermediaries, and evidence producers; immediate online posting of updates)
 - products (e.g., foreground equity and context considerations; infographics; downloadable data; open-access publishing)
 - partnerships (e.g., co-production with domestic evidence-support networks and domestic pools of citizen partners)
- They can measure and manage teams' performance (e.g., responsive to needs, agile in finding ways to add value, reliable in quality and timeliness, and partnered with impact-focused domestic evidence-support networks)
- Complemented by national entities funding **domestic evidence-support networks** (and global funders and donors helping to fund those based in low- and middle-income countries)

Put evidence at the centre of everyday life

The third implementation priority – put evidence at the centre of everyday life – is where we turn our focus to citizens, who are at the end of the day the people who government policymakers, organizational leaders, and professionals, as well as those working in multilateral organizations, are meant to serve.

We have seen some small-scale responses from governments and from citizen-serving non-governmental organizations (NGOs). There has been more focus on polarization and misinformation and efforts to address both. There has been more recognition of the need to maximize the benefits of artificial intelligence (e.g., ChatGPT) while minimizing its harms. The Evidence Commission itself brought together diverse citizens as part of [two citizen panels](#) addressing how to put evidence at the centre of everyday life.

The Evidence Commission's secretariat, the Evidence Commission's Citizen Leadership Group and their partners are speaking with many citizen-serving NGOs and citizen leaders to identify what is going well that needs to be systematized and scaled up, and what gaps should be prioritized to fill, and to work with government policymakers and citizen-serving NGOs, among others, to push for improvements.

The context for these efforts is that citizens make many decisions where evidence could be helpful. However, they encounter three challenges in doing so. We illustrate these points in the infographic below.

Citizens make many decisions where evidence could be helpful, such as:



Managing my health, safety and well-being (and that of my family's)



Spending my money on products and services



Volunteering my time and donating money

Three challenges

We live in an era of too much information and lots of misinformation (false information that is spread, regardless of intent to mislead)

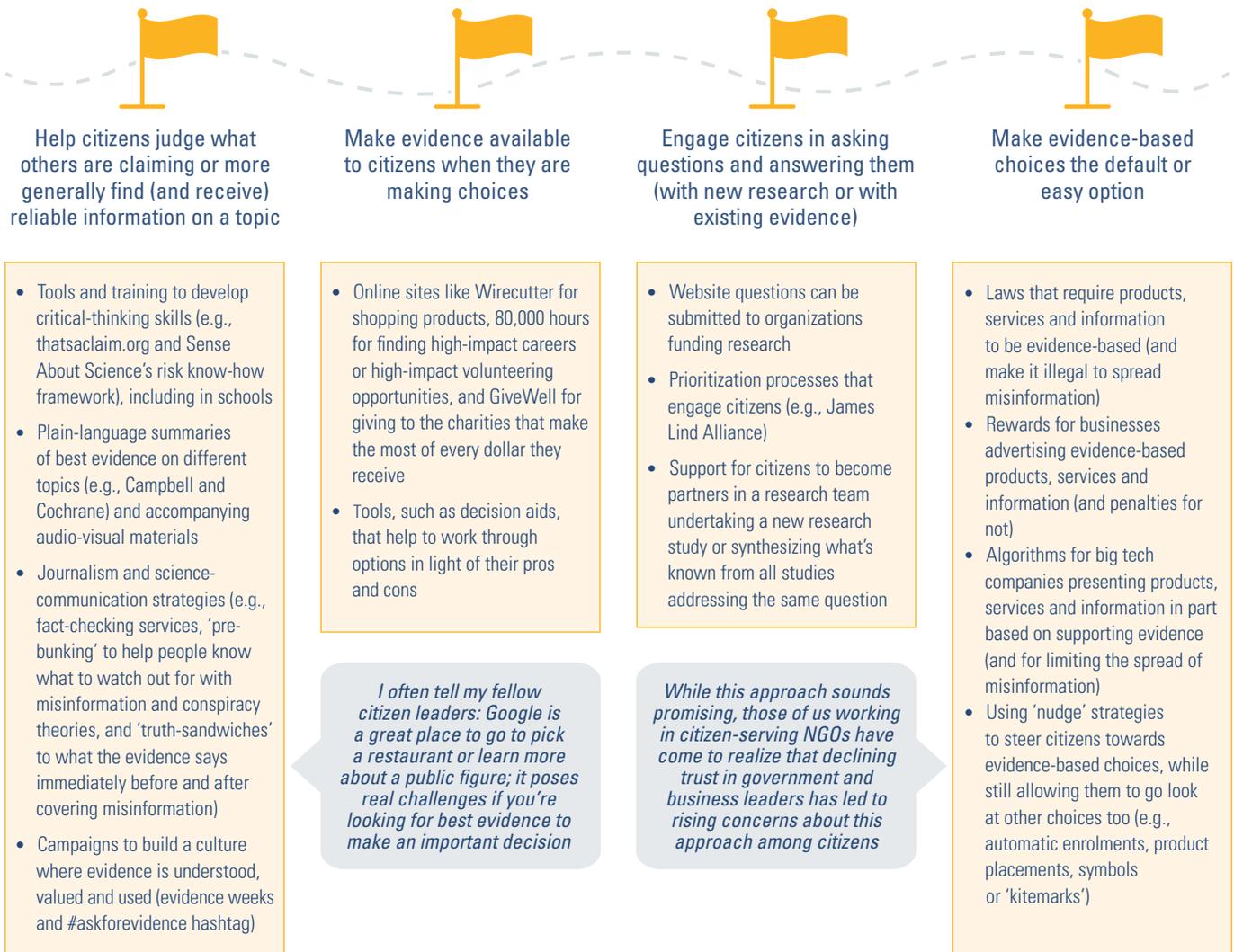
We are typically left on our own to find, understand and use evidence

- Opportunity to look for evidence, including time and internet access
- Motivation to look for and make sense of evidence
- Capacity to use digital platforms like websites and social media (digital literacy), select the right sources for them (media literacy), to put what's known in a bigger context (e.g., education, health and climate literacy) distinguish between best evidence and other things and to understand what it may mean for them (evidence literacy) or understand what they are reading (general literacy)

Governments, businesses and NGOs do not set things up to make it easy for us

- Services are commonly offered without evidence to help distinguish among them
- Products are commonly sold in-store and online without evidence to back up their claims (and they may be sold alongside proven products)
- Information is commonly presented online based on profile and search history and not based on evidence (and laws protecting us against advertising and selling products that may be harmful or dangerous, or about making false claims, do not apply yet to information)
- Compelling stories and visuals are commonly created by people with limited evidence literacy

These are early days in understanding ‘what works’ in putting evidence at the centre of everyday life. Below we illustrate four possible ways to do so, with many examples of each.



Conclusion

We need to capitalize on ‘windows of opportunity’ and not just return to old ways of doing things. COVID-19 showed us the perils of many old ways of doing things, but also spurred many innovations that need to become the ‘new normal’ in using evidence to address societal challenges. If we do not act now, we will not be prepared to pivot to address future crises.

These implementation priorities are highly synergistic. While we have given more explicit attention to the synergies between domestic evidence-support systems and the global evidence architecture, there are also synergies between domestic evidence-support systems and putting evidence at the centre of everyday life. Citizens are the ones to hold government policymakers and others to account when they do harm or waste money on ineffective solutions.

The secretariat and Implementation Council are keen to work with any groups interested in contributing to our three implementation priorities.

- Formalize and strengthen domestic evidence-support systems → conduct or participate in a rapid evidence-support system assessment for your country and find ways to act on the lessons learned if one has already been conducted.
- Enhance and leverage the global evidence architecture → encourage funders and donors – both in your own country and those operating globally – to be part of the solution and encourage impact-oriented evidence producers – especially those producing global public goods like living evidence syntheses – to work in more coordinated ways and to build connections to domestic evidence-support networks and units.
- Put evidence at the centre of everyday life → support citizen-serving NGOs and citizen leaders to take action in your country.

The Evidence Commission’s secretariat and Implementation Council also welcome expressions of interest from any groups interested in complementing what we are doing – with the three implementation priorities, with recommendations that do not fall within these current priorities (e.g., those related to UN system entities) or with formally monitoring progress against each recommendation.

Appendix 1

Four groups are involved in addressing the Evidence Commission's implementation priorities.

- Evidence Commission Implementation Council, which:
 - focuses on all three implementation priorities
 - includes many partners from the COVID-19 Evidence Network to support Decision-making (COVID-END) that spurred the creation of and supported the work of the Evidence Commission
- Rapid Evidence-Support System Assessment (RESSA) Country Leads Group, which:
 - focuses on priority 1: formalizing and strengthening domestic evidence-support systems
 - shares lessons learned from conducting RESSAs in participating countries and taking action based on what was learned
- Global Evidence Producers Group, which:
 - focuses on priority 2: enhancing and leveraging the global evidence architecture
 - discusses opportunities to improve coordination and reduce duplication and ways to engage funders and donors in these opportunities
- Citizen Leadership Group, which:
 - focuses on priority 3: putting evidence at the centre of everyday life
 - provides a forum for citizen leaders and leaders of citizen-serving organizations to shape thinking and action.

Additional details about these four groups are available on the Evidence Commission [website](#).

The secretariat continues to engage other groups as needed, including:

- funders and donors that may be interested in supporting the global evidence architecture
- [commissioners](#)
- translation teams, including:
 - for Arabic, the Knowledge to Policy Center, American University of Beirut
 - for Chinese, the Evidence-Based Social Science Research Center, Lanzhou University
 - for French, the McMaster Health Forum
 - for Portuguese, Fiocruz Brasilia
 - for Spanish, the Unit for Evidence and Deliberation for Decision Making in the Faculty of Medicine, Universidad de Antioquia.

The secretariat thanks the Evidence Commission's funders for their ongoing support of its work: American Institutes for Research, Canadian Institutes of Health Research, CMA Foundation / Fondation AMC, Healthcare Excellence Canada, Health Research Board, and Michael Smith Health Research BC.

Appendix 2

Twenty of the [24 Evidence Commission recommendations](#) can be grouped into the secretariat's three implementation priorities.



Four additional recommendations will be the focus of future attention, including:

- two recommendations targeting all who can take action, with one a wake-up call [1] and the second a proposed new standard for responding – to ask for evidence – any time a claim is made (e.g., this intervention works) [2]
- two recommendations targeting multilateral organizations, with one calling for a resolution by multilateral organizations [3] and the second a landmark report [4].