

How to make change happen – Bridging the gap between evidence and policy: Insights from the Evidence Commission

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Evidence Commission report

- Grew out of 12+ (now 27+) months – working with 55 partners around the world through **COVID-END** – supporting decision-making about COVID-19 public-health measures, clinical management, health-system arrangements, and economic and social responses
 - Ultra-rapid and living evidence syntheses (some contextualized, and others global public goods)
 - COVID-END inventory of evidence syntheses (to improve the signal-to-noise ratio)
- Two main **goals** of the report
 - Provide the context, concepts and vocabulary that underpin work in this area
 - Provide recommendations about how we can and must improve the use of evidence, both in routine times and in future global crises
- Available in Arabic, Chinese, English, French, Portuguese, Russian and Spanish → **evidencecommission.org**
- Versions available now
 - Online executive summary
 - Online full report
 - Online chapters and sections (or infographics)
 - Print-on-demand full report (at cost through Amazon)



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How would you bridge the gap between evidence and policy?

- What is the biggest gap that the 'First 1000 days' report says need to be filled?
 - Recognize the importance of the first 1000 days
 - Provide comprehensive support for parents in the first 1000 days
 - Identify and respond systematically to risk factors using the tests and tiered interventions found in the 2020 review
 - Improve equity and quality in services
 - Improve cross-sectoral collaboration
 - Advance research, knowledge and understanding
- Where would you put your energies in bridging the highest-priority gaps?
 - Helping parents to make choices
 - Enabling local providers to learn and improve
 - Encouraging government to support a and b, and to do some things that only government can do

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What are the gaps that the 'First 1000 days' report says need to be bridged?

- 2019 situation analysis → some specific opportunities for improvement
 - Data registration, quality monitoring, etc.
 - Use of validated screening instruments and evidence-based practices
- 2020 scientific review → deeper dive into the **second opportunity**
 - Psychological tests (33) – 12% with high-quality supporting evidence (and many with little)
 - Psychosocial interventions (63) – 3% with high-quality supporting evidence (and many with little)
- 2021 recommendations → **bigger-picture opportunities** for improvement
 - Recognize the importance of the first 1000 days (e.g., review existing action plans and develop **implementation plans**)
 - Provide comprehensive support for parents in the first 1000 days, including through a **digital platform**
 - Identify and respond systematically to risk factors (using the tests and tiered interventions found in the 2020 review)
 - This one can also bring in the idea of 'population-health (and wellbeing) management'
 - Improve equity and quality in services (including training and monitoring, **learning and improvement**)
 - Improve **cross-sectoral collaboration** (including healthcare, social services, child production, and early education)
 - Advance research, knowledge and understanding, including for the **research gaps** identified in the 2020 review

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Approach #1: Put evidence at the centre of everyday life

- Where do parents now make choices, and go for information to inform choices, about a **range of issues** in the first 1000 days?
- Are there ways to **embed evidence** in these places?
 - Make evidence-based choices the default option (e.g., AI algorithms in Amazon) or make evidence-based information the default information (e.g., Facebook/Twitter and YouTube)
 - Make evidence-based choices the easy option (e.g., nudge strategies like supermarkets' placement of healthy foods)
 - Make evidence available to me when people are making choices, both general approaches to making choices (e.g., Wirecutter for purchasing products, 80,000 hours for volunteering time, and GiveWell for donating money) and specific choices (e.g., kite marks and drug fact boxes)
 - Helping people judge what others are claiming (e.g., thatsclaim.org and fact-checking websites) or more generally find (and receive) reliable information on a topic (e.g., McMaster Optimal Aging Portal)
- Is there a team that has the capacity to identify the right **partners** and to ensure that the right evidence, lived experiences, behavioural insights, and other **inputs** are brought to the partnership?

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Approach #2: Enable ongoing 'learning and improvement' to pursue a range of issues that are within 'local' control

- What are the **candidate issues** (1-psychological tests, 2-psychosocial interventions, 3-beginning to combine them into a 'population-health and wellbeing management' framework)?
- Is there an opportunity to use '**learning and improvement**' cycles
 - Identify your population (or a priority population with which to start)
 - Segment the population into groups with shared needs (based on 1 above) and barriers to accessing services
 - Co-design child and/or parent-centred care models and service mix (including 2 above)
 - Implement the models in ways that ensure reach (especially among those who often aren't reached)
 - Monitor and evaluate using an equity-sensitive quadruple-aim approach
 - Adjust as needed, and aim for scale in a way that ensures that all children (with shared needs and barriers to accessing care) equitably benefit
- Is there a team that has the capacity to provide **coaching**, facilitate **collaboratives**, etc. to support learning and improvement

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Approach #3: Respond in a timely way when a 'window of opportunity' opens for government to pursue a 'meaty' issue

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- What are the candidate 'meaty' issues (1-implementation plan, 2-digital platform, 3-population-health management model, 4-learning and improvement infrastructure, 5-collaborative governance across sectors, 6-series of research-funding calls)?
- Is there an opportunity to get a new issue on the **government agenda**?
 - Can evidence help to make the case about a compelling problem?
 - Can evidence help to make the case of a viable policy?
 - Are there conducive politics?
- Or is there an opportunity inform a **policy decision**?
 - Can evidence help to inform the
 - Clarification of a problem and its causes
 - Framing of options to address the problem AND
 - Implementation considerations?
 - Are the institutional constraints, interest-group pressure, values and other political considerations such that evidence could play a role in informing decision-making?
- Is there a team that has the capacity to support **Innovative evidence products** (timely, demand-driven, contextualized to your political and welfare systems, and equity-sensitive) and **stakeholder-engagement processes** to respond to the opportunity?

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We can't continue to respond to policymakers' questions with preprints, squeaky-wheel experts & old-school expert panels (instead of 'best evidence') or with select forms of evidence (instead of the right mix of forms of evidence)

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We need to formalize and strengthen national evidence-support systems alongside the research system and the innovation system

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Evidence-support system – Grounded in an understanding of a national (or state) context (including time constraints), demand-driven, and focused on contextualizing the evidence for a given decision in an equity-sensitive way

Examples of infrastructure:

- evidence-support units that can combine the power of national evidence and the power of global evidence
- expert panels that include people with methods expertise and lived experience, pre-circulate evidence summaries, and clarify what evidence and experiences underpin the recommendations, as well as citizen- and stakeholder-engagement processes that provide 'ways in' for evidence
- government science advisors who speak in a way that makes it possible to judge their accuracy processes to:
 - 1) elicit and prioritize evidence needs
 - 2) find and package evidence that meets these needs within set time constraints (and build additional evidence as part of ongoing evaluations)
 - 3) strengthen capacity for evidence use (e.g., evidence-use workshops and handbook)
 - 4) incorporate evidence use into routine processes (e.g., cabinet submissions, budget proposals, spending plans)

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An evidence-support system needs to match the form of evidence to the right step in the decision-making process

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

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An evidence-support system needs to rely on the combined power of local evidence (what has been learned in Iceland) and global evidence (what has been learned from around the world, including how it varies by groups and contexts)

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Vantage point	Forms of evidence
Local (national or state) evidence	Data analytics, Modelling, Evaluation, Behavioural / implementation research, Qualitative insights
Global evidence	Evidence synthesis (e.g. briefs)
Local (national or state) recommendations or evidence support informed by local and global evidence	Technology assessment/ implementation science, Guidelines

- 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
- They don't accept a journal's peer review as synonymous with quality
- Good ones also describe how much certainty we have about particular findings
- Living evidence syntheses can include both:
 - demand-driven, contextualized, equity-sensitive syntheses
 - global public goods

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An evidence-support system also needs to use the right strategies to support the use of best evidence for the right issues and contexts

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Strategies	Descriptions
Improving the climate for evidence use	e.g., requiring government science advisors (and asking of experts, including those on expert panels) to speak in a way that makes it possible to judge their accuracy (e.g., by describing how they identified, assessed and interpreted the evidence they're drawing on) rather than accepting unquestionably their personal opinions
Prioritizing and co-producing evidence	e.g., supporting co-production – with decision-makers, diverse affected communities, and researchers – of new local evidence (data analytics, modelling, evaluation, behavioural / implementation research, qualitative insights), syntheses of the best evidence globally (evidence synthesis), and recommendations for Australia or NZ (if that brings both national and global evidence (technology assessments and guidelines))
Facilitating 'pull' by decision-makers	e.g., integrating different forms of evidence into timely, demand-driven, contextualized, equity-focused evidence products (e.g., data analytics to clarify a problem and its causes, evidence synthesis to describe the likely benefits and harms of an option to address a problem, and behavioural science to develop an implementation plan)
Exchanging with decision-makers	e.g., using one-stop evidence shops that are optimized for decision-makers' needs (e.g., COVID-END Inventory of Evidence Syntheses that identifies the best evidence syntheses for any COVID-19 decision; Health Systems Evidence and Social Systems Evidence that quality rate evidence syntheses for health and all other sectors, respectively; evidence maps that profile the evidence available about climate change impacts and both migration and adaptation strategies)

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Why formalize and strengthen evidence-support systems now?



- Cadre of political leaders who have personal experience with what worked well during COVID-19 and what could work better (and with how their counterparts in other countries appeared to be better supported with best evidence)
- Innovations in evidence products and processes, such as living evidence syntheses and living guidelines
- Lesson learned about needing to have evidence supports in place that can pivot to address future crises
- COVID-19 evidence investments coming to an end
- Recognition of the growing array of societal challenges where best evidence is needed, such as the first 1000 days, climate action, etc.

How would you bridge the gap between evidence and policy?



- What is the biggest gap that the 'First 1000 days' report says need to be filled? Why?
 - 1) Recognize the importance of the first 1000 days (e.g., review existing action plans and develop implementation plans)
 - 2) Provide comprehensive support for parents in the first 1000 days, including through a digital platform
 - 3) Identify and respond systematically to risk factors (using the tests and tiered interventions found in the 2020 review), and bring in the idea of 'population-health (and wellbeing) management'
 - 4) Improve equity and quality in services (including training and monitoring, learning and improvement)
 - 5) Improve cross-sectoral collaboration (including healthcare, social services, child production, and early education)
 - 6) Advance research, knowledge and understanding, including for the research gaps identified in the 2020 review
- Where would you put your energies in bridging the highest-priority gaps? Why?
 - a) Put evidence at the centre of everyday life for parents
 - b) Enable ongoing 'learning and improvement' to pursue a range of issues that are within 'local' control
 - c) Respond in a timely way when a 'window of opportunity' opens for government to pursue a 'meaty' issue