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ABSTRACT

Combating misinformation requires greater funding and commitment to support for evidence. This is one message from the 2022 report of the Global Commission on Evidence to Address Societal Challenges. [1] The report analyses the once-in-a-generation focus on evidence brought about by the COVID-19 pandemic, examining what has been learned and how it might shape future health. Here we look at how Australian palliative care evidence intermediaries measure up against some of the findings and recommendations.

Reviewing the evidence

The Global Commission's aim is to build on examples of effective use of evidence before and during the COVID-19 pandemic to provide recommendations about how we can and must improve the use of evidence, both in routine times and in future global crises. The report defines 'evidence' as research evidence comprising data analytics, modelling, evaluation, behavioural/implementation research, qualitative insights, evidence syntheses, technology assessment/costeffectiveness analysis, and guidelines. It also defines key stakeholders as:

- Decision-makers (government, organisational leaders, professionals, citizens),
- Intermediaries ensuring access to evidence in appropriate formats,
- Evidence producers.

In total 24 recommendations were made to ensure consistent use of evidence to address societal challenges today and tomorrow. Population ageing with the unavoidable increased demand for support and care at the end of life might be reasonably proposed as one such societal challenge.

Pathways

The recommendations of the Global Commission fall into three key areas identified for future enhanced utilisation of evidence and referred to as 'pathways of influence':

- Domestic evidence infrastructure – Strengthening domestic evidence infrastructure through rapid learning and improvement.
- Global evidence architecture – Enhancing and leveraging the global evidence architecture.
- Evidence in everyday life – Engaging citizens and citizen-serving NGOs in putting evidence at the centre of everyday life.

For domestic evidence infrastructure the report highlights the key role of government backed evidence-support systems. It also outlines ways forward, weaknesses in current approaches, and the ideal.

Some of the weaknesses identified in the report are likely to be well known to many including lack of coordination and collaboration across evidence services, lack of harms identification and lack of evidence gap reporting. The primary evidence resources in Australia for palliative care, CareSearch and palliAGED, both produce evidence syntheses across a range of topics with regular updating and signalling evidence gaps and uncertainties.

The slow adoption of machine learning and artificial intelligence to speed up evidence translation was also highlighted in the report as a weakness. Fostering greater use of emerging technologies to improve efficiency of evidence processes is being addressed here in Australia by the Living Evidence initiative lead by the Cochrane Australia group. [2]

According to the Global Commission report, leveraging the global evidence architecture requires a broader concept of evidence and extension to evidence-related public good with capacity to produce, share and use evidence that is equitably distributed. While many of the recommendations in this area refer to international organisations such as World Bank and the United Nations, it is apparent that they should not work in isolation. National programs and evidence centres should strive to connect with these pivotal points for connecting global efforts to mutual benefit.

Evidence in everyday life means actively engaging people with decision-making about their and their families' well-being based on best evidence. The report notes that this would influence where they spend their money and time to address societal challenges in everyday life. Projects within the Australian National Palliative Care program support use of evidence at this level including CareSearch, TEL, CarerHelp, and Palliative Care Australia.

Towards an ideal evidence framework

In the report evidence syntheses are identified as critical for questions about benefits and harms of options and implementation strategies. Often these evidence syntheses will draw on international literature and hence provide global evidence.

Quality assessment of evidence is regarded as essential as is evidence currency. While local evidence might draw on global syntheses these are likely to be supplemented with locally derived data, modelling, evaluation, and qualitative insights. Ideally these sources are available as 'living evidence products' where they are continually updated as new data and evidence becomes available.

Awareness of the ways in which evidence might be used by decision-makers is important and drawing directly on the COVID-19 experience the Global Commission found these to include: Conceptual or for enlightenment, Instrumental, Symbolic (selectively used to justify decisions), or Tactical (lack of evidence used to justify action or inaction).

The role of evidence intermediaries working between decision-makers and evidence producers is highlighted as a critical element. Distinction is made between intermediary evidence-support

and evidence-implementation structures, with five strategies identified for supporting evidence use through these:

- Improving the climate for evidence use eg. benchmarking against high-functioning evidence systems
- Prioritising and co-producing evidence eg. working with local users of evidence to contextualise
- Packaging evidence for and 'pushing' it to decision-makers eg. innovative evidence products
- Facilitating 'pull' by decision-makers eg. One-stop evidence shops optimised for decision-makers
- Exchanging with decision-makers eg. deliberative dialogues with stakeholders including citizens.

CareSearch, palliAGED, Cochrane Australia, and Joanna Briggs are well known examples of relevant intermediaries in the Australian context.

Conclusion

As the Global Commission report concludes, 'Now is the time to systematize the aspects of using evidence that are going well and address the many shortfalls, which means creating the capacities, opportunities and motivation to use evidence to address societal challenge, and putting in place the structures and processes to sustain them. Now is also the time to balance the use of evidence with judgement, humility and empathy.'

Australia is well placed to do this in the context of palliative care. The challenge is to coordinate and fund efforts to keep the flow of information to where it can be of most benefit.

References

1. Global Commission on Evidence to Address Societal Challenges. The Evidence Commission report: A wake-up call and path forward for decision-makers, evidence intermediaries, and impact-oriented evidence producers. Hamilton: McMaster Health Forum, 2022. ISBN 978-1-927565-31-5
2. Living Evidence for Australian Healthcare: Report on the outcomes of a Living Evidence consortium planning meeting, May 2018, available from <https://australia.cochrane.org>