

Strategy 1: Confirm that research evidence is actually what is needed

- Recognize that research evidence has three attributes: 1) is an output of empirical research that was conducted systematically and reported transparently (and regardless of whether it was peer-reviewed or where it was published or posted); 2) typically takes one of five forms of domestic evidence (data analytics; modeling; evaluation; behavioural / implementation research; qualitative insights), one form of global evidence (evidence synthesis), and two forms of recommendations (technology assessment / cost-effectiveness analysis and guidance); and 3) has explicit criteria that can be used to assess its quality (or credibility or risk of bias depending on the evidence paradigm being used), which we return to in strategy 4.
- Distinguish research evidence from helpful complements to it, such as: 1) other types of information (e.g., jurisdictional scan, horizon scan, key-informant interviews, and deliberative processes); and 2) other types of inputs (e.g., lived experiences, stakeholder input, and Indigenous ways of knowing). A jurisdictional scan can answer questions like what are comparator countries doing on this topic, but you then need to ask what the evidence tells us about their approach. A stakeholder engagement can answer questions like how do the positions of key groups compare to others, but you then need to ask what evidence underpins their positions.

Strategy 2: Use a framework to generate a mutually exclusive and collectively exhaustive (MECE) list of topics where evidence is needed

- Use a **policy analysis** framework for: 1) understanding a problem and its causes (where data analytics, modeling and qualitative insights can help); 2) selecting an option for addressing the problem (where modeling, evaluation, qualitative insights, guidelines and technology assessments can help); 3) identifying implementation considerations (where behavioural/implementation research and qualitative insights can help); and 4) monitoring implementation and evaluating impacts (where data analytics, evaluation, and qualitative insights can help). One such framework is available [here](#).
- Use a **program analysis** framework for asking whether: 1) the right problems and causes are being targeted for prioritized groups; 2) the most effective, cost-effective and valued interventions are being provided; 3) the most efficient delivery arrangements and implementation strategies are being used to get effective interventions to all those who need them; 4) monitoring and evaluation strategies are targeting the right reach and other process measures, and 5) there is the capacity to model contributions to impacts and/or cost savings.
- Use a **systems analysis** framework for asking whether the causes of problems and potential solutions may lie in: 1) governance arrangements (who gets to make what types of decisions); 2) financial arrangements (how money flows through the system); 3) delivery arrangements (how we organize ourselves to get the right care to the people who need it); or 4) implementation strategies targeting citizens, service providers or organizations. The Health Systems Evidence [taxonomy](#) can help with #1, #2 and #3 in the list. The COM-B [model](#) can help with #4 in the list.

Strategy 3: Leverage the right evidence repositories (and living evidence syntheses) for the form of evidence and topic area you are interested in

- Select the right repository of **quality-rated evidence syntheses**: 1) for clinical programs, services and products: [ACCESSSSS](#); 2) for public health programs and services: [Health Evidence](#); 3) for governance, financial and delivery arrangements and implementation strategies in health systems: [Health Systems Evidence](#); 4) for programs as well as governance, financial and delivery arrangements and implementation strategies in all non-health sectors: [Social Systems Evidence](#); 5) for COVID-19 clinical management, public health and social measures, health-system arrangements, and economic and social responses: [COVID-END Inventory](#); 6) for specific sectors outside health (to complement [Social Systems Evidence](#)) – a) education: [Education Endowment Foundation](#), b) humanitarian assistance: [Evidence Aid](#), c) international development: [3ie DEP](#). An evidence synthesis is a summary of what we have learned from around the world, including how it varies by groups and contexts. It involves systematically identifying, selecting, assessing and synthesizing all known studies addressing a question.
 - If the repository has a filter for living evidence syntheses, use it to find evidence syntheses that are updated as the context, issue and/or evidence evolves, often AI-enabled on the front end, and often with a ‘datasets out’ approach that allows users to select only those studies relevant to their context or issue.
- Select the right repository for the **domestic evidence** you need – 1) bibliographic databases such as PubMed or EconLit; and 2) websites – and specify the form of evidence, topic area, and geographic focus, as well as recognize that you are typically on your own for quality ratings (see strategy 4).

Strategy 4: Know what to look for in the existing evidence, especially for evidence synthesis

- Confirm the **broad relevance to the scope** of your area of interest (i.e., an element in your MECE list – see strategy 2 above)
- Confirm the **specific relevance to the question(s)** being asked in your policy work (e.g., benefits and harms of a policy or program option)
- Identify the ‘best’ evidence for your question, either by relying on an inventory’s determination of ‘best’ using the following three criteria (as Health Systems Evidence, Social Systems Evidence, and the COVID-END Inventory do for you) or by using each of the criteria yourself
 - Note the **recency of search** for an evidence synthesis, not the publication date (and whether it’s a living evidence synthesis that you can keep returning to)
 - Note whether the **quality** of the evidence synthesis is high (AMSTAR score ≥ 8), medium (AMSTAR score from 4 to 7) or low (AMSTAR score of ≤ 3), keeping in mind that a high AMSTAR score means the evidence synthesis was conducted to a high standard, however, the evidence summarized in the synthesis may still cause concern (e.g., there may be no eligible studies or the studies may have a high risk of bias)
 - Quality is best assessed using an explicit set of criteria specific to the form of evidence → see [report section 4.5](#) to find quality criteria for forms of evidence other than evidence synthesis
 - Avoid relying on poor proxies for quality, including credibility of the author(s), credibility of the organization that produced the work, credibility of the organization that funded the work, and whether the work has been peer reviewed
 - Note the availability of a **GRADE evidence profile**, which will tell you how much certainty you can have about the evidence contained in an evidence synthesis (e.g., there is a lower risk of bias)

Strategy 5: Know where to go to find high-performing evidence-support units, by form of evidence and topic area, and how to set standards for those supporting the flow of new evidence

- Clarify the form of evidence you’re looking for
 - Data analytics, modeling, evaluation (esp. impact and process evaluation), behavioural / implementation research, and qualitative insights from your country
 - Evidence synthesis
 - Recommendations in the form of technology assessments and guidelines
- Decide whether you want a specific trade (producing any of the above eight forms of evidence) or a ‘general contractor’ who can mobilize the right trades’
- Look at their website to see what ‘self-serve’ options are available (e.g., databases of all existing evidence by topic area, not just their own evidence)
- Look at their website to see what evidence products and processes they can support (e.g., living products), on what timeline (hours and days, weeks and months, years), and with what engagement processes