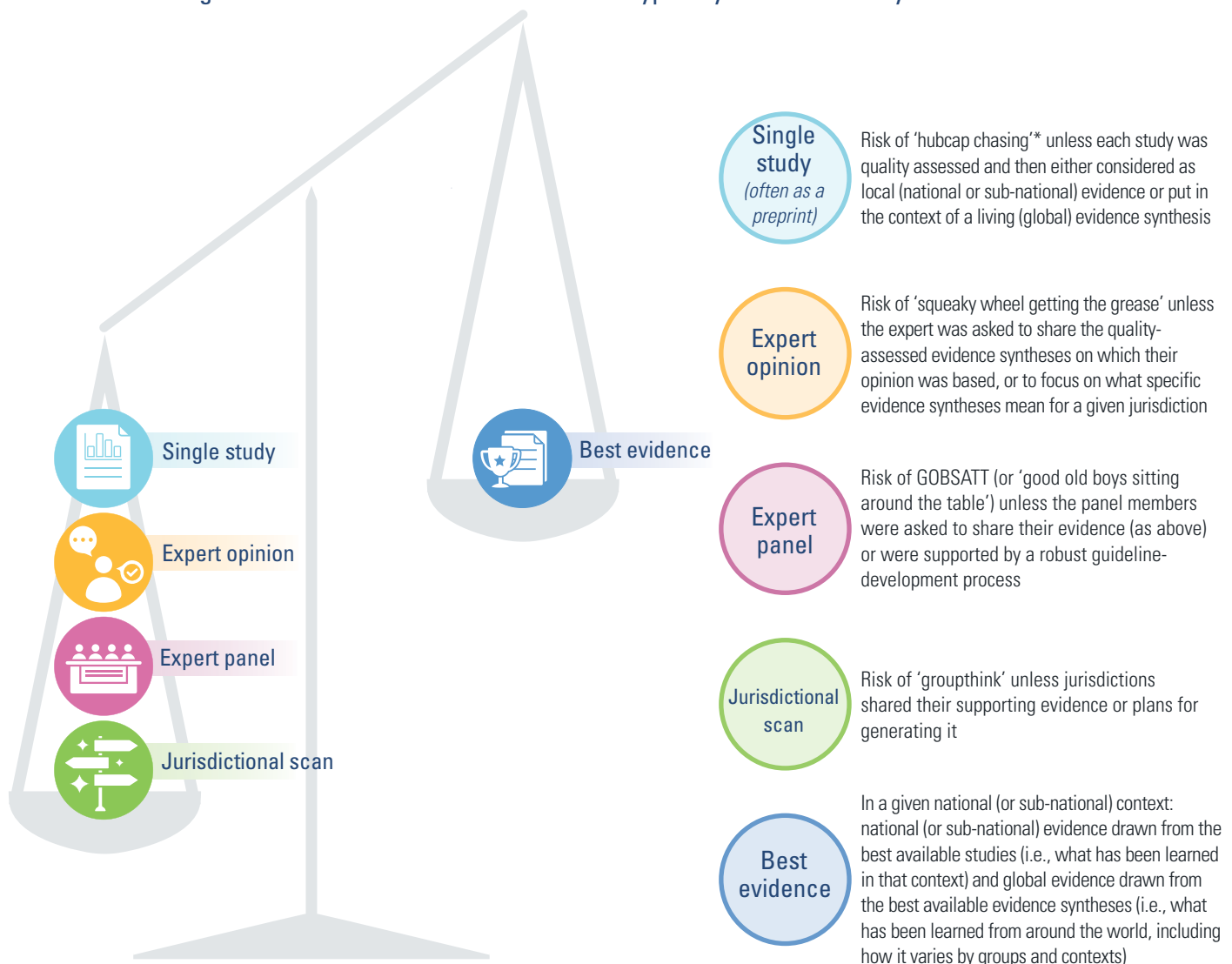## 4.13 Weaknesses in many COVID-19 evidence-support systems
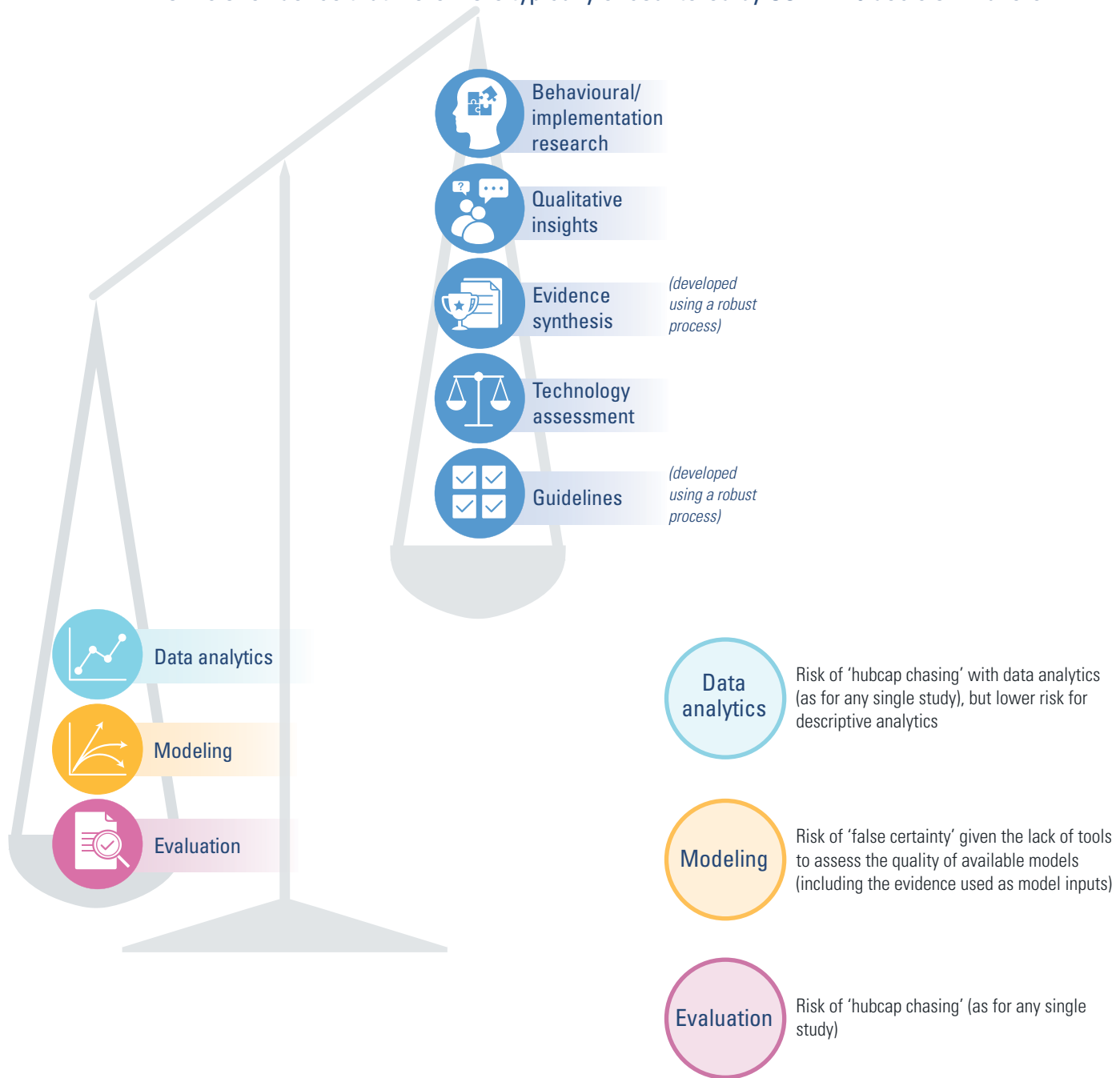
The COVID-19 pandemic has been a global crisis marked by the need for rapid-fire decision-making by high-level government authorities over several 'waves', and by both significant uncertainty and a quickly evolving (and often indirect) evidence base. In many jurisdictions, evidence appeared to play a more visible role in government policymaking during the COVID-19 pandemic than it has in many decades. That said, misinformation flourished, and citizens and other stakeholders struggled to understand why the evidence changed over time. 'Other things' than best evidence often had greater visibility than best evidence, and some forms of evidence often had greater visibility than others. We addressed misinformation in **section 4.11** and we provided additional context for the terms used here in **sections 4.8** ('other things' than best evidence), **4.2** (forms of evidence) and **4.5** (distinguishing high- from low-quality evidence).

'Other things' than best evidence that were more typically encountered by COVID-19 decision-makers

Single study *(often as a preprint)*
Risk of 'hubcap chasing'* unless each study was quality assessed and then either considered as local (national or sub-national) evidence or put in the context of a living (global) evidence synthesis

Expert opinion
Risk of 'squeaky wheel getting the grease' unless the expert was asked to share the quality-assessed evidence syntheses on which their opinion was based, or to focus on what specific evidence syntheses mean for a given jurisdiction

Expert panel
Risk of GOBSATT (or 'good old boys sitting around the table') unless the panel members were asked to share their evidence (as above) or were supported by a robust guideline-development process

Jurisdictional scan
Risk of 'groupthink' unless jurisdictions shared their supporting evidence or plans for generating it

Best evidence
In a given national (or sub-national) context: national (or sub-national) evidence drawn from the best available studies (i.e., what has been learned in that context) and global evidence drawn from the best available evidence syntheses (i.e., what has been learned from around the world, including how it varies by groups and contexts)

** As noted in **section 4.8**, we use the term 'hubcap chasing' (i.e., dogs repeatedly barking at and chasing cars) as a metaphor for sharing and commenting upon each new study that captures one's attention.*

Forms of evidence that were more typically encountered by COVID-19 decision-makers

Behavioural/implementation research

Qualitative insights

Evidence synthesis *(developed using a robust process)*

Technology assessment

Guidelines *(developed using a robust process)*

Data analytics

Modeling

Evaluation

Data analytics — Risk of 'hubcap chasing' with data analytics (as for any single study), but lower risk for descriptive analytics

Modeling — Risk of 'false certainty' given the lack of tools to assess the quality of available models (including the evidence used as model inputs)

Evaluation — Risk of 'hubcap chasing' (as for any single study)

Leaders in any jurisdiction can use the Evidence Commission report to systematize and broaden beyond health the aspects of the evidence response to COVID-19 that went well and to address the many aspects that did not go well. As part of systematizing what went well, these leaders will need to transition from the COVID-19-era focus on speed and as much quality as possible ('quick and clean enough') to a balance among speed, quality (e.g., waiting for evidence that is just around the corner), and sustainability (e.g., normal working hours and other work not put on hold).