

# Co-designing a Living Evidence Architecture

Workshop 1: Understanding challenges and opportunities of current systems and ideating for a future platform

17 February 2025  
Melbourne, Australia

34

Attendees

23 in-person  
11 online

6

Countries

Australia, Indonesia,  
Malaysia, Thailand,  
India, Philippines

2

WHO Offices

Western Pacific Region  
(WPRO) & South-East  
Asia Region (SEARO)



## Key learnings

### User needs for living guidelines / living evidence

- Intuitive, person-centric interfaces
- Customisable for different audiences / needs
- Integration of automation
- Interoperability with other systems
- Reliable systems with an offline option
- Transparency of methods
- 'One stop shop': everything I need is in one place and/or easily retrieved

## Key learnings

### Challenges of the current living guidelines / living evidence ecosystem

- Cost!!!
- Existing systems and processes:
  - Effort required to change may be substantial
  - Stakeholders may not understand pain points of current system
- Lack of consensus around "living": what does it mean, when is it necessary, how do we prioritise?
- Lack of expertise and discoverability: how do we know what's out there? Who else is working on what?

## Key learnings

### Opportunities for developing a global living evidence platform

- Engagement with a larger range of stakeholders to ensure varied needs can be met
- Collaboration to reduce duplication in effort
- Facilitation of translation into multiple contexts
- Specific priorities to facilitate strategic allocation of living evidence resources (e.g. prioritise specific recommendations versus entire chapter or guideline)
- Clearer communication of state of evidence (review, recommendations, updates, etc.)

Co-designing a Living Evidence Architecture for our region

Survey

W1

W2

W3

W4

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1

**Renewed use of traditional guidelines**

Presents an opportunity to introduce dynamic updates and improve responsiveness to emerging evidence.

2

**Continuous public consultation and engagement**

Offers opportunities to enhance transparency, inclusivity, and real-world relevance of evidence-based guidelines.

3

**Strengthening regional, global and cross-border collaboration**

Offers opportunities for shared learning, reduced duplication, and more coordinated evidence responses.

4

**Enhancing real-time decision making (Real-time updates)**

Creates opportunities for faster, more informed responses in dynamic health settings.

5

**Bridging the gap between research and policy**

Offers an opportunity to ensure evidence is translated into actionable strategies for health systems.

6

**Empowering local and community-level decision makers**

Essential to ensure that living evidence is applied effectively within diverse, on-the-ground contexts and supports decentralized health.

7

**Embedding equity and representation in evidence development**

Creates opportunities to ensure guidelines reflect diverse populations and address health disparities.

8

**Stakeholder inclusion and Co-design**

Offer opportunities to make guidelines more relevant, accepted, and responsive to user needs.

9

**Cost-effective prioritization**

Provides an opportunity to focus resources on high-impact areas and improve the efficiency of guideline development and implementation.

10

**Evolving conceptual framing of evidence**

Offers opportunities to rethink how guidelines are structured, updated, and applied in practice.

## FINDINGS

# Opportunities of Living Evidence

 Key themes

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## FINDINGS

# Challenges of Living Evidence

● Key themes

|                                                            |             |         |    |    |    |
|------------------------------------------------------------|-------------|---------|----|----|----|
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**Integration with existing clinical systems**

Needs to be prioritized to enable seamless, real-time access to updated evidence within clinical workflows.

2

**Real-time alerts, smart updating and evidence linkage**

Need to be developed to ensure users are notified of relevant changes and interconnected recommendations are consistently updated.

3

**User-centred platform design**

Needs to be adopted to ensure living evidence tools are intuitive, accessible, and tailored to the needs of diverse users.

4

**Interoperability and duplication across tools**

Needs to be strengthened to reduce duplication of effort and enable smooth data exchange across tools and platforms.

5

**Quality verification and transparent sourcing**

Need to be built into platforms to strengthen public trust in the reliability and credibility of living evidence.

6

**Searchability and discoverability of content**

Need to be enhanced to ensure users can easily find relevant, up-to-date evidence and recommendations.

7

**Collaborative & feedback-oriented platforms**

Need to be developed to support shared learning, stakeholder input, and continuous improvement of living evidence.

8

**Multi-format communication, visual tools, and learning formats**

Need to be incorporated to improve accessibility, engagement, and understanding of living evidence.

9

**Decision support tools for personalised use**

Need to be designed to provide personalised, context-specific recommendations that support real-time clinical decision-making.

10

**Integration of AI to support guideline development**

Needs to be leveraged to automate evidence synthesis, streamline updates, and enhance the efficiency of guideline development.

## FINDINGS

# Digital Transformation for Living Evidence

● Key themes

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