

Comments regarding “A Canadian model for providing high-quality, timely and relevant evidence to meet health system decision-maker needs: the SPOR Evidence Alliance.”

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To the editor:

We have read the recent article by [Zarin et al. \(2022\)](#) on the Strategy for Patient-Oriented Research (SPOR) Evidence Alliance and how it helps provide quality evidence in a short time to respond to the evidence needs of the Canadian health system and contributes to responding to decision-makers' needs. This strategy organises research teams through a central coordinating office to answer the request, using rigorous approaches to respond to critical health topics of patients, caregivers, and health care consumers. It is gratifying that world-renowned experts on this topic are included in the strategy and contribute to identifying gaps in research that can meet the frequent needs of patients and, therefore, the Canadian health system. However, we are encouraged to make some observations that should be considered if this strategy were applied in other countries, such as Colombia.

First, the Colombian health system is based on Law 100 of 1993, which decentralises health care by putting the responsibility on Entidades Promotoras de Salud (EPS, which translates to health-promoting entities). EPS creates service delivery networks (independent health providers or IPS) that must guarantee health care to patients ([Congreso de la República de Colombia 1993](#)). One of the ideas of Law 100 was to secure more health coverage among the Colombian population; since enacted, it has reached approximately 99% coverage of the Colombian population ([Ministerio de Salud y protección social 2022](#)). Likewise, territorial entities, such as health secretaries at state and municipal levels, determine whether independent health providers comply with the minimum standards for health care attention. In addition, through quality indicators (phoenix indicators), the service delivery networks are monitored and confirmed to be suit-

able for population health management ([Superintendencia Nacional de Salud 2019](#)).

This organisation of the Colombian health system generates hundreds of thousands of medical cases annually that could be translated into multiple research questions, protocols, and recommendations to patients and caregivers. Unfortunately, the information generated does not have a centralization mechanism and traceability and therefore deepens into identifiable problems of patients. Hence, it does not allow the creation of networks and research services to be adaptable to the patient's needs, as suggested by SPOR Evidence Alliance, to avoid duplication of research efforts ([Zarin et al. 2022](#)). Accordingly, we propose a more active role by territorial entities centralizing and analyzing patient information and contact a team of researchers who can answer research questions and prevent duplication.

On the other hand, it is unfortunate that many researchers and health care personnel in the country are unaware of the need to search different databases to avoid redundancy in research. Prospero, Open Science Framework, or Cochrane database could determine whether the research question is resolved or requires new research or a systematic review ([Morales-Plaza et al. 2022](#)). In the latter, it is necessary to search in extensive databases that are not available in small municipalities and even more so in remote communities where there are even internet connection problems ([Morales-Plaza et al. 2022](#)). Due to these situations, there is a disconnection between what is essential to improve the quality of care and what researchers want to study, so research waste is generated because the information is not adapted to the patient's needs ([Zarin et al. 2022](#)). Moreover, the great heterogeneity of the population also influences it in countries like Colombia. For this reason, it is fascinating how the SPOR strategy allows researchers to stay connected to minimize efforts and facili-

tates access to knowledge and evidence for health decision-makers, clinicians, and patients (Zarin et al. 2022).

In this case, Cochrane Colombia has done a fantastic job in including prominent universities and independent health care providers in large cities, which are recognized in Latin America as generators of knowledge and having high standards of care, respectively. However, there is still a lot to be done in states with poor infrastructure, small cities, and remote communities, where implementing innovative strategies that respond to local needs and better patient care is necessary. Creating collaborative networks that can break the inequities in research in these populations can solve this issue (Morales-Plaza et al. 2022). The research co-leaders' model could solve some of these needs; however, unfortunately, this process is hindered by the lack of time and dedication by researchers with enough expertise and not excluding people who are not part of the academy.

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