



POTSDAM INSTITUTE FOR
CLIMATE IMPACT RESEARCH

Developing, using, and evaluating the next generation of DESTs to produce AI-Powered LES for Climate & Health

The DESTINY project

Dr. Maria-Inti Metzendorf

3 March 2026

DESTINY

Digital Evidence Synthesis Tool Innovation Yielding Improvements in Climate & Health

DESTINY is co-developing a **new generation of digital evidence synthesis tools (DESTs)**

by showcasing the delivery of rigorous **living evidence** in climate and health

that matters to policymakers & other evidence users.



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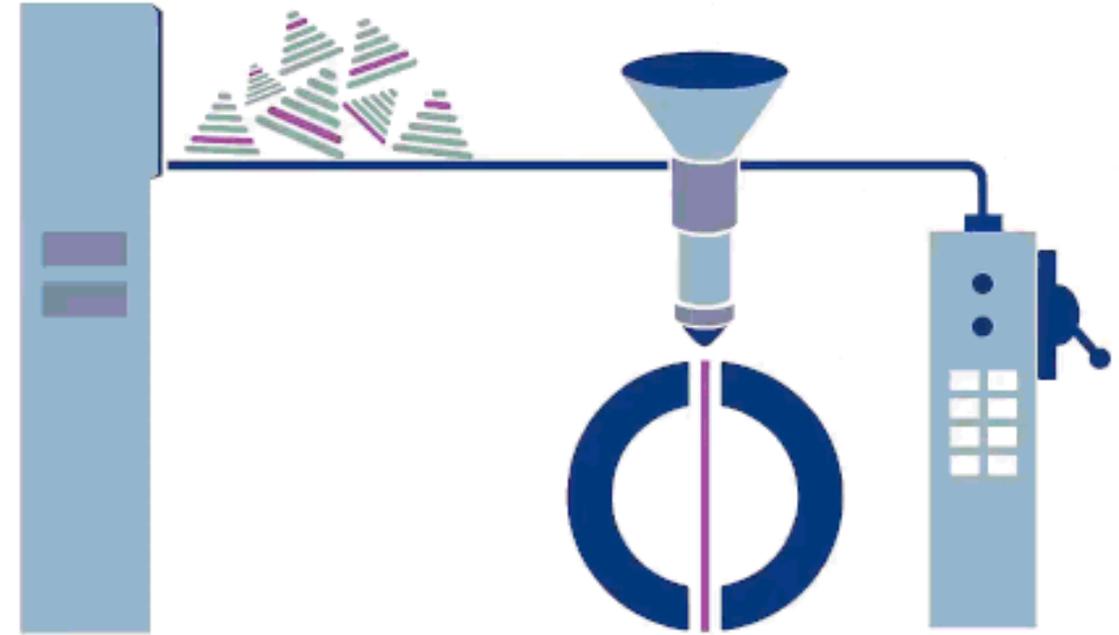
DESTINY consortium



DESTINY

Living evidence for climate & health

- **New DESTs** – explore AI to create faster, cheaper, and more useful evidence synthesis tools (WP2)
- **Responsible use** – ensure safe and responsible DEST applications without compromising standards (WP3)
- **Impact through co-production**
 - work with decision-makers to apply DESTs in key impact cases (WP1, WP4)
- **Mainstreaming DESTs**
 - help users, producers, and funders establish best practices (WP5)



Six DESTINY Impact Cases

WP4 IMPACT CASES Showcasing the transformational power of Digital Evidence Synthesis Tools in six communities of practice for the delivery of rigorous and living evidence that matters to evidence users

Why this case selection?

Ensure that impact cases are representative of real-world problems



Evidence users
Different government levels & organisation types



Geographies
Different availability of resources & evidence



Evidence gaps
Different evidence needs for pressing decisions



Methods
Different types of evidence & synthesis methods

Case studies

1 GLOBAL EVIDENCE

2 LOCAL EVIDENCE

3 MORTALITY & MORBIDITY

4 FOOD SYSTEMS

5 LOCAL ADAPTATION

6 GLOBAL SDGs

Who needs the evidence?

International organisations
Evidence curators
National governments

City networks
Local governments

International organisations
NGOs
Local governments
National governments

International organisations
NGOs
Local governments
National governments

City networks
Local governments

International organisations

Current & planned partnerships*:
WHO, IDRC, OECD, Lancet Countdown, Campbell, Cochrane

Current & planned partnerships*:
ICLEI, C40, CDP, GLA

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Current & planned partnerships*:
The Global SDG Synthesis Coalition, Sustainable Development Solutions Network

*Abbreviations in the annex

Which evidence gap is addressed?

Comprehensive global evidence base on climate & health

Comprehensive local evidence base of climate & health impacts and benefits of climate actions
EVIDENCE SCARCITY

Effective mitigation and adaptation actions to reduce mortality and morbidity

Interventions to advance uptake of sustainable diets including barriers and enablers

Adaptation strategies to climate-related heat in cities
EVIDENCE SCARCITY

Interventions to accelerate progress towards climate & health related SDGs

What method is used to address the gap?

Living evidence map

Living evidence map
Evidence transfer

Living systematic review

Living systematic review

Living systematic review
Evidence transfer

Living science assessment

Combining bibliometrics with evidence mapping methodologies to deal with vast amounts of evidence

Automating traditional evidence gap mapping and qualitative synthesis; **focus on evidence transfer**

Automatic quantitative synthesis

Automating mixed methods synthesis and integration of empirical and modelling data

Automating mixed methods synthesis with **focus on evidence transfer**

Radical automation strategies for **science assessments** focusing on UN evaluation

What is the potential impact and use?

Agenda setting, horizon scanning

More efficient evidence ecosystems and improved priority and agenda setting in climate & health across in low-, middle-, and high-income countries

Policy design, policy advice, policy advocacy

Comprehensive, timely and relevant evidence that informs more effective policies to protect people's health and reduce emissions

Policy design, policy learning

Accelerated progress towards climate and health related SDGs

Living evidence map of the global climate and health literature

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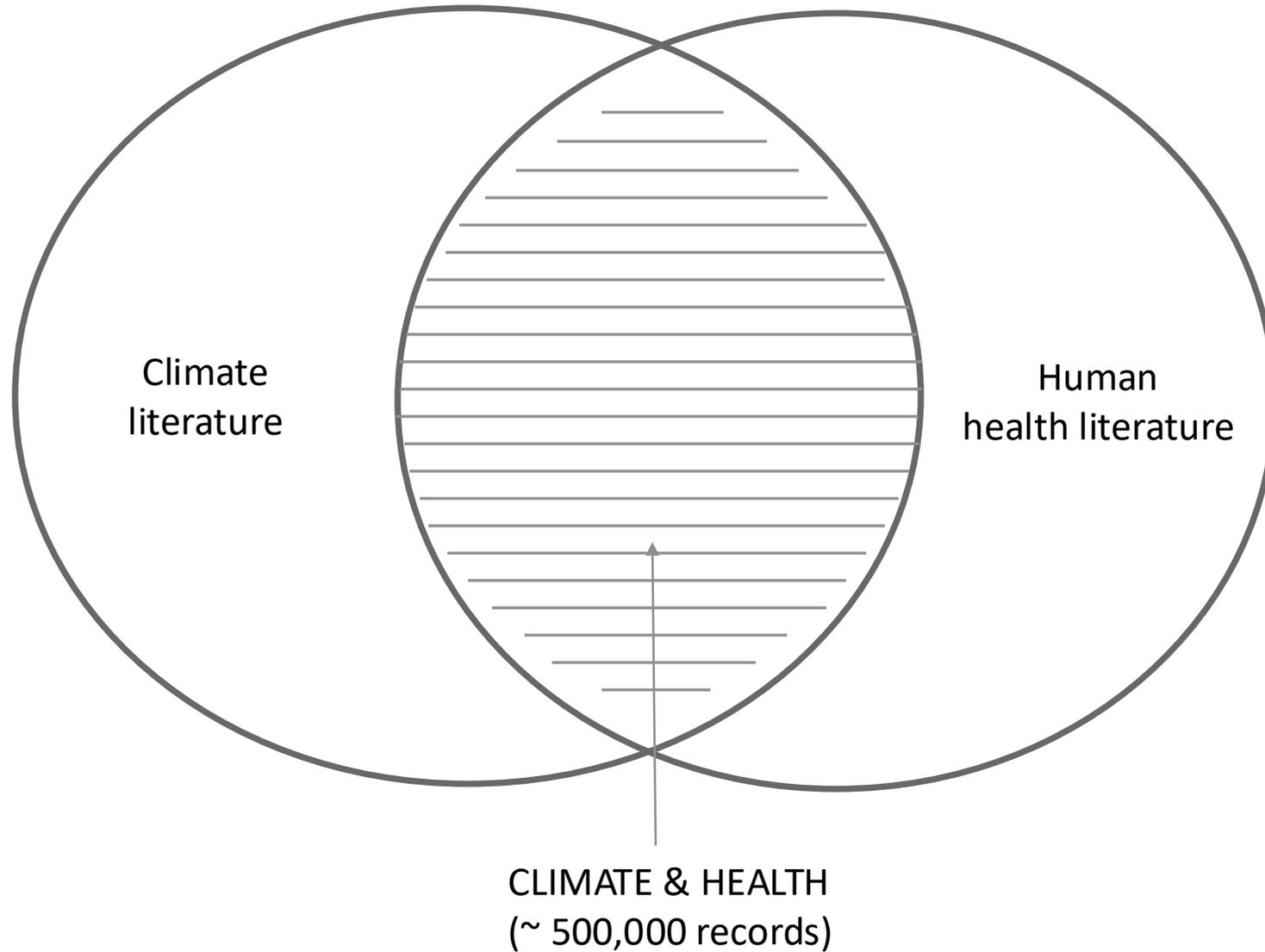
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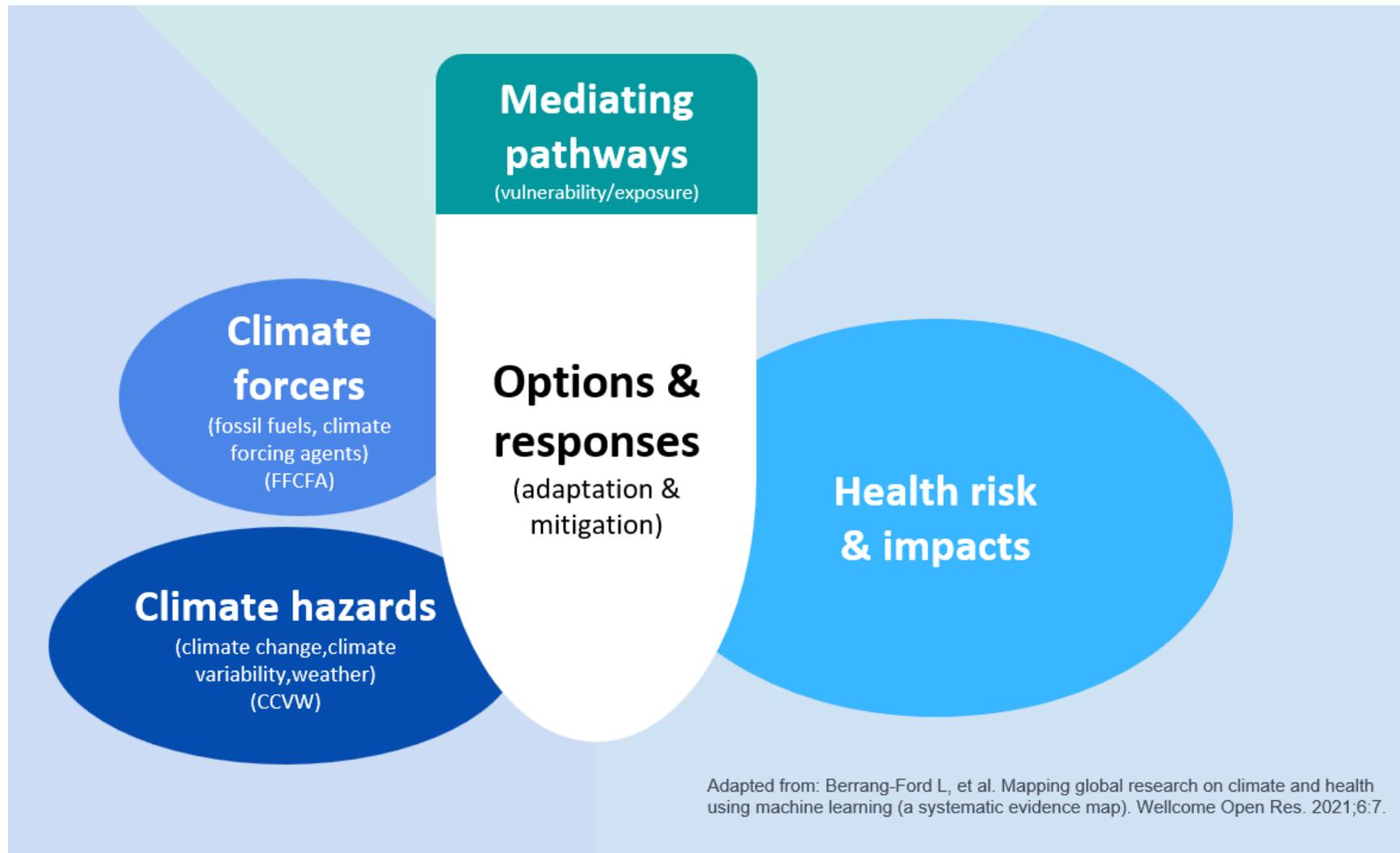
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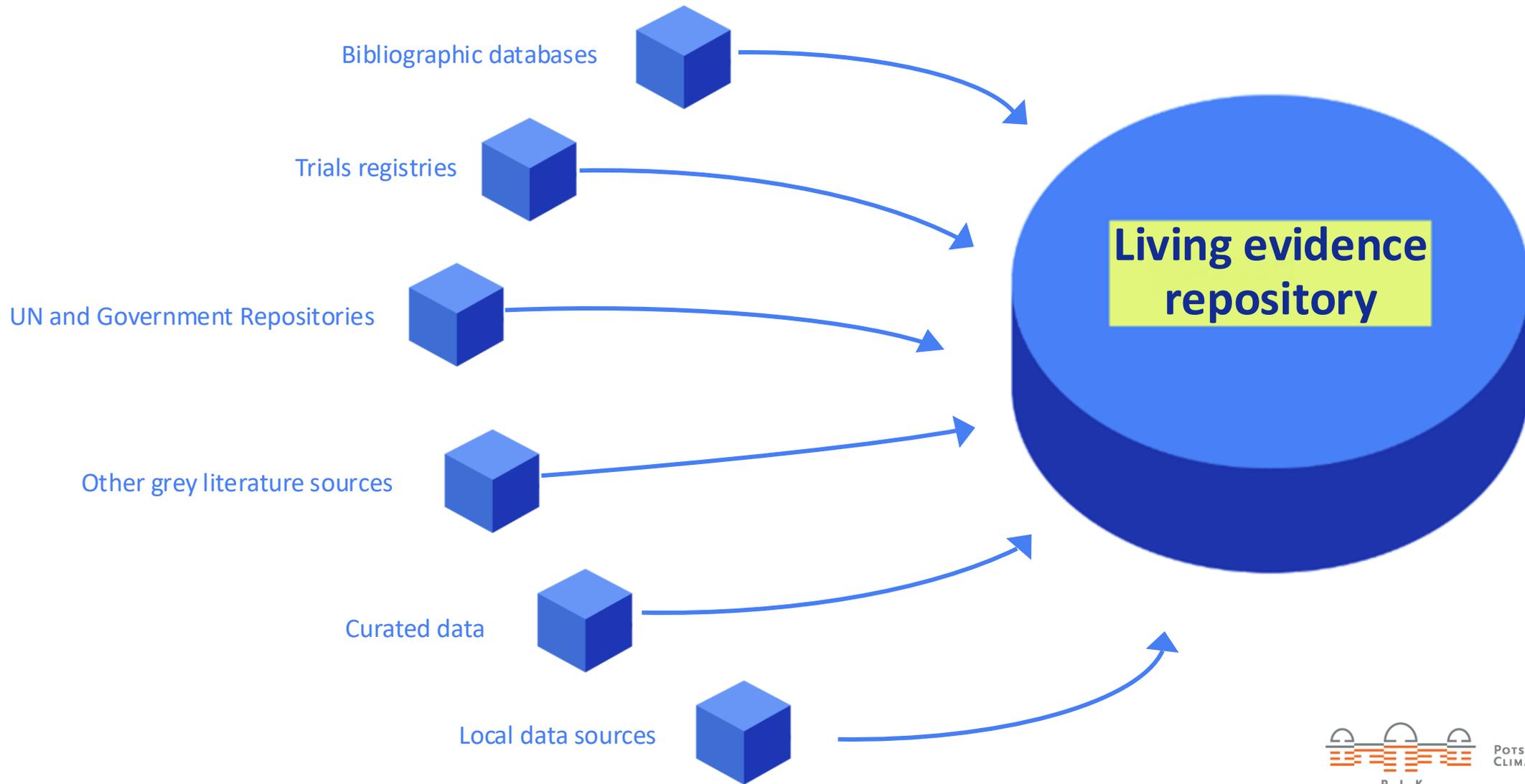
The scope in simple terms



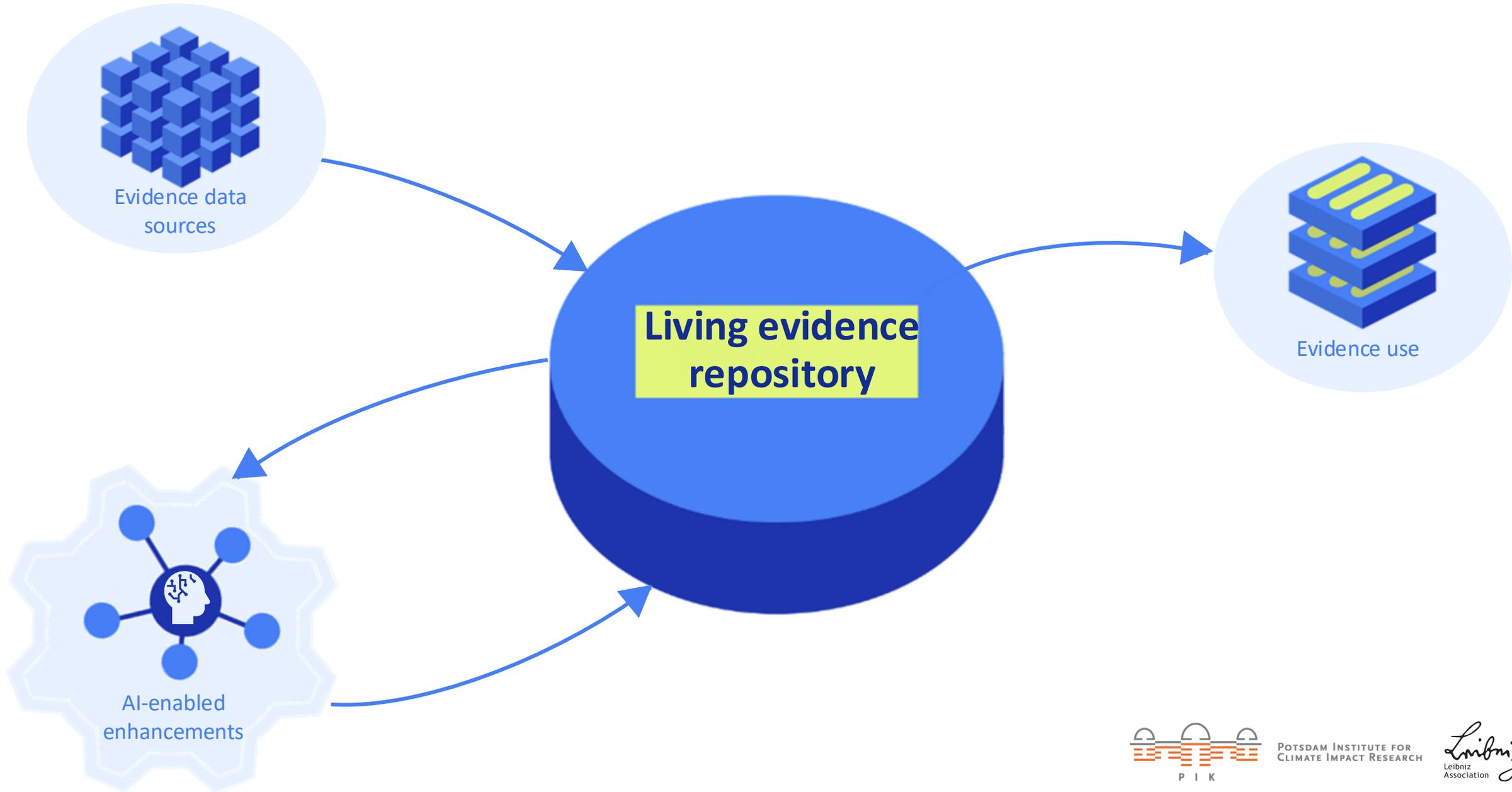
Key concepts



Evidence sources/types of studies



A living data repository for CC & Health



Taxonomy

Population (sub-categories: vulnerability, gender/sex, age)

Topic (sub-categories: mitigation, adaptation, impact);

Climate factors (sub-categories: climate drivers, extreme weather events, climate-forcing agents, fossil fuels)

Interventions/asures/responses (sub-categories: policy, technology/infrastructure, behavior/culture, ecosystem-based, institutional);

Sectors (sub-categories: agriculture, fishing and forestry; buildings and housing; education; energy and extractives; finance; healthcare; social protection; industry, trade and services; information and communications technologies; public administration; transportation; water, sanitation and waste management);

Governance scale (sub-categories: global, international, national, sub-national, household and individual);

Geographic location of affected area, and derive location characteristics, e.g. income category (sub-categories: low, lower middle, upper middle, high);

Geographic feature (sub-categories: urban, rural, desert, forest, freshwater, grassland, island, mountain, ocean/coastal, polar, rainforest, valley, temperate, tropical, wetland);

Exposure (sub-categories: heat stress, air quality, food supply and safety, water quality and quantity, extreme weather events, vector distribution and ecology, social factors (forced displacement, violence, conflict));

Actors (sub-categories: international organizations, government, private sector, civil society, households and individuals);

Methods (sub-categories: primary research, evidence synthesis);

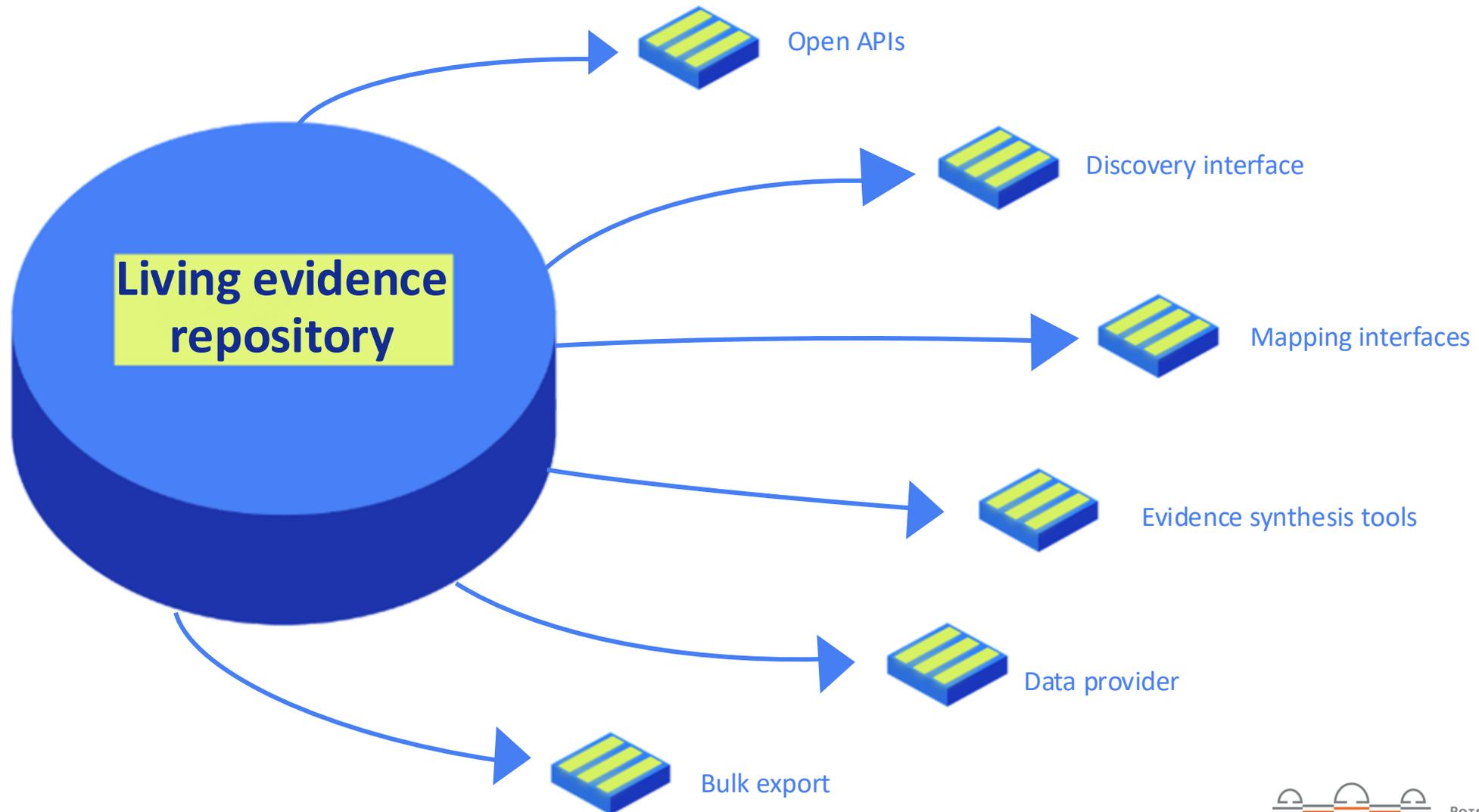
Outcomes (sub-categories: death/mortality, outpatient visits, hospitalization, and the first three levels of the ICD-11).



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Evidence products / outputs





Home

REPOSITORY OVERVIEWS

Query Search

Advanced Search

Dashboard

DESTINY Taxonomy

DEMO VISUALISATIONS

Demo Page 1: Bar Chart

Demo Page 2: Pie Chart

Demo Page 3: Hierarchical V...

Demo Page 4: Attribute Cros...

Settings Menu

Select a color theme

viridis

Maximum Number of Items

Displayed in Plots

10

Maximum Length of Labels in Plots

Current label length: 50

DESTINY Dashboard

Whole database overview

Total Records

17,916,584

Included Records ⓘ

492,648

Recently Published Records ⓘ

3,513,245

Most Recent Ingested Publication ⓘ

2026

Taxonomy

Choose Type ⓘ

ANTD

ST_tree

> Intervention

> Context

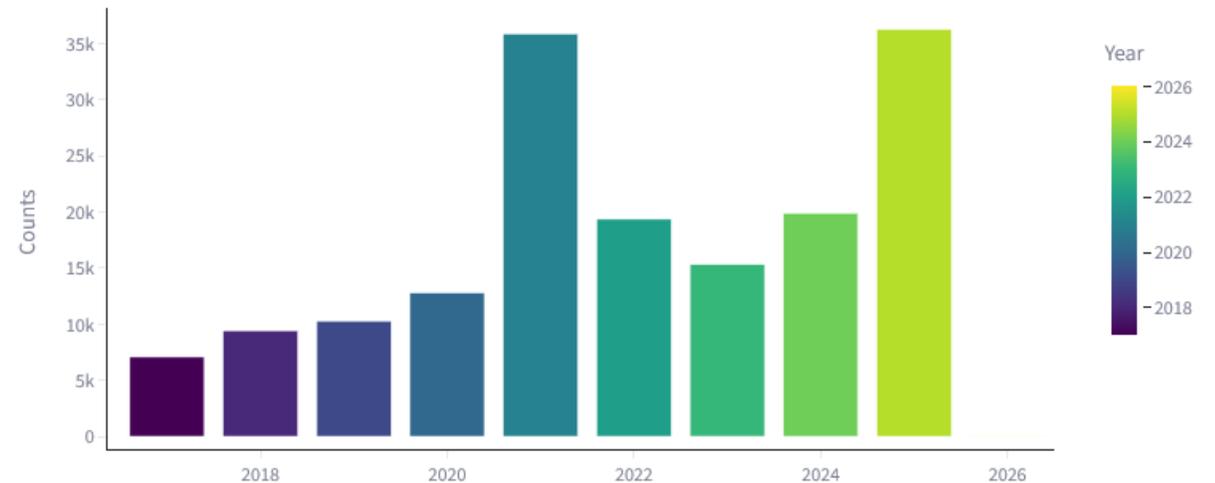
> General exposure

> Health outcomes

💡 ANTD allows selecting any node, while ST_tree only allows selecting leaf nodes for more precise filtering.

Yearly Record Distribution

Records per Year (showing latest 10 years)



Thank you and over to Max...

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Tools and Evaluation

Enabling systematic reviewers and evidence users to conduct and access trustworthy and responsible AI-assisted evidence synthesis

DEET



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DEET

Data Extraction Evaluation Toolkit

- There are **many** platforms which allow you to use LLMs to screen, categorise, or extract data from studies
- There are **none** that are **open source**, that give you complete **control of models and prompts**, and that encourage **good evaluation practice**

```
tmux
(deet-project) → DEET-project git:(main) X deet --help
2026-03-03 09:34:39.062 | DEBUG | deet.processors.parser:__init__:303 - default pdf parser: pdfminer
2026-03-03 09:34:39.062 | DEBUG | deet.processors.parser:__init__:303 - default epub parser: pandoc
2026-03-03 09:34:39.062 | DEBUG | deet.processors.parser:__init__:303 - default html parser: pandoc
2026-03-03 09:34:39.063 | DEBUG | deet.processors.parser:__init__:303 - default xml parser: pandoc

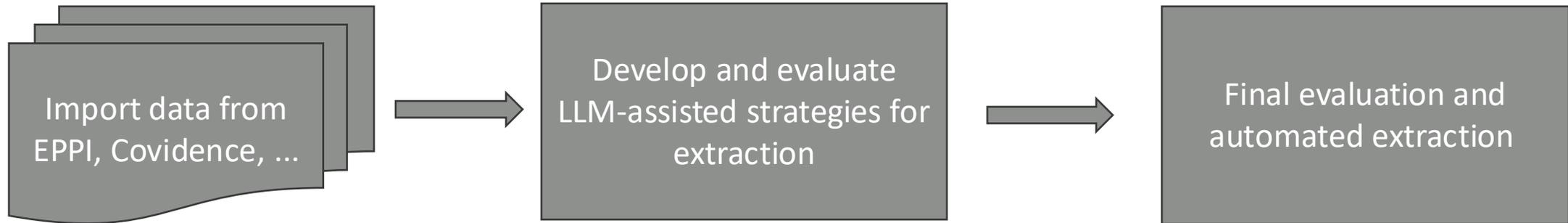
Usage: deet [OPTIONS] COMMAND [ARGS]...

Options
--install-completion      Install completion for the current shell.
--show-completion         Show completion for the current shell, to copy it or customize the installation.
--help                    Show this message and exit.

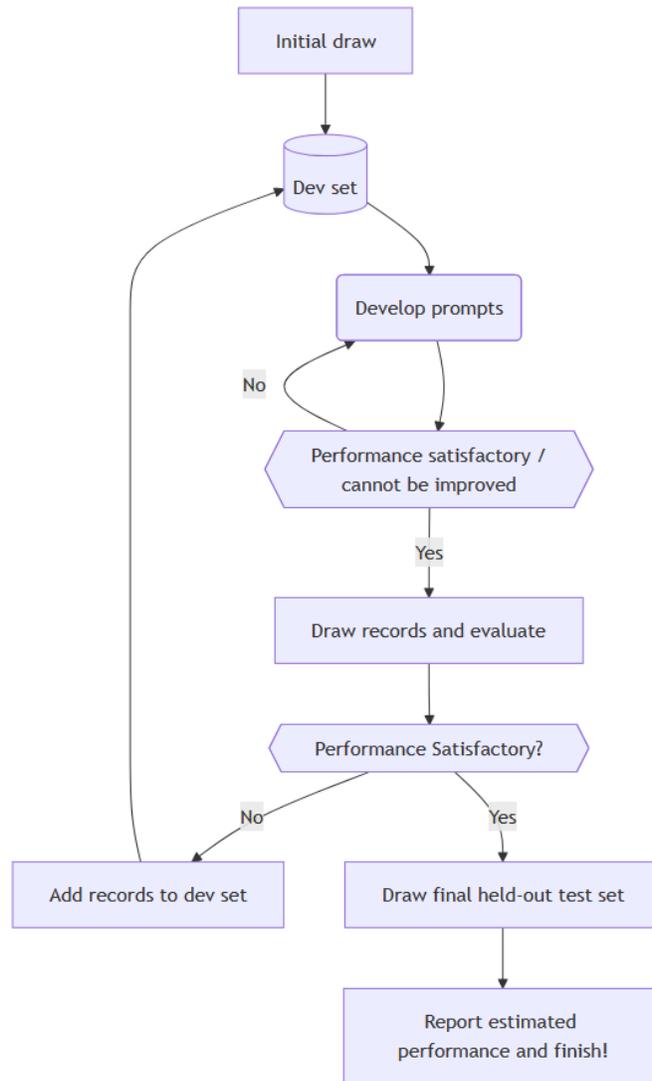
Commands
export-default-config     Export the default DataExtractionConfig to a YAML file.
import-data               Import gold standard annotation data from a supported format.
create-link-map           Create a mapping to link documents and the full texts.
link-documents            Link documents to their fulltexts.
write-prompt-csv          Write a prompt csv.
data-extraction           Extract data from documents.
evaluate                  Evaluate a pipeline run, and print a table of evaluation metrics.
test-llmconfig            Test llm config.

(deet-project) → DEET-project git:(main) X |
[0] 0:python 1:emacs- 2:python3 3:zsh 4:zsh* "LT1251" 09:35 03-Mar-26
```

DEET Workflow



Chunked evaluation workflow



- We formalise an evaluation protocol that
 - strictly separates development/training from testing
 - gives a realistic estimation of available work savings

Future of DEET

- Initial release in coming weeks
 - Can be used via CLI, or as a python package
- **Self-hosted UI**
- **DESTINY-hosted UI**

Open operational questions for evaluation

- How many documents do I need in my development sets?
- How do I deal with the fact that "gold-standard" annotations are not solid gold?
- How can I communicate the implications of any evaluation I do on the answer to my review's research question?

A wider research agenda on the evaluation for AI-assisted systematic reviews

- **Dealing with unreliable human annotations**
- Can we correct disagreements between human-annotated and AI-annotated data without biasing our evaluations of the AI? Can we *not* correct disagreements without biasing our evaluations? How should we approach this?
- Under what conditions do more human annotators improve the fidelity of gold-standard data? Does accuracy always approach 1 with more annotators?
- Can we infer the number of annotators we would need to achieve a given level of fidelity to ground truth data from measures of inter-rater reliability?
- Does a ground-truth exist? How do we deal with this epistemologically? What would superhuman performance mean?
- **Managing uncertainty**
- Are binomial confidence intervals for recall and precisions good baselines for estimating confidence intervals around performance metrics?
- Can confidence intervals be narrowed?
 - By using Bayesian statistics and priors based on performance on similar tasks?
 - By estimating jointly across predicted categories / tasks?
 - Automation and the results of systematic reviews
- How do errors and uncertainties around errors compound across tasks, when automation is used for multiple stages of a systematic review?
- How do errors affect the results of systematic reviews?
- How can we incorporate uncertainty around the accuracy of specific tasks (screening, data extraction, critical appraisal) into the overall uncertainty in our results?
- Optimal stopping criteria / stopping criteria for living reviews / LLMs for screening / alternatives to prioritised screening
- **Optimising the distribution of labour between humans and machines**
- How can we quantify the costs and benefits of conducting evidence synthesis tasks by hand and using different AI approaches?
- How can we manage trade-offs and allocate resources efficiently?

<https://destiny-evidence.github.io/evaluation-book/research-questions/>



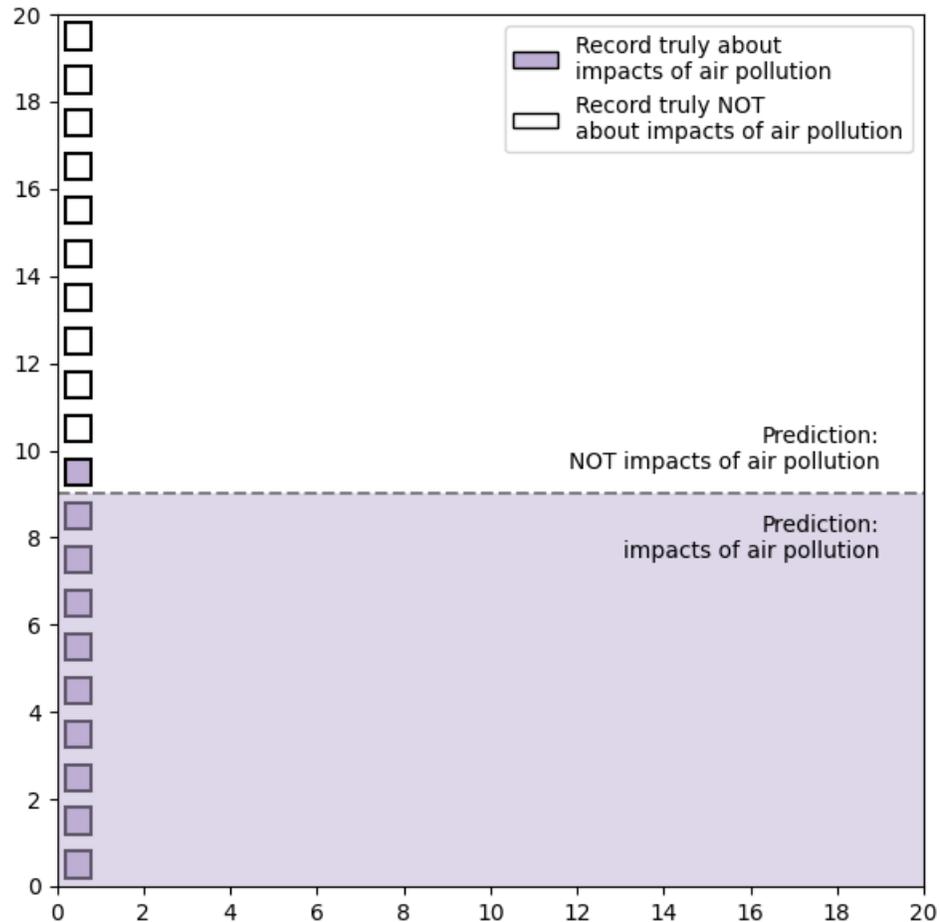
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Uncertainty-aware evaluation

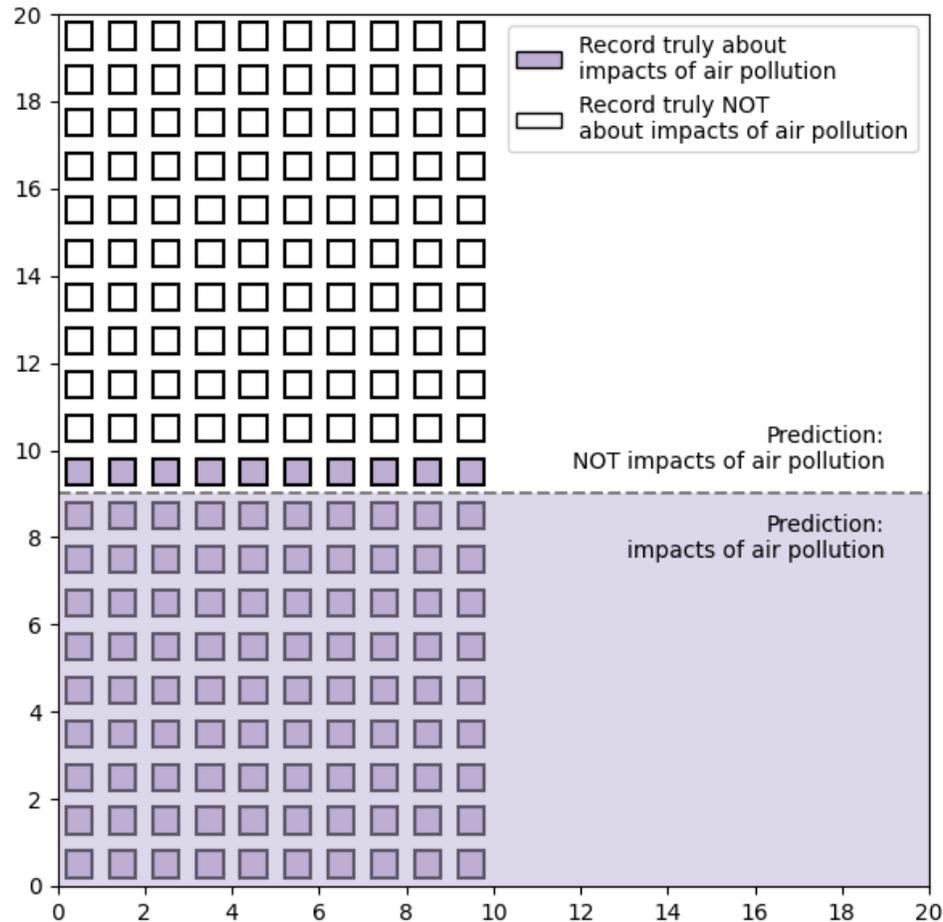
Uncertainty in evaluation metrics is often unaccounted for

- Given this evaluation data, we estimate our recall to be 90%



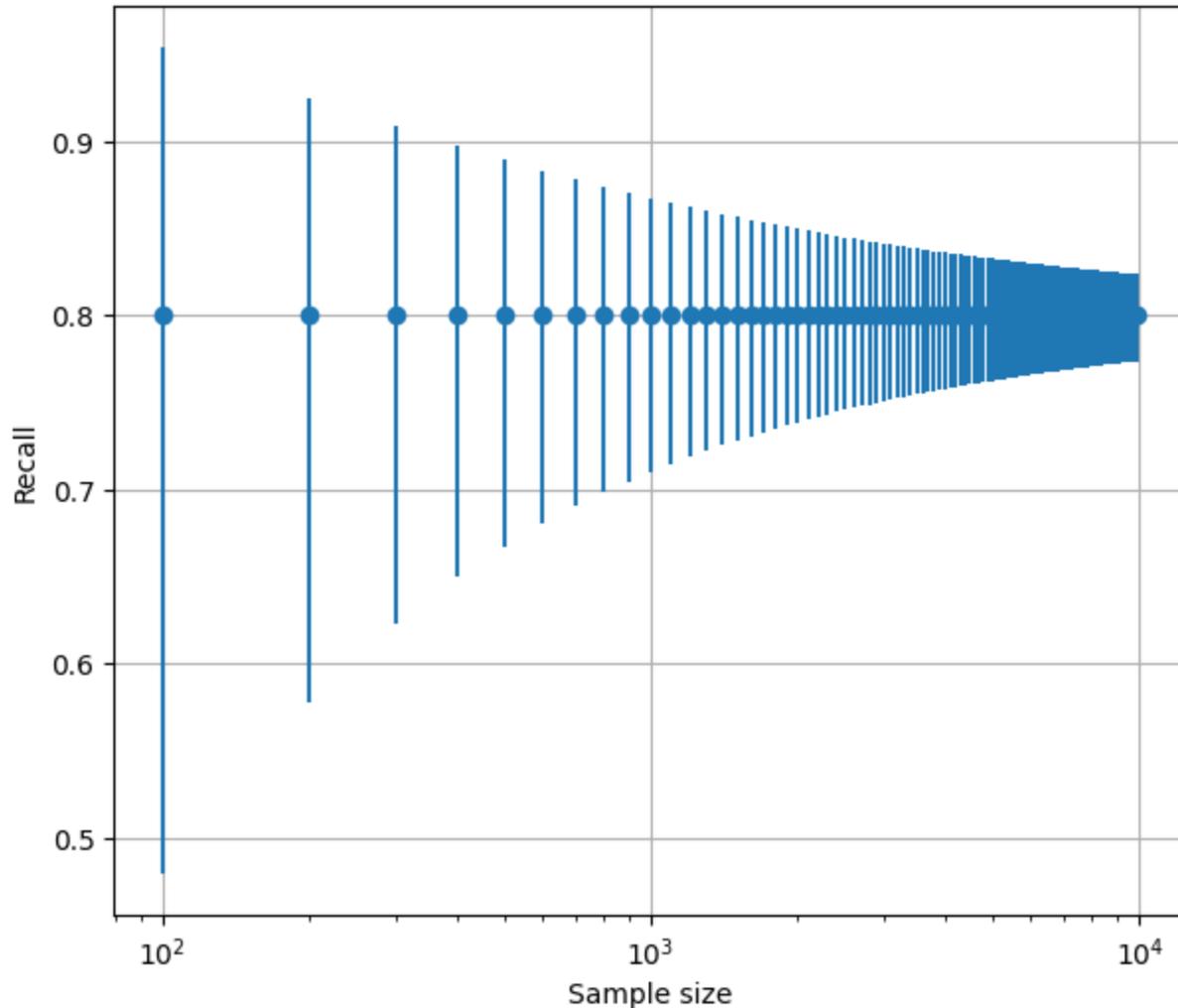
Uncertainty in evaluation metrics is often unaccounted for

- Given this evaluation data, we estimate our recall to be 90%
- With more evaluation data, we still estimate 90%, but our confidence interval should shrink



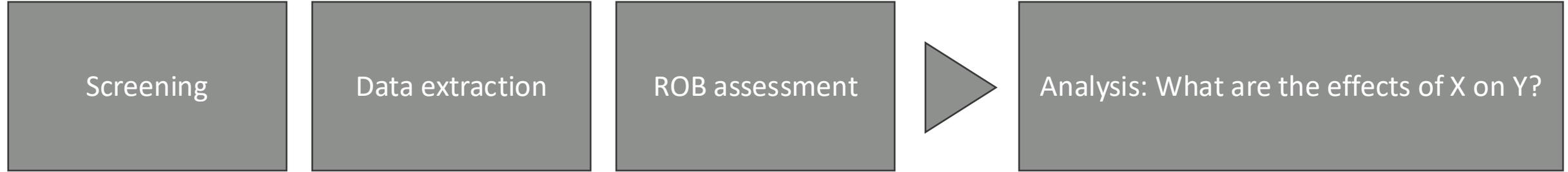
Binomial confidence intervals for evaluation metrics

True recall = 0.8, prevalence = 0.1

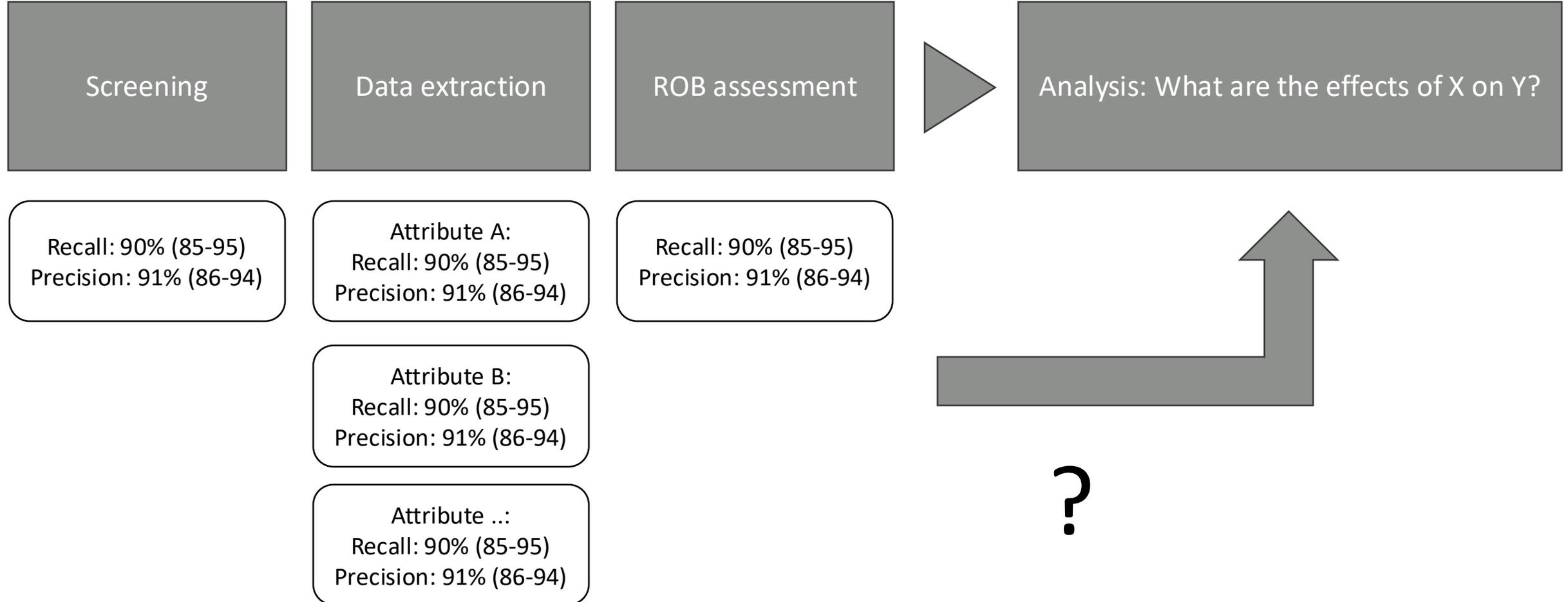


- We can use binomial confidence intervals (as in diagnostic test accuracy) to estimate proportions
- These are large!
- Can they be narrowed with
 - Bayesian statistics
 - Bootstrapping
 - Joint estimation across classes

When we use AI across the systematic review process, how do errors and uncertainties compound?



When we use AI across the systematic review process, how do errors and uncertainties compound?



Meaningful communication to evidence users

Ultimately we do not care if we are 95% confident we achieve 95% recall in screening, 97% recall on average across attributes in data extraction, ...

We want to know how potential errors introduced through automation (OR through human error) affect our findings.

How can we propagate these errors into the confidence interval of our findings?

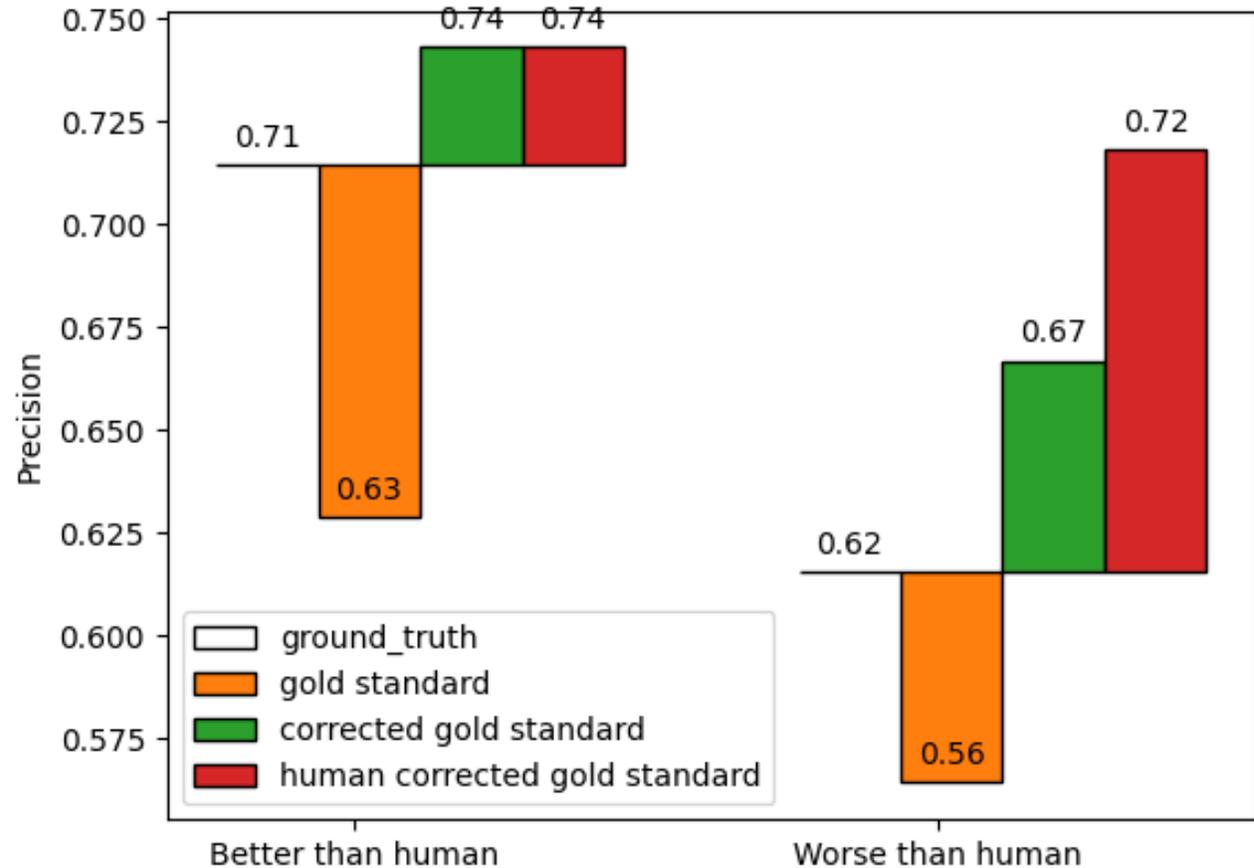
Dealing with imperfect human annotations

What happens if we "correct" disagreements between human annotations and AI predictions?

When human and AI annotations disagree, the evaluation metrics for our AI pipeline go down.

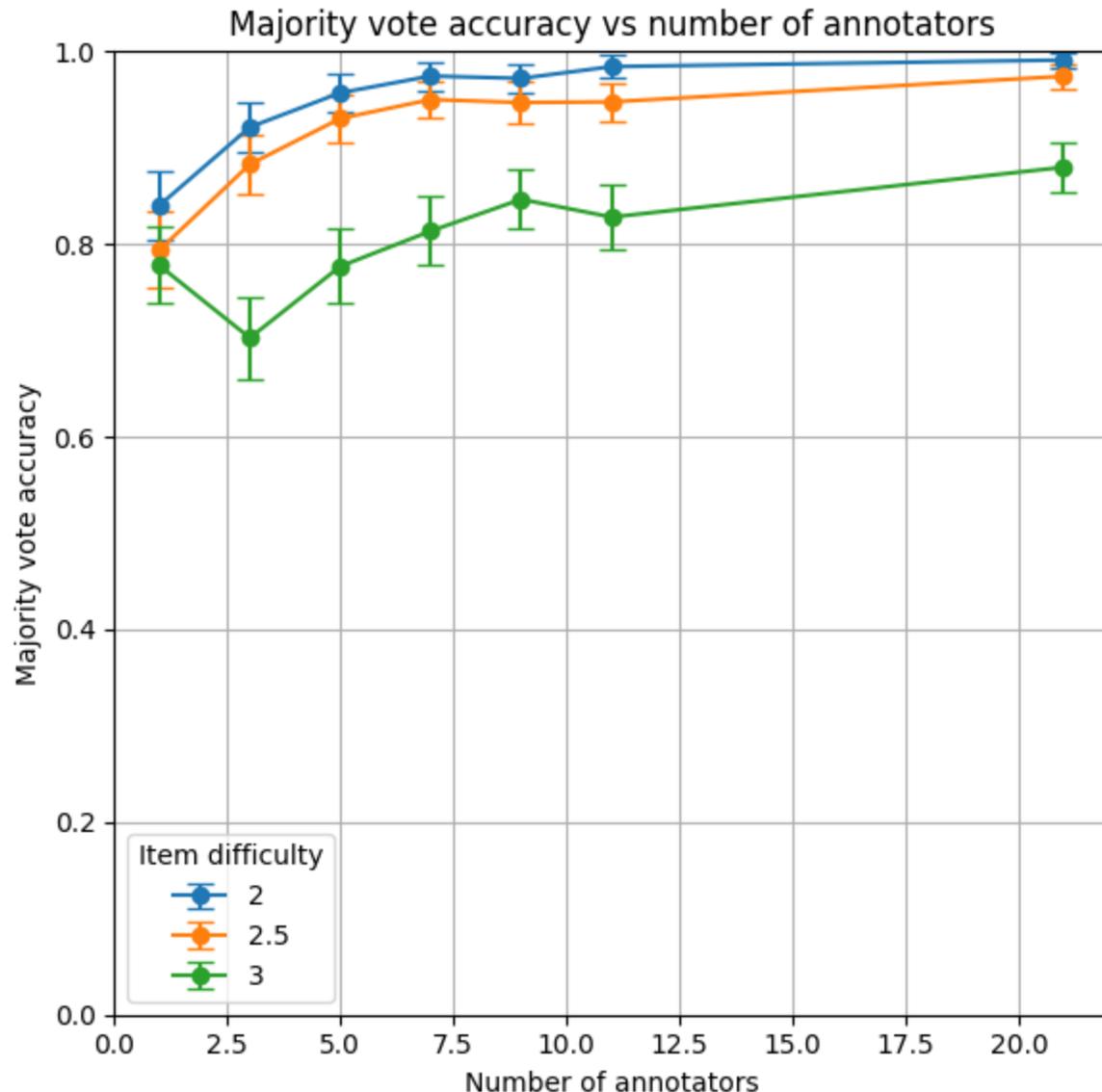
But are these true disagreements? Or were they coding errors?

What happens if we "correct" disagreements between human annotations and AI predictions?



- Not correcting errors means we underestimate AI performance
- Correcting them means we overestimate performance (especially if AI is working less well than average human)
 - This is because we do not catch those cases where the AI and human erred

How many human annotations do we need?



- Two human annotations, with disagreements resolved by a 3rd is a convenient heuristic
- AI gives us the chance to shift how we allocate human labour
- Under non-correlation of errors, accuracy approaches 1 as we add annotators (Condorcet's jury theorem)
- But can we estimate the utility of an additional annotator, given observed inter-rater reliability

An optimal distribution of labour between humans and AI

An optimal distribution of labour between humans and AI

If we make progress on the questions above, operational questions around organising work and the distribution of work between humans and AI start to become answerable

We can move towards an optimal distribution of labour between humans and AI that is likely to improve, rather than degrade, the quality and integrity of systematic reviews

Thank you

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