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MAKING WIDER USE OF UNCONVENTIONAL EVIDENCE SOURCES: THE **ASSESSING UNCONVENTIONAL EVIDENCE (ACE)** TOOL

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THE CHALLENGE

- Including the perspectives of patients, the public and civil society organisations is vital for health and social care decision making
- Reports and other forms of evidence from patient and civil society organisations are:

- Rich sources of information on the **acceptability and feasibility of health service and clinical innovations** and on **factors affecting implementation**
- **Useful for supporting decisions** at local, regional and national and levels and beyond

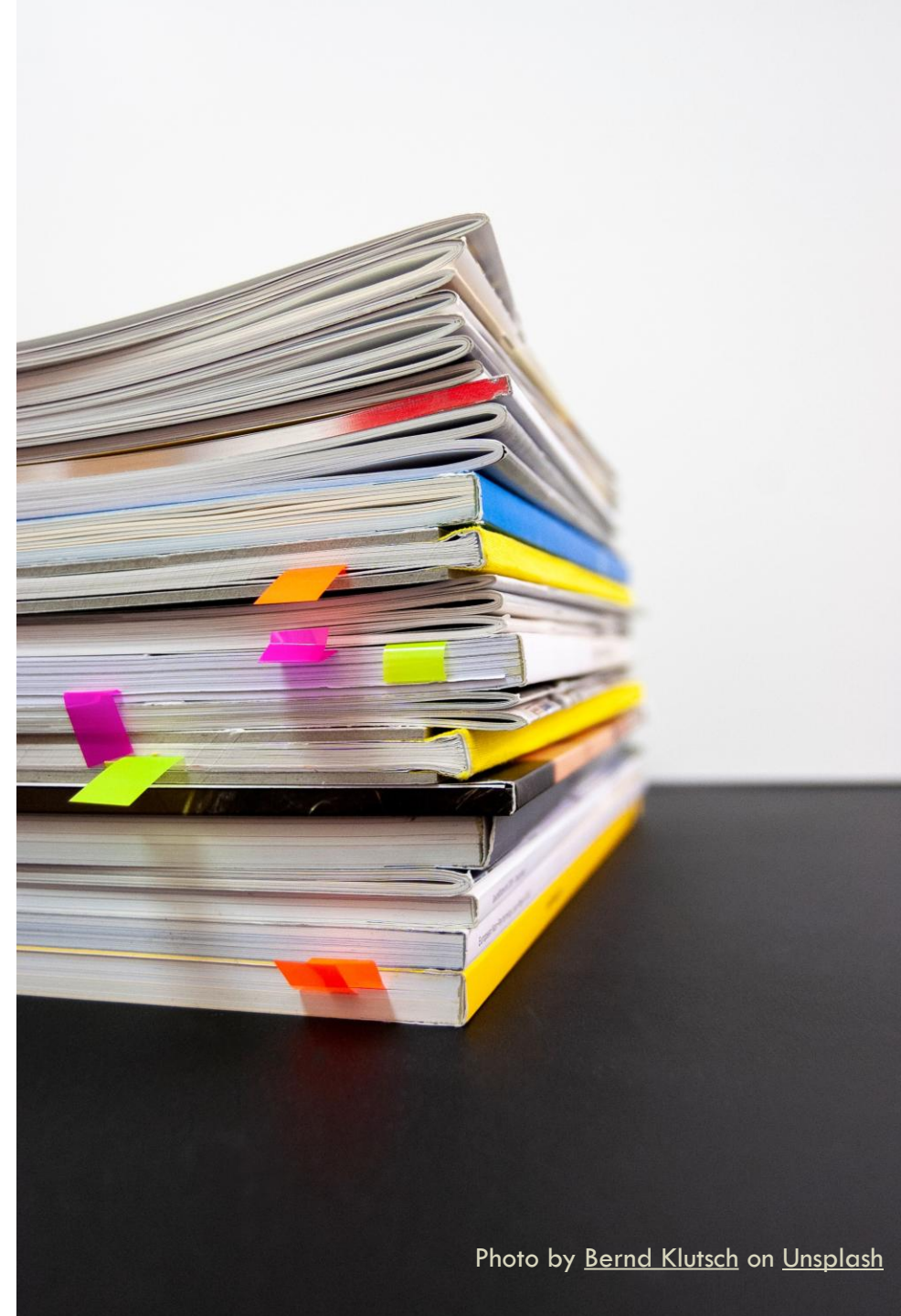
Policy and programme implementation descriptions and other kinds of local evidence are also rich sources

- To use information from these unconventional sources in evidence syntheses or other products to support decisions, **we need methods to assess their strengths and limitations**

WHAT ARE UNCONVENTIONAL SOURCE MATERIALS?

These encompass a wide range of different types of information that largely share the following features:

- Generally **descriptive** rather than analytic in nature
- Generally **based on people's views, experiences or observations** (such as patient views) and / or **data from routine sources** (such as a Health Management Information System)
- **Rarely include empirical data collected using explicit methods**, as is the case in planned research studies



AN EXAMPLE OF UNCONVENTIONAL SOURCES

A systematic review commissioned for a WHO guideline explored factors affecting implementation of stock notification and commodity management apps and tools available via mobile devices (Agarwal 2020)

- Identified 16 unconventional sources describing tools to manage stock levels for drugs and commodities:
 - Reports and newsletters describing the development of the tool, its components and experiences of implementing the tool
 - Documents presenting analyses of uncontrolled programmatic data
- Provided important data on the **acceptability and feasibility** of commodity management interventions



USAID | DELIVER PROJECT Final Country Report

Zambia



Innovations **CATALYST**
Innovate-Evaluate-Scale up-Improve health

Preventing stock-outs of antimalarial drugs In sub-Saharan Africa Novartis's SMS for Life

DELIVER PROJECT

Malaria is curable. Although highly effective antimalarial drugs are available (up to 96% effective in the case of artemisinin-lumefantrine fixed-dose combinations), widespread stock-outs lead to deaths on a daily basis. Of the close to 2000 people who die from malaria each day, most are children under five years of age in sub-Saharan Africa (7). Having adequate supplies of drugs when and where they are needed is essential. This remains a major challenge, particularly in remote rural communities in low-resource countries where widespread antimalarial stock-outs frequently prevent patients from receiving treatment.

Novartis, in a number of public-private partnerships, has developed a new technology leveraging the availability of mobile phones in remote areas to enhance the visibility of antimalarial stock levels at remote health facilities. This technology helps to ensure that district medical managers have the information they need to get antimalarial commodities to the facilities that need them, when they need them.

How SMS for Life works

The system automatically sends weekly SMS text messages to mobile phones at public health facilities requesting information on their current stock levels. The responses are collected and stored centrally in a database that is accessible via a website. The website provides: (a) current and historical data on stock levels of artemisinin-based combination therapies, quinine injectables and rapid diagnostic tests at the health facility and district level; (b) mapping of district health facilities with stock-level overlays and stock-out alerts; (c) SMS messaging statistics, such as numbers of received messages and errors; (d) usage statistics; and (e) a data extraction function. The relevant data are also summarized in reports, which are delivered by Internet, mobile phone and email to key health-care staff at all levels.

Based on this improved visibility of the stock levels at each health facility, antimalarial drugs can be transferred between facilities in response to any identified stock-outs, and emergency orders can be placed to replenish stocks that are running low. In addition, the SMS for Life system is also used for disease surveillance, reporting data such as numbers of patients, testing rates and test positivity rates.

Any mobile phone can be used to run the system, but to access email and web-based information, a smartphone is required. District medical officers and regional- and national-level users can view the website from any personal computer with Internet access.

Supporting national public health programming

SMS for Life is already operating in all 5100 government health facilities in the United Republic of Tanzania, in 5 districts in Kenya and in 8 districts in Ghana, with country-wide roll-out planned for Cameroon, Ghana and Kenya. While SMS for Life is based on a standardized process supported by proven technologies (cloud-based service, the Internet, mobile telephony and electronic mapping), it is set up in a way that allows the system to flexibly address the priorities of the local ministries of health. These priorities include: better availability of commodities, prevention of stock-outs, better forecasting of drug needs and best practices in disease management.

The ministries of health and national malaria control programmes in each participating country determine which commodities are monitored, which disease surveillance data are reported, as well as the

THE 'ASSESSING UNCONVENTIONAL EVIDENCE' (ACE) TOOL



We developed the ACE tool to assess the strengths and limitations of unconventional source materials



ACE provides users with a **structured and transparent assessment of the limitations of these sources**



Developed with WHO colleagues and input from a wide range of potential users



Stage 1: Examining existing, potentially relevant tools

- We identified potentially relevant existing tools and standards
- As these tools were too narrow for our purpose, we used them as sources of potentially relevant assessment criteria to inform a first version of the ACE tool

HOW THE ACE TOOLS WORKS

11 assessment criteria including:

- the **purpose and context** of the source
- the **completeness of the information** presented
- the **extent to which evidence is provided** to support the findings made

On the basis of their judgements for each criterion, users then make an overall assessment of the limitations of the source, ranging from no or very minor concerns to serious concerns



ACE assessment criteria

Is the aim, objective or purpose for the source material described?

Is the source of the information reported?

Is there a description of the programme or intervention or policy or reform on which the source material focuses?

Is there a description of the context/s to which the information described in the source material relates?

Is the information complete?

Is the information accurate?

Is the information representative?

Is information provided to support any findings or conclusions made?

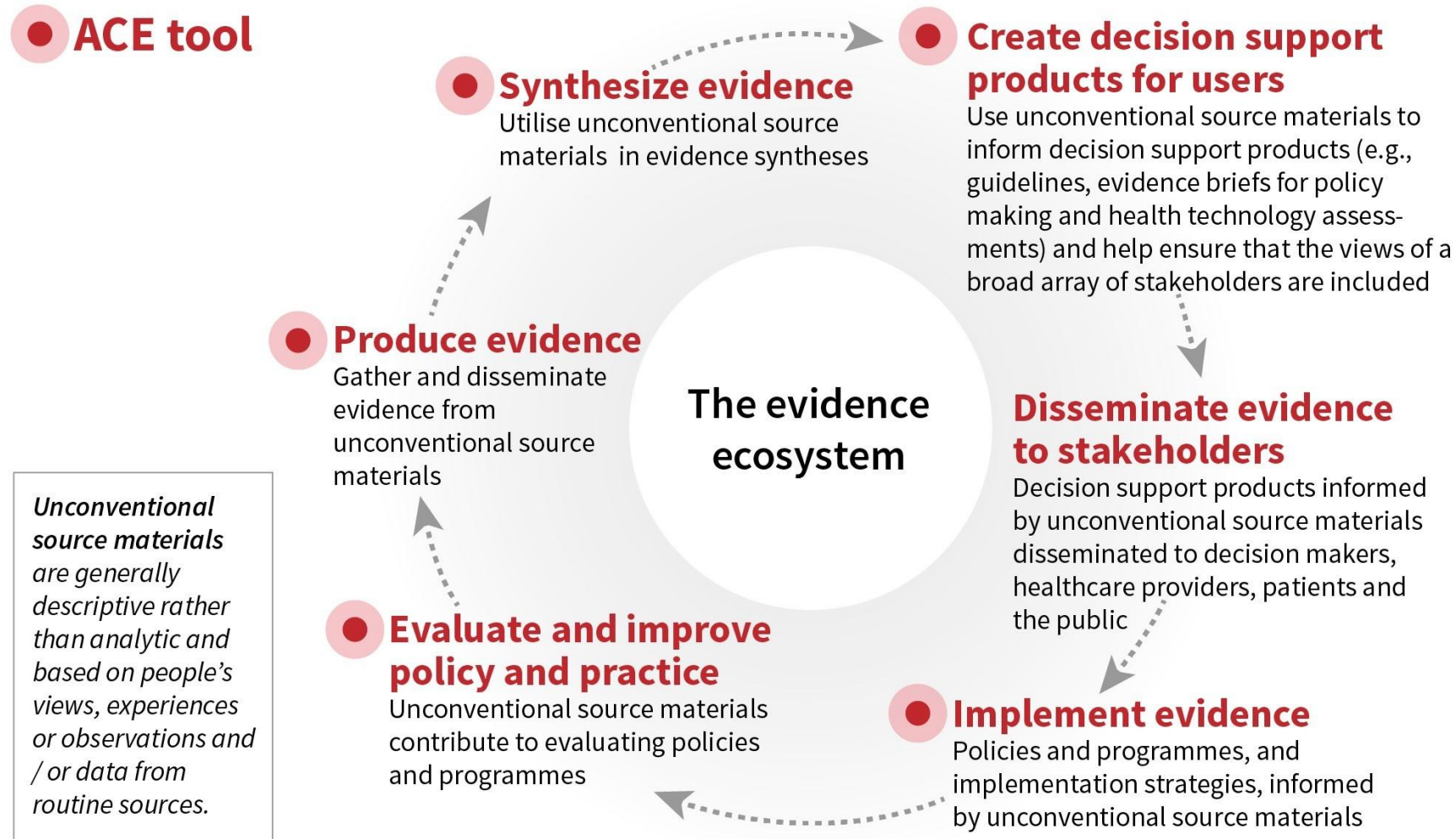
Are any limitations of the information and / or methods discussed in the source material?

Are relevant rights and ethics considerations described?

Are any interests declared and any potential conflicts of interest noted?

Stakeholders	How the ACE tool may be useful
Patients and civil society	Supports the use of a wider range of sources of views and perspectives from these stakeholders
Healthcare workers	Supports the use of a wider range of sources of health worker views and perspectives
Programme managers	Facilitates critical appraisal of programme reports
Evidence synthesis authors	Facilitates appropriate inclusion of unconventional source materials in syntheses
Decision makers at different levels	Facilitates better use of unconventional source materials by providing a structured and transparent assessment of the limitations of this information
Implementers at national and sub-national levels	Facilitates appropriate use of unconventional source materials in implementation planning

HOW THE ACE TOOL CONTRIBUTES TO THE EVIDENCE ECOSYSTEM



FURTHER DEVELOPMENT OF THE ACE TOOL

- A recent systematic review of qualitative studies on the use of evidence from civil society in health policy making found that:
 - Civil society actors experience that **their evidence is sometimes seen as less valuable or was marginalized**, because of **hierarchies that favour scientific evidence**
 - While decision makers **value civil society evidence** they **lack capacity to elicit and appraise this evidence** (Gopinathan 2026, in review)
- How can ACE help to ensure that unconventional sources are integrated into policy processes in ways that legitimize these sources, enhance inclusivity, and enable more diverse social groups to shape decisions?
- Other sectors (social care, environmental research) have **experience of ways of using diverse unconventional evidence sources** in decision making
 - What can we learn from these developments?
- **We hope to explore these issues further in 2027**

TO CONCLUDE...

- Decision makers have a **wide array of information needs** when making decisions
- They are keen to **draw on local information and documented experiences** from similar settings in these decisions
- ACE provides **explicit criteria for assessing the strengths and limitations** of these unconventional source materials
- ACE can therefore facilitate **more appropriate and informed use** of these sources

Overall, the ACE tool can help to **ensure that decision making is more responsive to the views and experiences of civil society stakeholders**, including those who are not well represented in other evidence sources

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WHO PRODUCED THIS WORK?

RESEARCH

Open Access



Assessing unConventional Evidence (ACE) tool: development and content of a tool to assess the strengths and limitations of 'unconventional' source materials

Simon Lewin^{1,2,3*}, Etienne V. Langlois⁴, Özge Tunçalp⁵ and Anayda Portela⁶

Abstract

Background When deciding whether to implement an intervention, decision-makers typically have questions on feasibility and acceptability and on factors affecting implementation. Descriptions of programme implementation and of policies and systems are rich sources of information for these questions. However, this information is often not based on empirical data collected using explicit methods. To use the information in unconventional source materials in syntheses or other decision support products, we need methods of assessing their strengths and limitations. This paper describes the development and content of the Assessing unConventional Evidence (ACE) tool, a new tool to assess the strengths and limitations of these sources.

Methods We developed the ACE tool in four stages: first, we examined existing tools to identify potentially relevant assessment criteria. Second, we drew on these criteria and team discussions to create a first draft of the tool. Third, we obtained feedback on the draft from potential users and methodologists, and through piloting the tool in evidence syntheses. Finally, we used this feedback to iteratively refine the assessment criteria and to improve our guidance for undertaking the assessment.

Results The tool is made up of 11 criteria including the purpose and context of the source; the completeness of the information presented; and the extent to which evidence is provided to support the findings made. Users are asked to indicate whether each of the criteria have been addressed. On the basis of their judgements for each criterion, users then make an overall assessment of the limitations of the source, ranging from no or very minor concerns to serious concerns. These assessments can then facilitate appropriate use of the evidence in decision support products.

Conclusions Through focussing on unconventional source materials, the ACE tool fills an important gap in the range of tools for assessing the strengths and limitations of policy-relevant evidence and supporting evidence-informed decision-making.

Keywords Source materials, Grey literature, Tacit knowledge, Professional knowledge, Real world evidence, Decision-making, Methodology, Evidence synthesis, Tool

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QUESTIONS?

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