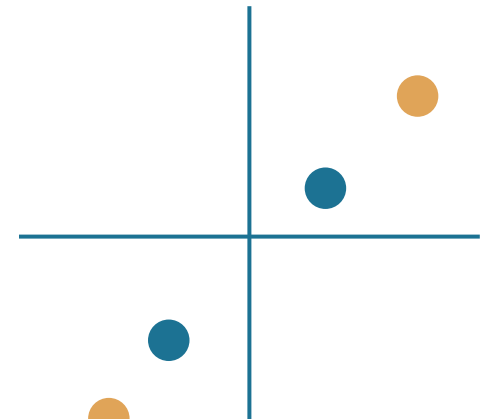


Mapping Evidence for Health Policy and Systems Decision-Making

A spectrum approach bridging tacit and scientific knowledge across local and global contexts

Waithaka Dennis, PhD

Health Economics Research Unit, KEMRI-Wellcome Trust Research Programme



PRESENTATION OUTLINE

01	Background	Why evidence needs a better way to be described and compared
02	Methods	Four iterative stages behind the spectrum approach
03	Results	Applying the approach
04	Discussion	What the spectrum offers — and where it stops
05	Conclusion	The key takeaway
06	Research Team & Partners	Who's behind this work

BACKGROUND

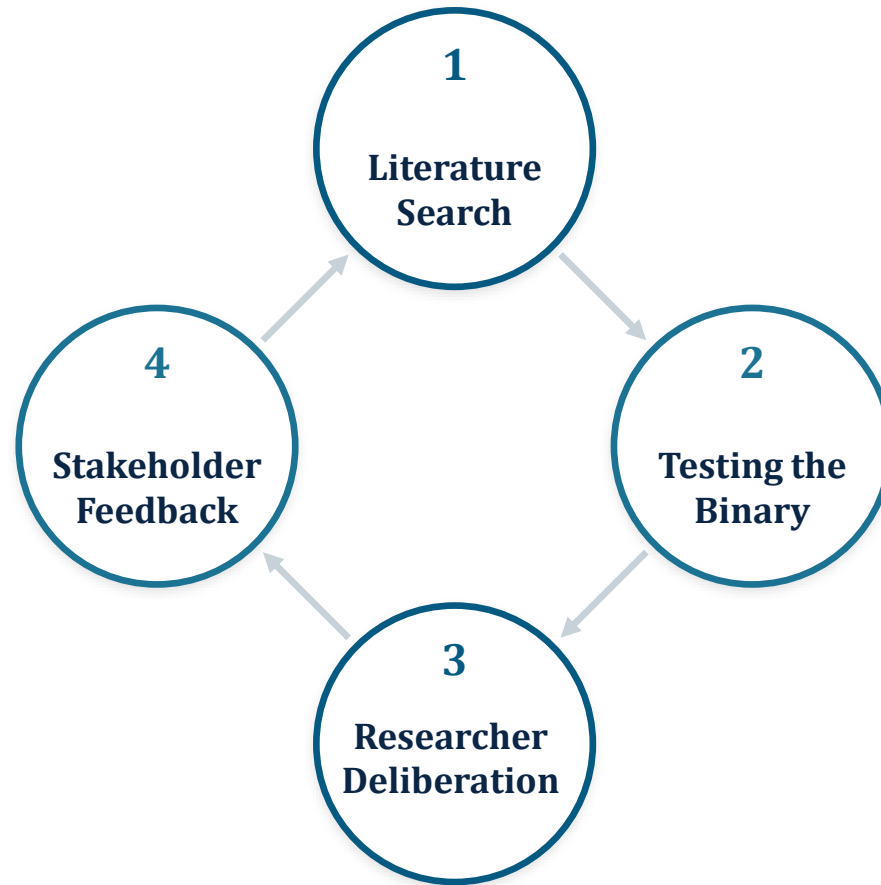
- 01 Evidence-informed policy is now widely embraced — promote more effective, efficient, equitable, and accountable decisions.
- 02 But what counts as ‘evidence’, and how it should be used, remains contested across disciplines and contexts.
- 03 Researchers & decision-makers are left without a clear way to identify, describe, or classify the different types of evidence available in health policymaking.

Aim: to develop an approach that helps describe/ classify different types of evidence during health policy and systems decision-making.

METHODS

Developed in four iterative stages

The process was iterative: insights from initial stages informed later stages and vice versa — not a one-way pipeline.



STAGE 1 · TARGETED LITERATURE SEARCH (to identify how evidence was described/ classified)

Search guided by expert recommendation
and reference screening

N=10

key papers reviewed

- 6 Guidance documents
- 3 Empirical studies
- 1 Literature review

Key finding

- Most papers classified evidence along two recurring binaries: its nature (tacit vs. scientific) and/or its geographic scope (global vs. local)- **test**
- Some used hierarchy-based classifications by methodological rigor — critiqued for privileging some evidence & lacking context-sensitivity.
- No paper offered a structured framework for moving beyond these binaries.

STAGE 2 · TESTING THE BINARY (1/2)

Empirical source 1: Cochrane review on civil society evidence use in health policy

HIGH SYSTEMATIZATION

Use of community feedback in Ebola response — DR Congo

Red Cross volunteers logged community feedback, coded it into six categories, and had it quality-checked by the CDC — producing weekly briefs and dashboards for decision-making.

LOW SYSTEMATIZATION

Use of service user views in Housing policy for people with mental health issues — South Australia

Service-user views on mental-health housing policy were gathered informally (ad hoc) through advocates and media personalities, with no transparent method for collection, validation, or analysis.

STAGE 2 · TESTING THE BINARY (2/2)

Empirical source 2: Primary study examining evidence use in vaccine policymaking in Kenya

1 WHO guidance — mixed transparency

Position papers explicitly documented their evidence base (research, systematic reviews, expertise); WHO training materials for health workers did not — hard to place as simply ‘scientific’ or ‘tacit’.

2 Local programme data

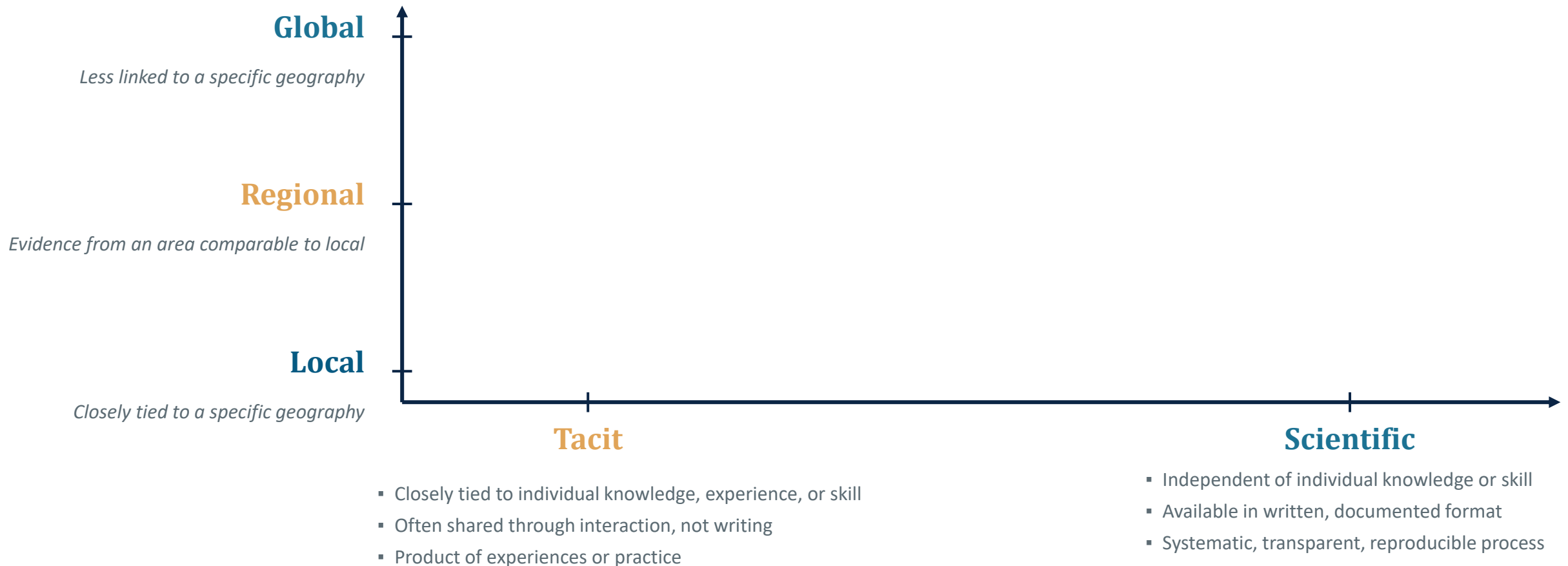
Data such as cold-chain capacity assessments were more structured than experiential knowledge, yet lacked the rigor of formal research studies.

3 ‘Global vs. local’ proved oversimplified

Kenyan decision-makers rated evidence from neighbouring or similar-income countries as more relevant than evidence from other global regions.

STAGE 3 · RESEARCHER DELIBERATION

Two intersecting axes replace the binary categorization challenges



STAGE 4 · STAKEHOLDER FEEDBACK

~40 stakeholders stress-tested the approach



**Project Advisory
Body Meeting**



**Global Evidence
Summit 2024**



**Global Symposium on
Health Systems Research
2024**



**NIPH Expert
Discussions**

Approximately 40 participants — policymakers, academic experts, national advisory committee members, and regional/multilateral staff — across disciplines and geographic regions.



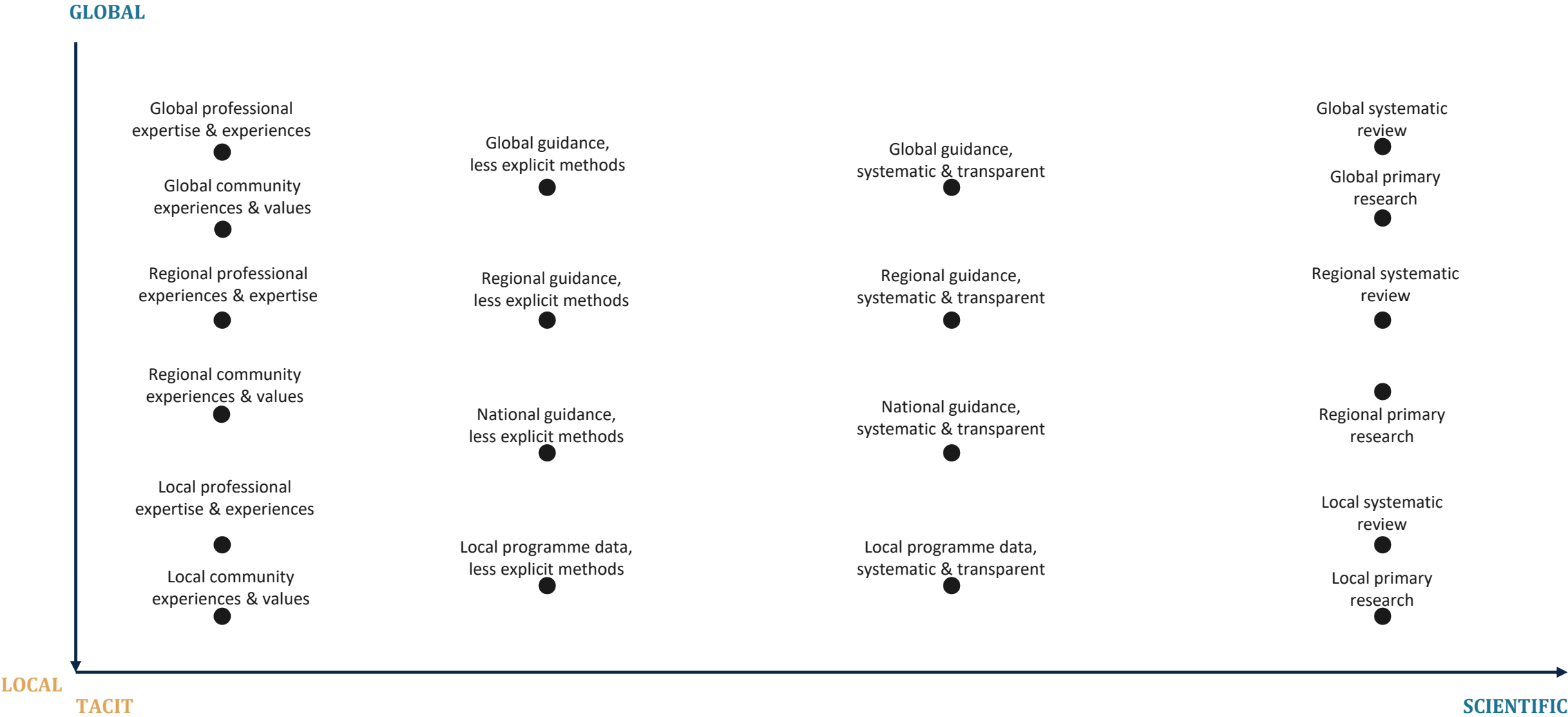
“Helpfully broadens understanding of evidence used in policymaking — including local actors’ inputs, which are often overlooked.”



“Doesn’t explicitly distinguish more from less trustworthy evidence.” — clarified: the spectrum maps range and position, not methodological rigor.

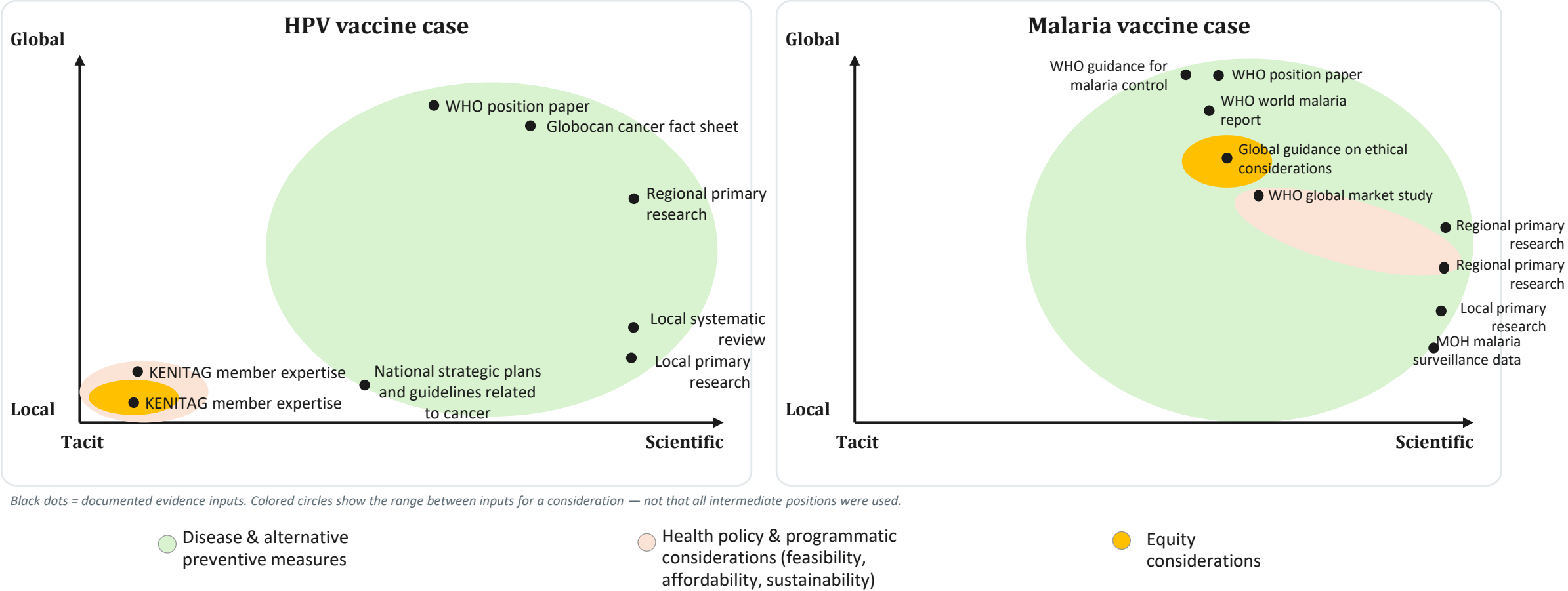
RESULTS · MAPPING EVIDENCE

Where different evidence types land on the spectrum



RESULTS · APPLYING THE APPROACH IN THE PRIMARY STUDY

KENITAG: HPV vs. malaria vaccine evidence



Key message (main study): malaria decisions drew on broader range of global-to-local scientific evidence; HPV decisions leaned on narrower range of scientific evidence & local, tacit evidence.

DISCUSSION

What the spectrum offers — and where it stops

Practical value

- Researchers: map or reflect on the breadth of evidence used in primary (e.g., on studies of evidence use) or secondary studies (e.g., reviews to inform assessments of acceptability or feasibility)
- Decision-makers: a visual reflective aid to see what evidence is available — and where gaps exist.
- Clarifies that 'local' ≠ 'tacit' & 'global' ≠ 'scientific'

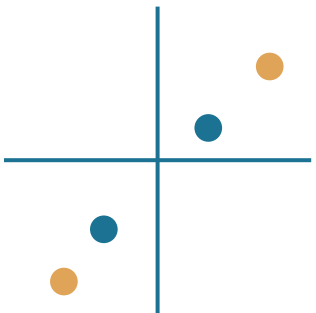
Limitations

- Does not prescribe how evidence should be weighted or combined in a decision.
- Does not assess the methodological strengths or limitations of the evidence itself — that needs other appraisal tools (includes ACE tool).
- Positioning evidence on the axes still requires judgement — open to variation and bias.
- Other dimensions (purpose of use, participatory nature) are not yet captured.

CONCLUSION

Beyond binaries: a fuller picture of what counts as evidence

By positioning evidence along intersecting tacit–scientific and global–local continua, the spectrum approach helps researchers and decision-makers draw on the full breadth of evidence available — bridging global and local knowledge systems for more grounded, inclusive, and transparent policy.



SOURCE PAPERS

Three papers underpin this work

Published

Health Research Policy and Systems

Article in Press

Mapping evidence for health policy and systems decision-making: a spectrum approach bridging tacit and scientific knowledge across global contexts

Received: 17 Jan 2026

Accepted: 09 Jun 2026

Published online: 30 June 2026

D. Waithaka, B. Tsofa, C. Glenton, J. Nzinga Gopinathan



Scan paper

Mapping evidence for health policy and systems decision-making

Health Research Policy and Systems (2026)

Published

Health Policy and Planning

Original article

Examining evidence use in vaccine policymaking in Kenya: a qualitative case study

Dennis Waithaka^{1*}, Simon Lewin^{2,3,4}, Jacinta Nzinga^{1,5}, Unni G. Edwine Barasa^{1,6}, Benjamin Tsofa⁷



Scan paper

Examining evidence use in vaccine policymaking in Kenya

Health Policy and Planning (2026)

UNDER REVIEW

Status: UNPUBLISHED DRAFT

Using evidence from civil society in national and subnational health policy processes: a qualitative evidence synthesis

Using evidence from civil society in national and subnational health policy

Cochrane Database of Systematic Reviews

Waithaka et al., Health Research Policy and Systems (2026)

14

RESEARCH TEAM & PARTNERS

PARTNER INSTITUTIONS



Dennis Waithaka



Benjamin Tsofa



Claire Glenton



Jacinta Nzinga



Augustina Koduah



Edwine Barasa



Simon Lewin



Unni Gopinathan