VIGNETTE 3

Research funding

Using the global living evidence map on evidence-informed policymaking (EIPM)

Use case

A research funder is developing priorities for its next call for proposals on evidence-informed policymaking (EIPM). With a limited funding budget, it must decide which research areas to prioritise. The funder uses the living evidence map to identify where research coverage is limited, which areas have received greater attention and where additional primary research could contribute to the existing evidence base. This scenario is illustrative.

4
studies on Awareness × Development Impact, the thinnest cell in the map

63%
of sector-coded evidence is health sector (75% in 2024)

75%
of cost-coded studies report no cost data at all

22
of 990 cost-coded studies report a cost-effectiveness analysis

> *All figures are drawn from the November 2026 evidence-map dataset (n=1,010), with comparisons to the 2024 World Health Organization (WHO) technical report (n=617), where applicable. Figures describe representation, not effectiveness.*

The decision

Which areas of evidence-informed policymaking (EIPM) research should the funder prioritise in its next call for proposals? With limited resources, it must decide where additional primary research could address important evidence gaps, complement existing studies and generate findings useful for future policy and practice.

Using the map

The funder moves from overall coverage to the specific fields that matter for a funding decision:

1. **Check the full mechanism-by-outcome matrix.** All 48 combinations of the six mechanisms and eight outcome types contain at least one study, compared with 98% coverage in 2024. However, research coverage varies considerably. Awareness of EIDM (M1) combined with development impact is examined in only four studies, while skills development (M5) combined with capability to use evidence features in more than 300. These differences help the funder identify less-studied areas for further consideration, although study counts alone do not establish research priorities.
2. **Check sector and income-group representation**. Health remains the dominant sector, accounting for 63% of studies, down from 75% in 2024. Agriculture, urban planning, economic development, and science, technology, and innovation are also represented, while gender, youth development, and politics remain among the least represented sectors. The number of studies covering low-income settings increased from 74 to in 2024 to 149 in November 2026. However, low-income settings account for 12% of all income codes, compared with approximately 50% for high-income settings. As studies may cover multiple countries and income groups, these classifications are not mutually exclusive.

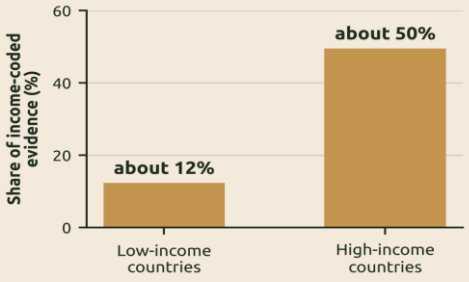


Figure 1. Distribution of income-coded evidence across low-income and high-income settings (November 2026 update). Low-income studies increased from 74 in 2024 to 149 in 2026, accounting for 12% of income codes, compared with 50% for high-income settings.

3. **Check two fields the 2024 report did not discuss at all: funding source and cost-data reporting.** The November 2026 evidence map includes information on a range of funding sources. Of the 990 studies coded for cost reporting, 742 (75%) report no cost data, and only 22 studies (2%) include a cost-effectiveness analysis. These findings suggest that information on research funding and intervention costs remains limited within the mapped evidence base. The funder may therefore consider whether future calls should encourage clearer reporting of funding sources and, where relevant, intervention costs and cost-effectiveness.

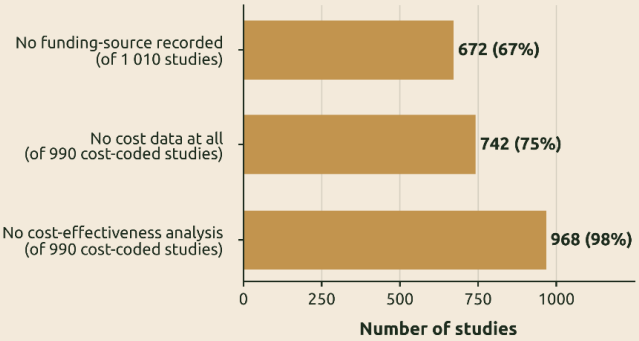


Figure 2. Studies with no funding-source code, no cost data or no cost-effectiveness analysis (November 2026 update). Cost figures are based on 990 cost-coded studies; the two cost bars overlap.

What the map can reveal and what it cannot establish

The map can reveal	The map cannot establish
• Two structural gaps in how the evidence base documents itself: 67% of studies carry no funding-source code recorded, and 98% of cost-coded studies report no cost-effectiveness analysis. • Where mapped evidence is thin, in absolute terms or as a share of the base: Awareness-linked development impact evidence, several small sectors, and evidence from low-income-country evidence, despite the 64% growth in the evidence base since 2024. • How unevenly studies are spread across the 48 mechanism-by-outcome combinations: every combination has at least one study but counts range from 4 (awareness of EIDM × development impact) to more than 300 (skills development × capability to use evidence).	• Why the smaller sectors and income groups remain thin: under-investment, lower research capacity, and genuinely lower activity are all consistent with the same pattern. • Whether closing any of these gaps would change policy outcomes; it shows only that evidence on them is currently thin. • How effective any mechanism is: the map shows how often a pattern is represented, not whether it works, so a well-populated cell is not evidence of impact. • Whether the 64% growth since 2024 reflects new research: it reflects growth in the mapped base, including studies added through external contributions, not only newly published studies.

Evidence gaps and what they mean

Neither structural gap can be closed by commissioning more of the same kind of study. Both need new studies and new reporting norms designed specifically to capture this information. Limited coverage of particular mechanisms, outcomes, sectors and settings may warrant additional primary research, while gaps in funding-source and cost information could be addressed through improved reporting, data extraction or targeted evaluations.

A funder seeking to address gaps in research coverage could consider prioritising awareness of EIDM (M1) and development impact, underrepresented sectors such as gender, youth development and politics, or research in low-income settings. These areas would require further assessment to establish their relevance and potential contribution.

Alternatively, a funder seeking to strengthen the information available for future decisions could support studies examining intervention costs and cost-effectiveness, which feature in only 22 mapped studies, alongside clearer reporting of funding sources. These approaches could also be combined within a funding call.

Practical takeaway

> *The funder provisionally prioritises new research on underrepresented mechanisms and outcomes, particularly awareness of EIDM (M1) and development impact, with an emphasis on low-income settings. It also considers including requirements for funding-source and intervention-cost reporting in its next call for proposals, alongside cost-effectiveness analysis where appropriate. Before finalising these priorities, the funder assesses their relevance, feasibility and potential contribution to the existing evidence base. This approach uses the map to inform both where research funding is directed and what information future studies should generate.*

A note on sources and currency

This vignette is grounded in the interactive evidence map's underlying study dataset (November 2026 update, n=1 010) and the 2024 World Health Organization (WHO) technical report, which supplies the 2024 comparison figures used above. The search strategy remained consistent across updates, with studies identified through external contributions also added to the evidence base. The reported 64% increase therefore reflects growth in the mapped evidence base and should not be interpreted as an increase in newly published studies alone. Because this is a living map, updated periodically as new studies are added, later updates may show different figures.

References: World Health Organization (2024). *The art and science of promoting evidence-informed decision-making: a global living evidence map*. World Health Organization https://iris.who.int/handle/10665/382279. License: CC BY-NC-SA 3.0 IGO

About

About PACE

The Pan-African Collective for Evidence (PACE) is a non-profit organisation that supports evidence-informed policymaking across Africa. Its vision is a world free of poverty. PACE works to unlock the potential of evidence capacities, evidence communities, and evidence synthesis to strengthen institutionalised evidence-to-policy systems and support meaningful development and transformation. For more information: https://pace-evidence.org/art-and-science

About this vignette

This vignette is part of a series showcasing how policymakers can use the Global Living Evidence Map on Evidence-Informed Policymaking (EIPM).

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