



HOW CAN CAPACITY DEVELOPMENT PROMOTE EVIDENCE-INFORMED POLICY MAKING?

Literature Review for the Building Capacity to Use
Research Evidence (BCURE) Programme

Section 2. What factors promote and constrain evidence-
informed policy making?

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BCURE	Building Capacity To Use Research Evidence Programme
BSE	Bovine Spongiform Encephalopathy
CSO	Civil Society Organisation
DFID	UK Department For International Development
EIPM	Evidence-Informed Policy Making
HIV	Human Immunodeficiency Virus
ICAI	Independent Commission For Aid Impact
PEPFAR	President's Emergency Plan For AIDS Relief
PRSP	Poverty Reduction Strategy Papers
UK	United Kingdom
US	United States
WHO	World Health Organisation

Introduction

How can capacity development promote evidence-informed decision making? The Building Capacity to Use Research Evidence (BCURE) programme works with policy makers in low and middle-income countries, developing skills, knowledge and systems to improve the use of evidence in decision making. Funded by the UK Department for International Development (DFID) and launched in 2013, BCURE will invest £13 million over three years in a number of linked capacity development projects across Africa and Asia. This literature review was written as part of the evaluation of BCURE, which runs alongside the programme and aims to strengthen the evidence base on capacity development for evidence-informed policy making (EIPM). Further information on the BCURE programme is available [here](#).

This document contains **Section 2** of the literature review, which discusses the question: **what factors promote and constrain evidence-informed policy making?** There is a large amount of evidence on the barriers to and facilitators of EIPM, synthesised in a number of secondary reviews. However, this evidence has been criticised for focusing on single elements of the policy-making process and relying on the perceptions of research producers and users; rather than considering how evidence is actually used within policy processes as a whole. This section therefore considers some of the primary evidence that has been less frequently discussed in existing secondary reviews, on psychological, political, cultural and institutional factors affecting EIPM (and the interrelationships between them) – taking into account theories of power, politics, networks, cognitive processes and complexity discussed in Section 1.

Section 1 of the literature review is available [here](#), and discusses the question: **what is ‘building capacity for evidence-informed policy making’?** It examines the theories and assumptions underpinning the BCURE programme and the concept of ‘EIPM’, providing an overview of the diverse and rich theoretical literature on this topic. Section 1 asks three questions: What is ‘research evidence’, and what makes it ‘good quality’? What is ‘policy’, and how can evidence benefit policy making? What is ‘capacity’ for EIPM and how do we ‘build’ it?

Section 3 of the literature review is available [here](#), and asks: **what is the evidence on how to build capacity for evidence-informed policy making?** It examines primary evidence from studies of interventions aiming to build capacity for EIPM, adopting a realist synthesis approach to examine what works, for whom, in what circumstances, and why.

The full literature review can be downloaded [here](#). It includes background information about the BCURE project and the evaluation, and describes the literature review approach and methodology.

2. What factors promote and constrain evidence-informed policy making?

Overview

The BCURE programme responds to evidence that decision makers in low and middle-income countries often do not access, appraise or apply research evidence effectively in decision making. This section asks *why* this is the case.

There is a large amount of evidence on the barriers to and facilitators of EIPM, synthesised in a number of secondary reviews. However, this evidence has been criticised for focusing on single elements of the policy-making process and relying on the perceptions of research producers and users; rather than considering how evidence is actually used within policy processes as a whole. These criticisms resonate with the discussion in [Section 1](#), which emphasises the importance of recognising the messy and political nature of evidence use in policy making. This section therefore focusses on synthesising some of the growing primary evidence on political, psychological, cultural and institutional factors promoting or constraining EIPM in different contexts; areas where evidence has been less frequently synthesised and which take into account theories of power, politics, networks, cognitive processes and complexity discussed in [Section 1.2](#).

The key findings can be structured according to the BCURE Theory of Change as follows:

1. **Individual-level factors:** Nine primary studies provide evidence to suggest that individual beliefs, attitudes and motivations to use evidence are connected to pre-existing beliefs, and to the norms and values that prevail within organisations or societies. For example, several studies suggest that evidence may be ignored or side-lined if it counters past experience – particularly if an issue is hotly debated.
2. **Interpersonal (relationship and network) factors:** The large literature on ‘supply-side’ factors affecting EIPM suggests that evidence use is influenced by the type and nature of relationships between researchers and policy makers – although this literature falls outside the scope of this review. In addition, two primary studies indicated the importance of relationships and power within government organisations in affecting what kinds of evidence are seen as acceptable.
3. **Organisational factors:** Eight primary studies suggest that organisational factors can affect individual motivation to use evidence, or present barriers to changes in individual behaviour. For example, if evidence is promoted or valued within an organisation, this can increase individual motivation for EIPM, and lack of time to access and appraise research partly reflects an organisation’s ‘culture’ of evidence use.
4. **Institutional factors:** Seven primary studies provide evidence of non-governmental actors both promoting and hindering evidence use in policy processes. International donors can both encourage and constrain the effective use of evidence in decision making; private sector actors can exert pressure which ‘blocks’ evidence-informed decisions, and the media (and the general public) may present a barrier to EIPM. This paper did not delve into the broad literature on civil society and its role in influencing policy, but did consider secondary evidence suggesting that civil society can exert pressure on government to use evidence, build momentum behind ideas, and bring together different forms of knowledge. Finally, five primary studies suggest that institutional factors such as sudden change (e.g. crises or regime changes), levels of decentralisation and levels of democracy can all generate opportunities for or barriers to EIPM.

The BCURE programme was designed based on evidence that decision makers in low and middle-income countries often do not access, appraise or apply research evidence effectively in decision making (DFID 2012). This section asks *why* this is the case. What factors prevent decision makers from using evidence, and conversely what factors facilitate evidence use?

Summary of the evidence base on barriers to and facilitators of EIPM

Our search found a large amount of evidence on factors promoting and constraining EIPM, including six secondary reviews published since 2010. These secondary studies are summarised in Table 1 below.

Table 1. Recent secondary reviews synthesising barriers to and facilitators of EIPM

Source	Field	Geographical context	Objective	No. of studies included (systematic reviews only)
Clar, Campbell, Davidson, & Graham, 2011	Health	Low and middle-income countries	To assess the effects of interventions to improve the uptake of research into health policies in low and middle-income countries and identify the barriers and facilitators to the uptake of research evidence	25 intervention and 29 non-intervention studies
Liverani, Hawkins, & Parkhurst, 2013	Health	Global	To examine the influence of key features of political systems and institutional mechanisms on evidence use	56 studies
Newman, 2014	Development Studies	Particular focus on low and middle-income countries	To examine the evidence relating to whether research has positive impacts on socioeconomic development	N/A
Oliver, Innvar, Lorenc, Woodman, & Thomas, 2014	EIPM (multi-disciplinary)	23% of studies from low and middle-income countries	Update of existing systematic review, to identify new barriers of and facilitators to the use of evidence by policymakers	145 studies
Orton, Lloyd-Williams, Taylor-Robinson, O'Flaherty, & Capewell, 2011	Health	High-income countries	To synthesise empirical evidence on the use of research evidence by public health decision makers in settings with universal health care systems	18 studies
Wallace et al., 2012	EIPM (multi-disciplinary)	Mainly high-income countries	To review facilitators of evidence uptake by decision makers from systematic reviews and meta-analyses	15 studies

The factors most strongly supported in this secondary evidence are presented in Table 2 below. This is not intended as a meta-synthesis of this evidence, but simply a summary and signpost to the most frequently mentioned barriers and enabling factors referenced in the literature. For comprehensive and systematic summaries of this evidence, readers are encouraged to refer to the papers in Table 1 directly.

Table 2. Commonly cited barriers to and enablers of evidence use in policy making

Barriers	Enablers
Limited channels exist for policy makers and researchers to interact; there is a 'gulf' between researchers and decision makers (Orton et al. 2011); there are problems with engagement, collaboration or communication between stakeholders or there is inadequate dissemination (Clar et al. 2011)	Trust, interaction and collaboration between researchers and policy makers. (Clar et al. 2011; Oliver et al. 2014; Orton et al. 2011). Research is presented clearly and presented through tailored dissemination efforts (Newman 2014). Interactive approaches and partnerships, knowledge brokering and exchange (Liverani et al. 2013)
Research is not relevant for decision making, clear, presented in an appropriate format, or reliable. (Oliver, Innvar, et al. 2014; Orton et al. 2011)	Research is clear, relevant for decision making and reliable. (Oliver, Innvar, et al. 2014; Wallace et al. 2012)

Research is not available or accessible to decision makers. (Oliver, Innvar, et al. 2014)	Research is available and accessible to decision makers. (Oliver, Innvar, et al. 2014)
Organisational systems and support structures do not encourage use of research evidence in decision making (Newman 2014; Oliver, Innvar, et al. 2014)	Organisational processes and systems encourage or enforce decision makers to consider and apply evidence. (Newman 2014; Orton et al. 2011)
Lack of time and opportunity to use research (this is also an organisational factor). (Oliver, Innvar, et al. 2014; Newman 2014)	Charismatic leadership, high-level or local champions, commitment and support (Clar et al. 2011)
Low capacity to understand and use research evidence. Evidence suggests that although capacity gaps may be more extreme in low-income contexts they exist in high-income contexts too. (Newman 2014; Orton et al. 2011; Oliver, Innvar, et al. 2014)	
Lack of resources, funding and investment in EIPM processes (Clar et al. 2011)	
High staff turnover undermines systematic use of evidence (Clar et al. 2011; Liverani et al. 2013)	
Institutional barriers to use of research evidence, e.g. relating to the nature of political systems and the political nature of specific issues (Newman 2014; Liverani et al. 2013)	

In summary, the most frequently cited barriers are: poor engagement between researchers and policy makers and poor communication of research; an absence of supportive organisational systems and incentives for decision makers to use evidence (including a lack of time to read and use research); and a lack of capacity among decision makers to access, apply and appraise research. Less frequently referenced barriers include: insufficient funding and investment in EIPM, high staff turnover undermining systematic use of evidence, and institutional barriers such as the nature of political systems and priorities.

The synthesis papers find that evidence use is facilitated by: positive and collaborative links between researchers and policy makers; ensuring relevant research is produced and made accessible to decision makers; and supportive organisational systems. One review also suggests the importance of local ‘champions’ of evidence use.

Limitations of the evidence base on barriers and facilitators, and implications for this review

Although only half of the studies in Table 1 explicitly focused on health, in practice the majority of the evidence discussed in the reviews derives from the health field; which implies the need for caution when thinking about how these barriers and enabling factors may apply to other policy areas.

A more serious limitation was flagged by the authors of one of systematic reviews cited above (Oliver, Innvar, et al. 2014); who found that most studies examining barriers to and facilitators of evidence use focused on single elements of the policy making process, **rarely considering the realities of the policy process as a whole or paying attention to policy makers’ priorities** (Oliver, Lorenc, et al. 2014). Similarly, another systematic review examining the political and institutional influences on the use of evidence in public health policy emphasised the dearth of research in this area, finding only six studies that explicitly engaged with political theories or concepts (Liverani et al. 2013). Oliver et al. felt that, because most research in this area is ultimately conducted in order to find ways to increase research uptake, this ‘skews the debate by focusing on exceptional cases of research use in policy making, rather than the normal discharging of statutory business’.

In addition, **most of the evidence summarised in Table 2 is based on the perceptions of stakeholders** (usually researchers and/or policy makers), gathered through surveys or interviews (Clar et al. 2011; Oliver, Innvar, et al. 2014; Newman 2014). Oliver et al. stress the limitations of this perception data – arguing that without observation of how evidence is actually used in practice, lists of barriers and enabling factors ‘cannot on their own lead us to an improved understanding of the role of evidence in the jigsaw of the policy process’ (Oliver, Lorenc, et al. 2014).

These criticisms resonate with the discussion in [Section 1.2](#) of this study, which outlined a range of theories suggesting the importance of politics and power in EIPM, and the need to acknowledge the complexity and range of actors involved in policy processes, as well as the mental models and cognitive biases that influence evidence interpretation. We therefore decided to focus this section on synthesising some of the growing primary evidence examining **political, psychological, cultural and institutional factors promoting or constraining EIPM in different contexts**; an area where evidence has been less frequently synthesised. This moves beyond the barriers and enablers in Table 2 above to the types of factors the theoretical evidence discussed in [Section 1](#) suggests may be crucially important – taking into account theories of **power, politics, networks, cognitive processes and complexity**.

Nature and limitations of the evidence discussed in this section

This section synthesises evidence from 22 primary non-intervention studies, five theoretical or conceptual papers and a number of secondary reviews (on top of the reviews discussed above), detailed in Table 3 and Table 4 below. It also draws in a more limited way on four primary intervention studies, which are presented in more detail in [Section 3](#) (Dobbins, Robeson, et al. 2009; Nutley et al. 2013; Peirson et al. 2012; Yost et al. 2014).

It is outside the scope of this review to provide a full or systematic synthesis of the broad evidence base relating to the political, psychological, cultural and institutional factors influencing evidence use in policy processes. Rather, this section presents some of the main themes from the literature located through our search strategy, in relation to the BCURE Theory of Change. The BCURE evaluation team will interrogate these factors further through primary research, to examine whether and how far they influence the success of BCURE interventions in different contexts.

Table 3. Summary of primary non-intervention studies discussed in Section 2

Source	Field	Geographical context	Research methods
Abeyasinghe, 2012	Development Studies	Global (World Health Organisation)	Case study: document review
Armstrong et al. 2013	Public Administration	Canada	Case study of design process for EIPM intervention
Broadbent, 2012	Development Studies	Ghana, Uganda, Zambia, Sierra Leone	Case study: media review, literature review, semi-structured interviews with around 100 participants
DFID, 2013	Development studies	UK	Survey with 552 DFID staff members and focus group discussions
El-Jardali et al. 2014	Development studies	Lebanon	Case study: media review, key informant interviews and document review
Flitcroft et al. 2011	Health	Australia	Case study: document analysis and key informant interviews
Hallsworth & Rutter, 2011 and Hallsworth et al. 2011	Public Administration	UK	70 interviews, survey, and analysis of 60 policy evaluations

Haynes et al., 2011	Health	Australia	Interviews with 32 civil servants, ministers and advisers
Hufen & Koppenjan, 2014	Public Administration	Netherlands	Three case studies: literature review and 51 interviews
Hunsmann, 2012	Health	Tanzania	92 interviews with AIDS policymakers and observations of national policy meetings
ICAI 2014	Development studies	UK (DFID)	Document review; analysis of DFID staff surveys; semi-structured interviews and FGDs with 92 individuals
Jones & Pellini, 2009	Development Studies	Nepal, Peru, Serbia	Synthesis of three case studies: literature review and key informant interviews
Jung & Nutley, 2008	EIPM	UK	Case study: documentary analysis and seven stakeholder interviews
N. Jones, 2011	Development studies	Seven countries in East Africa and Southeast Asia	Surveys, in-depth interviews and focus group discussions
Pellini et al., 2013	Development Studies	Philippines	Case studies - Policy review, focus group discussion, semi-structured interviews
Porter & Feinstein, 2013	Development studies	Ethiopia, Rwanda, Malawi, Zambia, Ghana	Case studies: desk review, semi-structured interviews with 77 agencies
Ritter, 2009	Health	Australia	31 key informant interviews
Smith & Joyce, 2012	EIPM	UK	Two case studies: semi-structured interviews with 84 informants
Sumner & Harpham, 2008	Development Studies	India, Vietnam	Comparative case studies
Trostle et al. 1999	Health	Mexico	Interviews with 67 researchers and policy makers
Waldman, 2014	Development Studies	Afghanistan, Nepal, Sierra Leone	52 in-depth interviews and field visits

Table 4. Summary of secondary and theoretical literature discussed in Section 2

Source	Field	Geographical context	Type of evidence
Perkin & Court, 2005	Development Studies	Global, particularly lower-income contexts	Other secondary review
Pollard & Court, 2005	Development Studies	Global, including lower-income contexts	Other secondary review
World Bank, 2015	Development Studies	Global, including lower-income contexts	Other secondary review
Walter et al. 2005	EIPM	Global, including lower-income contexts	Systematic Review
Beck et al. 2005	Public Administration	UK	Theoretical/ conceptual
Du Toit, 2012	Public Administration	South Africa	Theoretical/ conceptual
H. Jones, 2009	Development Studies	Global	Theoretical/ conceptual
N. Jones et al. 2009	Development Studies	Global	Theoretical/ conceptual

The evidence in this section is analysed according to the four levels of capacity change in the BCURE Theory of Change and discussed in [Section 1.3.1](#): individual, interpersonal, organisational and institutional.

2.1. Individual-level factors affecting EIPM

Individual-level factors refer to individuals' skills, knowledge, motivation, attitudes, commitment, values and personal incentives that affect how they use evidence in decision making. [Section 1.2.1](#) discussed political theories relating to 'discourse', which emphasise that knowledge in the form of 'rules of thumb', logic or common sense in a society can shape what decision makers can understand or articulate, and therefore the decisions they make. It also introduced ideas from psychological literature, including confirmation bias and mental models, which affect how people understand and interpret evidence. In line with these theories, this review found several studies from lower- and higher-income contexts suggesting that individual beliefs,

attitudes and motivations to use evidence are connected to pre-existing beliefs, and to the norms and values that prevail within organisations or societies.

Evidence may be ignored or side-lined if it counters past experience – particularly if an issue is hotly debated.

Several studies examined for this review found that policy makers were more likely to trust research that confirmed a policy maker’s pre-existing opinions or experiences, including among DFID advisers in Afghanistan (Waldman 2014). This is sometimes known as ‘path dependency’, as described in an observational study of the management of the 2009 H1N1 pandemic by the WHO. The WHO emphasised vaccines as a protective measure based on its historical achievements with vaccines, which had given rise to a particular ‘discourse’ within the organisation in which ‘it was taken for granted that vaccines would provide the most effective control measure’. This belief did not take into account contemporary research suggesting that other health measures were likely to have greater efficacy. The study suggested that this outcome was partly a result of the inherent scientific uncertainty surrounding the case of H1N1, meaning that the situation was open to multiple interpretations (Abeysinghe 2012).

As well as past experience affecting the cognitive processing of evidence, deeply held values and beliefs may affect the extent to which evidence is considered in a rational, deliberative way. Ten studies considered in a systematic review suggested that entrenched values and beliefs about emotive topics (including breastfeeding in the US, male circumcision in Ghana and the rejection of a link between HIV and AIDS in South Africa) biased the selection and interpretation of evidence in these contexts (Liverani et al. 2013). These findings echo the results of the World Bank survey conducted as part of the 2015 World Development Review discussed in [Section 1.2.3](#), in which officials were more likely to misinterpret data when it related to an issue they held a strong opinion about (minimum wage legislation), than when it related to a less emotive issue (skin cream) (World Bank 2015b).

“Deeply held values and beliefs may affect the extent to which evidence is considered in a rational, deliberative way.”

Finally, one observational study of policy makers in Australia found that ‘issue polarisation’ dictates the extent to which research or researchers are used technically or politically. Where policy was strongly opposed or debated, researchers with ‘impressive rhetorical skills’ and a good overview of their field were used to ‘persuade ministers, stakeholders and the public during policy agenda setting and formation’. However, once overall policy directions had been agreed, researchers were used in a more technical sense to advise on intervention design and evaluation (Haynes et al. 2011).

This evidence links clearly to the psychological theories discussed in [Section 1.2.3](#). These suggest that people make sense of the world around them based on their pre-existing *mental models*, and so are highly subject to *confirmation bias* – the tendency to disregard or disbelieve evidence that does not correspond with existing beliefs.

Beliefs about what counts as ‘good’ evidence can mean that useful knowledge is ignored or discounted. An observational study of UK health inequalities policy in the 2000s found that implicit faith in quantitative over qualitative data among health policy makers resulted in qualitative work on the social determinants of poor health being ignored or discounted in decision making (Smith & Joyce 2012). This corresponded with a greater value being attributed to medical expertise than social science expertise – meaning that academics with a health background had higher credibility than social scientists. Similarly, a study of the use of knowledge in

urban resilience policy making in the Philippines found that local knowledge was often discounted in situations where it could add value, for example knowledge about when the colour of the river might indicate flooding upstream. The authors concluded that ‘while there is potential for community knowledge to become inputs to policy, it does not happen due to the perception that these forms of knowledge are not scientific enough’. However, a lack of funds and capacity meant that more rigorous localised data needed for disaster preparedness was not being collected (Pellini et al. 2013). This finding suggests that promoting narrow definitions of evidence or research quality (discussed in [Section 1.1](#)) could actually hinder the effective and appropriate use of evidence in decision making.

Where evidence is valued, this can encourage its use as a ‘weapon’ to confer legitimacy on a decision.

Conversely, where evidence is less valued, this can encourage deliberate attacks of EIPM concepts. Three observational studies relating to the UK’s DFID found evidence of ‘tactical’ uses of evidence (discussed in [Section 1.2.1](#)). An evaluation examining how DFID learns found that staff occasionally faced pressure to provide selective evidence to justify decisions: ‘Interviewees (including heads of professional cadres) told us that it is common to find evidence to justify a decision, rather than use evidence to arrive at a decision.’ This finding is echoed in an internal DFID staff survey, in which around 7.5% of respondents made the same point (ICAI 2014; DFID 2013b). Finally, an observational study of DFID advisers in fragile states also found evidence that research was required for ‘ammunition’ – a ‘useful weapon’ that could ‘add weight, credibility and persuasiveness to support a line on a specific issue, especially when deployed during 11th-hour negotiations’ (Waldman 2014). All three studies also emphasise the high value placed on evidence within DFID, suggesting a risk that organisational incentives to use evidence in decision making may actually promote its ‘symbolic’ use to support pre-existing positions (discussed in [Section 1.2.1](#)).

Another primary study suggests that in some contexts it is not just evidence that can provide legitimacy but the *idea* of evidence. This paper synthesises four observational case studies examining the use of research evidence in African policy debates, finding that some actors in Uganda and Ghana used the terminology of EIPM to confer legitimacy on their actions. The author finds that ‘although it might not be referenced well, be read or indeed even exist, the idea of research and evidence is important, and establishing its role – even if this is nominal – does function to pepper the policy debate with a concern for research and evidence’ (Broadbent 2012).

Conversely, Broadbent’s study also found evidence of policy makers in Sierra Leone *attacking* EIPM language and concepts, to ‘win points’ in a debate. This is because in this context evidence and written research were negatively associated with foreign actors and ‘Western’ ideas, while orally communicated evidence and ‘local knowledge’ were positively associated with concepts of tradition and culture. Non-use of research evidence was therefore painted as a defence of national identity. The author argues that this suggests the limitations of explaining away non-use of evidence in terms of a ‘lack of capacity’ which can be ‘filled’ – although this is certainly part of the problem. Rather, it suggests that there may be strong political incentives to reject EIPM ideas (Broadbent 2012).

Certain evidence findings may be viewed as ‘unacceptable’ in particular contexts and so ignored. Two studies provide examples of evidence being viewed as unacceptable for political or financial reasons. For example, one observational study of urban resilience policies in the Philippines found that it was not always politically possible to act on evidence suggesting which locations were at risk of flooding, implying the need to relocate people. ‘Any mayor attempting such would run headlong into a wall of protests and claims of human rights violations, or intense lobbying from wealthy landowners and their politicians’ (Pellini et al. 2013). In a similar vein, interview respondents in Waldman’s observational study of DFID use of evidence in fragile contexts felt there was an ‘overall conservative tendency’ in DFID causing officials to ignore overtly critical research. If

findings suggested that ‘everything you’re doing is wrong’ or recommended an ‘overhaul’ of existing programmes they were likely to be resisted. This was linked to the observation that ‘existing commitments are hard to abandon and projects are often implemented in partnership with other donor partners’ (Waldman 2014). Both studies align with the ‘pluralism and opportunism’ paradigm of EIPM discussed in [Section 1.2.1](#) – suggesting the messy and opportunistic nature of policy making, and the need to balance the competing interests of various groups. They also highlight some of the potential conflicts between different forms of evidence relevant to policy decision making discussed in [Section 1.1](#). Research evidence may actively conflict with citizen views, or with process knowledge regarding the best way to implement activities.

A theoretical study from South Africa suggests that the unacceptability of evidence may be manifested in deeper and more subtle ways, reflecting the history and culture of a society. The author argues that the articulation of the ‘two economies’ paradigm by President Mbeki (which suggested that a section of society had been ‘left behind’ economically, despite South Africa’s rapid economic growth) suddenly made certain types of evidence acceptable when previously it was not (du Toit 2012). This made it politically acceptable for researchers and decision makers to explicitly link poverty to structural aspects of the economy, whereas before this was rejected based on the emotive and accepted view that poverty was a legacy of apartheid. This new paradigm therefore allowed the reframing and re-evaluation of existing evidence on poverty and inequality, informing new poverty interventions including a Community Works Programme. This resonates with theories about power and discourse discussed in [Section 1.2.1](#) – which suggest that ideas and concepts viewed as ‘common sense’ in a particular society determine what policy makers can understand and articulate, and therefore the policy ideas they are likely to adopt.

Summary of individual-level factors: This review found nine primary observational studies from lower- and higher-income contexts which provide evidence that **individual beliefs, attitudes and motivations to use evidence (and how to use it) are connected to pre-existing beliefs, and to the norms and values that prevail within organisations or societies**. For example, several studies suggest that evidence may be ignored or sidelined if it counters past experience – particularly if an issue is hotly debated. Two studies suggest that beliefs about what counts as ‘good’ evidence may result in useful knowledge being discounted; and two further studies found that certain evidence findings may be viewed as ‘unacceptable’ in particular contexts and so ignored. The status of evidence itself also appears important: three studies suggest that where evidence is valued, this can encourage its use as a ‘weapon’ to confer legitimacy on a decision; while another study found that where evidence is less valued this can lead to deliberate attacks of EIPM concepts for political gain.

2.2. Interpersonal factors affecting EIPM

Interpersonal factors are about the relationships between individuals and groups (for example in an organisation or a network), and how these influence evidence use. Much of the literature on interpersonal factors derives from literature on research uptake and knowledge transfer. This relates to relationships between researchers and policy makers, and the ‘supply side’ factors which make specific research findings more or less likely to be acted on by decision makers. This falls outside the scope of this review, which focusses instead on the ‘demand side’ factors which help or hinder decision makers from accessing and using evidence in policy making processes. However, it is worth considering briefly some of the evidence suggesting the importance of promoting researcher-policy maker partnerships.

Evidence use is influenced by the type and nature of relationships between researchers and policy makers. This was one of the main factors highlighted in secondary reviews of the enablers to and barriers of evidence use, discussed above and outlined in Table 2. For example, one systematic review of strategies to promote evidence-based practice found that formal and informal linkage mechanisms allow partnerships between

researchers and policy makers to adapt and renegotiate research findings within their own contexts, ‘tinker’ with research, and engage in collaborative reflection. The possibility of these partnerships are constrained by limited time and energy to establish effective working relationships, and differences in culture, goals, information needs, power, reward systems, and language between researchers and policy makers (Walter et al. 2005). Similarly, an observational study examining how Australian drug policy makers access evidence also stressed the importance of personal relationships and trust. Bureaucrats were found to consult small groups of trusted experts by phone to provide research information and opinion, in order to get a quick synthesis of evidence. In this case, trust was found to be more important than expert knowledge (Ritter 2009).

Two observational studies from the UK also suggest that **evidence use can be influenced by the nature of relationships within government organisations**. An observational study of UK civil servants and ministers found that civil servants were often reluctant to use evidence to challenge ministers, ‘conscious of the need to create and maintain a “good relationship”’. The study suggests that this reluctance is partly a result of limitations in support structures (systems and processes to enable civil servants to challenge their ministers without compromising relationships), without which the easiest way to keep everyone happy is to ‘give the minister what they want’ (Hallsworth et al. 2011). This finding was echoed in a recent observational study of how DFID learns, in which some interview respondents said they have been told they ‘can’t say that’ about particular pieces of fact-based advice because it would be unacceptable higher up the organisation (ICAI 2014). This resonates with the ‘politics and legitimisation’ model of policy processes discussed in [Section 1.2.1](#), suggesting that institutional-level power affects who is able to participate in decision making, and shapes the strategies, beliefs and actions of individuals within it.

2.3. Organisational factors affecting EIPM

Organisational factors relate to the systems, policies and procedures, practices, culture and norms within an organisation that promote or inhibit evidence use in policy making. Eight primary studies – mainly from high-income settings – suggest that organisational factors can affect individual motivation to use evidence and present barriers to changes in individual behaviour.

If evidence is promoted or valued within an organisation, this can increase individual motivation for EIPM. One observational study found evidence of a ‘distinct culture in DFID that places a premium on keeping up with the latest research, in part to maintain credibility amongst colleagues.’ This was found to influence the personal interest and motivation of DFID advisers in Afghanistan, Nepal and Sierra Leone to keep up to date with academic debates on state-building (Waldman 2014). Four intervention studies, discussed further in [Section 3.3](#), also found that organisational tools and systems designed to promote EIPM (such as guidelines, templates and procedures for incorporating evidence into programme design) can motivate individuals to use evidence more in their day-to-day work (Yost et al. 2014; Nutley et al. 2013; Peirson et al. 2012; Dobbins, Robeson, et al. 2009). More limited intervention evidence suggests that tools may also increase the *value* individuals place on evidence (Yost et al. 2014; Nutley et al. 2013). These findings link to the theories discussed in [Section 1.3](#) which emphasise the multi-dimensional nature of capacity; in particular emphasising the interaction between individual skills and motivation to use evidence and organisational-level capacity.

Lack of time to access and appraise research partly reflects an organisation’s ‘culture’ of evidence use. Time was one of the main obstacles to evidence use mentioned in the literature, as outlined in Table 2 above. In one systematic review, 42 studies from both low- and high-income contexts referenced this barrier (Oliver, Innvar, et al. 2014). Some papers suggest that lack of time may link to organisational values and norms around evidence use – for example whether individuals are given the permission and space in their working days to

spend time finding and reading research papers. For example, a systematic review found two studies (both from the health field) reporting that collection and appraisal of research was seen to be ‘non-work’ among those who needed to take action – implying that lacking time to appraise research may be linked to an organisational culture that does not prioritise EIPM (Orton et al. 2011). A survey of local government policy makers in Australia which also stressed time as a barrier similarly found that searching for and reviewing evidence was not considered to be a necessary function in organisational cultures (Armstrong et al. 2013).

“Lacking time to appraise research may be linked to an organisational culture that does not prioritise EIPM.”

Hierarchical management of information, organisational silos and poor organisational memory can limit access to research and evidence use. A case study from Mexico found that the hierarchical management of information within centralised government organisations prevented research from arriving at relevant organisational levels, meaning that policy makers found it difficult to access evidence (Trostle et al. 1999). Three studies from the UK, Canada and New Zealand discussed in a systematic review found that divisions of responsibilities and ‘institutional silos’ can also limit consideration of evidence. For example, job boundaries can make it very difficult to engage with ideas beyond a person’s immediate area of responsibility, or consider multi-disciplinary evidence and engage in horizontal thinking across different sectors (Liverani et al. 2013). Finally, Waldman’s (2014) study of DFID advisers found that high staff turnover and trends of decreasing staff-to-funding ratios were believed to result in poor institutional memory within DFID, which was believed to reduce effective use of evidence.

Summary of interpersonal and organisational factors: Much of the literature on interpersonal factors falls within the ‘supply side’ of EIPM and is not considered in depth in this review. This includes a large amount of evidence, summarised in secondary synthesis papers and outlined in Table 2, suggesting that evidence use is influenced by **the type and nature of relationships** between researchers and policy makers. This review also found two observational studies from the UK emphasising the importance of **relationships and power within government organisations** in affecting what kinds of evidence are acceptable.

Eight primary studies and three systematic reviews – mainly from high-income contexts – provide evidence suggesting that **organisational factors can affect individual motivation** to use evidence, or **present barriers to changes in individual behaviour**. For example, if evidence is promoted or valued within an organisation, this can increase individual motivation for EIPM, and lack of time to access and appraise research partly reflects an organisation’s ‘culture’ of evidence use. **Hierarchical management of information, organisational silos and poor organisational memory** can also limit access to research and evidence use.

2.4. Institutional factors affecting EIPM

Institutional factors relate to the wider environment in which individuals and organisations operate, and how this affects the use of evidence in decision making. This includes the role of external actors (such as international donors and civil society), and the influence of external factors such as crises, global events, political and economic change, and donor influence. This study found a large number of studies suggesting that institutional factors play an important role in both enabling and constraining evidence use within a wide variety of contexts. This evidence has been categorised below in terms of factors relating to non-governmental actors (including donors, the media and civil society), and the political environment and external events.

Non-governmental actors

Seven primary studies provide evidence suggesting that international donors can both promote and constrain the effective use of evidence in decision making; private sector actors can exert pressure which ‘blocks’ evidence-informed decisions, and the media (and the general public) may present a barrier to EIPM. This evidence highlights the messy and opportunistic nature of policy processes, and also provides insights into the power wielded by various groups working together or against one another to advance their interests through the political and tactical use of evidence. This resonates with both the ‘pluralism and opportunism’ and ‘politics and legitimisation’ models of EIPM discussed in [Section 1.2.1](#).

International donors may both promote and constrain the effective use of evidence in decision making.

Some writers argue that the concept of EIPM has been promoted or ‘exported’ by the international development community into low and middle-income country contexts – such that EIPM has become a ‘by-word’ for more scientifically sound and ‘better’ policies than those not centred around research evidence (Broadbent 2012; du Toit 2012). Donor commitment to EIPM may result in more evidence-informed policies being adopted in recipient countries; for example, one systematic review highlighted that donor priorities may result in the promotion of interventions with strong evidence bases. However, the study also suggests that this may result in the neglect of local context, needs and capabilities (Liverani et al. 2013). In addition, Broadbent’s observational study of four African countries argues that the promotion of EIPM by the international development community has led to the terms ‘research’ and ‘evidence’ being ‘brandished with satisfaction, in the near-certainty that an argument will be applauded as long as it uses the well-established concepts’, even if in fact evidence has not been used or understood at all. Still, although this situation is far from ideal, Broadbent argues that ‘a stated concern for research-based evidence and evidence-based policy is better than none at all’ (Broadbent 2012).

“Donor commitment to EIPM may result in more evidence-informed policies being adopted in recipient countries...but donor priorities may also act *against* EIPM, for example as a result of funding pressures.”

Donor priorities may also act *against* EIPM, for example as a result of funding pressures. One observational study examining HIV policy making in Tanzania describes how, despite interviewees unanimously agreeing on the importance of empirical cost-effectiveness data, it played very little role in decisions about HIV policy in the late 2000s. One interviewee described how, following the creation of PEPFAR and the Global Fund, ‘money was literally poured into this country like anything’. As a result, there were no incentives to use cost-efficiency data, and in some cases low-cost programmes were actually not implemented because organisations faced pressures to spend their rapidly increasing budgets quickly. In the absence of an environment in which costs mattered, cost-effectiveness data was no longer politically relevant (Hunsmann 2012).

Private sector actors can exert pressure which ‘blocks’ evidence-informed decisions. A systematic review discussed evidence of financial and corporate interest groups exerting pressure to either take up or ignore research findings based on commercial interests, and another study arguing that ‘the lack of pressure from organised lobbies in Laos facilitated the use of evidence for health policy on essential medicines’ (Liverani et al. 2013). One theoretical paper argues that private sector influence results from a combination of strong economic interests among private sector actors and secretive policy making processes (Jones et al. 2009).

Another primary observational study found that private sector interests can pose a particular risk in post-conflict countries. For example, in Serbia ‘private sector actors have played a major role in financing political parties to support their own interests, and in part account for the very high level of party fragmentation in the country’. In Nepal a new range of laws were passed promoting greater transparency and accountability immediately after the end of the conflict, but ‘implementation of these laws and awareness thereof remains weak – suggesting that economic interests are still retarding governance reforms’ (Jones & Pellini 2009).

The media (and the general public) may act against EIPM. There is sometimes an assumption in EIPM literature that a free media is an important promoter of EIPM, for example through ‘offering platforms for critical review of scientific results’ (Hufen & Koppenjan 2014). However, one example from the UK illustrates that the media may also act as a barrier to EIPM. This observational study of debates on sex offenders examined the influence of a national newspaper (the *News of the World*) over a policy process. The campaign promoted demand from the general public (gathered through opinion polls) for greater openness about the identities of sex offenders released from prison and now living in communities. The government responded to media pressure to review the policy, drawing on various evidence sources (including research conducted by civil society groups which shared a sense of alarm about the idea of community notification). The government explored the feasibility of sharing some information on sex offenders with members of the public – ultimately drawing on research evidence to support their decision not to adopt the scheme. This is therefore an example of the media and the general public calling for a policy that was *not* evidence-informed (in the sense that research did not suggest a positive impact on reoffending rates) (Jung & Nutley 2008). Broadbent’s study of African policy debates also illustrated that citizen views in Uganda and Ghana were laden with stereotypes and discriminatory attitudes towards sex workers and street hawkers, therefore acting as a barrier to more inclusive policies informed by research evidence (Broadbent 2012). This suggests a potential tension between high quality research evidence and the role of citizen voice and participation in development processes.

Civil society may play a number of different roles in relation to EIPM, including putting pressure on government to use evidence, building momentum behind ideas, and bringing together different forms of knowledge. This paper did not delve into the broad literature on civil society and its role in influencing policy, which is likely to have significant insights relevant to EIPM. However, it did consider four primary observational studies and four secondary and theoretical papers referring to links between civil society and evidence use.

There are a number of different ways to conceptualise the relationship civil society organisations (CSOs) might have with policy making and EIPM. Coston describes eight kinds of CSO-policy relationships – from that of ‘repression’, through to relationships of ‘rivalry and competition’, to ‘contracting and cooperation’ and finally ‘complementarity and collaboration’. These range ‘from NGOs being wholly alienated from formal policy processes and concentrating on what they can achieve on their own terms, to NGOs whose arguments are so closely aligned with those of government that they are simply pushing at an open door’ (Coston 1998, in Pollard & Court 2005). In relation to EIPM, this suggests that civil society may *produce* evidence for their own purposes (conducting research, collecting citizen voices, synthesising findings), *campaign* for policies based on evidence, and/or *co-produce* policies in collaboration with government actors, utilising evidence to a greater or lesser degree – the latter role echoing the theories of policy networks discussed in [Section 1.2.2](#).

- **CSOs can put pressure on government actors to acknowledge or release evidence.** Broadbent found evidence from Zambia in which the government’s refusal to comment on a biotechnology policy, including on the subject of research, ‘in effect halted the policy debate’ – presumably a good thing for the government, which was facing tensions over the issue. The government was able to do this in part due to a *lack of demand* for evidence on the part of civil society and other actors (Broadbent 2012). Jung &

Nutley's (2008) observational study from the UK emphasises how a civil society organisation played an important role in UK debates on sex-offender policy, by conducting academic research into the policy option promoted by the media. This was fed into policy debates and ultimately shaped the government's decision not to adopt the media's preferred policy of community notification.

- **CSOs can help build momentum behind ideas.** A literature review examining how CSOs use evidence to influence policy processes found evidence that CSOs can influence policy through generating a 'tipping point' – using evidence to build momentum behind an idea, and crystallising evidence as a policy narrative to create a window for change. The review emphasises that this requires effective communication of evidence, and the use of relevant, appropriate and timely evidence by CSOs (Pollard & Court 2005). Two further papers discussed the potential role of CSOs in seeking alliances with international actors around particular issues, which can put additional pressure on national governments (Jones 2009; Perkin & Court 2005).
- **CSOs can play a role in bringing together the different forms of knowledge discussed in [Section 1.1](#), including citizen views.** A literature review found that, through fusing research evidence with 'political and cultural' knowledge, CSOs can gain legitimacy among both policy makers and local people at the same time. For example, 'an Indonesian CSO, lobbying to reformulate the government's birth control programme into a family welfare programme, deliberately integrated its findings on the effectiveness of this approach with passages from the Qu'ran and Hadith. This inflected the proposal with a call to respect the interests of the Muslim majority, who had recently been under pressure from Christian, Confucian, Hindu and Buddhist groups. Drawing out the political aspect of this evidence made it more attractive for the government, because they could act upon it as a statement of support for Muslims.' This review also stresses the potential of CSOs to help policy makers access evidence from the grassroots – citing one example from Bolivia when a CSO was able to use the Catholic Church and its widespread grassroots presence to conduct dialogue on the Bolivian Poverty Reduction Strategy Paper (PRSP) process (Pollard & Court 2005).
- **Trust appears to be an important consideration for CSO influence on EIPM.** A theoretical paper cites evidence suggesting that CSO influence is limited by a low level of policy maker trust in civil society (Jones et al. 2009). A secondary review also cites evidence from Indonesia and Cambodia, suggesting that CSOs can influence policy makers with evidence-based recommendations in situations where the involvement of CSOs in policy making improves the legitimacy of policy (and therefore the legitimacy of MPs). However, this is often hampered by mistrust: policy makers concerned that CSOs may be influenced by international donors, and CSOs concerned that policy making may be working behind closed doors. The review cites evidence from Cambodia, where only 20% of CSOs reported any link with MPs, and MPs see CSOs as 'pessimistic', 'donor-driven', 'manipulative' and 'biased towards the opposition' (Jones 2011).
- **The influence of CSOs in EIPM depends on their position and role in society.** A secondary review found that the credibility of the evidence used by CSOs is an important predictor of policy influence. 'CSOs need to be adept at adapting the way they use evidence to maintain credibility with local communities and with policy makers, combining their tacit and explicit knowledge of a policy context'. However, this review also found that 'overall, the important factor in whether CSOs can use evidence to influence policy is how well they are integrated within a policy process' (Pollard & Court 2005). A theoretical paper points out that contracting political space for CSOs in some contexts will have a knock-on effect on CSO influence on EIPM – for example, in Zambia, Uganda, Ethiopia and Nicaragua, laws curb the scope of advocacy work (Jones et al. 2009).

Two examples from primary studies illustrate this point. A study in the Philippines found limited scope for civil society to get involved in the crafting of urban resilience policy. Civil society involvement was largely limited to disaster response, a historical role that was ‘institutionalised as a formal routine’, despite civil society potential to add value to policy making processes (Pellini et al. 2013). In contrast, another study discusses the Energy Bill in the Kenyan Parliament, for which evidence generated by CSOs was fed in to workshops with parliamentarians, and legislators were brought together in a CSO-led forum to discuss energy issues before the Bill was passed. Jones claimed this resulted in a ‘more comprehensive bill, which took into account the interests of local communities’. The role of CSOs here was partly a collaborative one, as evidence fed in by CSOs gave parliamentarians a ‘stronger voice to push for legislative reforms’ as well as knowledge to critique government policy (Jones 2011). This role clearly depended on a policy environment where CSOs were able to produce evidence and access policy makers to communicate it. This study also found that links between the media and CSOs was important in facilitating exchange between CSOs and legislators.

The literature on civil society considered for this review did not reference any **negative** effects of civil society influence on the use of evidence in policy processes. However, it seems plausible that civil society is not always a force for good in EIPM, given the discussion above on the potentially negative role of international donors, the private sector and the media on evidence use in decision making. Given the small number of papers it was possible to consider on civil society in the time available for this review, it is unclear whether this represents an evidence gap; but this may be an interesting area for further research.

The political environment and external events

Five primary observational studies and a number of secondary and theoretical papers – from high- and low-income contexts – suggest that institutional factors such as sudden change (e.g. crises or regime changes), levels of decentralisation and levels of democracy can create opportunities for or barriers to EIPM.

Change in the institutional environment – such as crises, regime changes, democratisation and external events – can create new opportunities for or new barriers to EIPM. One study argues that crises can create windows of opportunity, engendering a new willingness among policy makers to break stalemates or take painful but necessary steps. The bigger the crisis, the stronger the opportunity for research to shape underlying discourses and values. For example, during regime change in Singapore, ideas associated with the old regime were discredited and disorganised, opening space for new attitudes towards knowledge and creating a more conducive environment for research use (Jones et al. 2009). Similarly, three studies discussed in a systematic review (relating to South Africa and Uruguay) found that the process of democratisation created a new model more open to the uptake of research findings, including new appointments of researchers and establishments of research institutes (Liverani et al. 2013).

Opportunities to consider different types of evidence can be opened up by smaller-scale events too. One observational study discussed cases from the UK, in which celebrity chef Jamie Oliver’s campaign to improve school meals and Ireland’s decision to implement a ban on smoking in public places created opportunities for research to influence debates on nutrition in schools and public smoking (Smith & Joyce 2012).

Pellini’s study of the use of evidence in urban resilience interventions in the Philippines found that the *actual experience of disaster* was a necessary condition for policy action; the mere ‘presence of these threats to citizens and their economic interests does not result in concrete policy actions’. The authors suggested that there must be opportunities for political gain in order for better, evidence-informed resilience policies to be

created in advance of a crisis; for example, one prominent political figure had managed to create a political constituency around disaster preparedness (Pellini et al. 2013).

These findings link to theories of ‘policy spaces’ and ‘policy streams’ discussed in [Section 1.2.1](#), which emphasise the importance of ‘windows of opportunity’ in policy making processes which can create moments and spaces for evidence to be used. However, crises can also hinder the consideration of evidence. One case study examined the implementation of a voluntary health insurance health policy in Lebanon, triggered by the sudden abolition of post-retirement medical plans by a major national company, and which left many citizens without medical coverage. Despite interview respondents stating they valued evidence, the implementation of the resulting policy was ultimately a ‘quick political decision’ that did not take account of available evidence. Interview respondents stressed that the extreme pressure to tackle the crisis resulted in a policy that was publicly popular despite evidence suggesting it was unworkable. This was enabled by a political system that, although democratic, lacked participatory and transparent policy making processes, and allowed the government to issue a decree despite the reservations of the Ministry of Finance. An absence of systems and procedures for the consideration of evidence in policy processes may have also been a contributory factor (El-Jardali et al. 2014). This demonstrates how a lack of institutional capacity can hinder EIPM even where individuals have the capacity and motivation to use evidence, adding empirical weight to the multi-dimensional model of capacity development described in [Section 1.3](#).

Finally, a study of evidence use in post-conflict environments found that a knowledge gap opened up upon regime change, as the technical reputation of intellectuals could not be ‘disentangled from their role in previous authoritarian regimes’. Intellectuals associated with governments who presided over the conflict (and which were ousted from power) were discredited following the end of conflict in Nepal, Peru and Serbia. In Nepal particularly this may have been compounded by an absence of a civil society voice (Jones & Pellini 2009).

Levels of organisational and political decentralisation can affect use of evidence in decision making. A systematic review found evidence that a concentration of power in centralised systems (e.g. the UK National Health Service prior to 1990 reforms) can prevent pluralistic debate, and therefore the need for evidence to support competing views. Conversely, in decentralised political systems, there may be more need for research as legitimisation or ammunition to justify political decisions (Liverani et al. 2013). One observational study of the BSE public health crisis in the UK found that, in a centralised system in which government agencies controlled expert advice with little public oversight, pressure and expert interest groups were able to shape policy decisions and undermine the credible assessment of public health risks (Beck et al. 2005).

However, an observational study of evidence use in the Philippines described how a culture of evidence use did *not* emerge upon decentralisation, despite legislation being in place to strengthen local government capacity as part of the decentralisation process. This was in part due to limited budgets for Local Government Units to conduct research, few links between academic institutions and local decision making bodies, and the persistence of nationally provided policies – reflecting a history of reliance among local government actors on central government data (Pellini et al. 2013).

Levels of democracy and the role and power of national actors outside central government can affect the use of evidence. The studies reviewed for this section do not suggest a clear and obvious link between democracy and use of evidence in decision making. For example, one comparative observational study examines evidence use in India and Vietnam, finding that the levels of democracy or autocracy were not necessarily a key factor in influencing the use of evidence in policy making (Sumner & Harpham 2008). Another study examining demand for and supply of evaluation in five sub-Saharan African countries drew a distinction

between *development patrimonial* states and *neopatrimonial* states. Development patrimonial states (Ethiopia and Rwanda) were characterised by strong centralised leadership with limited scope for the influence of external actors. The authors found relatively high demand for evidence, based on incentives to achieve developmental outcomes in order to maintain the legitimacy of government. In addition, ministries were generally technocratic in nature, with some (albeit limited) capacity to appraise and use evidence. Neopatrimonial states (Malawi, Zambia and Ghana) were characterised by patronage-based decision making, multiple interest groups competing for influence and power, and more disordered policy processes. This provided more diverse entry points for evidence to be used to influence policy processes. However, capacity was still weak to manage and understand evaluations (Porter & Feinstein 2013).

Four studies discussed in a systematic review also pointed to the potential biases that may result from ‘processes of democratic deliberation’ – including ‘opportunistic use of evidence to delay decision making, to legitimate particular policy positions or to discredit opponents in political debates’ (Liverani et al. 2013). For example, a qualitative study from Australia found that evidence became more contested around an election campaign, amplifying tensions between stakeholders who controlled selection of evidence for policy (experts, bureaucrats and advisers). The Health Minister’s advisers developed plans to roll out a national bowel cancer screening programme, which ignored much of the evidence gathered in early stages of policy making and later proved wholly unrealistic. The authors concluded that, in the search for alternative ideas in the heat of an election campaign, adherence to evidence may play a secondary role (Flitcroft et al. 2011).

Summary of institutional factors: The review discussed 12 primary observational studies and several secondary and theoretical studies relating to institutional factors affecting evidence use. Seven primary observational studies suggest that **non-governmental actors often play an important role in relation to EIPM**. International donors may both promote and constrain the effective use of evidence in decision making, private sector actors can exert pressure which ‘blocks’ evidence-informed decisions, and the media (and the general public) may present a barrier to EIPM. **Civil society may play a number of different roles in relation to EIPM**, including putting pressure on government to use evidence, building momentum behind ideas, and bringing together different forms of knowledge. Finally, five primary observational studies suggest that **institutional factors such as sudden change (e.g. crises or regime changes), levels of decentralisation and levels of democracy** can all create opportunities for or barriers to EIPM.

2.5. Conclusions and implications for the BCURE evaluation

This section has examined the factors that prevent decision makers from using evidence, and the factors that facilitate evidence use. It began by summarising some of the evidence already synthesised in secondary reviews, providing a signpost to the most frequently mentioned barriers and enabling factors referenced in the EIPM literature. It then moved on to examine some of the primary evidence specifically relating to political, psychological, cultural and institutional factors promoting or constraining EIPM in different contexts; an area where evidence has been less frequently synthesised and which takes into account theories of power, politics, networks, cognitive processes and complexity discussed in [Section 1.2](#). The main findings are as follows:

- **Individual** beliefs, attitudes and motivations to use evidence (and *how* to use it) can be connected to pre-existing beliefs, and to the norms and values that prevail within organisations or societies. Evidence may be ignored or side-lined if it counters past experience, and beliefs about what counts as ‘good’ evidence may result in useful knowledge being discounted – echoing cognitive theories discussed in [Section 1.2.3](#) which suggest that people make sense of the world using pre-existing mental models, and so are highly subject to confirmation bias. Some studies also found that evidence findings may be viewed as

‘unacceptable’ in particular policy contexts and so ignored. This links to the ‘pluralism and opportunism’ paradigm of EIPM discussed in [Section 1.2.1](#) – suggesting the messy and opportunistic nature of policy making and the role of evidence within it.

- **Interpersonal** relationships and power within government organisations can affect how (and what types of) evidence is acknowledged and communicated. This resonates with the ‘politics and legitimisation’ model of policy processes discussed in [Section 1.2.1](#), suggesting that institutional-level power affects who is able to participate in decision making, and shapes the strategies, beliefs and actions of individuals within it. Two studies also suggest that evidence use may also be influenced by the type and nature of relationships between researchers and policy makers.
- **Organisational** factors can affect individual motivation or ability to use evidence in their work. Individual motivation for EIPM may be increased if evidence is promoted or valued within an organisation – although conversely, some studies also suggested that organisational incentives to use evidence in decision making may actually promote its ‘symbolic’ use to support pre-existing positions (discussed in [Section 1.2.1](#)). Lack of time to access and appraise research may reflect an organisation’s ‘culture’ of evidence use; and hierarchical management of information, organisational silos and poor organisational memory can limit access to research and evidence use. The importance of organisational factors on individual decisions to use evidence resonate with the theories discussed in [Section 1.3](#) on the multi-dimensional nature of capacity; in particular emphasising the interaction between individual skills and motivation to use evidence and organisational-level capacity.
- A wide range of **institutional** factors also prevent or facilitate EIPM. The literature provides insights into the power wielded by various groups working together or against one another to advance their interests through the political and tactical use of evidence, resonating with both the ‘pluralism and opportunism’ and ‘politics and legitimisation’ models of EIPM discussed in [Section 1.2.1](#). International donors may both promote and constrain the effective use of evidence in decision making depending on their own priorities, private sector actors can exert pressure which ‘blocks’ evidence-informed decisions, and the media (and the general public) may present a barrier to as well as promotor of EIPM. Civil society can put pressure on government actors to use evidence, build momentum behind ideas, and bring together the different forms of knowledge relevant to policy decision making discussed in [Section 1.1](#). The influence of CSOs on EIPM depends on their position and role in society. Institutional factors such as sudden change (e.g. crises or regime changes), levels of decentralisation and levels of democracy can also generate opportunities for or barriers to EIPM.

Implications for the BCURE evaluation

These findings underscore the importance of examining the specific context within which each BCURE intervention works. In order to understand the factors that might enable or prevent change as a result of BCURE activities, the evaluation team will need to investigate these contextual factors – for example looking at how individual beliefs, attitudes and motivations link to organisational features and social norms; and thinking about the wider institutional context, including the role of international donors, private sector actors, the media and civil society, and the influence of historical events and levels of decentralisation and democracy on the ways in which evidence is used and understood. The influence of these factors on the success of BCURE programme interventions will be explicitly considered as part of the evaluation.

The findings in this section also highlight the interrelationships between individual, organisational and institutional factors – for example the influence of organisational systems on individual values, or the ways in which ideas about evidence in wider society shape how it is talked about and the types of knowledge considered important. Echoing findings in [Section 1.3.1](#), this suggests the value of examining capacity for EIPM as a *system*. The empirical evidence discussed in this section also reiterates the overall implications of [Section 1](#), suggesting the value of incorporating theoretical insights on power, politics, networks and complexity into the study of BCURE interventions, and considering capacity change as a multi-dimensional issue.

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