Supporting the routine use of evidence during the policy-making process

A WHO checklist

World Health
Organization

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Acknowledgements

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(1) Who is this checklist for?

This checklist is for any organization or person supporting the routine use of evidence in the process of policy-making *(1)*.[1] Evidence-informed policy-making (EIPM) is essential for achieving the Sustainable Development Goals (SDGs) and universal health coverage (UHC). Its importance is emphasized in WHO's Thirteenth General Programme of Work 2019–2023 (GPW13). This checklist was developed by the WHO Secretariat of Evidence-Informed Policy Network (EVIPNet) to assist its Member countries[2] in institutionalizing EIPM. Government agencies (i.e. the staff of the Ministry of Health), knowledge intermediaries and researchers focused on strengthening EIPM will find in this checklist some key steps and tools to help their work. **While the health sector is a key target group for EVIPNet, this tool can be applied by stakeholders from different social sectors.**

(2) Why and when can this checklist be used?

By routinely making use of evidence in policy-making, governments are likely to achieve more effective policy development for societal progress. This tool can be used (i) to bring awareness about the importance of evidence use, (ii) when a country is initiating activities towards institutionalizing evidence use in policies (i.e. having some events to debate the subject, or establishing a small scientific committee to aid in a specific policy), or (iii) when a few steps towards institutionalizing the use of evidence are already in place, but there is uncertainty about how to further develop and/or improve the processes in the country's context.

The tool can also be useful in settings where evidence use in policy-making is facing some challenges that may signal a need for further reflection and development over its long-term sustainability.

(3) What are the objectives of this checklist?

- To prompt discussion on and engagement with the concepts defining the institutionalization of EIPM;
- To support countries with tools for situation analysis and assessment of the evidence ecosystem *(2)*;[3]
- To highlight the domains and core competencies, as well as processes that help to make evidence use routine in policy design, implementation and review, and
- To offer a list of key actions to consider when embedding EIPM in a local context and assessing progress over time.

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[1] Although developing capacity for making use of research goes hand in hand with developing capacity for research that is close to practice or policy, the emphasis in this checklist is on research-informed policy rather than policy-informed research *(1)*.

[2] For the WHO Eastern Mediterranean Region, this includes the Regional Network of Institutions for Evidence and Data to Policy (NEDtP).

[3] Defined as "a system reflecting the formal and informal linkages and interactions between different actors (and their capacities and resources) involved in the production, translation, and use of evidence" *(2)*.

(4) How was this checklist developed?

This checklist was developed by undertaking a systematic review/critical interpretive synthesis and summarizing other relevant research that described some of the key features of the institutionalization of EIPM, as well as drawing on relevant experiences at the country level. An editorial board of individuals with experience in this subject provided three rounds of written feedback to improve this tool. The tool was also appraised by participants in a session within the WHO Evidence to Policy Summit, conducted on 15–17 November 2021 by EVIPNet Members in February 2022 and by government workers from different countries around the world in May 2022.

(5) How should this checklist be used?

The first step is understanding the local context and identifying what domains of EIPM institutionalization are already in place and in what stage they currently exist. If this is done by engaging diverse stakeholders and using the tools provided in this document, the analysis will be more comprehensive. The results may differ hugely if the checklist is applied by a government organization, a research unit or a civil society organization. Trained facilitators may aid policy-makers when applying the tool.

Afterwards, look at the key actions for each domain/stage and analyse facilitators for and barriers to reaching a maturation stage. Try to think of who would be responsible for the said actions and create a collaborative plan. Context analysis and feedback should happen throughout this process. The checklist can also be used as a tool for planning, monitoring, evaluating and learning. By applying this tool, it is expected that teams will better understand their institutionalization process and the path forward, as well as provide continuous improvement to the tool to best assess their local needs.

Key messages

To institutionalize a process, approach or intervention is to make it integral to an organization, society or culture, so that it is seen as "normal". By aiming towards institutionalizing EIPM within countries, evidence is meant to be regularly, systematically and transparently used in decision-making, allowing improvement in policy development for societal progress.

For this to happen, there are some steps that organizations and individuals supporting governments could take.

Conduct a country's situation analysis and an evidence ecosystem assessment.

- Map stakeholders and understand who is doing what, why and where.
- Use situation analysis and evidence ecosystem assessment tools and adapt them to your needs and contexts (*see* Annex for a selected set of tools).

Understand the domains and processes of institutionalizing evidence-informed policy-making (EIPM).

- Explore key actions behind the domains of **(1) Governance; (2) Standards and routinized processes; (3) Leadership and commitment; (4) Resources and capacity-building/strengthening, including core competencies for EIPM; (5) Partnership, collective action and support; and (6) Culture.**
- Identify the **stage of institutionalization** in your country: Precipitating events (or antecedents), Awareness stage, Assessment stage (semi-institutionalization), Maturation stage ((re-)institutionalization) or De-institutionalization.

Apply the checklist to your country's context.

- Reflect on whether the institutionalization **domains are (un)balanced.**
- Plan and put in place some key actions that may help your country to **get to the next stage of institutionalization** of EIPM.
- Engage in **continuous context analysis, monitoring and feedback** to improve your institutionalization activities.
- Engage, share with and learn from **other countries' experiences.**

Introduction

The focus of this tool is to present the domains and processes through which government bodies can institutionalize the use of evidence. It can be used by people and organizations supporting governments, from the inside or the outside, to reflect on its path towards evidence-informed policy-making (EIPM).

Given the general paucity of texts that offer guidance in understanding the institutionalization of EIPM, this tool is largely based on two recent systematic reviews/ critical interpretive syntheses *(3,4)*, one of which was developed specifically for the Checklist *(3)*. These summarize the available evidence on this subject.

What is EIPM and why is it important?

EIPM can be defined as "an approach to policy decisions that aim to ensure that decision-making is well-informed by the best available research evidence" *(5)*. It encompasses systematic, up-to-date and transparent access to, and appraisal of, evidence. Recent publications of World Health Organization *(6)* and of the Global Commission on Evidence to Address Societal Challenges *(7)* highlight different types of evidence typically encountered in and useful to decision-making, such as behavioural/ implementation research, evaluation, modelling, data analytics, qualitative insights, evidence synthesis, technology assessment/cost–effectiveness analysis and guidelines.

The use of evidence can facilitate more substantiated, systematic, and transparent decisions throughout the policy development cycle *(4,8)*. Evidence can play a part in agenda-setting, policy formulation, policy implementation, and policy evaluation *(9)*. Policies that are informed by evidence have a better chance of being more cost effective and contribute to a more efficient, effective and equitable policy-making process (with less time spent on debating or trying things that are not supported by evidence) *(10)*. Evidence also contributes to the identification of barriers to and facilitators of policy implementation and the contextual variables that affect policy implementation *(11)*.

Why is it important to institutionalize EIPM?

By institutionalizing evidence use, government bodies take an important step towards developing more effective policies on a regular basis. Institutionalization, as defined

What do we mean by "evidence" in the context of this checklist? *(5)*

Evidence can be understood as facts, known from experiences or observations, which form the basis of an opinion or a decision. There is the need, however, for appraising the extent to which those facts support conclusions and how much confidence we put into different pieces of evidence, given that not all types of evidence are equally convincing, but the use of evidence should be context sensitive.

During the coronavirus pandemic, for instance, examples of relevant evidence were scientific studies such as drug clinical trials; up-to-date surveillance reports on the incidence of COVID-19; and findings from cost–effectiveness studies about the available vaccines for COVID-19.

by the Oxford Dictionary, means **to make something part of an organized system, society or culture, so that it is considered normal**. This is different from simply establishing a team or a service, given that the aim of "institutionalization" is long-term viability, routinization, and a relatively stable and resilient situation throughout time and space *(3)*. Institutionalization provides an enabling environment for evidence to be used at every stage of policy development and implementation. While **institutionalization itself is not a panacea**, researchers and decision-makers seem to acknowledge the value that institutionalizing EIPM brings to the table *(8,12)*. There is also an expressed desire to expand the practical and theoretical understanding of the operationalization and sustainment of EIPM in their local contexts.

Being both a process and an outcome makes the concept of institutionalization sometimes hard to grasp, especially because making the use of evidence a routine in policy-making is not a one-size-fits-all solution. Often, institutionalization may not have a "name" or a "place" but manifests itself in practices and activities of teams and organizations from both government members and evidence producers. Some of the existing structures designed for evidence generation and use may take the form of National Systems of Innovation (NSI), policy support organizations and teams, such as knowledge translation platforms (KTPs) *(13)*,[1] evidence departments, units, forums, networks (either external from the government or embedded within the government), or knowledge brokers *(4,10,14,15)*. A key challenge is the constant need to adapt and maintain processes even after a structure is established or the stage of institutionalization of EIPM is achieved *(16)*. Institutional actors and leaders who have authority and recognition can effect change – or maintain and reinforce institutions – by influencing peers, enacting routines and reproducing practices, which leads the process of institutionalization to a recursive interaction between structure and agency *(3)*.

Institutionalization of EIPM can be defined as the "process and outcome of (re-)creating, maintaining and reinforcing norms, regulations, and standard practices that, based on collective meaning and values, actions as well as endowment of resources, allow evidence to become – over time – a legitimate and taken-for-granted part of policy-making" *(3)*. Institutionalization relies on building relationships and interactions between those stakeholders that produce research evidence, and how they connect, interact and network with the ones who will use this knowledge. It is also affected by institutional capacities to conduct the processes and uphold the standards *(8)*.

[1]   Kasonde and Campbell *(13)* define a knowledge translation platform (KTP) as "typically, a national- or state-level entity designed to create and nurture links among researchers, policy-makers and other research users; these links draw the research and policy communities closer together to ultimately create cycles of policy-informed evidence and evidence-informed policy". Types of evidence intermediaries are also described in the report of the Global Commission on Evidence to Address Societal Challenges *(7)*.

Overall, two key features make it easier to understand when EIPM is, indeed, institutionalized *(1)*.

Legitimacy, which is understood as "a generalized perception or assumption that the actions of an entity are desirable, proper, or appropriate within some socially constructed norms, values, beliefs, and definitions" *(17)*, which is associated with different degrees to which a practice obtains social approval, essential for the institution's survival *(17,18)*. For EIPM to become a norm, legitimacy must be signalled in both producing and using evidence, for instance, by professional recognition or prizes for working with evidence *(19)*. It also can be highlighted in the form of political manifestos and decisions about what elements will constitute a public policy.

Taken-for-grantedness refers to the reproduction of social order through standardized and habitual behaviours for which meaning has become generalized, integrated, and embedded in everyday life, independent of specific individuals who perform the action *(17,18)*. Thus, to be institutionalized, the processes for producing and using evidence should be aligned to the organization's vision, mission and principles.

This tool aims to provide a practical look into the domains and processes that may sustain EIPM at the country level, helping policy support organizations and policy-makers from different countries to reflect on, identify and further develop their institutionalization pathways. Throughout the document, examples from countries all over the world are highlighted, such as the box below narrating the institutionalization of evidence-informed policy-making in Chile.

Another useful framework on EIDM institutionalization that implicitly incorporates the two key features of legitimacy and taken-for-grantedness is proposed by Scott, as presented by Koon et al. *(20)* and Kuchenmüller *(3)*, comprising three dimensions:

- **Regulative dimensions** – when binding rules (i.e. laws, regulations) govern the generation and use of knowledge for policy-making.
- **Normative dimensions** – when a value judgement, such as through formal processes of accreditation/certification or informal processes of peer feedback, have been leveraged to ensure the generation and use of appropriate knowledge for policy-making in the health sector. This process relies on social pressure to compel individuals to generate and incorporate particular types of knowledge into policy-making and in certain ways.
- **Cultural–cognitive dimensions** – when knowledge generation and use for policy-making is so commonly understood and valued that it is assumed. This process involves shared routines, language, protocols and beliefs about using knowledge for policy-making.

Institutionalization of evidence-informed policy-making in Chile

By Lucy Kuhn-Barrientos, Ministry of Health, Chile

A decade ago, Chile began on the path to institutionalization of EIPM. Early EIPM actions came from collaborations across national academic researchers and international knowledge-translation initiatives. Encouraged by the WHO EVIPNet strategy, by 2010, a group of local researchers adhered to the EVIPNet Americas' objectives and helped with the organization of training activities and EIPM promotion in the Latin American and the Caribbean (LAC) region. At the national level, these researchers fostered engagement with local stakeholders, developed capacity-building and strengthened international alliances.

A few years later, in 2014, a political window of opportunity allowed the hosting of the EVIPNet Chile Office in the cabinet of the Minister of Health to promote the systematic use of evidence in decision-making and installing standard methods and processes for sustainability over time. In parallel, other initiatives had been developed at the Ministry of Health (MoH) to link research to action, such as implementing formal health technology assessment processes, and adopting the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) system for clinical practice guidelines. The articulation of all these processes along with political will, enabled the institutionalization of EIPM in the MoH by formalizing the Department of Health Technology Assessment and Evidence-Based Health (HTA-EHB; ETESA-SBE in Spanish) in 2017.

The HTA-EBH Department supports decision-making on health policies, clinical practice, and financing of health benefit packages with the best available evidence. It has three units: the Evidence-informed Health Policies Unit (UPSIE by its Spanish acronym) promotes the systematic use of evidence in the formulation and implementation of public health and health system interventions; the Clinical Evidence Unit develops clinical practice guidelines and rapid syntheses for clinical interventions; and the Economic Evaluation Unit conducts budget impacts analyses and systematic summaries of economic evaluations for health coverage decisions.

The UPSIE team operates under the profound conviction that when evidence informs decisions, policies are better, fairer and more transparent, resulting in better health for the population. The team also advocates for collaboration across technical teams, policy-makers, researchers, and citizens.

The Unit has managed to implement formal methods and mechanisms of EIPM in decision-making processes. Some examples include an evidence framework for the design of the National Childhood Obesity Plan in 2019, the review of the National Health Strategy for 2011–2020, policy dialogues on health policies such as the female condom and human milk banks, an evidence gap map on COVID-19 publications, a GRADE Evidence-to-Decision (EtD) recommendation of a public health policy in 2020, and over a hundred rapid evidence syntheses on public health and health system interventions.

Collaboration among MoH units facilitated the adaptation of the GRADE EtD method for public health decisions, extending the variety of techniques to support decision-making.

The participation of each unit in different stages of the same process strengthens the institutionalization of EIDM, creating opportunities for new collaborations in evidence synthesis, deliberative processes, methodological development, evidence communication, among other aspects of knowledge translation (KT).

To strengthen institutionalization, it is relevant to accompany the decision-maker when deciding on policy options, by facilitating the use of systematic and transparent methods effectively. It is equally important to support decision-making when there is a lack or uncertainty of evidence, by incorporating citizen and stakeholder perspectives, values and perceptions, and implementation considerations in the local context.

In the following sections, readers may further explore tools for a country's situational analysis (presenting how to assess the structures, processes and conditions of the national context as well as the EIPM landscape) and the domains and processes of institutionalization. In the last section, a country-driven checklist details the steps that organizations and individuals supporting governments could take when institutionalizing EIPM.

Where are we? Carrying out a country's situation analysis

One of the key activities related to EIPM institutionalization is carrying out a **situation analysis (who is doing what, why, and where) or a proof of concept** (demonstrating the need for EIPM in your country/context) *(4,21)*. A range of tools for situation analysis is available in the Annex.

Situation analysis can be used to identify niche areas, threats, and opportunities for an organization supporting EIPM, and to understand policy-makers' priorities and identify the potential collaborators in countries where EIPM initiatives are initiated *(4)*. Situation analysis is largely about understanding what structures and processes already exist in a country so that the best modality to institutionalize EIPM considers the local setting and context *(12,22)*. In **Zambia**, for instance, a knowledge broker – with support from an international funder – conducted various situation analysis exercises to document and understand the prevailing situation between the research and policy communities *(13)*.

Although situation analyses would most likely be carried out at the early stages of institutionalization, it can be carried out at different points of time to identify new threats and opportunities. Institutionalization focuses on the sustainability of EIPM efforts. Therefore, a situation analysis for this purpose might have a slightly different approach, and hence outcome.

Given that situation analysis is an exercise that helps us understand where we are at in the process of institutionalization of EIPM, the country's context and sociopolitical moment plays an important part in sustaining work *(16)* and signalling the best way forward. In countries experiencing emergencies and social or political crisis, for instance, evidence is often perceived as a luxury and not a necessity *(12)*. Countries facing such challenges may need adapt their situation analysis and institutionalization strategy to focus on fewer domains and processes.

Factors affecting the selection of the appropriate approach to improve national institutional capacity for evidence-informed policy-making

The required national institutional capacity is context-specific. The appropriate solution for a country requires consideration of the following factors.

- National population and priority needs
- Capacity of academic institutions to conduct valid and reliable health research or synthesis of research
- Capacity of academic institutions to provide training on key disciplines and methods needed for evidence-informed decision-making, e.g. systematic reviews, cost–effectiveness and economic modelling, development of policy briefs; development and adaptation of guidelines, policy analyses, qualitative studies and synthesis of qualitative research, and statistical analyses
- Presence of institutions of technical excellence linked to the health ministry (e.g. national public health institutes; national health research institutes)
- Availability of financial resources for health research and research synthesis
- Presence of relevant units within the health ministry, or the opportunity to develop such units (e.g. health policy units, planning departments, research and development units, and health technology assessment units).

Source: See (12).

Countries vary in their national capacities, as well as their needs and priorities (as shown in the box above); hence factors that may affect the decision to select the national modality for EIPM should be considered properly *(12)*.

What are the domains of institutionalization?

Frequently, having an EIPM (infra)structure, such as a knowledge translation platform, is equated with "EIPM institutionalization", but sustainable institutionalization is achieved through a broader a range of domains and processes that are context dependent. Institutionalizing EIPM within a pre-existing structure may be recommended *(4)* since it is a facilitating factor for sustainability by providing access to resources and support. A structure may be hosted within a governmental or academic institution, and an alignment with the hosting institution frameworks and administrative requirements is much needed *(23)*. Institutionalizing EIPM can involve, for instance, (a) embedding evidence into policy organizations, or (b) adopting a policy lens into research organizations, or (c) setting up intermediary organizations that do both.

There are five main dimensions that can guide countries in selecting the national modality for institutionalization of EIPM: (a) an integrated multiconcept or single-concept approach; (b) adaptation of existing structures and processes or new development; (c) definition of the role of academic institutions; (d) the level of stakeholder engagement; and (e) the level of standardization of methods and formality of policy development *(12)*. It is suggested that countries should first plan on these dimensions and define the extent to which to apply them in the health/social system.

While there is no blueprint, most countries' experiences highlight six domains as the "building blocks" of EIPM institutionalization:

1) **governance –** wide range of rule-making and steering-related functions, including institutionalized structures, mandates or platforms that span the boundaries between research and policy;

2) **standards and routinized processes –** tools and protocols, as well as institutional memory and documentation processes, to ensure minimum standards and high-quality KT products and processes;

3) **leadership and commitment –** strong charismatic leadership and champions who have the ability to affect the long-lasting adoption of EIPM directly, through allocation of resources (human and material) and indirectly, through encouragement, support, and mentorship;

4) **resources and capacity-building/strengthening –** availability and development of human, financial, material and information resources. Having a critical mass of people, within and outside of the organization, skilled in applying KT routinely and consistently, and throughout time;

5) **partnership, collective action and support –** extent to which stakeholders interact in the "organizational field", providing a mechanism for continued engagement and involvement of multiple stakeholders for the same cause, joint problem-solving, identification of resources for ongoing KT, and continued technical support; and

6) **culture –** basic values, assumptions and beliefs that are considered valid and are being disseminated and promoted as daily practices. These allow for a common understanding of what KT is, what value it can bring about and what is to be expected in terms of activities and benefits *(3)*.

Photo credit: Freepik

It should be noted, though, that some countries might be able to institutionalize EIPM without advancing in all these domains equally, especially considering the different contexts. This framework can be used to better understand a country's progress in the face of the main pillars of EIPM institutionalization and progress, and plan towards a more coherent approach.

1) Governance	• Identify the pre-existence of **government structures, policies and policy development or planning units** within government institutions that create incentives, promote interaction and span the boundaries between research and policy. • Establish and/or strengthen the operationalization of **multidisciplinary and multisectoral teams, evidence-coordination offices and discrete units** (e.g. data analytics, behavioural science) *(4,25–31).* • **Mainstream the use of the best evidence available in existing structures and processes** (e.g. budgeting and planning) *(27,32,33).* • Create (or review) **legal frames and mandates** to clearly link research to policy and define roles, tasks and responsibilities related to understanding stakeholder needs better, avoiding duplication of effort and maximizing productivity both in the government and research *(4,29,34,35).* • **Commit to the independence and autonomy of EIPM** *(35,36)*, be transparent about the agreements between knowledge producers and users and have tools in place to avoid bias and conflicts of interest that negatively influence EIPM.
2) Standards and routinized processes	• **Follow the EIP policy/action cycle** (*see* figure below), from conducting **priority-setting exercises to strengthening an EIPM agenda** that is adaptative to changing contexts, including citizens, policy-makers and providers *(37,38),* to proposing **national norms and standards** that enable synthesis of evidence, disseminating them to decision-makers, actively supporting their implementation, evaluating their impacts, and incorporating lessons learned in the next cycle *(6,39).*

	• Develop transparent tools and protocols to ensure high-quality products and processes *(10,31)*, thus safeguarding the credibility and neutrality of researchers *(4)*, enhancing policy-makers' trust and respecting the fact that different stakeholders value different types of evidence, e.g. donors may prefer comprehensive and international evidence, while decision-makers may also value local evidence, and researchers may prefer systematic reviews and trials *(40).* • Focus on **well-documented processes** that improve institutional memory and reduce reliance on individual people with knowledge and skills *(31,41)*, as well as indicators for monitoring and evaluation that are adequate for the local context.

2) Standards and routinized processes (contd)	• Adopt a **robust and transparent approach to selecting and generating high-quality evidence**, including the definition of what evidence will be curated, the mapping, appraisal and synthesis of valuable evidence, and explaining the evidence gaps and the need for capacity-building *(36,42,43)*, as well as clearly highlighting how evidence can be helpful for informing government priorities *(4).*
3) Leadership and commitment	• Identify and motivate **strong charismatic leaders in research and policy, who are open to change**, and can commit to the allocation of resources (human and material), and provide encouragement, support, and mentorship *(4,28,29,32,44,45).* • Develop leadership **skills and expertise in both research and policy-making,** contribute to how leaders value research evidence, are willing to use evidence in decision-making, and recognize and support research processes *(4).* • Have resources, systems and procedures (including technology) in place to **avoid organizational collapse** if/when the key people leave – institutional memory should not rely on individuals *(4,28,29).*
4) Resources and capacity-building/ strengthening	**Core competencies for the institutionalization of EIPM** Aside from a structure, the institutionalization of EIPM mostly requires knowledge, attitudes, skills, personality traits, goals, motivation, and preferences *(52)*. Enhanced communication skills to negotiate important policy questions and options *(52)* are examples of competencies that might push forward the EIPM agenda. Mallidou et al. *(53)* identified **key competencies for KT:** • Understanding the context • Understanding the research • KT and EIPM processes • Sharing knowledge • Being aware of evidence resources and using research findings • Understanding and engaging in dissemination activities • Valuing and engaging in collaboration and teamwork • Leadership • Knowledge synthesis and brokering • Fostering innovation. A key challenge for government workers is the area of knowledge management practices, specifically curated and accessible data and evidence bases that can be used as and when needed. Thus, managing various bodies of knowledge is another key skill for institutionalizing EIPM. **Interpersonal capacities** also play a huge role and tend to be overlooked. Attitudes such as confidence, discretion/tact/diplomacy, having trust, commitment to a professional work ethic and behaviour, valuing research and lifelong commitment to learning are highlighted as key competencies. Institutionalization of competencies relevant to EIPM may be strengthened through training programmes, career progression/progress reviews, job descriptions/person specifications that recognize the role that subjectivity plays in EIPM *(54)*. As flagged out by Moore and Khan *(55)*, it also requires institutionalizing ways of collaboration and teamwork (inspiring stakeholders and developing relationships, small group decision-making, priority-setting, understanding contexts, consensus development and navigating the research–policy interface), and not just technical procedures. • Contextualize what **human, financial, material and information resources** are key for institutionalizing EIPM in the country's setting *(27,28,46).*

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4) Resources and capacity-building/ strengthening (contd)	• **Identify and work towards overcoming barriers and limitations that countries may face** regarding the availability, access to and use of digital resources and databases/platforms, availability of open access papers, software statistics, trained librarians for EIPM, and translation in different languages *(3)*. • Strengthen **individual and institutional capacity to plan and implement KT functions and develop core competencies for EIPM** (*see* Box below) in an effective and efficient manner *(4,28,43,47)*. This requires adequate knowledge, skills and experience of staff, as well as sufficient personnel implementing the work of the KTP *(28)*. • **Build and maintain the capacity of the evidence ecosystem**, including learning-by-doing, peer-learning, in-service training, institutional capacity-building, etc. Move from one-off workshops to more institutionalized training sessions, from more individual to organizational capacity-building, and to a broader offer of training to different stakeholders *(48)*. • Set the appropriate **financial and/or non-financial incentive(s)** to attract and retain such skills, as well as manage workloads *(4,49,50)*. • Plan and look for **sustainable and diverse funding** that might come from international organizations, donors, the government, project-based funding from a research funder or another stakeholder group, endowments, or other sources *(4)*. • Do not be **highly reliant on external funding or short-term grants.** Try to create **overheads and flexible spaces** to organize more longitudinal work. • Guarantee **that funders cannot influence research findings** but engage them in the decision-making about research questions and have clear agreements about the milestones and outputs of the EIPM effort *(36)*. • Provide **adequate infrastructure (offices, equipment, meeting space) and technology** such as personal computers, a functional Internet connection, and access to databases to function properly *(4,51)*. • Guarantee the **availability of relevant, applicable, accessible, and easy-to-read research and health information** that can determine the scope of work the organization can do and how fast the work can be accomplished *(4)*. • Apply **communication efforts** such as framing, tailoring and targeting messages, explaining uncertainty, creating narratives that provide emotional connections and identification, using online and social media, branding/social marketing and sending reminders *(19)*.
5) Partnership, collective action and support	• Provide a mechanism for **continued engagement and involvement of multiple stakeholders** around the exact cause of the problem, joint problem-solving, identification of resources and continued technical support *(27,32,44,56)*. • Facilitate **cordial relationships between the research and policy communities**, from the public and private sectors, with regular communication and identification of shared priorities, increasing trust over time, minimizing fragmentation and building stronger interorganizational links *(4)*. • Have incentives in place for **government involvement with international organizations, activities and networks, as well as local and national organizations** that value KT and may offer funding and capacity-building opportunities *(4,27,56)*. • **Sustain EIPM through collaborative projects or networks**, for instance, by combining funds or creating new partnerships that share communities of learning and practice *(47)*, as well as developing indicators for collaborative networks *(37,57)*. • **Conduct regular policy dialogues** to exchange ideas with partners, learn about their evidence needs, identify tacit knowledge and actions that different groups can take to address health system issues, and contextualize global evidence *(4,58)*. • Contribute to a **high level of awareness among target users** about what programmes, services and products related to EIPM are being offered (i.e. developing flyers, conducting workshops or debates to explain better the differences between products, the timelines of their development and which questions can be addressed by each product) *(4)*.
5) Partnership, collective action and support (contd)	• **Support the uptake of evidence by disseminating research findings** (e.g. through seminars, media, meetings, publications, and conferences) **and packaging research in formats that suit users' needs and are context-sensitive** such as systematic reviews, tailored summaries, and policy briefs *(4,29,59)*.
6) Culture	• Map the **values, assumptions, and beliefs** that are considered valid and are being disseminated and promoted as daily practices in your context *(20,50,60,61)*. • Understand the **structural and organizational factors and barriers that might prevent access to and use of sources of evidence** such as systematic reviews with a specific focus on the culture of governments/public services, which may represent a barrier to or a facilitator for EIPM. • **Increase trust in evidence** of policy-makers and the general public by, for example, communicating uncertainties and risks related to different types of evidence *(7)*, in particular, when facing emergencies that may pose ethical challenges to the use of evidence *(62)*. • Continually **increase awareness and build demand for EIPM** activities, services, and products *(4)*. • Work at developing and reproducing **a cultural repertoire** *(63)* **that includes different stakeholders' ideas and interests** and sustains EIPM activities.

The textbox below illustrates some of the key domains described in this chapter as experienced by the KT unit in Ethiopia. It highlights, in particular, the importance of domains such as Partnership, collective action and support; Standards and routinized processes; and Resources.

KT unit in Ethiopia: years in the making

By Mamuye Hadis, Ethiopian Public Health Institute (EPHI), Ethiopia

A KT unit was established in Ethiopia in 2009 with eleven permanent staff members. It produces policy briefs and rapid reviews. It is now building capacity on methods of systematic reviews and technology assessment. It is struggling to establish collaborations, both locally and internationally. The importance of the Unit is now becoming clear both at the institutional and at the Federal Ministry of Health level due to the relentless efforts of the KT team. The Department of Technology Transfer and Research Translation collaborated with EVIPNet and the Supporting the Use of Research Evidence (SURE) projects. The KTP is now a collaborating centre with the Joana Briggs Institute (JBI), and the Ethiopian Evidence-Based Health Care, Jimma University.

Even after 13 years, most domains are perceived as being in the Awareness and Development stages, but great progress was made in the domain of Standards and routinized processes, because of the above-mentioned collaborations. The road to institutionalization of EIPM in Ethiopia was/is tough but achievable, thanks to its passionate staff.

Cross-cutting all of the domains are the principles of EIPM institutionalization, such as **Inclusive/participatory governance and shared responsibilities** *(27)*; **Evidence-based approach** *(36,64)*; **Ongoing adaptation, learning and flexibility** *(50,65)*; **System thinking** *(61,65)*; **Credibility** *(43,50)*; **Transparency and accountability** *(43,66)*; **Independence/autonomy** *(36,66)*; **Legitimacy** *(17,50)*; **Complexity of the ecosystem** *(48)*.

Ethics, equity, gender and human rights also cut across all domains, which need to be planned for, including equitably distributed capacities globally to support evidence use *(7,67,68)*.[1]

[1] In terms of tools, equity and ethics in the different domains of institutionalization can be assessed, e.g. with the MEURI framework *(62)* and the PROGRESS-Plus Framework *(67)*. For tools for equity in policy, *see (68)*.

Contextualizing and balancing domains

How does one contextualize and balance domains across the stages of institutionalization?

Institutionalization depends on the interrelations between the six domains presented. It is achieved when system equilibrium is established between the components, meaning that the domains are aligned and connected *(3)* – even if, as mentioned, some of them have been further developed than others.

Some domains may be more relevant in certain situations and sociocultural contexts than others *(3)*. The "moral arguments" for EIPM may also vary across countries, e.g the imperative to avoid any wastage of resources on ineffective programmes in resource-constrained contexts may help to enhance an evidence culture in some places *(2)*. Overall, the **macro context encompassing structural, political and socioeconomic factors influences how State agencies use evidence** *(61)*.

For instance, when the path to institutionalization is just starting, **Leadership and commitment, Culture, Human resources, and Partnerships, collective action and support** might be the domains requiring more action *(4)*. In the **experience of South Africa**, networks, trusting relationships, partnerships and capacity-building efforts such as workshops and mentoring sessions were of high importance for institutionalizing EIPM *(69,70)*. Having EIPM valued in a national development plan, steered by the public sector, was also key *(2)*.

In **Kenya**, there was a delicate balance between leveraging individual personal relationships and establishing more sustained institutional partnerships in the path towards institutionalization of EIPM *(71)*. In **Moldova**, capacity-building efforts were organized as a first step to establish an evidence working group *(21)*. Identifying evidence champions combined with capacity-building and technical assistance were the first steps for all EVIPNet Europe countries *(22,72)*. Other countries have found financial resources and leadership from foreign countries to be the driving forces behind the institutionalization of EIPM *(2)*. In **Brazil**, having an international network championed by the MoH and a hosting organization within the government or a university seems to have played a role *(73)*. In **Burkina Faso**, the fact that the policy unit that functioned as a rapid response service had an official government mandate and policy focus had the most substantial effect on the institutionalization process *(15)*. In the **Islamic Republic of Iran**, the merging of health with medical education in the MoH is one example of an integrated health system where there is a close collaboration between health policy-makers and an academic institution *(12)*. **Lebanon** is another example of a country that has an independent academic institution for EIPM, which supports the MoH with evidence in response to policy-makers' needs and questions *(12)*.

The need for a clearly defined **Governance structure, as well as Financial resources, and Standards and routinized processes** may arise later in the process of institutionalization *(4)*. Contextualizing the EIPM institutionalization domains to the country's needs and strengths is an important step to make sure that efforts are well-placed for advancing the process of institutionalization.

Partnerships and capacity-building in Brazil

By Jorge Barreto, Fiocruz Brasília, and Maritsa Bortoli, Instituto de Saúde, Brazil

Brazil has a tradition of initiatives to promote the use of evidence in a systematic and transparent way for the formulation and implementation of health policies. EVIPNet Brazil, for example, has decentralized throughout the country evidence centres that are able to engage with stakeholders, develop KT products and broker knowledge, following the coordination of the Executive Secretariat at the MoH.

However, almost 15 years after the creation of EVIPNet Brazil, there are still challenges such as low institutional capacity for knowledge management and for monitoring/ evaluation and low use of scientific evidence in the formulation and implementation of health policies.

In 2014, the health managers of Franco da Rocha, a municipality from São Paulo's metropolitan area in Brazil, reached out to the team at Instituto de Saúde (Health Institute), a public health research facility linked to São Paulo State's Health Department. Since its creation, the Institute informed decision-making in the health system in an innovative manner, developing scientific and technological research, supporting health managers, educating health professionals and communicating evidence.

Through open and continuous dialogue, health priorities identified by health managers were collaboratively assessed, aiming at developing the local health system and consolidating health management to develop and incorporate lasting solutions for health problems. In the same year, a great window of opportunity was created, when two important actions collided, the elaboration of a diagnosis of the municipality's health system, and the entry of Instituto de Saúde in the Brazilian Evidence-informed Policies Network (EVIPNet – Brazil). In the next year, Franco da Rocha's health managers internally listed three main priority themes, whose indicators showed a worsened performance in health diagnoses: (1) inappropriate and unnecessary prescription of antidepressants; (2) maternal mortality; and (3) control of type 2 diabetes mellitus to reduce mortality from chronic diseases at an early age in the city. With the institutionalization of an evidence centre, Instituto de Saúde produced three policy briefs, and developed three

policy dialogues, in which health managers, health professionals, researchers and other interested parties were involved. After the dialogues, the options presented in the policy briefs were implemented. In the following years, other actions took place, such as the development and implementation of five local guidelines, a policy brief to reduce prescribing errors, a scoping review about the pharmaceutical treatment of COVID-19, and an evidence brief on measures to contain the COVID-19 pandemic in the school setting. This partnership between a municipality health management and a research institute has proven to be possible and beneficial for strengthening the local health system and improving the population's living and health conditions. The partnership and all actions must be closely linked to the principles of KT, promoting the appropriation of scientific knowledge, establishing relationships with social actors, promoting their engagement in the process, informing and implementing actions through specific and tailored messages for each objective.

Another Brazilian EIPM partnership was created in 2018, when the Evidence-Informed Health Policy Management Project (ESPIE Project) was developed by the Brazilian Ministry of Health and the Syrian-Lebanese Hospital, including the national councils of state and municipal health secretaries.

The objective of the ESPIE Project was to qualify the management of health policies through the systematic and transparent use of scientific knowledge in the decision-making process.

In its 2018–2020 edition, educational processes for decision-makers, their supporters and other institutional actors aimed to increase their capacity to support evidence-informed policies, develop KT products, and develop and implement action plans informed by global and local evidence in their contexts.

Developed in 12 Brazilian states, the partnership included 480 participants, 26 facilitators and three coordinators. The educational approach was

constructivist and the curriculum was guided by previously agreed competencies.

The SUPPORT Tools for Evidence-Informed Health Policy-making and the strategic-situational planning process fundamentals guided the creation of 49 KT products that addressed different public health problems in the local context. The steps were: (1) defining a priority problem; (2) identifying options to address the problem; (3) identifying barriers and implementation strategies; (4) consolidating an evidence brief for health policies; (5) organizing a policy dialogue on the evidence brief; and (6) developing and implementing an action plan, including monitoring of the change.

This was one of the largest national capacity-building initiatives for EIPM ever developed in the world. While the immediate outputs were knowledge of translation processes and products, the implementation and monitoring of the action plans is currently showing us if this path is as promising as it looks.

In the current edition, which began in 2021, the ESPIE Project maintained its objective of establishing strategies for institutionalization of the use of scientific evidence in the decision-making process in health policies and systems in a systematic, transparent and contextualized manner. Current activities include the development of a competency profile for EIP in Brazil, an evaluation study of the alumni of participants from previous editions of the Project, and the development of a guide for institutionalizing EIP in the country, among others.

How is the process of institutionalization sparked to action?

Institutionalization of EIPM, while often considered an outcome, is a process *(3,4)*. It encompasses the following steps.

a) Precipitating events – political, technical or social events that destabilize existing practices and precipitate change *(3,74)*. These might take the form of a change in the legislation, a health or a political crisis, a contract with a third party that falls apart, or a new international agenda. COVID-19 is an example of a precipitating event, as described in the box below.

In **Kazakhstan**, for instance, the implementation of EVIPNet started through prioritization of the need to have an effective health system in national legislation *(21)*. In **South Africa**, the 1996 Constitution and its affirmation of the need to promote efficient, economical and effective use of resources was a turning point for institutionalization of EIPM *(2)*.

Precipitating events often benefit from commitment to a **systems approach**, where the policy and research systems share a common strategy that helps engage stakeholders in priority-setting, research policy development, and training, as well as facilitates building the culture for research in a setting.

b) Awareness stage – focused on building a supportive climate for EIPM (local, national, international), understanding the motivation that would push this idea forward, and identifying the nature and extent of fragmentation between the policy and research communities, as well as organizational openness and readiness for change *(74)*. Countries that do not have widespread awareness may need to initially focus on the diffusion of ideas about EIPM through **capacity-building workshops, priority-setting processes, and opportunities for exchange of experiences between policy-makers, stakeholders and researchers to help bring the policy and research communities together** *(4)*. This can play a significant role in facilitating institutionalization of EIPM.

COVID-19 pandemic as a precipitating event
By Kaelan Moat and John Lavis, McMaster Health Forum, McMaster University, Canada

COVID-19 has created a once-in-a-generation focus on evidence among governments, businesses and nongovernmental organizations, many types of professionals, and citizens. Other societal challenges – from educational achievement to health system performance to climate change – need a similarly renewed focus on best evidence. However, despite this enthusiasm for evidence, the pandemic highlighted a number of shortfalls, including many examples of "other things" than best evidence being encountered by decision-makers (e.g. single studies, expert opinion and panels, and jurisdictional scans) as well as an emphasis on some types of evidence (e.g. modelling) when other types would have been more appropriate for a given decision in a given context (e.g. living evidence syntheses).

Now is the time to systematize – including through efforts to institutionalize structures and processes – the aspects of using evidence that are going well and address the many shortfalls, and balance the use of evidence with judgement, humility and empathy.

**c) Development stage (pre-institutionalization, introducing change processes)
–** happens when new practices, structures and procedures are implemented in an isolated manner *(17)*. In this stage, teams work towards **defining/specifying and implementing a collaborative theory of change (Fig. 2)**, describing what EIPM programmes, services and outcomes will be developed, which stakeholders need to be engaged, what are the organizational domains and attributes and how they can be better suited for the specific country context *(36)*. It is also a stage dedicated to partnership-building and co-creating KT activities, bringing together policy-makers, stakeholders, and researchers to support EIPM *(4)*, with **experts and evidence champions** playing a leading role *(75)*.

Fig. 2. Theory of change
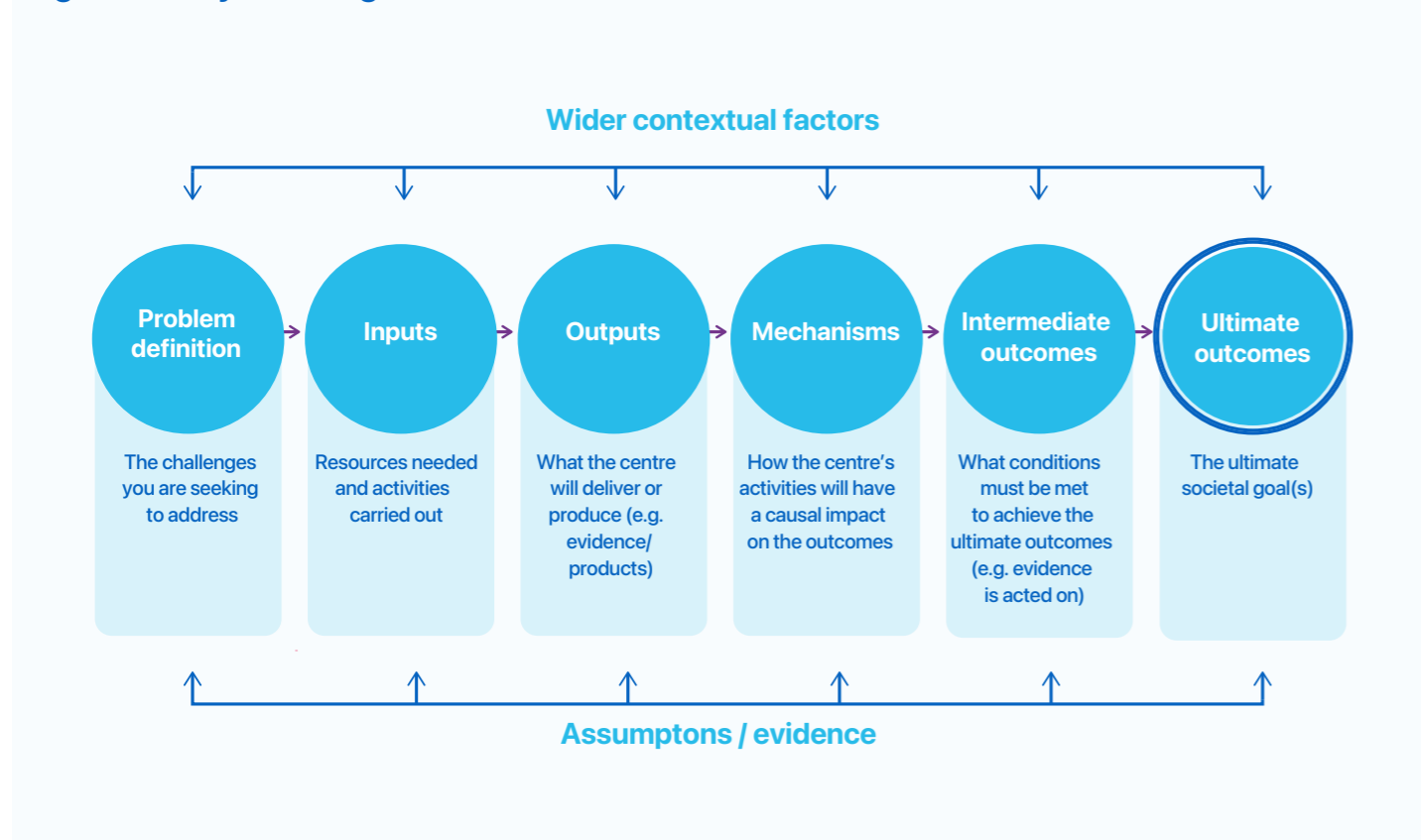
Source: See *(36)*.

d) Assessment stage (semi-institutionalization) – when practices get increasingly accepted, comprehensible and diffused, towards the creation of shared social meaning and collective consensus on the value of the behaviours or arrangements among social actors *(3)*. Nevertheless, at this stage, the structures and rules can still be changed and easily dissolved *(76)*. That is why it is key to **implement monitoring, evaluation, and reflection processes to assess the programmes, services or overall performance in EIPM, and make adjustments** *(4)*. Some implementation outcomes may be considered to guide the team's work, such as *acceptability, adoption, appropriateness, feasibility, fidelity, implementation cost, penetration, and sustainability (77)*.

This can be achieved by **convening meetings/focus groups or conducting surveys; and engaging external experts/agencies**. While some organizations conduct regular assessments, it is not uncommon for the monitoring activities to be bound to funding or project cycles. Addressing the impacts of EIPM in the policy-making process may be a challenge since the evidence is just one component of decision-making *(4)*.

e) Maturation stage ([re-]institutionalization) – given that institutionalization is both a process and an outcome, in this stage, the sense of long-term sustainability is palpable, with diverse stakeholders buying in to EIPM, though planning or looking for sufficient resources remains key. In an ideal state, all six institutionalization domains described in the previous chapter would now reach stability by **hosting an evidence unit or policy support organization within a pre-existing institutional structure, having a formal legal mandate, a sustainable source of funding and developing mechanisms to retain needed capacities** *(3,4)*.

This process will eventually lead to contradictions that often represent renewed **de-institutionalization** processes *(3)*. De-institutionalization may be a stage of expansion, where an organization joins forces with other units and networks and multi-institutional arrangements in one or more settings are institutionalized *(47)*. On the other hand, during the process of de-institutionalization, some institutions may find it hard to sustain their activities, for instance, when events destabilize domains that were relevant to the institution.

Fig. 3. Process of institutionalization of EIPM
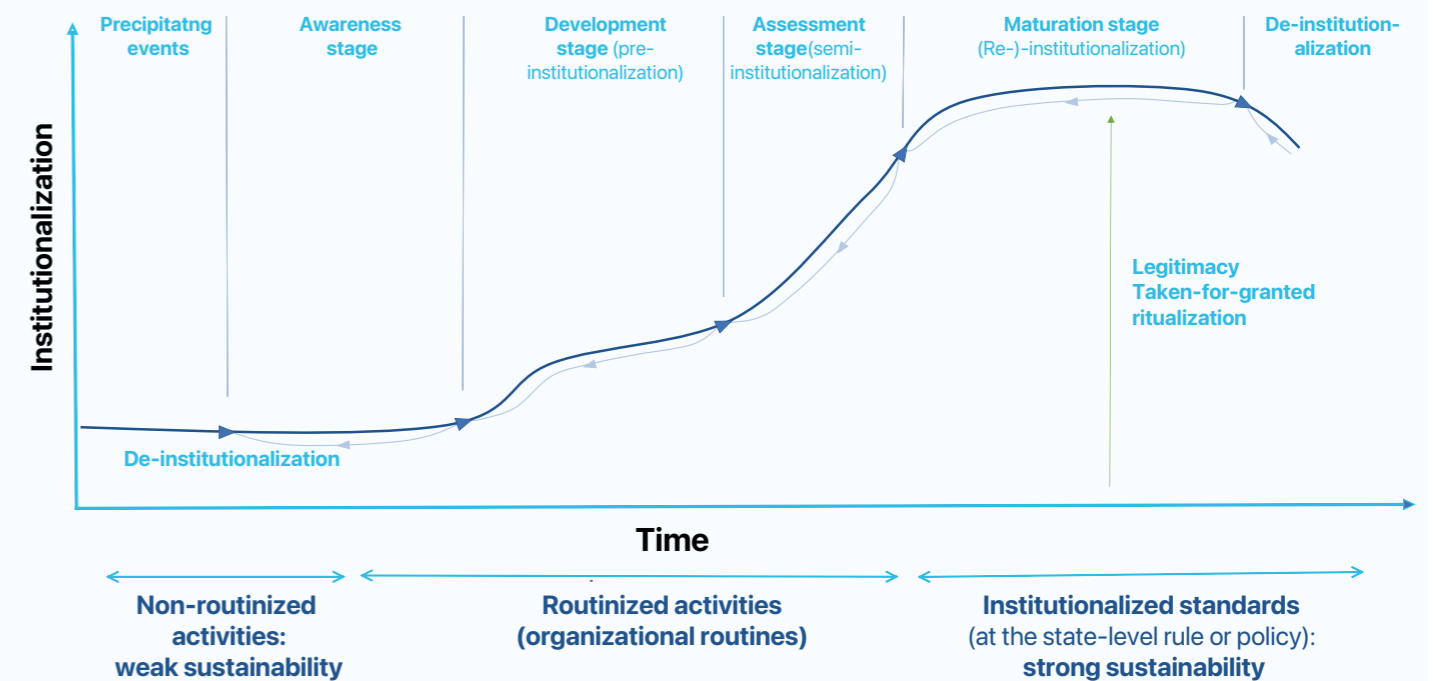
Source: Adapted from *(3)*.

The main feature of the process of institutionalization is its iterative process *(3,4)*. **Going back and forth between – or skipping – different stages is not only expected** *(4)* **but will also often happen even after the maturation stage, when contradictions emerge, leading to renewed de-institutionalization processes** *(3)*. De-institutionalization often requires concrete efforts, feedback loops and interruptions, and stages can, furthermore, interact, overlap or happen simultaneously *(78)*.

It should be noted that the **development stage is a common ground in the process of institutionalizing EIPM** and is never skipped (Fig. 3), especially if a new policy support organization or evidence unit is created *(4)*. The box on **Oman's pathway towards institutionalization of EIPM** highlights the different stages a country may experience.

Country experience: Oman's pathway towards institutionalization of EIPM

By Sultana Al Sabahi, Ministry of Health, Sultanate of Oman

The importance the Omani Health Ministry placed on the use of data and evidence for developing, implementing, and evaluating health system plans was initially articulated by the National Health Policy of the Sultanate of Oman in 1992, which laid the foundation for a process of enhancing research capacity in the health sector for the coming decades. At the same time, other organizations and institutions were producing health-related knowledge (e.g. Sultan Qaboos University [SQU], Nizwa University, and Sohar University) and international calls for supporting EIPM intensified. As a result, the MoH in Oman became more interested in enhancing the use of data and evidence in decision-making in the health sector.

Some KT initiatives (e.g. hosting two workshops on preparing evidence briefs and convening policy dialogues) have been implemented in the past decade or so. These initiatives raised awareness about the importance of EIPM at the local level. Moreover, the revised organizational structure of the MoH and including the Center of Studies and Research (CSR) that was introduced in 2014, incorporated a new department for Research Management and Knowledge Translation, which was given the mandate to support decision-makers by informing policies with the best available data and evidence. However, this department stayed idle until 2020 due to insufficient capacity, including researchers with the expertise to

find, appraise, and synthesize evidence; policy analysts; information/library scientists; and health economists. Although the legal mandate was in place to institutionalize EIPM initiatives, it did not take place as it had not been routinized. Even after 2020, where some skilled staff able to conduct the needed activity to support policy-makers with the best available evidence joined the department, no progress towards institutionalization has been observed. Then, another issue regarding the dominant culture in policy-making approaches arose, as some of those supporting policy-makers believed that the Ministry was not ready yet to fully adopt the EIPM approach.

Therefore, we are taking different approaches simultaneously to reach the maturation or institutionalization level. For instance, we are conducting multiple sessions to raise awareness about the concept of EIPM, and we are working on developing a clearinghouse for local studies. It is important to highlight that we developed a form called "briefing note to policy-makers", which researchers can use to provide a summary in plain language to policy-makers, and we at the research centre help them disseminate this summary to encourage push strategies. Although we made this form available online, showed an example of a completed form, and shared it with policy-makers, we did not receive a response or follow up from policy-makers to work on the issue highlighted in the

note. Therefore, we plan to raise awareness about the purpose of that form and how we can support them in filling it, and then again, we will reassess its impact on the collaboration between the research and policy community.

This indicates that even after having the legal mandate and the needed capacity to support EIPM, we did not reach the institutionalization level by routinizing it. We believe that the culture needs to be more receptive and accepting of the change to be able to institutionalize EIPM. However, there are currently some opportunities to reach this maturation stage. For instance, on 9 November 2021, the Omani government announced the establishment of two units; one is a unit to support

and make decisions under the general secretary of the Ministers Council, and the second unit is to evaluate governmental institutions' performance, and this unit is immediately under His Majesty the Sultan of the country. I believe these two units are crucial in creating a new legacy for the country's policy-making process. It will make the MoH and other sectors obligated to adopt the country's strategy in making evidence-informed decisions. The concept of performance assessment would make policy-makers more likely to use evidence to do better in utilizing the available resources. Therefore, we feel that this pressure created by the government would help in institutionalizing EIPM efforts better.

Steps towards institutionalization of evidence-informed policy-making

Steps towards institutionalization of evidence-informed policy-making: a country-driven checklist

The checklist presents the main features of the domains and processes of institutionalization of EIPM, which must be contextualized in the face of each country's potentialities. It is presented as a tool to help governments and policy support organizations navigate the iterative features of institutionalization, both for creating new institutions and for strengthening existing ones.

It is important to note that whatever the decision and the national modality would be for the EIPM process, striving for a multiconcept approach is recommended. Different forms of evidence should be integrated to inform policy-making processes, depending on the policy question. Such an integrated multiconcept approach allows for the systematic linkage of the key forms and sources of evidence and the related programmes/workstreams of the evidence ecosystems. Since there is an important overlap in the technical expertise required for the development of different knowledge products and synthesis of evidence (e.g. policy briefs, HTA reports, public health guidelines, citizen briefs, evidence syntheses), such an approach can not only facilitate and streamline national policy-making but also allow for a better use of the limited expertise and resources available to many government agencies *(12)*.

As described before, **core competencies for evidence use** play an important role throughout the domains and processes of EIPM institutionalization. Thus, the activities highlighted in the table should be combined with programmes that seek to increase and foster skills, knowledge and attitudes in EIPM actors.

How should I navigate this checklist?

The first step is understanding your context and identifying what domains are already in place and in what stage they currently exist. If you do this by engaging diverse stakeholders and using the tools provided in this document, your analysis will be more comprehensive. The results may differ hugely depending on whether you are in a government organization, a research unit or a civil society organization.

Afterwards, look at the key actions for each domain/stage and analyse the facilitators for and barriers to reaching a maturation stage. Try to think of who would be responsible for the key actions and create a collaborative plan. Context analysis and feedback should happen throughout this process. The checklist can also be used as a tool for planning, monitoring, evaluating and learning.

	Precipitating events (or antecedents) and Awareness stage	Development stage (pre-institutionalization introducing change processes)		Assessment stage (semi-institutionalization)	Maturation stage (re-institutionalization)
Overall look of institutional-ization	Absent or de-institutionalization with lack of legitimacy and "taken-for-grantedness"	Vulnerable institutionalization with low legitimacy and "taken-for-grantedness" *(17)*		Anchored institutionalization with medium legitimacy and "taken-for-grantedness" *(17)*	Resilient institutionalization with high legitimacy and "taken-for-grantedness" *(17)*

← Continuous situation analysis, planning, monitoring and feedback/evaluation *(29,32)* →

	Precipitating events (or antecedents) and Awareness stage	Development stage (pre-institutionalization introducing change processes)		Assessment stage (semi-institutionalization)	Maturation stage (re-institutionalization)
Governance	- Identifying the problem of fragmentation and poor connection between policy and research within the evidence ecosystem, as well as realizing the need for stronger linkages *(4,12)*	- Conducting a **situation analysis** or proof of concept, as well as collaborative priority-setting *(4,21)* - Establishing a preliminary institutional KT arrangement *(3)* - Discussing a clear legal frame, government mandate and responsibilities *(4,15)* - Understanding and dealing with administrative formalities *(4)* - Mapping policy development and/or planning units within government institutions that may contribute to framing the expectation of informing policy using evidence *(4)*		- Establishing an official mandate for an institutional KT arrangement, with clear hierarchical consultative and decision-making chains *(3,4,12)* - Developing expansion strategies (goals, priorities, implementation plans) *(15)* - Creating forums to deal with policies across sectors, for which the evidence could at times be contradictory	- Guaranteeing a defined legal mandate and institutional KT arrangement role, steeped with expectations, integrated into government planning processes *(3,4)* - Continuously enhancing coordination of strategy and activities *(15)* - Having an EIPM public policy regulation *(3)*
Standards and routinized processes		- Getting familiar with international tools *(3)* - Developing a work plan for institutionalization of EIPM and using guiding tools *(15)* - Deciding of the level of standardization required for different EIPM processes *(12)*		- Establishing operational (technical) standards and implementing organizational routines *(3)* - Sharing innovation, cost savings and results, demonstrating improved policy quality *(15)* - Conducting focus groups, meetings, surveys and other monitoring and evaluation efforts, and including external experts in this process *(4)*	- Having scripted, internalized, precise and continuous EIPM activities and products incorporated into the decision-making flow *(3,15)* - Having systems for documentation, information-sharing and advocacy operating routinely *(15)*
Partnership, collective action and support	- Networking, stakeholder engaging and relationship-building *(15,79)* - Fostering a cordial relationship between policy-makers and researchers *(4)* - Identifying common priorities between the private and the public sectors to minimize fragmentation and avoid competition *(4)* - Involving government members in international KT and EIPM activities *(4)*	- Networking, stakeholder engagement and relationship-building, mainly with selected national champions and stakeholders *(3,4,12,79)* - Learning from and sharing experiences of EIPM partners plus receiving support from more advanced countries and international agencies *(3,15)* - Mapping policy-makers' demands and developing small-scale projects/products that attend to these *(15)* - Building trust among researchers and policy-makers by promoting interaction and transparency of activities *(4)*		- Networking, stakeholder engagement and relationship-building, including peer-exchange and -support with other countries *(3,79)* - Developing consensus about EIPM institutionalization *(15)* - Developing communication materials tailored to stakeholders *(15,19)*	- Working with other institutions and carrying out multisectoral collaboration within the country and internationally *(3,15,16,56,79)* - Mentoring other countries *(3)* - Sustaining and institutionalizing work by forging productive dependencies with other actors and ongoing policy or research agendas *(3,47)*
Leadership and commitment	- Engaging with high-level decision-makers who can facilitate the implementation of EIPM efforts *(15)* - Being needs-led, solution-oriented and flexible *(79)*	- Identifying and supporting leadership with solid research and policy-making skills *(4)* - Searching for and receiving scattered political support *(3)* - Being needs-led, solution-oriented and flexible *(79)*		- Further developing EIPM leaderships *(15)* - Broadening political support and commitment *(3)* - Being needs-led, solution-oriented and flexible *(79)*	- Benefiting from broad ecosystem/societal support *(3)* - Being needs-led, solution-oriented and flexible *(79)*

	Precipitating events (or antecedents) and Awareness stage	Development stage (pre-institutionalization introducing change processes)		Assessment stage (semi-institutionalization)	Maturation stage (re-institutionalization)
Resources and capacity-building/ strength-ening	- Increasing the understanding of KT and its different mechanisms, including packaging and engagement activities, as well as core competencies for various stakeholders *(15)* - Seeking donor support or funding for a pilot EIPM effort *(15)* - Assessing the availability of capacity for finding and using research evidence *(4)*	- Hiring and building capability of individuals for EIPM through participatory workshops focused on real-life problems and mentorships *(3,4,15,79)* - Providing management, facilitation and coaching, and access to the required knowledge and skills *(15)* - Developing a budget plan and documenting needs (financial, equipment, Internet connection) *(15)* - Providing seed funding for EIPM experimentation *(3,15)* - Providing incentives to attract and retain EIPM-dedicated staff *(4,49)* - Understanding the need for a hosting organization and guaranteeing infrastructure (offices, equipment, meeting space) *(4,51)* - Mapping out relevant, applicable, accessible, and easy-to-read research and health information *(4,80)*		- Building/increasing the capacity of different stakeholders across sectors for EIPM through institutional training with intense socialization *(3,15,19,79)* - Supporting organizations in implementing EIPM in their practices *(79)* - Diversifying funding sources, by pragmatically combining (project) grants and funds to create supporting financial contexts *(3,47)*	- Refining motivation and retaining EIPM-dedicated staff *(4,15,33)* - Planning or looking for sufficient and sustainable resources, including diverse budget lines *(3,4,15)* - Emergence of new professions and professional identities *(17)*
Culture	- Creating interest and building awareness of individuals about EIPM, including presenting information on the cost–effectiveness of evidence use *(15,19,47,79)* - Demonstrating the need for improvement in the policy process, planting the idea of evidence driving improvement *(15)*. - Fostering a supportive climate for EIPM at the national and/or global level by highlighting the value of research *(4,34)* - Understanding and responding to contextual factors *(79)*	- Identifying fundamental values supporting a culture of quality, including incentive programmes *(15)* - Relying on external symbols and vocabularies to reflect support, including international commitments enhancing legitimacy *(3,56)* - High articulation between stakeholders to understand and respond to contextual factors *(3,79)* - Emphasizing the value of systematic synthesis of the available evidence, while including all sorts of evidence, from monitoring and evaluation data to citizens' views and financial information *(79)*		- Strengthening institutional vocabularies and values *(3)* - Debating how to strengthen and institutionalize EIPM in the face of the current contextual factors *(3,79)*	- Emulating widely accepted local EIPM language and narratives *(3)* - Making EIPM formally and culturally an integral part of the policy system, with values and norms cemented and of societies as such *(3,15)* - Working to understand and respond to contextual factors *(79)*

Going forward: pushing the checklist to implementation

This checklist a first step in supporting the routine use of evidence during the policy-making process. More research and guidance are needed to understand how different domains can be balanced, how diverse contexts affect the stages of institutionalization and how this tool can be adapted to better serve at the planning, implementing, monitoring, evaluating and learning phases of a policy cycle.

EVIPNet is committed to applying this tool while supporting its Member countries in their efforts towards the institutionalization of EIPM. However, there is also a call for government bodies, knowledge intermediaries and researchers to join forces in testing the tool in their local contexts, providing feedback and sharing lessons learned.

In 2021, EVIPNet launched a call for action stating that, to support evidence-informed decision-making, governments should institutionalize structures and processes that are agile, demand-driven, ethical, multisectoral and multidisciplinary, adapted to the local context, coordinated effectively and rapid in responding to decision-makers' needs. By launching this tool, EVIPNet aims to contribute to the collective effort required to achieve such a relevant goal.

Annex: Tools for situation analysis

Photo credit: Pexels

A different range of tools might be needed to conduct a situation analysis that captures where each country is regarding the domains of institutionalization of EIPM. Some of these tools are listed below – they were identified either through the systematic review/critical interpretive synthesis or suggested by the stakeholders engaged in the validation of this Checklist.

The **EVIPNet situation analysis manual** *(22)* recommends and provides tools to assess the structures, processes and conditions of the national context, the health/social system characteristics, the information system and the research system, as well as the EIPM landscape and its stakeholders. This tool is useful for countries trying to assess the domains of **Governance, Standards and routinized processes, Resources and capacity-building/strengthening, and Partnership, collective action and support**. A situation analysis can be carried out through a combination of methods such as literature review, key informant interviews and focus group discussions. Validation of the report with stakeholders from different sectors is also recommended.

Contextual and infrastructural information is a core component of the situation analysis process, related to **the Governance, Resources and Culture domains**.

Table A1. Contextual and infrastructural information for institutionalizing EIPM

Context	(Infra)structure

• olitical system context
  • Unitary or federal jurisdiction
  • Single- or multiparty political system
  • Changes or instability in governing party
  • Political ecosystem and stakeholders
 	
• Economic context
  • Gross domestic product (GDP) per capita
  • Spending per capita
 	
• Research knowledge translation (KT) context
  • Research spending per capita
  • Number of research publications and KT products produced in five years
  • Presence of an EVIPNet resource group support
  • Cooperation with KT structures and processes in other jurisdictions
  • Other KT initiatives in the same jurisdiction
	• Is the policy support organization/team:
	    – governed by policy-makers, stakeholders, researchers, or a combination?
	    – housed in the government, a research institution, or an intermediary body?
	    – housed in an existing or newly created unit?
	• What is the team size and composition?
	• Are there written agreements with research and other institutions that support or undertake (some of) the EIPM activities?
	• Is the organization/team focused on one or more jurisdictions, municipalities, district(s), state/province, or nation?
	• Is the organization/team focused on specific topics or more generally on the emerging needs of policy-makers?

Adapted from *(81)*

Mapping and engaging with stakeholders are relevant actions when conducting a situation analysis, especially when a clearer understanding is needed of **Human Resources, Leadership and Commitment, and Partnership, collective action and support**. "Actors' level of power and influence, as well as the extent to which they may be affected by a policy, influence their stance in relation to the policy" *(82)*. In a stakeholder analysis, there is usually more than one way to identify key actors and assess their power, positions and interests. A survey with primary data sources can be used to gather information, while a matrix or a map can be used to organize, analyse and present this information *(82)*.

A **collaboration map** is an approach developed by United States Agency for International Development (USAID)/Rwanda to graphically depict an organization's relationships with its key stakeholders, **painting a picture of the windows of opportunity around the domain of Partnership, collective action and support**. It includes six steps: (1) define the objective for which you are mapping stakeholders; (2) identify the potential collaborators to include on your map; (3) take stock of the current relationship (frequency and strength of interaction); (4) determine resource-based influence; (5) determine non-resource-based influence; and (6) review and revise your collaboration map *(89)*.

How to guarantee diversity and inclusivity among stakeholders

Proper governance relies on multiple voices. When mapping stakeholders, there are key groups of stakeholders to be considered:

- relevant government departments at the national and local levels
- research institutions and funders
- unions, professional bodies, and agents
- business and industry
- private sector

- non-profit and civil society organizations
- beneficiaries/target groups for policy implementation
- advocacy groups.

Each of these categories will have their own type of evidence to draw from. Being mindful about inclusivity when drafting strategies on how evidence needs to be negotiated and consensus built can lead to effective governance.

Adapted from *(22)*

It is crucial to recognize the role that behaviour plays when institutionalizing EIPM, since it may play a part in the **Leadership and commitment, as well as the Culture domains.** Trying to understand if the stakeholders in your context have adequate capabilities, motivation and opportunities in place *(19,83)*, such as reflected by the **COM-B model of behaviour** *(84)*, is one additional step in your situation analysis.

When supporting the institutionalization of EIPM, it is important to understand the **evidence ecosystem,** which reflects the "formal and informal linkages and interactions between different stakeholders (and their capacities and resources) involved in the production, translation, and use of evidence" *(2)*, overlapping research systems and evidence support systems. A country's situation analysis might include an **evidence ecosystem assessment (EEA)**, which furthers the stakeholder assessment to map which agencies produce what types of evidence, who is brokering that evidence, and who is using it for what *(85)*. An EEA helps to focus efforts on the **Standards and routinized processes, the Resources and capacity-building/strengthening, and the Partnership, collective action and support domains.**

Using a self-assessment tool to better identify how organizations gather and use research in your context and where there is potential for improvement may also be useful when prioritizing efforts for the institutionalization of EIPM *(73)*, specifically in the **Governance, and Standards and routinized processes domains**. The **Is research working for you?** tool considers four general areas: (1) Acquire: can your organization find and obtain the research findings it needs? (2) Asses: can your organization assess research findings to ensure that they are reliable, relevant, and applicable to you? (3) Adapt: can your organization present the research to decision-makers in a way that is

Fig. A1. COM-B model of behaviour

Source: See *(85)*
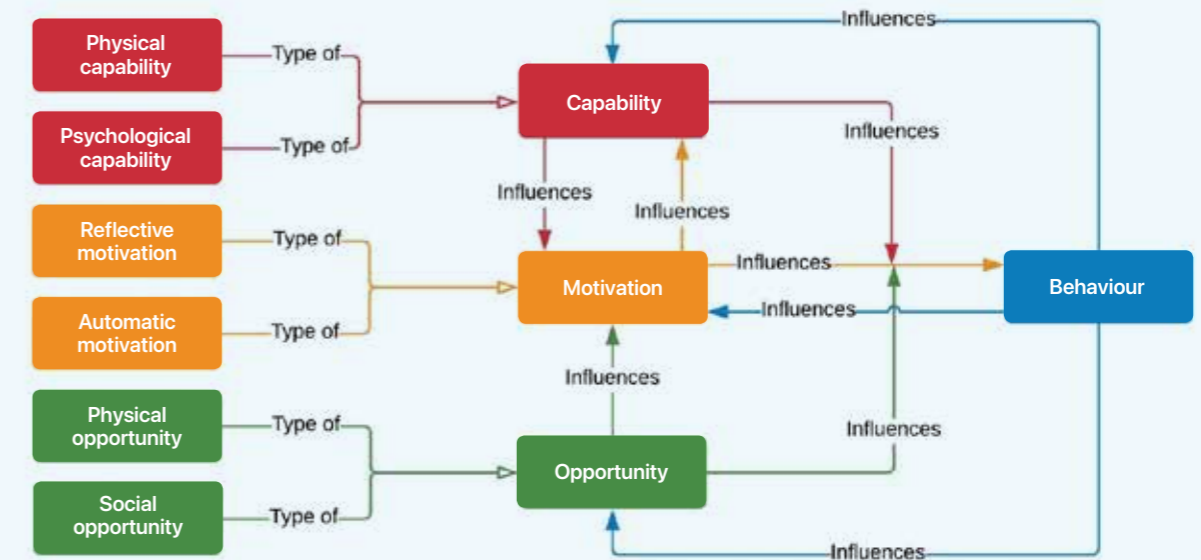
- **Capability** is an attribute of a person that together with opportunity makes a behaviour possible or facilitates it.
- **Opportunity** is an attribute of an environmental system that together with capability makes a behaviour possible or facilitates it.
- **Motivation** is an aggregate of mental processes that energize and direct behaviour.
- **Behaviour** is individual human activity that involves coordinated contraction of striated muscles controlled by the brain.
- **Physical capability** is capability that involves a person's physique and musculoskeletal functioning (e.g. balance and dexterity).

- **Psychological capability** is capability that involves a person's mental functioning (e.g. understanding and memory).
- **Reflective motivation** is motivation that involves conscious thought processes (e.g. plans and evaluations).
- **Automatic motivation** is motivation that involves habitual, instinctive, drive-related, and affective processes (e .g. desires and habits).
- **Physical opportunity** is opportunity that involves inanimate parts of the environmental system and time (e .g. financial and material resources).
- **Social opportunity** is opportunity that involves other people and organizations (e .g. culture and social norms).

useful to them? (4) Apply: are there skills, structures, processes, and a culture in your organization to promote and use research findings in decision-making? *(87)*.

Finally, it might be beneficial to conduct a **political context analysis**. Power dynamics, values and preferences *(88)* all play an essential role in engaging stakeholders for the institutionalization of EIPM, with power being usually unequally distributed and influencing **how the Culture domain develops in each context**. Tools such as the **Political Economy Analysis Toolkit – Everyday Tool**[1] helps to reflect on the political stakeholders' interests and changes.

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[1] Developed by WaterAid. Available from: https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/PEA%20toolkit_Everyday%20Tool.pdf

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