The Art and Science of Using Evidence in South Asia

Regional Evidence Map Brief

Key points and messages

- Of the 84 studies mapped to South Asia, only 22 (26%) focus exclusively on the region. Country-level evidence is concentrated in India, Bangladesh and Nepal.
- Skills to use evidence (M5, 75%), interaction between decision-makers and researchers (M4, 74%) and access to evidence (M3, 60%) are the most frequently examined mechanisms; awareness of evidence-informed decision-making (EIDM) (M1, 7%) and agreement on evidence and policy needs (M2, 26%) are markedly less explored.
- Only one study uses a counterfactual-based design, none examine development impact, and evidence on policy implementation is far less studied than capability.
- The evidence base has continued to grow, with just over a quarter of studies published between 2024 and 2026, with three-quarters of the studies covering South Asia alongside other regions.
- Interventions cluster around capability, access and interaction; institutionalisation and awareness-building are less examined.
- Evidence gaps remain around intervention effects, less-studied mechanisms and underrepresented South Asian countries.

Overview

This brief synthesises the available evidence on interventions that support the use of evidence in policy-making across South Asia. It is one of three regional briefs (Sub-Saharan Africa, Latin America and the Caribbean, and South Asia) drawn from a shared living evidence map. The brief follows a common approach to facilitate comparisons of regional evidence patterns.

The brief covers 84 studies mapped to South Asia. Of these, 22 (26%) are coded exclusively to the region, while the remaining 62 (74%) also carry at least one other regional code. Sub-Saharan Africa is the most frequent co-tag, appearing in 47 studies. This indicates that much of the mapped evidence spans multiple regions, with South Asia represented alongside other geographical settings.

Evidence base and scope

This section describes the 84 mapped studies by publication period, country and income classification. One study dates from 1990–1994, and five were published between 2000 and 2004. Publication then increased, with 17 studies between 2005 and 2009 (approximately 3.4 per year) and 10 between 2010 and 2014 (two per year). Between 2015 and 2019, 17 studies were published, again averaging approximately 3.4 per year, followed by 11 in 2020–2023 (approximately 2.8 per year). In the most recent period, January 2024 to November 2026, 22 studies were identified, equivalent to approximately 7.5 per year. Although this period is incomplete, the figures suggest increased publication activity compared with earlier periods. These figures reflect the evidence map's November 2026 update.

Seventy-six of the 84 mapped studies cover at least one South Asian country. The country-level distribution shows that. India is the most represented (53 studies, 63%), followed by Bangladesh (24, 29%), Nepal (21, 25%), Sri Lanka (20, 24%), Pakistan (19, 23%), Afghanistan (5, 6%), Bhutan (3, 4%), and the Maldives (1, 1%);

many studies cover more than one country. The remaining eight studies carry a South Asia regional code but do not necessarily study a South Asian country: five concern Southeast Asian settings (Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Vietnam, in various combinations, in various combinations), one is a multi-region study covering 15 countries, and two without country-specific information.

Income coding is dominated by Lower-Middle Income Country (80 of 84 studies), while Upper-Middle (43), Low-Income (30) and High-Income (24) codes represent other regions in multi-region studies.

Intervention landscape

The Art and Science (A&S) framework categorises interventions into six mechanisms that support evidence-informed decision-making (EIDM), spanning the art of using evidence (navigating political, social and cultural contexts through adaptive approaches) and the science (building replicable pathways and institutional structures that embed evidence in routine governance). Interventions often combine more than one mechanism.

Across the 84 mapped studies, the mechanisms appear in the following order, from most to least examined.

Skills (M5) appears in 63 studies (75%) and is applied alone in only two. It is strongly linked to capability outcomes (52 of 63 studies, 83%), typically through training, workshops and networks. Most studies focus on gains in decision-makers' knowledge and skills, while fewer examine whether these translate into evidence-informed policy implementation.

Interaction (M4) appears in 62 studies (74%) and is never applied alone. It is mostly paired with skills (50) and access (40) and is linked to policy design (45) and capability (44), but only 10 to 12 studies reach implementation outcomes.

Access (M3) appears in 50 studies (60%) and is the sole mechanism in only 3. It is delivered mainly through networks or communities of practice (10 titles); online repositories and rapid-response services appear in one title each.

Structure and process for evidence-informed decision-making (M6), which seeks to influence decision-makers' psychological, social and environmental structures and processes, appears in 23 studies (27%), but specific forms of institutional support, such as standing advisory committees and knowledge-management systems, are rarely reported. This highlights a gap in the evidence on how institutional structures and processes can support the routine use of evidence in policymaking.

Agreement (M2) appears in 22 studies (26%) and is never applied alone. It is most combined with interaction (18 studies) and skills (15 studies) and is linked primarily to policy design and capability outcomes (16 studies each). Awareness (M1) appears in six studies (7%), is applied alone in only one, and is more commonly combined with interaction. This highlights a gap in the evidence on how awareness-raising interventions support EIDM.

Overall, the evidence base is concentrated around individual capabilities, interaction, and access to evidence, with comparatively fewer studies examining institutional structures and processes, agreement or awareness of EIDM. Awareness is also the least frequently evaluated mechanism across the other regions. These patterns show how mechanisms are combined, not whether they work when used alone.

Evaluation coverage and gaps

Studies are coded by the evidence use outcomes they examine. Capability to use evidence is the most frequently studied (60 studies, 71%), followed by evidence use for policy design (53, 63%) and opportunity to use evidence (44, 52%). Motivation (21 studies, 25%), evidence use for policy implementation (18, 21%) and implementation feasibility and fidelity (15, 18%) are covered in fewer studies, while no study examines development impact.

These patterns indicate that the mapped literature places greater emphasis on decision-makers' knowledge and skills and evidence use for policy design than on implementation-related outcomes. However, the number of studies examining an outcome indicates the volume of research, not the strength or certainty of the evidence. With only one study using a counterfactual design, conclusions about the effectiveness of interventions and their effects on sustained behaviour change or policy implementation should be drawn with caution.

Mixed-methods designs are the most frequently reported (51 studies, 61%), followed by case studies (12, 14%), other evaluation designs (8, 10%), exploratory studies (7, 8%) and document reviews (6, 7%). One study uses a user-feedback design, and one uses a counterfactual design. As studies may be classified under more than one design, these categories are not mutually exclusive, and the counts may exceed the total of 84 studies.

In terms of sector coverage, health is the most frequently represented sector (35 studies, 42%), followed by science, technology and innovation (22, 26%) and economic development (16, 19%). Twenty-eight studies are coded under more than one sector; therefore, these categories are not mutually exclusive, and the percentages do not sum to 100%. Some form of cost data is reported in 46 studies (55%), including cost-benefit and cost-effectiveness analyses. However, only two studies (3%) are coded as cost-effectiveness analyses.Just over half of the studies (47, 56%) are coded as drawing on both the art and science of evidence use, while 25 (30%) are coded as science only and 12 (14%) as art only (percentages may not sum to 100% due to rounding).

The limited use of counterfactual designs constrains the evidence available for estimating causal effects, particularly regarding sustained changes in evidence-use practices and policy implementation. This does not diminish the contribution of other evaluation approaches, which can provide important insights into implementation processes, contextual conditions and experiences.

Insights and considerations

A substantial proportion of the evidence mapped to South Asia comes from multi-regional studies rather than research focused exclusively on the region, a considerably higher share than in Sub-Saharan. Country-specific evidence is concentrated in India, Bangladesh, Sri Lanka, Nepal and Pakistan, with comparatively limited representation of Afghanistan, Bhutan and the Maldives. The evidence also places greater emphasis on individual capability and researcher–decision-maker connections than on institutionalising EIDM or building awareness. The limited number of counterfactual evaluations constrains conclusions about the causal effects of different approaches.

These patterns highlight opportunities for further research on the effects of evidence-use interventions, particularly those focused on awareness and institutional structures and processes, and on their cost-effectiveness, which is rarely assessed. Greater coverage of underrepresented South Asian countries, particularly the Maldives, Bhutan and Afghanistan, would also help address geographical gaps in the evidence base.

About PACE

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

About this regional evidence map brief

This brief is part of a series showcasing how policymakers can use the Global Living Evidence Map on Evidence-Informed Policymaking (EIPM). The series covers Sub-Saharan Africa, Latin America and the Caribbean, and South Asia, following a common approach that allows regional patterns to be compared.

Source for the global figures: World Health Organization (WHO). (2024). *The Art and Science of Promoting Evidence-Informed Decision-Making: A Global Living Evidence Map*. Read the report (PDF)

Note: Country counts may overlap where studies cover multiple countries. Regional classifications follow the evidence map's predefined geographical categories

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