The Art and Science of Using Evidence in Latin America and the Caribbean

Regional Evidence Map Brief

Key points and messages

- Upper-middle-income settings are represented in 79% of the 121 studies, distinguishing the region from both the global evidence base and Sub-Saharan Africa.
- Interaction between decision-makers and researchers (M4, 73%), skills to use evidence (M5, 64%) and access to evidence (M3, 60%) are the most frequently examined mechanisms. Awareness of evidence-informed decision-making (M1, 9%) is the least examined, while only 15% of studies examine a single mechanism.
- Evidence use for policy design is studied in 68% of studies, compared with (18%) for evidence use in policy implementation and 3% for development impact. Counterfactual designs are less frequently represented, accounting for six studies (5%).
- Evidence dates from 1983, with publication patterns carrying across the periods examined.
- Gaps in the evidence base include limited representation of counterfactual and implementation-focused evaluations, awareness interventions and interventions building agreement on evidence and policy needs (M2), and studies from countries with limited or no representation.

Overview

This brief presents evidence on interventions that support the use of evidence in decision-making across Latin America and the Caribbean (LAC). 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 and coding framework. The brief follows a common approach to facilitate comparisons of regional evidence patterns.

The brief covers 121 studies, represented against six mechanisms of change and eight outcome types. Of the 121 studies, 56 (46%) focus on LAC alone and 65 (54%) are multi-region studies, most often covering Sub-Saharan Africa, South Asia or East Asia and Pacific. Multiregional studies account for a greater proportion of the LAC evidence base than in Sub-Saharan Africa. Where findings reflect geographical coverage beyond LAC, this is indicated.

Evidence base and scope

This section describes the 121 mapped studies by country coverage, income classification and publication period.

The mapped evidence covers 25 of the region's 33 independent countries, alongside a general West Indies category. The evidence base is concentrated in Peru (31 studies, 26%), Brazil (29, 24%), Colombia (27, 22%), Chile (26, 21%) and Argentina (24, 20%), which together are represented in 83 studies (69%). Ten countries appear in five studies or fewer, including Venezuela and St Vincent and the Grenadines, with one study each. Eight countries have no studies referencing them, while a further 16 studies (13%) do not specify a country in the region.

By income classification, 95 studies (79%) include an upper-middle-income setting, 64 (53%) a lower-middle-income setting, 50 (41%) a high-income setting and 36 (30%) a low-income setting. These categories are not mutually exclusive, as studies may cover multiple income

settings, including through multi-region research. Compared with Sub-Saharan Africa, where low-income settings are more frequently represented, the LAC evidence base has a greater concentration of studies covering upper-middle-income settings.

The mapped literature extends back to 1983, earlier than the Sub-Saharan Africa subset. The average annual publication rate increased from 4.4 studies in 2015–2019 (22 studies) to 6.3 in 2020–2023 (25 studies), reaching 10 studies annually in 2024–2025 (20 studies). Five additional studies are recorded for 2026, although this is an incomplete publication year. Recent counts may change as the evidence map is updated.

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 (103 studies, 85%).

All 121 studies feature at least one mechanism, with most examining multiple mechanisms. Three mechanisms are coded in 49 studies (40%), two in 33 (27%), and four or five in 21 (17%), while only 18 studies (15%) examine a single mechanism. Counts therefore show how often each component appears within intervention packages, not how many stand-alone programmes exist. Interaction (M4) is the most evaluated (88 studies, 73%), followed by skills (M5; 78, 64%) and access (M3; 72, 60%), then structure and process for evidence-informed decision making (M6; 41, 34%), agreement (M2; 31, 26%) and awareness (M1; 11, 9%).

Awareness (M1) is the least frequently represented mechanism in the regional evidence base, appearing as a standalone approach in only one. Agreement (M2) is also rarely represented independently, appearing in alone in one of the 31 studies (26%). Both mechanisms are most often combined with interaction (M4): nine of the 11 M1 studies and 23 of the 31 M2 studies. M2 is most often associated with evidence use for policy design (24 studies), followed by opportunity (23) and capability (18). Only four M2 studies report evidence use for policy implementation. While the coding shows which mechanisms occur together, it does not explain how they work together or how they relate to evidence use outcomes. These patterns highlight the different ways awareness and agreement are represented alongside other mechanisms in the regional evidence base.

Access (M3) and interaction (M4) plausibly complement each other, since communicating evidence and creating researcher and decision-maker contact are closely related, and the two co-occur in 51 studies (42%). Interaction is most often paired with evidence use for policy design (67 studies), consistent with the logic that direct contact leads to evidence being drawn on while policy is formulated.

Skills (M5) is most often linked to capability outcomes (63 studies), a close match between mechanism and outcome, which suggests that most evaluation stops at whether capacity improved rather than whether it led to sustained evidence use. Structures and processes (M6), which seeks to influence decision-makers' psychological, social and environmental structures and processes, trail the other mechanisms, which may indicate that programming leans on individual and relationship-level approaches rather than institutionalising evidence use, though this is a pattern rather than a firm conclusion.

Overall, the base is weighted toward mechanisms that presuppose decision-makers are already disposed to engage with evidence and is thin on building that disposition (M1) or agreeing what evidence is needed (M2).

Evaluation coverage and gaps

Across the 121 mapped studies, evidence use for policy design is the most frequently reported outcome (82 studies, 68%), followed by

capability to use evidence (74, 61%), opportunity to use evidence (64, 53%) and motivation (33, 27%). As studies may report multiple outcomes, these categories are not mutually exclusive. Compared with Sub-Saharan Africa, the ranking of the top two outcomes is reversed: policy design is most frequently reported in Latin America and the Caribbean (LAC), while capability leads in Sub-Saharan Africa. Opportunity and motivation follow the same ranking in both regions. These patterns reflect differences in the distribution of reported outcomes, but do not necessarily indicate differences in intervention priorities or effectiveness.

Outcomes further along the causal chain receive less attention. Evidence use for policy implementation is assessed in 22 studies (18%), implementation feasibility, fidelity or uptake in 16 (13%), intervention design in 16 (13%) and development impact in just 4 (3%). This suggests that evaluations more often examine whether evidence informs decision-making than whether resulting policies are implemented as intended or contribute to broader development outcomes. The most frequent mechanism–outcome pairings are interaction with policy design (67 studies) and skills with capability (63), indicating a stronger focus on outcomes closely aligned with intervention objectives than on implementation and development impact. Although a small number of studies examine development impact, this outcome remains underexplored across the regional evidence base.

Study designs are predominantly qualitative or mixed methods. Mixed-methods studies are the most frequently reported (54 studies, 45%), followed by case studies (26, 21%), other evaluations (15, 12%) and exploratory studies (14, 12%). Document reviews (5, 4%), practitioner reflections (4, 3%) and user feedback (2, 2%) are less common. As studies may use more than one design, these categories are not mutually exclusive. Six studies (5%) use a counterfactual design, including studies conducted in upper-middle-income, lower-middle-income and high-income settings. This is a lower proportion than that reported for Sub-Saharan Africa, but higher than that reported for South Asia.

Sector coding indicates that health is the most frequently represented sector (52 studies, 43%), followed by science, technology and innovation (31, 26%) and economic development (19, 16%). Thirty-two studies are coded under more than one sector; therefore, these categories are not mutually exclusive, and percentages do not sum to 100. Sector information is not specified for two studies (2%). Some form of cost data is reported in 49 studies (40%), although only one study (1%) is coded as a cost-effectiveness analysis. Regarding the art and science of evidence use, studies coded as drawing on both art and science are the most common (55 studies, 45%), followed by those coded as science only (46, 38%) and art only (19, 16%).

The dataset categorises studies by intervention mechanism and evidence-use outcome, rather than by delivery model. Understanding how different delivery approaches relate to outcomes would therefore require further examination of the underlying studies.

Country coverage is uneven. Guatemala (16 studies) and Peru (31) are well represented, while Belize and Panama have no studies and Venezuela has one. Caribbean coverage is more limited, with no country represented in more than five studies; Antigua and Barbuda, the Bahamas, Dominica, Grenada, and St Kitts and Nevis have no studies represented in the evidence base.

Insights and considerations

Several insights emerge from the mapped evidence. Studies most frequently include upper-middle-income settings (79%), reflecting the regional composition of the evidence base. Policy design is more commonly documented than implementation, with studies reporting policy design use approximately four times as often. The evidence base has grown over time, with the annual publication rate rising in recent years. Counterfactual evaluations are less frequently represented than in Sub-Saharan

Africa. While the mechanisms and reported outcomes are conceptually aligned, relatively few studies trace the links between evidence use, policy implementation and longer-term development impact.

Further attention to counterfactual and implementation-focused evaluations may help strengthen understanding of how evidence-use interventions influence policy processes and outcomes, particularly in low- and lower-middle-income settings and countries with limited or no representation, especially in the Caribbean. Awareness and agreement interventions are also less frequently represented in the evidence base, while more detailed descriptive and qualitative accounts of intervention design could help inform cross-country learning. Greater research attention to sectors beyond health, which is the most frequently represented, and to the cost-effectiveness of interventions, which is rarely assessed, could also contribute to a broader 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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