The Art and Science of Using Evidence in Sub-Saharan Africa

Regional Evidence Map Brief

Key points and messages

- The evidence base includes 397 studies mapped to Sub-Saharan Africa, with 293 (74%) focused exclusively on the region.
- Interaction between decision-makers and researchers (M4, 63%), skills to use evidence (M5, 51%), and access to evidence (M3, 48%) are the most frequently represented mechanisms in the evidence base, while awareness of evidence-informed decision-making (M1, 7%) and agreement on evidence and policy needs (M2, 25%) are less frequently represented.
- Development impact is investigated in only 18 studies (5%), while counterfactual-based evaluations account for 27 studies (7%). The evidence is also geographically concentrated, with South Africa, Nigeria, Uganda, Kenya and Ghana accounting for a substantial share of the research. Studies naming at least one of these five countries account for 73% of the evidence base (288 of 397).
- Interaction between researchers and decision-makers (M4) and skills to use evidence (M5) are coded together in 147 studies (37%), highlighting the overlap between these two mechanisms in the mapped evidence.
- The evidence base expanded rapidly from 2015 to 2019 and remains active, but evidence on policy implementation and downstream development results is more limited than evidence on capability and policy design.

Overview

This brief synthesises evidence on interventions that support decision-makers' use of evidence across Sub-Saharan Africa. It draws on 397 studies mapped to the region in the living evidence map, representing the largest regional subset covered in this series.

Of the 397 studies, 293 (74%) focus exclusively on Sub-Saharan Africa, while 104 (26%) cover other regions. Country-level coding covers 45 of the region's 48 countries. However, the evidence base is concentrated in South Africa, Nigeria, Uganda, Kenya, and Ghana, with 288 studies (73%) covering at least one of these five countries.

Evidence base and scope

This section describes the 397 mapped studies by publication period, regional focus and income classification.

The regional evidence base grew from 18 studies in 2000–2004 to 33 in 2005–2009, increasing to 70 in 2010–2014. The five-year period from 2015–2019 recorded the highest number of studies (128), accounting for almost one third of the regional evidence base.

The number of studies subsequently declined to 66 during 2020 –2023, a four-year period, representing approximately 17 studies per year. Annual counts increased to 30 in 2024 and 28 in 2025. A further 22 studies were recorded in 2026 up to the evidence map's latest update in November 2026. As the 2026 data cover only part of the year and are incomplete, this count should be interpreted with caution, and the figure may increase as the evidence map continues to be updated.

The evidence base is substantial and predominantly region-specific. Three quarters of mapped studies are exclusively regional, indicating that the evidence is not primarily generated through multi-region programmes.

The evidence spans all four income classifications, although representation varies. Lower-middle-income countries are the most frequently represented (290 studies, 73%), followed by low-income countries (201, 51%), upper-middle-income countries (141, 36%) and high-income countries (32, 8%). As studies may cover countries across multiple income groups, these classifications are not mutually exclusive.

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 (290 studies, 73%). Six EIDM mechanisms are mapped, with individual studies potentially examining more than one mechanism.

Interaction between decision-makers and researchers (M4) is the most evaluated mechanism, appearing in 250 studies (63%), followed by skills to use evidence (M5) in 203 (51%) and access to evidence (M3) in 192 (48%).

Structure and process for EIDM (M6) appears in 117 studies (29%), agreement on evidence and policy needs (M2) in 100 (25%), and awareness of EIDM (M1) in 28 (7%). M4 and M5 alone co-occur in 147 studies, illustrating the frequent combination of mechanisms.

Capability to use evidence is the most frequently studied outcome (200 studies, 50%), followed by evidence use for policy design (187, 47%) and opportunity to use evidence (180, 45%). Motivation to use evidence appears in 131 studies (33%) and implementation feasibility, fidelity and uptake in 95 (24%). EIDM intervention design is examined in 65 studies (16%).

Development impact is reported in 18 studies (5%), 16 of which examine M4. This highlights the prominence of interaction in studies exploring links between evidence-informed decision-making and development outcomes, although it does not establish the effectiveness of these interventions.

Evaluation coverage and gaps

Across the 397 mapped studies, mixed-methods studies are the most common research design (122 studies, 31%), followed by exploratory studies, other evaluation designs, case studies and practitioner reflections. Only 27 studies (7%) employ a counterfactual-based evaluation design.

Evidence on the later stages of the evidence-use pathway is limited. Evidence use for policy implementation is examined in 57 studies (14%), compared with 200 studies on capability and 187 on policy design. Development impact is reported in only 18 studies (5%).

Geographic representation is uneven. The evidence map covers 45 of the region's 48 countries, but is concentrated in Uganda (101 studies, 25%), South Africa (99, 25%), Nigeria (97, 24%), Kenya (96, 24%) and Ghana (68, 17%), which together feature in 288 studies (73% of the evidence base). A further 16 countries appear in five studies or fewer, including Eritrea, Gabon and the Republic of Congo, each in one study.

Sector coding indicates that health is the most frequently represented sector (253 studies, 64%), followed by science, technology and innovation (50, 13%) and environment (36, 9%). Fifty-nine 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 a further 27 studies (7%). Some form of cost data is reported in 133 studies (34%), although only 13 (3%) are coded as cost-effectiveness analyses.

Regarding the art and science of evidence use, studies coded as science only are the most common (157 studies, 40%), followed by art only (109, 27%) and both art and science (106, 27%).

Insights and considerations

The findings highlight opportunities to strengthen the evidence base, particularly through further counterfactual-based impact evaluations and research on the less-studied mechanisms, particularly awareness-building, and agreement-focused approaches, and structures and processes that support institutionalisation of evidence use.

Additional evidence on policy implementation and development impact could also help address gaps in understanding the longer-term outcomes of evidence-use interventions. Broader geographical coverage, particularly in countries currently underrepresented in the evidence base, may provide a more comprehensive picture of evidence use across Sub-Saharan Africa. Greater research attention to sectors beyond health, which accounts for most mapped studies, and to the cost-effectiveness of interventions, which is less frequently assessed, could also contribute to broader evidence base. Continued updates to the living evidence map can help track how these gaps evolve over time.

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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