

Using the WHO Checklist to Identify Domains for Institutionalizing Evidence-Informed Policy-Making in China: A Mapping Review

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Abstract

Background Institutionalizing evidence-informed policy-making (EIP) is an important step towards more effective and routine policy-making. However, the overall picture of EIP institutionalization in China remains unclear and continues to emerge, particularly in terms of how evidence is distributed across different institutionalization domains and Sustainable Development Goal (SDG) sectors. This mapping review aimed to characterize the distribution of this evidence across the WHO Checklist domains and SDGs.

Methods We searched 10 bibliographic databases for research studies and purposively selected 13 national-level government institutions whose official websites were searched for policy documents. Eligible records addressed EIP institutionalization or knowledge-translation mechanisms supporting evidence use in policy-making in China and were published in Chinese or English. Two researchers independently screened records and extracted and coded data. The WHO Checklist was used as a framework to guide data extraction, coding and descriptive analysis across six EIP institutionalization domains and SDG sectors, including present actions and recommendations. EPPI Reviewer was used to manage the coding and develop the evidence map.

Results The review included 168 records, comprising 63 research studies and 105 policy documents. Of these, 110 records (65.5%) described existing arrangements, processes or practices related to EIP institutionalization, and 120 records (71.4%) contained recommendations for further institutionalization. Among records describing present institutionalization actions, Governance was the most frequently represented WHO Checklist domain (72 records, 65.5%), followed by Resources (50 records, 45.5%), Partnership, collective action and support (38 records, 34.5%), Standards and routinized processes (36 records, 32.7%), Culture (17 records, 15.5%), and Leadership and commitment (11 records, 10.0%). Present evidence was concentrated in SDG3 (Good Health and Well-being; 43 records, 39.1%) and SDG16 (Peace, Justice and Strong Institutions; 38 records, 34.5%), with fewer records mapped to other SDG sectors.

Conclusion Publicly available evidence on EIP institutionalization in China is most visible in Governance, Resources, SDG3 and SDG16, suggesting that formal arrangements, infrastructure and health-sector evidence-support mechanisms are the most documented foundations. Less evidence was available for Culture and Leadership and commitment. Future efforts should give greater attention to Culture and Leadership and commitment, while drawing on experience from the health sector to extend EIP institutionalization across other policy areas.

INTRODUCTION

Evidence-informed policy-making (EIP) is commonly understood as an approach in which the best available research evidence informs policy and decision-making^[1]. In practice, EIP emphasizes the use of research evidence and other forms of systematically generated knowledge to support the understanding of policy problems, the comparison of policy options and the planning of implementation^[2–3]. EIP recognizes, however, that policy-making is also shaped by values, political priorities, stakeholder interests and contextual factors, and therefore seeks to ensure that evidence is systematically and transparently considered alongside these other inputs, rather than assuming that evidence alone determines policy choices^[4]. Accordingly, EIP is concerned not only with the production of evidence, but also with how evidence is identified, assessed, adapted and applied within policy processes^[2, 5].

Recent international work on EIP has increasingly emphasized not only the use of evidence in individual policy decisions, but also the institutional conditions that enable evidence use to become routine and sustainable^[5–7]. This emphasis is reflected in evidence-to-policy initiatives, knowledge translation platforms, evidence-support systems and assessment tools, including Evidence-Informed Policy Network (EVIPNet), Rapid Evidence Support System Assessment (RESSA) and broader capacity-building frameworks for evidence-informed policy-making^[8–10]. Taken together, these

developments point to the broader idea of EIP institutionalization, which can be understood as both a process and an outcome through which norms, rules, routines and standard practices are created, maintained and reinforced so that evidence becomes a routine part of policy-making^[7, 11]. Recent studies have begun to assess EIP institutionalization more systematically, including mapping national knowledge translation strategies in European countries and analyzing institutionalization challenges in middle-income country contexts^[12–13].

The WHO Checklist for Institutionalizing Evidence-Informed Policy-Making provides a structured approach for assessing and supporting the routine use of evidence in policy-making^[5]. Building on prior work on the domains and processes of institutionalizing EIP, the Checklist organizes institutionalization into six interrelated domains: Governance; Standards and routinized processes; Partnership, Collective action and support; Leadership and commitment; Resources and Culture (see Fig. 1)^[5, 7]. The Checklist has also been promoted through broader WHO and EVIPNet efforts to support Member States in strengthening evidence-to-policy systems and institutionalizing the routine use of evidence in policy-making^[5, 14]. By operationalizing these domains, it provides a coherent framework for mapping where evidence-use mechanisms are more or less frequently represented and where further strengthening may be needed across policy sectors^[5].

China provides an important context for applying this framework. As a WHO Member State with a large population, substantial domestic research capacity and a complex multi-level governance system, China has developed a range of mechanisms relevant to evidence use in policy-making, including health technology assessment, guideline development, policy advisory bodies, research institutions and evidence platforms^[15–18]. However, these mechanisms are dispersed across different sectors and sources, and the overall picture of how evidence use is institutionalized within China's research-to-policy ecosystem remains unclear. Evidence-informed policy-making is relevant to policy challenges across health, social, environmental and economic sectors. The Sustainable Development Goals (SDGs) provide a cross-sectoral classification framework spanning these policy areas and can therefore be used to examine the distribution of publicly available evidence on EIP institutionalization across policy sectors in China.

A mapping review is appropriate for addressing this gap because it can systematically locate, describe and categorize available evidence, identify areas of concentration and gaps, and provide a foundation for future research and policy action^[19]. Overall, the objectives of this mapping review are (i) to characterize the distribution of available evidence on EIP across the six institutional domains in China; and (ii) to identify areas where evidence is concentrated or remains limited in relation to the SDGs. The review question was: "What is the nature, extent and distribution of publicly available evidence on EIP institutionalization in China, and how is this evidence represented across the WHO Checklist domains and SDG sectors?"

METHODS

This mapping review was reported in accordance with the Preferred Reporting Items for Mapping Reviews (PRITEM) guidance, a reporting initiative developed specifically for mapping reviews to promote transparent and consistent reporting of their methods, results, and evidence-mapping features^[19].

2.1 Identify relevant studies and policy documents

Both research studies and policy documents were searched to identify evidence on EIP institutionalization in China. For research studies, the search string comprised three key concepts: "knowledge translation" AND "policy-making" AND "China", together with their synonyms and related terms (see Table S2, Additional file 1 for more details). The China National Knowledge Infrastructure (CNKI), WanFang Data, CBM, Web of Science, PubMed, Health Systems Evidence,

Social Systems Evidence, Cochrane Library, Embase and CINAHL were searched for research studies published from 1 January 2000 to 10 June 2025. The searches were conducted in both English and Chinese.

For policy documents, we used purposive sampling within the official State Council institutional structure to select national-level government institutions based on their policy mandates and cross-sectoral coverage, and then searched their official websites for potentially eligible policy documents^[20–21]. Institutions were purposively selected to achieve broad coverage across major policy domains informed by the SDG framework. Using these criteria, 13 national-level institutions were selected for website searching. Policy documents published between 1 January 2000 and 10 September 2025 were retrieved from the selected institutional websites, the later cut-off date for policy documents reflected the phased nature of website searching and document retrieval. Further details are provided in Table S3 and Table S4, Additional file 1.

2.2 Selection of studies and policy documents

Eligible records addressed EIP institutionalization or knowledge translation mechanisms supporting evidence use in policy-making in China. Records focused on clinical practice or individual level behaviour change were excluded. Full eligibility criteria are provided in Table S1, Additional file 1. All retrieved records from academic databases were imported into Rayyan, and duplicates were removed. Two reviewers independently screened titles and abstracts against the predefined inclusion and exclusion criteria, with records blinded during the initial screening stage. After unblinding, disagreements were first resolved through discussion between the two reviewers; unresolved disagreements were adjudicated by a third reviewer. Full texts of potentially eligible studies were then assessed independently by two reviewers to determine final inclusion. Policy documents retrieved from the selected institutional websites were also assessed in full text by two reviewers using the same inclusion and exclusion criteria, and any disagreements were resolved through discussion or adjudication by a third reviewer.

2.3 Data extraction and coding

Two independent reviewers extracted data from all included studies and policy documents using Microsoft Excel. The coding framework was developed based on two predefined conceptual frameworks: the WHO Checklist domains for institutionalizing evidence-informed policy-making and the SDGs. Detailed definitions of the WHO Checklist domains and subdomains are provided in the coding manual in Additional file 2. Before full coding, the reviewers piloted the data extraction and coding framework on a sample of 20 records to refine coding rules and promote consistent interpretation of the WHO Checklist domains and SDG categories. The finalized coding framework was then applied in EPPI-Reviewer for coding and evidence mapping^[22]. For each study, extracted information included the title, author(s), author affiliation, relevant SDG category or categories and relevant WHO Checklist domain(s). For each policy document, extracted information included the document title, URL, issuing institution, relevant SDG category or categories and relevant WHO Checklist domain(s). During coding, each included record was manually mapped to the relevant SDGs category or categories at the goal level, based on its primary research topic, policy content and sectoral focus. The United Nations SDG framework was used as the reference framework for this coding. Records were also coded according to whether they described present institutionalization actions and/or recommendations. When a record addressed more than one WHO Checklist domain or SDG-related sector, multiple coding was allowed. Discrepancies between reviewers were resolved through discussion and, if needed, adjudication by a third reviewer.

2.4 Critical appraisal

Consistent with the purpose of mapping reviews and the typology proposed by Grant and Booth, no formal critical appraisal was conducted in this review^[23–24]. The included studies and policy documents were characterized to describe the distribution of evidence across WHO Checklist domains and SDG categories.

2.5 Analysis and presentation of the data

The extracted and coded data were exported from EPPI-Reviewer V.6 as a coding report in JSON format and visualized using EPPI-Mapper, a tool developed by the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre) at University College London^[22]. The rows of the map represent the six domains of the WHO Checklist, and the columns represent the SDGs. The map was divided into two sections: records describing present institutionalization actions and records describing recommendations. In the bubble map, green bubbles represent research studies and orange bubbles represent policy documents, while bubble size indicates the number of included records mapped to each WHO Checklist domain and SDG category. Records could appear in more than one cell when they addressed multiple WHO Checklist domains or SDG categories. The map was used to identify areas of evidence concentration and areas where evidence is limited or absent in relation to the institutionalization of EIP in China.

RESULTS

Figure 2 shows the selection process for research studies and policy documents. The database search yielded 11,025 records, of which 10,720 were screened after duplicates and clearly ineligible records were removed. 91 studies were retrieved for full-text assessment. In addition, 5,717 policy documents identified from institutional websites were screened. After applying the predefined inclusion and exclusion criteria, 63 studies and 105 policy documents were included, resulting in 168 records in the final mapping review^[25–192].

3.1 Study characteristics

Of the 168 included records, 105 were policy documents (62.5%) and 63 were research studies (37.5%). Most records were published in Chinese (155, 92.3%), while 13 were published in English (7.7%). Records were concentrated in the most recent period, with the largest proportion published between 2021 and 2025. Of the included records, 110 described present institutionalization actions and 120 included recommendations for future institutionalization. The National Health Commission accounted for the largest number of policy documents (28 documents), followed by the Ministry of Science and Technology (14 documents), the Ministry of Ecology and Environment (9 documents), the Counsellors' Office of the State Council (8 documents), the Ministry of Education (7 documents), the Ministry of Agriculture and Rural Affairs (6 documents), the Ministry of Foreign Affairs and the China Meteorological Administration (3 documents each), the Chinese Academy of Sciences (2 documents), the Ministry of Finance (1 document), the National Development and Reform Commission (8 documents), the Ministry of Human Resources and Social Security (6 documents) and the Ministry of Justice (10 documents). Further details are provided in Table S5, Additional file 1.

3.2 Present evidence on EIP institutionalization across WHO Checklist domains

Among the 110 records describing present evidence on EIP institutionalization, Governance was the most frequently represented WHO Checklist domain (72 records, 65.5%), followed by Resources (50 records, 45.5%), Partnership, collective action and support (38 records, 34.5%), Standards and routinized processes (36 records, 32.7%), Culture (17 records, 15.5%), and Leadership and commitment (11 records, 10.0%).

Within the Governance domain, among the 72 records describing present evidence on EIP institutionalization, evidence was concentrated in policies, regulations and legislation promoting EIP ($n = 29$), institutional home embedded into existing structures and processes ($n = 23$), and planning, monitoring and evaluation ($n = 27$). Records in this domain described formal institutional arrangements for evidence use, including university-based think tanks^[25, 27, 41, 65, 67, 80], government-affiliated policy advisory bodies^[33, 35, 75, 77–79], and evidence-informed policy research centres^[28, 48, 50–51, 58–59, 64, 68, 70, 83]. They also described national and local policy support for the development of Health Technology Assessment (HTA) mechanisms^[30–31, 48, 50], expert consultation systems^[33–36, 52, 75–79], and evidence-based practice in

specific sectors^[41, 50–51]. Overall, present evidence in the Governance domain was mainly documented through formal institutional structures and policy or regulatory arrangements supporting evidence use in decision-making.

Within the Resources domain, among the 50 records describing present evidence on EIP institutionalization, evidence was concentrated in financial resources and funding stability (n = 20), systems of evidence supply (n = 20), and infrastructure (n = 14), with capacity building and human resources also represented. Records in this domain described government budget allocations, research funding, and project-based support for evidence-related institutions and activities^[36, 72–79, 83]. They also described databases, expert pools, decision-support platforms, evidence repositories, open-data portals, and web-based evidence resources that supported evidence access and use^[25,28,33–35,38–41,66,68–71,87]. Some records further described training, multidisciplinary expert integration, talent-development mechanisms, and capacity-building initiatives for HTA and evidence-informed decision-making^[27, 38, 48]. Overall, present evidence in the Resources domain was mainly documented through evidence supply systems, financial inputs, data and information infrastructure, and human-resource capacity. Figure 3 presents the distribution of present institutionalization actions across WHO Checklist domains and SDGs; the complete interactive evidence map, including both present actions and recommendations, is provided in Additional file 3.

The remaining four domains were less frequently represented. Within Partnership, collective action and support, evidence was most frequently related to interdisciplinary collaboration, co-production and relationship building (n = 17) and institutional mechanisms for intersectoral engagement/interaction (n = 14). Within Standards and routinized processes, standardization of methods and processes was predominant (n = 29). Culture was mainly represented by organizational culture and climate (n = 10) and beliefs, values and identity (n = 6), while Leadership and commitment was primarily reflected in political interest, support and commitment (n = 11).

3.3 Present evidence on EIP institutionalization across SDGs

Present evidence on EIP institutionalization was concentrated in SDG3 (Good Health and Well-being) (n = 43, 39.1%), SDG16 (Peace, Justice and Strong Institutions) (n = 38, 34.5%), followed by SDG9 (Industry, Innovation and Infrastructure) (n = 13, 11.8%) and SDG4 (Quality Education) (n = 12, 10.9%). Fewer records were mapped to SDG8 (Decent Work and Economic Growth) (n = 8, 7.3%), SDG10 (Reduced Inequalities) (n = 6, 5.5%), SDG1 (No Poverty) (n = 4, 3.6%), SDG11 (Sustainable Cities and Communities) (n = 3, 2.7%), SDG5 (Gender Equality), SDG13 (Climate Action), SDG15 (Life on Land), and SDG17 (Partnerships for the Goals) (n = 2 each, 1.8%), and SDG2 (Zero Hunger) and SDG12 (Responsible Consumption and Production) (n = 1 each, 0.9%). No records describing present evidence on EIP institutionalization were mapped to SDG6 (Clean Water and Sanitation), SDG7 (Affordable and Clean Energy), or SDG14 (Life Below Water).

The concentration in SDG3 mainly reflected records on HTA, evidence-informed health policy-making, evidence-based medicine, health-sector planning and monitoring, and evidence systems for health decision-making^[30–31, 48, 50, 68]. SDG16-related records mainly concerned think tanks, expert consultation systems, policy advisory institutions, and major administrative decision-making procedures^[33–36,75–79]. Records mapped to SDG4 were mainly related to education research institutions, education data platforms, university-based think tanks, and evidence-informed teaching or education policy practices^[25, 27, 41, 65].

DISCUSSION

This mapping review analyzed 168 records across the six domains of the WHO EIP Checklist to synthesize available evidence on EIP institutionalization in China and examine how this evidence is distributed across the SDGs. Available evidence was more frequently concentrated in the Governance and Resources domains and in SDG3 (Good Health and

Well-being) and SDG16 (Peace, Justice and Strong Institutions), while evidence related to Leadership and commitment, Culture and several other SDG sectors remained comparatively limited. These findings describe the distribution of publicly available evidence on EIP institutionalization in China and do not directly indicate how mature or effective EIP institutionalization is in practice.

4.1 Visible institutional foundations and less visible organizational conditions

The concentration of evidence in Governance and Resources suggests that available evidence on EIP institutionalization in China is most visible through formal and infrastructural arrangements. These two domains largely represent the more visible “hardware” of EIP institutionalization, including policy mandates, institutional homes, formal procedures, planning and evaluation arrangements, evidence platforms, databases, funding mechanisms, infrastructure, and capacity-building activities^[25, 28, 33, 36, 38, 48, 49, 68, 75, 83, 193]. Such mechanisms are important because they provide government structures, policy processes, and key resources for evidence use in policy-making^[5].

By contrast, Culture and Leadership and commitment are closer to the “software” of policy systems, including values, norms, relationships, trust, incentives, leadership behaviours, organizational learning, and everyday evidence-use routines^[31–36, 40–41, 193]. These dimensions are critical for sustaining evidence use. Culture, in particular, has been described as the least tangible and visible of the six domains and may be partly obscured by other institutionalization factors^[7]. This distinction helps interpret the uneven visibility across WHO Checklist domains: Governance and Resources show where formal EIP arrangements are already visible, while the lower visibility of Culture and Leadership and commitment points to the organizational conditions that need to be better understood, documented, and strengthened if evidence use is to become embedded in routine policy-making. These findings may provide additional context for considering existing indicators of EIP institutionalization, particularly in relation to the balance between structural “hardware” and organizational and relational “software”.

The contrast between records describing present institutionalization actions and those describing recommendations further supports this interpretation. Domains associated with formal institutional arrangements were more frequently visible as present evidence, Culture was represented in 17 present-action records and 21 recommendation records, while Leadership and commitment was represented in 11 and 17 records. This pattern suggests that leadership, organizational culture, incentives, and routine evidence-use practices are already recognized as important priorities for strengthening EIP institutionalization, but are less frequently documented as established institutional practice. Future work should therefore examine how formal EIP structures are supported, more fully documented, and sustained through leadership, norms, incentives, and organizational routines in real policy settings.

4.2 SDG concentration and two mechanisms for connecting evidence to policy-making

The concentration of evidence in SDG3 and SDG16 suggests two broad mechanisms through which evidence may be connected to policy-making. The first comprises health-sector evidence-support mechanisms, reflected in records related to HTA, guideline development, health policy planning and monitoring, and evidence-support systems^[30, 31, 54, 64, 81, 83, 118]. These mechanisms are aligned with knowledge-translation activities that focus on producing, organizing, synthesizing, and making evidence more accessible and usable for decision-makers^[194]. A similar pattern is illustrated by Chile, where the Ministry of Health institutionalized HTA, guideline development, rapid evidence synthesis, and economic evaluation through dedicated evidence-support units^[195]. The second comprises governance-advisory mechanisms, reflected in records related to think tanks, policy advisory bodies, expert consultation systems, decision-

consulting mechanisms, and major administrative decision-making procedures^[25,33–36,75–77,100]. A comparable arrangement can be found in France, where France Stratégie connects strategic foresight, policy evaluation, expert analysis, and stakeholder dialogue with central government decision-making^[196]. These mechanisms reflect linkage-and-exchange processes through which researchers, experts, advisory bodies, and decision-makers interact in response to policy needs^[194].

The strong representation of SDG3 is consistent with the WHO global living evidence map, developed in collaboration with the Pan-African Collective for Evidence (PACE), which reported that most studies on EIP originated from the health sector, far exceeding other sectors^[197]. This pattern is also reflected in China, where the National Health Commission contributed the largest number of policy documents, which may relate to the relatively mature evidence-support mechanisms in the health sector. This suggests that the visibility of health-sector evidence in China reflects a broader concentration of EIP-related evidence in health systems and health policy. At the same time, the prominence of SDG16 in this review points to a distinct governance perspective, showing that evidence on EIP institutionalization in China is also visible through formal advisory and decision-making arrangements. Taken together, the concentration of evidence in SDG3 and SDG16 appears to represent more than a simple sectoral distribution, pointing to both evidence-support functions and governance-advisory channels through which evidence may enter policy-making.

4.3 Implications for policy and future research

The records mapped in this review already document policy mandates, evidence platforms, HTA-related tools, expert advisory arrangements, and capacity-building activities, but their contribution depends on whether they support evidence use across different stages of the policy cycle and are sustained by leadership, incentives, organizational norms, and routine evidence-use practices^[5]. Strengthening EIP also requires balancing evidence supply with demand-side capacity and exchange mechanisms^[198]. The health-sector evidence-support and governance-advisory mechanisms identified here may offer useful lessons for other SDG sectors, but they should be adapted to specific policy contexts and evidence needs.

4.4 Strengths and limitations

This review has several strengths. It is, to our knowledge, the first study to use the WHO Checklist as an organizing framework to map publicly available evidence on EIP institutionalization in China across both institutional domains and SDG sectors. By including both research studies and policy documents, the review captured complementary forms of evidence: scholarly attention to EIP-related mechanisms and formal policy commitments to institutional arrangements. The use of both WHO Checklist domains and SDG categories also enabled the review to examine not only which institutional dimensions of EIP were most visible, but also where EIP-related evidence was concentrated across policy sectors. In addition, distinguishing between records describing present institutionalization actions and those describing recommendations provided a more nuanced picture of where EIP mechanisms are already documented as existing practice and where further strengthening is being proposed.

Several limitations should also be noted. First, this mapping review describes the distribution and visibility of publicly available evidence, rather than directly measuring the actual degree of EIP institutionalization in practice. A lower volume of evidence in a domain or SDG sector should therefore be interpreted as a gap in the public evidence base, not necessarily as an absence of EIP-related activity. Second, although the search included academic databases and policy documents from key government websites, some internal policy processes, informal advisory mechanisms, local practices, and unpublished institutional arrangements may not have been publicly accessible. Third, classification into WHO Checklist domains and SDG categories involved interpretive judgment, although coding rules were developed and piloted to improve consistency. Future research could complement this mapping review with interviews, case studies,

and comparative analyses to examine how EIP-related structures operate in practice and how evidence use is embedded in real policy processes.

CONCLUSION

This mapping review applied the WHO Checklist to examine publicly available evidence on EIP institutionalization in China across institutional domains and SDG sectors. The available evidence was concentrated in the Governance and Resources domains and in SDG3 and SDG16, indicating that formal governance arrangements, institutional resources, and health-sector evidence-support mechanisms are the most frequently documented features of EIP institutionalization in China. By contrast, Culture and Leadership and commitment were less frequently documented and were more often identified as priorities for further development. These findings reflect the distribution and visibility of publicly available evidence rather than the actual maturity or effectiveness of institutional arrangements. Future efforts should strengthen the organizational culture, leadership, demand-side capacity, and exchange mechanisms required to embed evidence use in routine policy processes, while drawing on experience from the health sector to advance EIP institutionalization across other policy sectors.

Abbreviations

EIP

Evidence-Informed Policy-Making

SDGs

Sustainable Development Goals

WHO

World Health Organization

EVIPNet

Evidence-Informed Policy Network

RESSA

Rapid Evidence Support Systems Assessment

PRITEM

Preferred Reporting Items for Mapping reviews

CNKI

China National Knowledge Infrastructure

EPPI-Centre

Evidence for Policy and Practice information and Co-ordinating Centre

HTA

Health Technology Assessment

PACE

Pan-African Collective for Evidence

Declarations

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AUTHORS' CONTRIBUTIONS

ZG, JZ: Conceptualization, Resource, Formal analysis, Methodology, Writing - original draft, Writing - review & editing; **RL:** Formal analysis, Methodology, Data curation, Writing - original draft, Writing - review & editing; **WC, XZ:** Methodology, Data curation. **MB, HW, XL, LF, YL, KY, TK:** Critically reviewed and revised the manuscript. **XL, XS:** Conceptualization, Resource, Formal analysis, Methodology, Writing - original draft, Writing - review&editing. All authors critically revised the article for important intellectual content and approved the final version of the manuscript.

COMPETING INTERESTS

The authors have declared that no competing interests exist. Authors hold sole responsibility for the views expressed in the manuscript, which may not necessarily reflect the opinion or policy of the World Health Organization or the Pan American Health Organization.

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ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Not applicable.

AVAILABILITY OF DATA AND MATERIALS

Datasets used during the current study are available from the corresponding author on reasonable request.

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Figures

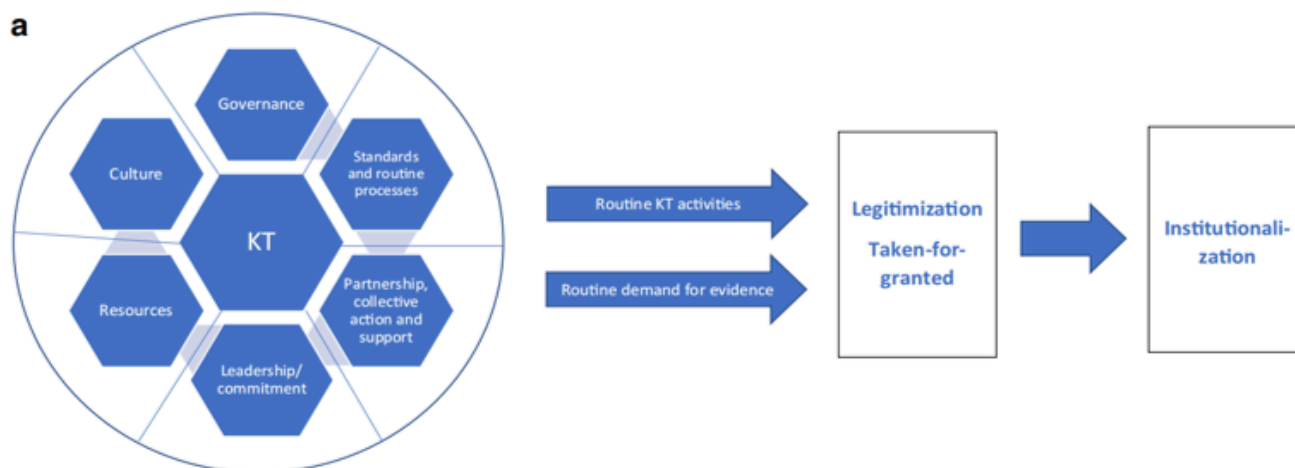


Figure 1

Simple domains framework of EIP institutionalization^[7]

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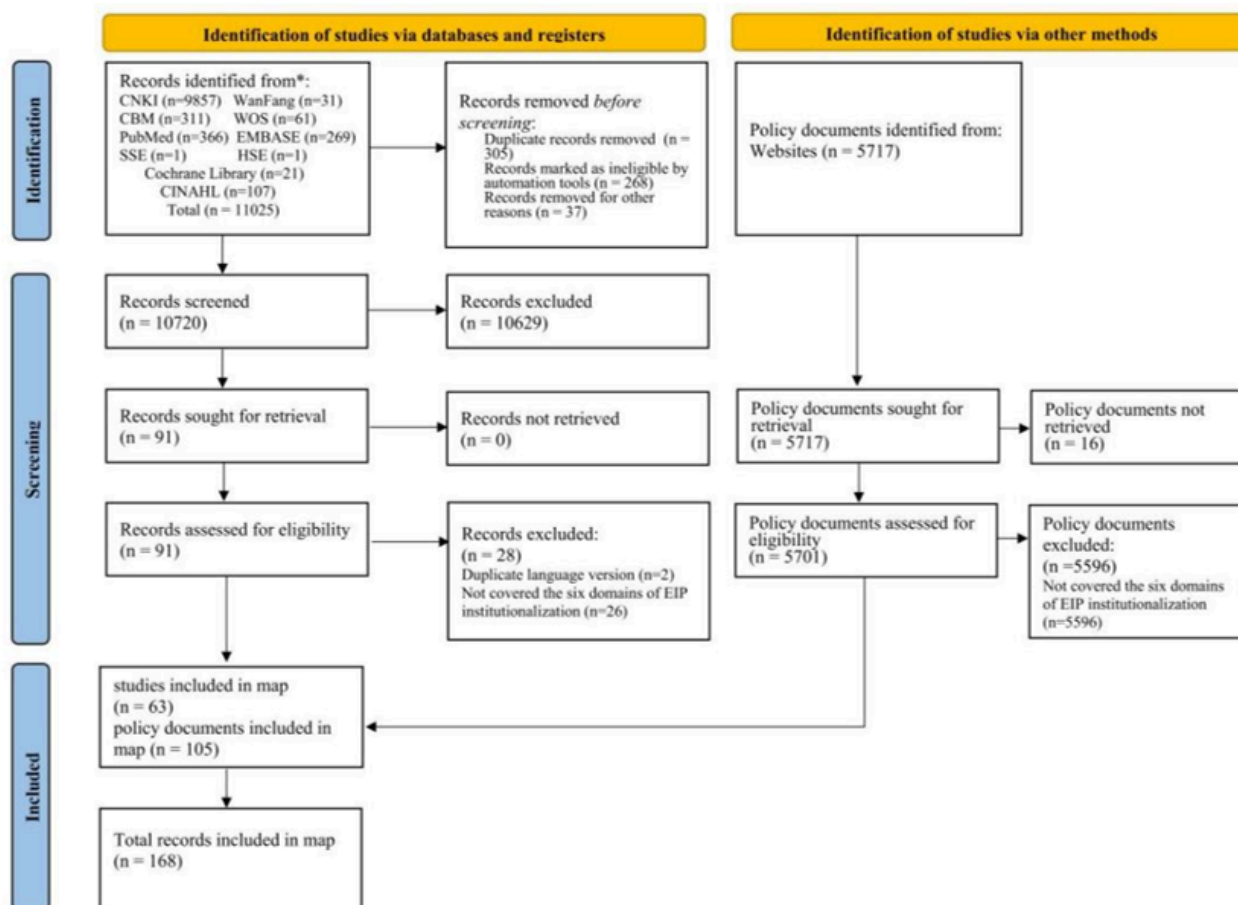


Figure 2

Flow diagram of the selection process for research studies
and policy documents

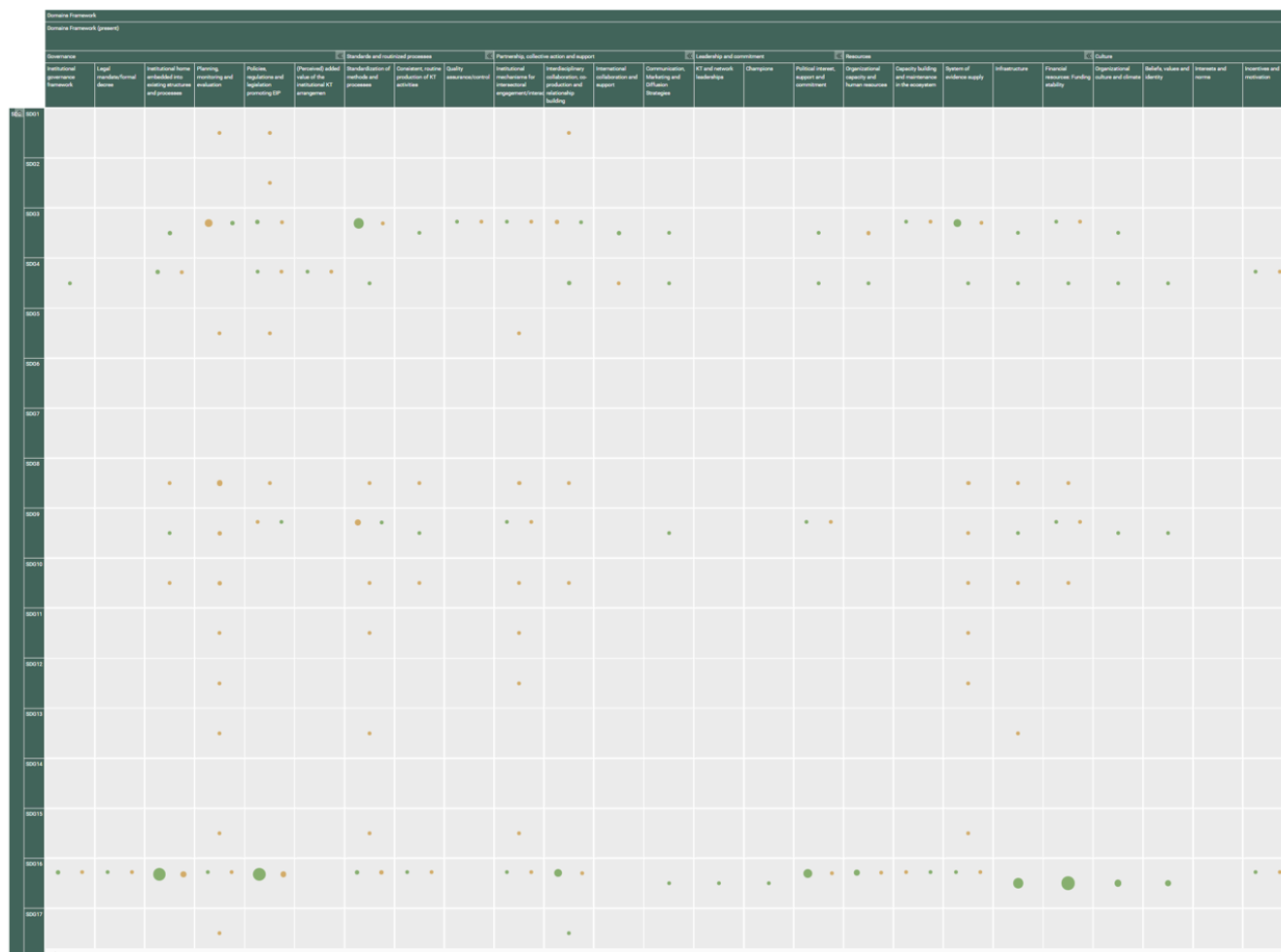


Figure 3

Evidence mapping of the institutionalization of Evidence-Informed Policy-Making (EIP) across the SDGs (present).

Supplementary Files

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