data. This study was theory-based and the results were compared to exploratory studies about the factors influencing evidence-based health policymaking.

**Results:** 18 codes and three main themes of behavioral, normative, and control beliefs were identified. Factors that influence the development of evidence-based policy documents were identified by the participants: behavioral beliefs included quality of policy documents, use of resources, knowledge and innovation, being time-consuming and contextualization; normative beliefs included policy authorities, policymakers, policy administrators, and co-workers; and control beliefs included recruitment policy, performance management, empowerment, management stability, physical environment, access to evidence, policy making process, and effect of other factors.

**Conclusion:** Most of the cited barriers to the development of evidence-based policy were related to control beliefs, i.e. barriers at the organizational and health system levels. This study identified the factors that influence the development of evidence-based policy documents based on the components of the theory of planned behavior.But in exploratory studies on evidence utilization by health policymakers, the identified factors were only related to control behaviors. This suggests that the theoretical approach may be preferable to the exploratory approach in identifying the barriers and facilitators of a behavior.

## 46 DEVELOPMENT OF EVIDENCE-BASED HEALTH POLICY DOCUMENTS IN DEVELOPING COUNTRIES: A CASE OF IRAN

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**Background and aims:** Evidence-based policy documents that are well developed by senior civil servants and are timely available can reduce the barriers to evidence utilization by health policy makers. This study examined the barriers and facilitators in developing evidence-based health policy documents from the perspective of their producers in a developing country.

**Methods:** In a qualitative study with a framework analysis approach, we conducted semi-structured interviews using purposive and snowball sampling. A qualitative analysis software (MAXQDA-10) was used to apply the codes and manage the