

Hundreds of millions of dollars are spent each year on disaster relief and humanitarian aid. The intention is to reduce the impact of natural disasters and humanitarian emergencies and improve the lives of those affected. But does it work? Does it do more good than harm?

We know from bitter experience in health care that no matter how good the intentions, some interventions are useless or even harmful. Interventions that are not based on evidence can waste vast resources and hinder effective approaches that would speed up recovery and improve health outcomes.

Decision-makers need access to relevant and reliable information in order to make the best possible choices. Evidence Aid exists to meet this need.

“Evidence-based practice in humanitarian response is very poor. We do most things because we have been doing them year after year; we don't do them because we have proven they are right. Very few have been really proven.”

Senior humanitarian aid worker responding to Evidence Aid needs assessment survey

Since Evidence Aid was established in December 2004, nearly 1.6 billion people have been affected by disasters globally, with the estimated total cost of damages totalling over \$1.3 trillion (USD) for the same period (2005-2013).¹

Despite this real and pressing need, it is currently difficult to find information that might support informed decision-making in disasters and humanitarian emergencies. Relevant research is scattered across many academic journals and reports (both published and unpublished) and is produced by a wide variety of researchers and organisations from many countries.

“Evidence Aid bridges good intentions and good practice with the best available evidence.”

Unorthodox Prize

“As disasters and humanitarian crises become more common and devastating, access to robust evidence for decision making is crucial. People making decisions about interventions before, during and after natural disasters or humanitarian emergencies need the most reliable evidence if they are to make the best decisions.”

Claire Allen

Knowledge Manager, Evidence Aid

Evidence Aid collates and analyses information so that it is easier to find, access, understand and use. Alongside this important work, the organisation identifies where new research is needed and facilitates systematic reviews.

People are dying needlessly after disasters because of a shortage of what should be regarded as a human right: access to knowledge.

There is increasing recognition of the need to use research-based evidence in decision-making before, during and after the response to disasters and humanitarian emergencies². Evidence Aid is the flagship organisation meeting this demand.

Making the best decisions amidst the stress and chaos of disasters and humanitarian emergencies is not easy. Evidence Aid will lead the transformation from decisions that are often based on opinion to those that are evidence-based.

¹ The Centre for Research on the Epidemiology of Disasters (CRED), which maintains The EM-DAT (Emergency Events Database). <http://www.cred.be/>

² Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) 'Insufficient Evidence – The quality and use of evidence in humanitarian action' report, 2014. <http://www.odi.org.uk/events/3852-quality-use-evidence-humanitarian>

RESEARCH PRIORITIES³

Evidence Aid has worked with individuals and organisations from around the world to prioritise the needs for evidence. A list of 30 priority questions was produced in June 2013 and the top 10 topics for research and reviews relevant to interventions and actions in disaster were agreed upon.³ The 10 priority research areas identified, and some of the key questions, are shown below.

1. **WATER AND SANITATION** – What are the most effective sanitation and hygiene related personal behaviours after a disaster?
2. **DISASTER PREPAREDNESS** – How effective and cost-effective is disaster preparedness in low and middle-income countries for reducing excess mortality?
3. **DISASTER RESPONSE** – What human resources and competencies are needed for each phase of disasters?
4. **NUTRITION AND FOOD SECURITY** – What are the effects of emergency feeding programs (including the provision of food, cash and vouchers) during humanitarian emergencies?
5. **MATERNAL AND CHILD HEALTH** – Which interventions do most to reduce childhood morbidity and mortality, and improve wellbeing after a disaster?
6. **CO-ORDINATION OF HUMANITARIAN RELIEF** – How should humanitarian aid be coordinated after a disaster?
7. **QUALITY OF DATA, ASSESSMENT TOOLS, EVALUATION AND IMPACT** – Which health and non-health indicators should be used to measure outcomes for people in humanitarian emergencies?
8. **SHELTER** – Which shelter and settlement strategies are optimal under which circumstances?
9. **DISASTER RECOVERY** – What is the most effective way of ensuring a continuum of care between the response and recovery phases after a disaster?

10. **MENTAL HEALTH** – How should existing mental health and psychosocial support interventions be adapted culturally for use in humanitarian emergencies?

Evidence Aid's work will reduce mortality and morbidity and speed recovery through the use of evidence-informed interventions, actions and strategies to help ensure that donors' resources will go further and do more to improve the health of affected populations.

There is no equivalent to Evidence Aid or the vision we have for the disaster management field.⁴

MORE INFORMATION

If you would like more information on Evidence Aid, or to get involved, please contact us:

Through our website: www.evidenceaid.org

By email: info@evidenceaid.org

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“Evidence Aid bridges good intentions and good practice with the best available evidence.”

Malcolm MacLachlan

Professor of Global Health, Trinity College Dublin, Ireland

³ PLoS Currents: Disasters about this process and details the 30 priority questions, 2013. <http://currents.plos.org/disasters/article/dis-13-0023-prioritization-of-themes-and-research-questions-for-health-outcomes-in-natural-disasters-humanitarian-crises-or-other-major-healthcare-emergencies/>

⁴ Evidence Aid Needs Assessment Survey, preliminary results, 2011.



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