

Evidence Aid: Resources for preparing for and responding to disasters, humanitarian crises and major healthcare emergencies

Claire Allen
17 June 2015



Who are we?



Claire Allen
Knowledge Manager
Oxford, UK



Mike Clarke
Founder/Project Lead
Dublin, Ireland Belfast, UK



Dominic Mellon
PhD Student
Bristol, UK

We make up the equivalent of 1 full-time staff

Evidence Aid - why established?

- Established after the Indian Ocean Tsunami in December 2004.
- Like minded group of individuals in Cochrane formed an advisory group to establish how Cochrane Reviews could help people during a disaster or humanitarian crisis.

Evidence Aid - aims

- Use knowledge from systematic reviews to provide reliable, up-to-date evidence on interventions that might be considered in the context of disasters and other major healthcare emergencies.
- Highlight which interventions work, which don't work, which need more research, and which, no matter how well meaning, might be harmful.
- Provide information to agencies and people preparing for, or responding to, disasters, humanitarian crises and major healthcare emergencies.

Progress 2004 - 2010

- 2004-10, no funding.
- 2010 funding from Cochrane, Wiley-Blackwell and McCall MacBain.
- Late 2010, Evidence Aid Co-ordinator appointed to carry out a Needs Assessment.
- Needs Assessment survey showed that there was no equivalent to Evidence Aid and showed the need.

Progress 2010 – 2013

- Knowledge Manager appointed.
- Preliminary results published from the needs assessment survey.
- 1st and 2nd Evidence Aid conferences held.
- Priority setting meeting held identifying priorities in humanitarian sector.
- Unorthodox Prize winners.



THE WINNER OF THE 2013 UNORTHODOX PRIZE IS **EVIDENCE AID** AN EFFORT TO PROVIDE RESOURCES TO DECISION-MAKERS AND RESPONDERS BEFORE, DURING, AND AFTER DISASTERS AND OTHER HUMANITARIAN EMERGENCIES.

Based on our positive experience with the winner of our first prize competition, GiveDirectly, we launched a second competition in May 2013. The design and criteria were similar to the first, although we worked harder this time to solicit proposals from outside our own network and traditional philanthropic circles. We received nearly 250 submissions from around the world, covering a wide spectrum of disciplines. A number were promising, causing us to spend time reaching out to the applicants, references, and relevant thought leaders in order to make the best selection possible.

Following those efforts, we are very pleased to announce the winner of our second competition: **Evidence Aid**. Incubated as a project of The **Cochrane Collaboration** based in the U.K., Evidence Aid aims to bring rigorous evidence-based practices to the fields of disaster relief and humanitarian aid. [See here](#) for a brief description of their mission and vision.

We chose Evidence Aid for several reasons. First, its founder, Professor Mike Clarke, of Queen's University, Belfast, and the organization itself seem outstanding, with great reputations in their field. Consequently, we believe Evidence Aid has an excellent chance of achieving its ambitions, perhaps more than other proposals we received. Second, Evidence Aid is a definite "misfit," in that it falls outside the traditional issue categories of most funders. Thus, funding resulting directly and indirectly from our prize could be instrumental to its success. Third, we have been on the lookout for philanthropic opportunities in which a time-limited, targeted, and cost-effective intervention could have a big and sustained positive impact on the world's most disadvantaged people. Mitigating the lasting impacts of disasters, which are disproportionately felt by the poor, is indeed a fertile area for such opportunities.

Billions of dollars are spent annually on international humanitarian responses, yet aid budgets are not keeping pace with the increasing frequency and severity of disasters. At the same time, there is a push to professionalize the field. Evidence Aid can play a significant role in this regard by (a) conducting systematic evidence reviews to identify optimal interventions and (b) providing this information in an easily-accessible format to decision-makers and front-line relief workers. We are aware of no similar effort.

We intend for the Unorthodox Prize to provide visibility and endorsement to Evidence Aid, helping it achieve its goal of becoming a potent voice in the humanitarian aid field. While it is clearly not as unorthodox as GiveDirectly, we believe that, among all submissions, Evidence Aid is best positioned for success and offers the highest "return on investment" to society. We are excited to be working with the team at Evidence Aid to further advance their mission. In addition to the prize and potential follow-on funding, we intend to provide the non-financial support Evidence Aid needs to reach its full potential.

Progress 2014 – 2015

- Scoping study for 3ie and systematic review for World Health Organization.
- 3rd conference held in Hyderabad, India.
- Business consultants, Ethicore, appointed.
- Funding from the C&A Foundation approved.
- Director sought – recruitment in progress – do you want to join us?

DIRECTOR

Evidence Aid is a knowledge champion for influencers of the humanitarian sector: a small organisation with a big ambition. Our mission is to improve access to the evidence available from systematic reviews, and to champion use of evidence, in order to improve humanitarian preparedness and response, resilience and recovery. Established after the Indian Ocean tsunami of December 2004, we have reached a pivotal point in our development, set to grow in scale and influence over the next five years.

Reporting to our Board of Trustees and responsible for a team of research and freelance associates and volunteers, as Director your overarching brief will be to lead and grow Evidence Aid, targeting, engaging and inspiring influentials and championing the use of evidence in the humanitarian arena. Working with trusted leaders from the health, academic and humanitarian sectors, you will develop the research agenda, stimulate demand for evidence and build capacity for its use, to establish Evidence Aid as an influential organisation.

Why are systematic reviews important?



- Help understand risks, benefits and consequences of decision making.
- Establish whether an intervention works, does not work, or has the potential to cause harm.
- Present a clearer and more consistent picture of the body of evidence.
- Avoid decision-making on the basis of a single study.
- Ensure decisions are based on information that is transparent, rigorous and replicable.
- We realise trials and systematic reviews are challenging but is this reason not to do them?

Our resources



(www.evidenceaid.org/resources)

Resources

Evidence Aid, along with partners (including the International Rescue Committee (USA)), has assessed published systematic reviews and those identified as being of relevance to natural disasters, humanitarian crises or major healthcare emergencies and with health outcomes are included below with a summary of the review before linking to the full article. The main source of systematic reviews for Evidence Aid has been Cochrane Reviews, and four Special Collections are made available through the *Cochrane Library* website (www.cochranelibrary.com) for four topics – Burns; Post Traumatic Stress Disorder; Flooding and Poor Water Sanitation; and Earthquakes. Please note that these Special Collections are not searchable and do not include all the systematic reviews that are listed below.

Anaesthesia

[Anaesthesia for hip fracture surgery in adults](#)

[Anaesthesia for treating distal radial fracture in adults](#)

[Nerve blocks for initial pain management of femoral fractures in children](#)

[Pulse oximetry for perioperative monitoring](#)

Summaries - example

What is the evidence of the impact of initiatives to reduce risk and incidence of sexual violence in conflict and post-conflict zones and other humanitarian crises in lower and middle-income countries?

Read the full article on [EPPI](#) and [PLOS](#)

Implementation of initiatives on the ground to address conflict and crisis related sexual violence remains very limited. However, there is some evidence to support strategies being more effective when they have multiple components, including survivor care and community engagement. Fuel provision/patrols and well-enforced programmes to prevent sexual exploitation by peacekeepers may contribute to reducing sexual violence but the risk to women can increase where court processes or other programmes are delivered with inadequate attention to protection, stigma and the risk of retaliation.

Program funders, non-government and governments globally want to learn how best to direct efforts to address this problem and whether any of the programs, guidelines and other initiatives introduced since the United Nations Security Council first recognised the impact of this problem in 2000, are having an impact. Although there is widespread recognition of the seriousness and extent of this problem, there is a yet little known about what works to prevent, reduce and redress this problem. This review assesses whether programs to address sexual violence in conflict, post-conflict and disasters reduce the incidence or risk of this type of violence. Most studies that were identified described interventions for survivors in post-conflict settings; few addressed prevention or the conflict context.

Summaries - example

Interventions for treating phosphorus burns

[ADMIN](#) • [APRIL 22, 2013](#) • [BURNS](#)

[Read the full article](#)

First aid for phosphorus burns involves the common sense measures of acting promptly to remove the patient's clothes, irrigating the wound(s) with water or saline continuously, and removing phosphorus particles. There is no evidence that using copper sulphate to assist visualisation of phosphorus particles for removal is associated with better outcome, and some evidence that systemic absorption of copper sulphate may be harmful. We have so far been unable to identify any other comparisons relevant to informing other aspects of the care of patients with phosphorus burns.

Phosphorus burns result from industrial and military injuries, and they are rarely encountered in usual clinical practice; however, these chemical burns can be fatal and are associated with significant morbidity and prolonged hospitalisation. Removal of patients' clothes, continuous irrigation of their wounds with cold solutions and removal of phosphorus particles are the most important elements of the management of phosphorus burns. This review summarises the evidence of effects (beneficial and harmful) of all interventions for treating people with phosphorus burns.

What does 2015 hold?

- Consolidation and further identification of systematic reviews and other information on the website.
- Evaluation of the website: use and usefulness.
- Further applications for funding.
- Appointment of Director with new vision and focus for Evidence Aid.
- Building relationships and partnerships.

Building the database

- Ensuring it is easily searched.
- Identify systematic reviews from outside of health care but with health care outcomes (e.g. engineering, shelter, water and sanitation).
- Contextual summaries.
- Mobile applications.
- Multi-lingual where possible/practicable.

An example of response:

Philippines Disaster



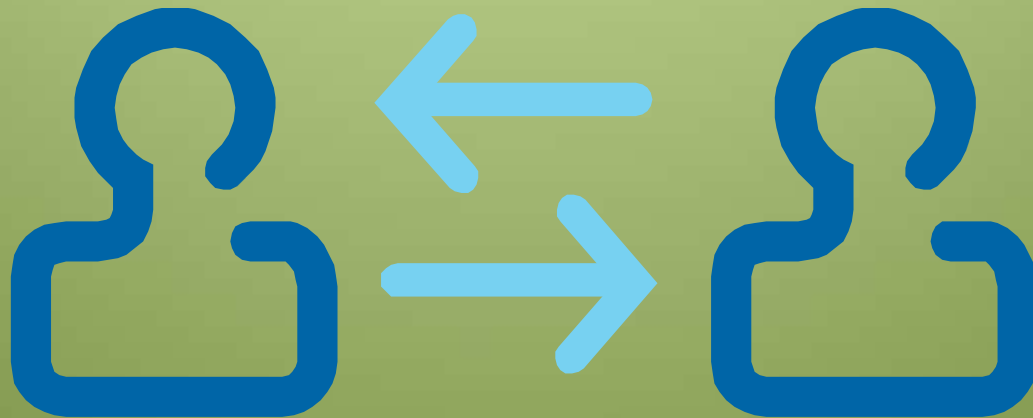
- Within 48 hours, packaged together resources for Typhoon Haiyan.
- Resource link distributed to aid agencies, NGOs, policy makers, and academics.
- Links made with medics travelling to the Philippines who are responding to the disaster.
- Letters published in the media 19 and 20 November 2013.

What people said about the Evidence Aid response to Typhoon Haiyan

- “Thank you ... for sharing this useful resources. I'll disseminate this to fellow librarians in the country.” Data Bank Senior Information Assistant, Southeast Asian Fisheries Development Center (SEAFDEC), Philippines
- “Thanks so much for alerting us to this useful resource! I have just sent out a tweet and will include it in our next email update.” ALNAP
- “The Evidence Aid package emailed out [...] is *extremely* useful. I will be circulating it to the team to bone up on over the next week or two. The kind of resources they produce are vital to relief efforts and are very, very practical and useful.” Medical Officer of Health (Canterbury, NZ)
- “Your work is excellent and very useful in critical emergency response. I will pass this message to some of the local NGOs i know in PHL, I have posted your message on my network to get wide coverage and i am sure more help will come to PHL vulnerable population.” Manish Mehta, PHL
- “Thank you for sharing this- very useful. Our lean network of independent humanitarian responders can definitely use this.” Consultant at A Single Drop for Safe Water, PHL

The future

- We want to share resources and knowledge with those who most need it at the time that they need it most.
- To be effective, we need them to share their information and their knowledge needs too!



What we can give to you

- The already searched literature.
- Easy and free access to systematic reviews of the effects of interventions and related to health care outcomes.
- Summaries to facilitate quicker decision-making.
- Rapid response to identified gaps (e.g. Ebola).

What we would like from you

- Knowledge of health care challenges during a disaster or humanitarian crisis.
- Identification of systematic reviews.
- Identification of gaps in the evidence.
- Funding – do you know anyone who can help?
- Volunteers!
- Can you help?

Conclusion

The technology, resources, partnerships and knowledge are all coming into place for Evidence Aid. The time has come to ensure that those making decisions about services and interventions following natural disasters and in humanitarian crises have access to the most reliable evidence for those choices.

Thank you for listening!

Contact us using:

Website: www.evidenceaid.org

Twitter: @evidence Aid

Facebook: Evidence Aid

E-mail: callen@evidenceaid.org