

EVIDENCE AID

# A resource for those preparing for and responding to natural disasters, humanitarian crises, and major healthcare emergencies

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**Abstract**

This article describes the dissemination and knowledge transfer activities of Evidence Aid, which was established after the Indian Ocean tsunami of December 2004 to provide a single source of evidence that would help people make well-informed decisions when preparing for and responding to disasters. Evidence Aid has a dedicated website ([www.EvidenceAid.org](http://www.EvidenceAid.org)) to provide access to more than 160 systematic reviews and several other documents relevant to people working on disaster risk reduction, planning, response, recovery, rehabilitation, and resilience. It combines this with a social media presence and Special Collections that bundle together related Cochrane Reviews ([www.TheCochraneLibrary.com](http://www.TheCochraneLibrary.com)). The aim is to make it easier for users who need this evidence and don't have time to browse through multiple documents and distill them before making their decisions. Evidence Aid will continue to identify and share resources and knowledge with those who most need it at the time that they need it most. It is working with several partners to identify relevant Cochrane and non-Cochrane systematic reviews and is engaging with users who, by sharing their information and their knowledge needs, will allow Evidence Aid to target its efforts to these priority areas.

**Background**

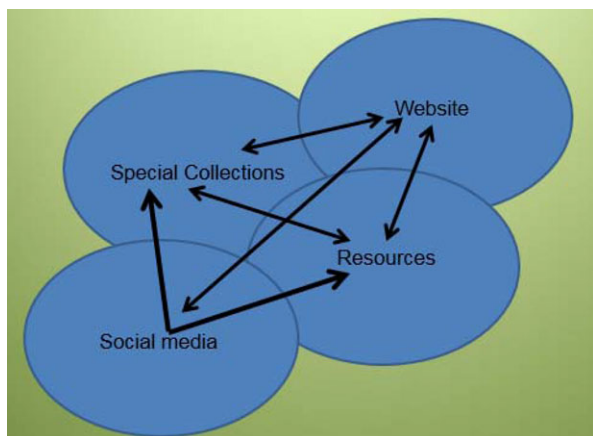
Evidence Aid ([www.EvidenceAid.org](http://www.EvidenceAid.org)) was born in the aftermath of the Indian Ocean tsunami in December 2004. (1) A group of people from The Cochrane Collaboration ([www.Cochrane.org](http://www.Cochrane.org)) wanted to help and realized there was no single source of evidence that would help people make well-informed decisions when preparing for and responding to disasters.

No funding was available between 2004 and 2010 and therefore activities were reactive rather than proactive. In 2010, funding was obtained to support the post of an Evidence Aid Coordinator to conduct a needs assessment, (2, 3) and, in 2011, further funding supported my appointment as part-time Knowledge Manager, with responsibility to ensure that information available on the Evidence Aid website ([www.EvidenceAid.org](http://www.EvidenceAid.org)) is searchable, relevant, and easily and freely available. Over time, the social media aspect of Evidence Aid's work has increased and helps with

dissemination and communications. The Evidence Aid resources ([www.EvidenceAid.org/Resources](http://www.EvidenceAid.org/Resources)) are promoted through various communication channels and learning the nuances of social media has been important. Evidence Aid aims to be the single online provider of evidence-based knowledge from systematic reviews for those who are preparing for and responding to natural disasters, humanitarian crises, and other major healthcare emergencies.

**The importance of evidence**

The Belgian Red Cross, Flanders report that diarrhoeal diseases cause more than 40% of the deaths in disasters and refugee camps. The systematic reviews identified interventions that improve water quality and prevent diarrhoea, showing that interventions at the household level are more effective than those at the source of the water. This led to changes in policy, and measures to safeguard the quality of



**Figure 1** Dissemination tools.

water at the household level were implemented along with the provision of safe water. The Red Cross now includes a hygiene education component on the treatment and storage of water at the household level when training local volunteers.

Belgian Red Cross-Flanders states: *“We have the mission to stand up for the rights of vulnerable people in Belgium and abroad. As we want to achieve our goals in a quality-oriented manner we want to ensure that everything we do is supported by solid scientific data. By supporting all our projects with evidence-based practice, we work on bridging the gap between science and practice, from blood supply to emergency aid. As we are possible target users of Evidence Aid’s database and also have the knowledge in-house to develop evidence-based guidelines and systematic reviews, we would like to be involved in the Evidence Aid project, consisting of transferring knowledge into practice, which is also part of our own mission.”*

## Dissemination and Communication

Figure 1 shows the nature of the interactions between what Evidence Aid produces and how it is disseminated. The reality is even more complex, though, given the many different facets of these tools and the involvement of many different people and organizations. The aim for the Evidence Aid resources is to summarize information and ensure it is provided freely and accessibly to users. This needs to be done in a straightforward way since those that use our resources don’t have time to browse through multiple documents and distill them before making their decisions. A website was originally hosted by The Cochrane Collaboration, but this meant that Evidence Aid did not have a distinct brand value, or recognition as having a different focus to other Cochrane groups.

## Special Collections

Between 2004 and 2009, four Special Collections were created and linked to from the front page of *The Cochrane Library* ([www.TheCochraneLibrary.com](http://www.TheCochraneLibrary.com)). These Special Collections comprised bundles of Cochrane Reviews relating to earthquakes, flooding and poor water sanitation, burns, and post-traumatic stress disorder. They were available through The Cochrane Collaboration and *The Cochrane Library*, which although these provide world-renowned, widely accessed resources for health care, they serve different audiences to those Evidence Aid was trying to reach. This means that the Special Collections and the reviews they contained may not have been known or accessible to some potential users.

The four Special Collections are not routinely listed on the front page of *The Cochrane Library*; and would be available from the pages behind. Relevant Special Collections are moved to the front page following major disasters and they are titled ‘Evidence Aid’ alongside the name of the collection, but the Evidence Aid brand and vision were not easily visible from this entry point.

As a result of the needs assessment survey, (2, 3) Evidence Aid established that its potential users did not have ready or free access to evidence-based materials that would help them in their decision-making process, nor did they use The Cochrane Library.

## Website

In 2010, the publisher Wiley Blackwell took on Evidence Aid as a corporate social responsibility project and provided both funding and in-kind support to develop the website, helping both with building the site and providing ongoing editing support. After working extensively with Wiley, the new Evidence Aid website ([www.EvidenceAid.org](http://www.EvidenceAid.org)) was launched in August 2013, with a database of searchable resources ([www.EvidenceAid.org/resources](http://www.EvidenceAid.org/resources)). As of September 2014, these resources include 166 systematic reviews (with short evidence summaries) and 16 other reports that are not systematic reviews. The resources are all searchable from every page of the website. The Evidence Aid brand identity and strap line is now apparent and consistent throughout the website, providing a consistent message to users. The Evidence Aid website also includes links that are not relevant to The Cochrane Collaboration, but which have high relevance to the humanitarian aid community.

All the Cochrane Reviews that are included in the Evidence Aid resources are freely available to anyone via the internet. Although some other Cochrane Reviews are now available under an open access model, this is different to the majority of

the several thousand other reviews in *The Cochrane Library*. These are available pay-per-view or through personal and institutional subscriptions, national licenses, or the free one-click access for people the poorest countries of the world, which was agreed between Cochrane, Wiley-Blackwell, and Evidence Aid in 2010.

Evidence Aid currently provides a short summary of all systematic reviews included in the resources page and we are working with experts to develop contextual summaries, which will be added in due course. Evidence Aid has used key words for indexing each of the included systematic reviews, to help users to find relevant articles. As noted above, Evidence Aid also includes some nonsystematic reviews resources on the website. This is an ad hoc collection of documents that have been suggested as being of high relevance to the disaster or emergency setting. These have not yet been indexed with key words.

### **How did we choose which resources to include?**

The priority setting for the resources was carried out initially by Mike Clarke (Founder of Evidence Aid), David Tovey (Editor-in-Chief of *The Cochrane Library*), and Bonnix Kayabu (Evidence Aid Co-ordinator) and only included Cochrane Reviews. The review choices were then checked with the relevant Cochrane Review Groups, including the Cochrane Bone Joint and Muscle Trauma Group for the many reviews of fracture management. (4) We subsequently worked with the International Rescue Committee to establish consensus on priority for other reviews that have been published in *The Cochrane Library* since 2011.

We currently check each new issue of *The Cochrane Library* for updated and new reviews that might be relevant. We hope this will be streamlined in the future—perhaps tagging potentially relevant protocols for Cochrane Reviews with an Evidence Aid tag, so that we can be alerted when these reach the full review stage. We are also working with Evidence Aid volunteers to identify non-Cochrane systematic reviews for addition to the Evidence Aid resources.

In 2013, Evidence Aid held a priority setting meeting with stakeholders from the humanitarian aid community to identify 30 priority questions for systematic reviews. (5) When these reviews are complete, Evidence Aid will add them to the resources.

In the future, Evidence Aid will partner with other organizations, including publishers, to facilitate access to evidence relevant to the emergency and disaster setting. We hope that it will be possible to make this information free at the point of use to people who will use it to inform their decisions and choices about interventions, actions, and strategies.

### **Examples of Evidence Aid being used in disaster response**

Evidence Aid is collecting examples of how the resources have been used and two of these are included here.

Toshiaki A. Furukawa, MD, PhD of the Department of Health Promotion and Human Behavior and Department of Clinical Epidemiology, Kyoto University, Japan said, at the time of the Japanese tsunami and nuclear disaster in March 2011: *“I knew of Evidence Aid through your presentations at Cochrane Colloquium; when we had a faculty meeting a few days after the earthquake and tsunami, it occurred to me that it would help them/us. And we all agreed that it would be one of the many things we could do for the people who were suffering then as a school of public health in the same country. So I contacted Evidence Aid and we also set up a team to translate the information once we had the permission. On the way, however, we found that much of the information concerned situations with underdeveloped social infrastructure and would not be quite applicable to the regions afflicted this time in Japan. The part on post-traumatic stress however was applicable.”*

Praew Kotruchin, MD, on behalf of the department of Emergency Medicine, Faculty of Medicine, Khon Kaen University, Thailand, after the Thailand flooding in 2011 said *“We were supported in writing documents about common health problems during flood by the University Dean, who introduced us to Evidence Aid which we found very useful. We decided to translate some topics into Thai to provide this knowledge as widely as possible. Although flooding does not frequently happen in Thailand, once it happens it has a high resource costs. Information on evidence based interventions for managing various conditions that happen during floods is essential for healthcare people working in the field.”*

### **The future**

Evidence Aid needs to increase the identification of additional resources and develop the contextual summaries that will be of most use to those at the forefront of disaster planning and response. More interactive and dynamic searching will be implemented and the website will be developed and improved further. Evidence Aid also continues to develop the social media strategies and channels it has in place. Currently, the main social media streams are Twitter (@EvidenceAid), Facebook (Evidence Aid – Group) and LinkedIn (Evidence Aid or Claire Allen).

### **Conclusion**

The need for Evidence Aid is greater than ever. It has a variety of dissemination and knowledge transfer processes in place and will continue to develop these, to share resources and knowledge with those who most need it at the time that they

need it most. Evidence Aid and its users need to work together closely. To be as effective as possible, Evidence Aid needs its users to share their information and their knowledge needs, so that it can target its efforts to these priority areas.

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