

# What humanitarian aid workers think about systematic reviews

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# Overview

- Research background
- Aims of the study & Research questions
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# Background

- The role of systematic reviews in health (Moher *et al.* 2007; Bastian *et al.* 2010) and other areas (Petticrew 2001; Petticrew *et al.* 2011) is increasingly well established.
- 200 areas of uncertainty about the effects of interventions were identified in the months after the Indian Ocean tsunami of December 2004
- Systematic reviews existed to help people to make decisions about the implementation of less than one quarter of these interventions (Tharyan *et al.* 2005).

# Aims of the study

- To identify the attitudes of those involved in the humanitarian disasters and other crises towards systematic reviews (SRs)
- To identify their priorities for evidence
- To identify their preferences for ways to access the information.

# Who participated in the study?

- 85 respondents: 17% of participant had PhD degrees, 24% with Medical Degrees, MPH (32%), MSc. (16%), MA (13%) and MBA (16%)
- Location: Western Europe (28%) or North America (25%), 13% were in Sub Saharan Africa, 13% in Asia, Australian –New Zealand (8%), Middle East 6% Eastern Europe 2% and 2% responded from South America.

# Usefulness of Systematic Reviews

- SRs are useful in disasters (83%) I don't know (17%)
- Had experience of using SR in decision-making (53%)
- **Nobody said SRs are not useful in disasters**
- Evidence from SR could have a positive role in humanitarian interventions (**69% “strongly agreed”** and **29% “agreed”** with this statement)
- “SRs are not practical in decision-making about humanitarian interventions” **50% “disagreed”, 20% “strongly disagreed”** 16% agreed

# Attitudes to Systematic Reviews

- Humanitarian interventions should be based on reliable knowledge of which interventions work, which don't work and which are potentially harmful (**'agreed' 25%; 'strongly agreed' 71%**)
- SRs could be used to **assess the likely effects of interventions before providing funding** (**83%** of those who have worked with donor agencies agreed)

# Access to Systematic Reviews

- Preference for access to the **whole review plus comment from experts (61%)** to help place the findings of the review in context for the disaster setting
- Access to the summary of reviews (20%); and **summary of reviews plus context-specific information (50%)**
- There was also **support for the addition of local information to SRs**. 47% of participants said that this should always be available, 50% said sometimes and 3% said rarely.

# Ways to access SRs

- Online access was the most preferred (83%)
- Access via email and access on CD or DVD (18%)
- Access to **full SRs via mobile technology** was acceptable but not preferred.  
**Only 5% said it was preferred**
- Access to **summaries of SRs** via mobile technology was acceptable but not preferred.  
12% said it was preferred

# Period to access Systematic Reviews

- When a natural disaster is not known to be imminent (66%)
- During the period of prediction that a disaster will happen (70%)
- During and shortly after disasters (51%)
- After disasters (during the period of recovery and development work) (56%)

# Barriers to using Systematic Reviews

- **Inadequate access** was the most commonly reported barrier to the use of SRs (70%).
- **Lack of time** to use SRs (59%) and insufficient knowledge about review (49%).
- **Improved access** to SRs would **improve responses to natural disasters** (82%). But **18%** reported that they were **not sure** about the statement.
- **No respondents** chose the option that improved access to SRs would not improve humanitarian assistance.

# Other challenges to using SRs

- SRs would make planning and delivery of services difficult (2%)
- **Academic language** used in systematic reviews is difficult to understand (**26%**)

# Type of evidence likely to influence decisions

- The most preferred type of evidence was **scientific evidence (80%)**
- **personal experience (11%)**
- Organisations' usual practice (6%)
- Anecdotal evidence (1%)
- Intuition (1%)

# Agreement/Disagreement with Statements

- SRs are for academics and not for humanitarian aid workers (50% “**disagreed**” and 30% “**strongly disagreed**”)
- Evidence from SRs is limited to evidence for humanitarian health interventions (51% **disagreed** and 37% **strongly disagreed**)
- Evidence from SRs is not practical for making decisions about humanitarian interventions (50% “**disagreed**”, 20% “**strongly disagreed**”, 16% “**agreed**”)

# Do donors encourage the use of SRs?

- **No respondent** thought that donors were opposed to use of SRs.
- Donors neither encourage nor discourage their use (30%)
- Donors are not aware of them (25%)
- Donors are interested in their use (31%)

- Systematic reviews could help to assess the effects of projects before delivery of funding to aid agencies (**83%** said **Yes**, **13%** said **No** and **4%** said **they don't know**).
- Systematic reviews could help to assess the impact of projects (**54%** said **Yes**)

# Prioritization of research questions

It is the main reason we are here today.

- Eyewitness reports on social media sites
- Victim stories
- Scientific evidence
- Immunization schedules
- Evidence base supporting Sphere standards
- Impact of trainings during emergencies
- Effectiveness of various types of micronutrient supplementation
- Effectiveness of mobile clinics in disease control and improved health seeking behaviour (both in rural and urban settings)

# Conclusion

- Opinions on the potential role of SRs were positive
- Humanitarian aid workers are aware that evidence-based practice in disasters is very poor
- Humanitarian aid workers and donors need SRs to improve their interventions and assess impact of their efforts
- They want reviews, comments from experts in the field and context-specific information to be accessed online
- They have many uncertainties for which they need research evidence
- Evidence Aid should engage with aid workers to prioritise their needs on systematic reviews



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