

## **Evidence Aid conference: Back to work report by Shari Krishnaratne**

On 29 and 30 October I attended the second annual Evidence Aid Conference in Brussels. Evidence Aid is a project of The Cochrane Collaboration which focuses on finding and synthesizing the evidence on the effectiveness of humanitarian aid and emergency assistance. The project began after the 2004 tsunami after which countless organizations provided emergency services for people living in disaster zones and it was unclear which of the interventions/initiatives were most effective.

As this was only the second annual conference, it mainly focused on improving the work of Evidence Aid and building partnerships. Over two days, several international aid organizations such as the Red Cross, MSF and UNHCR gave presentations on how they used evidence to inform their emergency aid responses. Most of the organizations were formed some time ago and have been following the same protocol for some years but they seemed very receptive to ideas about how they can improve their use of evidence, specifically through systematic reviews.

There was discussion on knowledge translation and on presenting evidence from systematic reviews in a way that field workers could access easily. Evidence Aid recently conducted a needs assessment survey among aid workers about their opinions of systematic reviews - while there was a strong consensus that systematic reviews were a good way to assess the evidence about emergency aid, most felt that they could not use the evidence in the form of systematic reviews because they were too technical and lengthy. This brought up a discussion of systematic review products and creating summaries targeted at specific audiences (for example, a review on WASH with separate summaries for doctors, community health workers, engineers etc). There was a suggestion to also include qualitative evidence by way of vignettes or anecdotes to supplement evidence from systematic reviews to make them more usable for field workers. There was also discussion on training field workers to collect appropriate, relevant data during emergencies and how to translate data into guidelines and/or evidence summaries.

There were a series of workshops throughout the conference. I was in the "Improving the Use of Systematic Reviews" group, where I spoke about the need to include quasi-experimental methods when assessing the impact of complex interventions (in this case, complex meaning interventions which involve multiple sectors, multiple interventions and multiple outcomes). Most people had not heard the term quasi-experimental and most had not even considered *not* using randomized studies to determine programme effectiveness. We worked in groups to determine what we thought were the most relevant systematic review questions in the humanitarian sector. The question that got the most votes was quite general and something to the effect of "What are the most effective strategies for reducing morbidity and mortality in emergencies/disasters?"

Most people at the conference had also not heard of 3ie and were quite behind in their knowledge of systematic reviews and the key players in systematic reviews of non-health focused interventions. Perhaps then, the biggest conclusion that I can draw from this conference is that there is an untapped market here within the humanitarian sector.

Further details about the conference can be found here (presentations, posters, videos and photos): <http://www.cochrane.org/cochrane-reviews/evidence-aid-project/contact-us-other-resources-evidence-aid-news-meetings-and-conf/eaconf2012>