

# **The use of systematic reviews in decision making, planning and responding to humanitarian emergencies: Evidence Aid**

**12 September 2013**

**Mike Clarke**

- Millions of people are affected by disasters every year.
- Billions of dollars are spent on disaster risk reduction or resilience, planning, response and recovery.
- But, decision makers don't have ready access to reliable information on what works, doesn't work and remains unproven.



A coordinated, international initiative to improve effective and timely access to systematic reviews on the effects of interventions and actions of relevance before, during and after disasters and other humanitarian emergencies, to improve health-related outcomes.



- Will help people in natural disasters and humanitarian emergencies choose effective strategies and avoid those that are ineffective.
- Aims to provide knowledge for resource poor settings more generally.
- Aims to save lives, reduce morbidity and enable people and communities to recover more quickly and efficiently.



- Established in The Cochrane Collaboration after the Indian Ocean tsunami of 26 December 2004.
- Improving access to reliable information on the effects of relevant interventions to support well-informed choices, helping survivors receive the best care available and recover as quickly as possible.
- Expanding beyond healthcare interventions and actions, to include areas such as shelter, communication, construction, education, security, and support for displaced people.



Claire Allen  
Knowledge Manager  
Oxford



Bonnix Kayabu  
Co-ordinator  
Dublin

The equivalent of <1.0 full-time staff, helped by several volunteers around the world.

## 2004 - 2010

- Between 2004 and 2010, there was no dedicated funding for Evidence Aid.
- In 2010, funding was obtained from, among others, The Cochrane Collaboration, John Wiley and Sons Ltd, Porticus UK and McCall McBain Foundation.

# What next?

- Do decision makers need this evidence?
- Do decision makers want this evidence?
- What are their priorities?
- Do relevant studies exist?
- Do relevant systematic reviews exist?
- How should we deliver this knowledge?
- Can we get the job done?



# Do decision makers need this evidence?



- U. of Miami / Project Medishare field hospital in Haiti: 45 amputations / 500 patients

(MMWR 2011; 59:1676)

- Swiss army surgical team: 1 amputation / 150 patients.

(Major Gen. Stettbacher, Chief surgeon of the Swiss army)

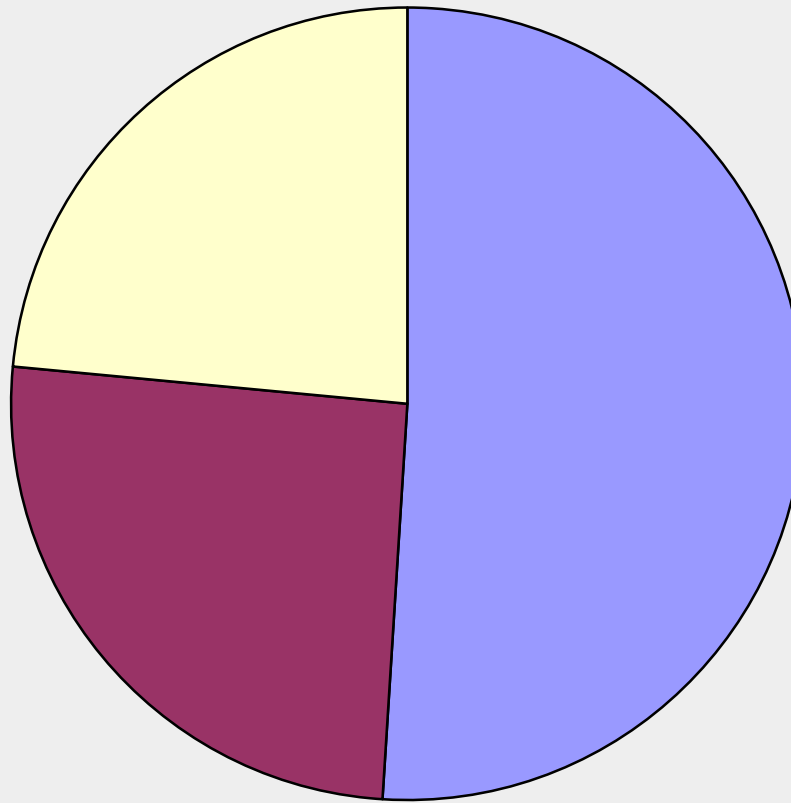


# Do decision makers want this evidence?

- Global survey of humanitarian workers, agencies and donors about to take place, 2010-2011
- In Arabic, English, French, German and Spanish
- Two of the questions are 'Have you used systematic reviews as a source of evidence in decision-making' and 'Do you think that improved access to systematic reviews could play a role in improving the response to natural disasters and other humanitarian crises'?

# Evidence Aid survey

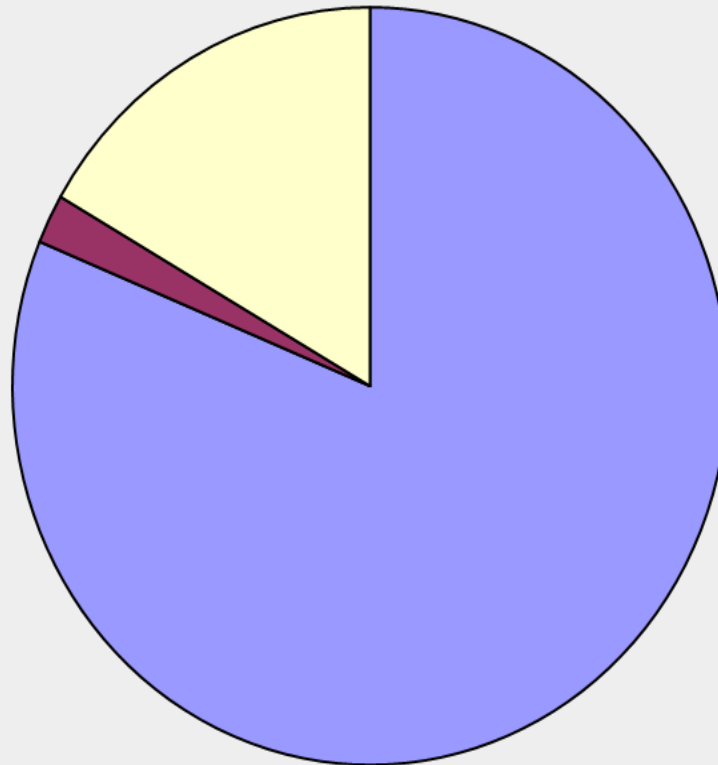
**Have you used systematic reviews as a source of evidence in decision-making?**



**YES: 51%**  
**NO: 25.5%**  
**NOT SURE: 23.5%**  
**(N=51)**

# Evidence Aid survey

Do you think that improved access to systematic reviews could play a role in improving the response to natural disasters and other humanitarian crises?



Yes: 81.3%

**No: 2.1%**

Not sure:  
16.7%

# What were their priorities?

- Best way to achieve a comprehensive disaster database?
- Effects of targeted supplementary feeding programs
- Political management of potable water
- Mental health and psychosocial support interventions
- Evaluation to ensure greater accountability for expenditure
- Reproductive, maternal and newborn health care focus in acute emergencies (it is often not prioritized)
- Culture norms (e.g. food preservation)
- Value of various interventions in lowering mortality
- Impact of training during emergencies
- Best practices in the use of social media in disaster response (e.g. for warning and evacuation)
- Vaccination
- Logistics

# Do relevant studies exist?

- Few trials have been done in disaster settings
- Onder et al randomized 103 adults to one of three different drugs to treat post traumatic stress disorder (PTSD) after the 1999 Turkish earthquake.
- Catani et al randomized 31 children with a preliminary diagnosis of PTSD in a refugee camp in north-eastern Sri Lanka to six sessions of Narrative Exposure Therapy for children, called KIDNET, or six sessions of meditation-relaxation after the Indian Ocean tsunami.
- Habib et al in Pakistan in 2006 allocated 200 children affected by an earthquake to take zinc in suspension form or as tablets as a treatment for diarrhoea.
- There are ethical challenges: [DisasterBioethics.com](http://DisasterBioethics.com)



# Disaster Bioethics

*promoting ethics in the midst of  
disasters*



[Home](#)   [Disaster Bioethics Symposium 2011](#)   [Publications](#)

## Disaster Bioethics Symposium 2011

On April 3-5, 2011, a symposium on Disaster Bioethics was held at the [Brocher Foundation](#) near Geneva, Switzerland. This Symposium brought together a distinguished group of international experts to examine bioethics in the context of disasters. One of the aims of the Symposium was to produce resources which would help to stimulate and promote further discussion of disaster bioethics. The materials are being developed into an edited volume called Disaster Bioethics which will be published by Springer in 2012.

We are grateful for the funding provided for the symposium by [Brocher Foundation](#), [Porticus UK](#), The [Cochrane Collaboration](#) and [Dublin City University](#). For further information, contact [donal.omathuna@dcu.ie](mailto:donal.omathuna@dcu.ie)

The presentations are listed in the order in which they were given. Clicking on the title will

lead to a pdf of the PowerPoint slides.  Note: some files are very large.

Audio files of the presentations will be available here in the near future. The original

### Disaster Links

- [Centre for Research on the Epidemiology of Disasters \(CRED\)](#)
- [International Disaster Database \(EM-DAT\)](#)

Internet



100%

# September 2011

1<sup>st</sup> Evidence Aid conference was held in Oxford with 70 participants, most of whom came from aid agencies. This reaffirmed our plans to progress Evidence Aid.



Preliminary results published from the needs assessment survey.



## October 2012

2<sup>nd</sup> Evidence Aid conference was held in Brussels with 100 participants, co-hosted by Belgian Red Cross – Flanders



Agreement to initiate a prioritisation exercise for systematic reviews.

# Priority setting – why?

- Difficult to ensure transparency and independence in the process of prioritization.
- We did not find any previous priority setting exercise for disaster-related questions that might be answered by systematic reviews.
- Few aid agencies have lists of research priorities; most aid agencies don't have a research division and research projects and unanswered questions tend to be scattered across the organization, often by country and sector.

# Priority setting – how?

- 216 questions/potential questions had been collected from the Evidence Aid needs assessment survey and other events including:
  - Discussions with aid agencies and NGOs.
  - Ideas from participants and presenters during the two Evidence Aid conferences.
  - Published literature (for example, *The Lancet* series on Maternal and Child Health).
  - International Rescue Committee.

# Priority setting - methodology

- The 216 questions were developed further by facilitators, Evidence Aid team and Centers for Disease Control and Prevention.
- 43 main themes were identified for an online survey.
- Every question (including non-healthcare questions) with potential health outcomes was included.
- Survey was circulated widely and completed by 233 people, identifying the top 10 themes.

# Priority setting: pre-workshop

- The questions for the top 10 themes were developed in a question table, which was circulated to workshop participants in advance.
- They were asked to rank questions and comment on their rankings.
- They could liaise with colleagues in doing this, but had to be prepared to argue their case for the choices at the workshop.

## Priority setting – workshop 3-4 June 2013

- 30 participants from aid agencies, funders, NGOs, academia and independent consultants; with a wide range of backgrounds and experience.
- They came from Europe, USA, and Africa but all had global experience in the humanitarian setting.
- They were assigned to small groups to identify the top three questions for systematic reviews, using a consensus process based on the James Lind Alliance model.

# Priority setting – outcomes

- 30 priority questions were identified.
- Paper with *PLOS Currents: Disasters*.
- Three priority titles taken on by Evidence Aid volunteers and proposed to Cochrane Review Groups (Public Health; Effective Practice and Organisation of Care; Pregnancy and Childbirth).
- Plan to assess the prioritisation process in 1 year, and repeat it in 3-5 years.

# Making the evidence accessible

- New database being developed in partnership with Wiley.
- Online and downloadable, mobile applications, multi-lingual.
- Systematic reviews from inside and outside health care with health outcomes (e.g. engineering, shelter, water and sanitation).
- Contextual summaries for systematic reviews.





## SEARCH THE COCHRANE LIBRARY

Title, Abstract or Keywords

or try an [Advanced Search](#)

[HOME](#)

[SIGN UP](#)

[LEARN](#)

[ACCESS](#)

[HELP](#)

## COCHRANE



whole content  
[Health](#). All content  
[interface](#) (in  
English)

Guidelines and  
Interagency

## DIARRHOEA PREVENTION AND TREATMENT

See [Cochrane Evidence Aid: resources for flooding and poor water sanitation](#)

## WOUND MANAGEMENT

### [Water for wound cleansing](#)

There is no evidence that using tap water to cleanse acute wounds in adults increases infection and some evidence that it reduces it. However there is not strong evidence that cleansing wounds per se increases healing or reduces infection. In the absence of potable tap water, boiled and cooled water as well as distilled water can be used as wound cleansing agents. [\[Download PDF\]](#) [\[Resumen en español\]](#) [\[Evidence Update summary\]](#) [\[en español\]](#)


## FRACTURE MANAGEMENT

### [Interventions for treating wrist fractures in children](#)

Limited evidence supports the use of removable splintage for buckle fractures and challenges the traditional use of above-elbow casts after reduction of displaced fractures. Although percutaneous wire fixation prevents redisplacement, the effects on longer term outcomes including



## SEARCH THE COCHRANE LIBRARY

Title, Abstract or Keywords 

GO

HOME



SIGN UP



LEARN



ACCESS



HELP



or try an [Advanced Search](#)

## COCHRANE EVIDENCE AID: RESOURCES FOR FLOODING AND POOR WATER SANITATION

In times of natural disaster, having access to safe and clean water is essential. Water polluted by faecal matter can lead to the spread of diarrhoeal diseases such as [cholera](#), and water polluted by animal waste can spread other diseases, such as leptospirosis. Natural disasters can also result in an increase in water-based insect vectors that can spread disease (such as malaria), and a lack of clean water for personal hygiene can result in an increase in diseases such as conjunctivitis and scabies. These outcomes are outlined in the World Health Organization's field manual for 'Communicable disease control in emergencies',<sup>1</sup> and have informed the preparation of this Special Collection.

The burden caused by natural disasters adds to the existing burden of morbidity and mortality from diarrhoeal diseases. According to the World Health Organization, diarrhoeal disease is the second leading cause of death in children under five years old and kills 1.5 million children each year.<sup>2</sup>

Cochrane systematic reviews can contribute to the use of effective interventions to prevent and treat water-related diseases, and they have also examined interventions to improve sanitation and promote hand washing. This Special Collection presents the Cochrane Reviews that summarize the available evidence around water safety and water-related diseases. Where available, links to Evidence Update summaries are provided.

This Special Collection concludes with a list of [additional resources and guidelines](#), recommended by the contributors to this Special Collection, likely to be of relevance and interest to those working in disaster relief.

**New:** Japanese translation prepared by [Kyoto University School of Public Health](#).

**Note from the publisher, Wiley-Blackwell:** As part of our Evidence Aid programme, we have granted all people in Japan access to all databases in *The Cochrane Library*, including the *Cochrane Database of Systematic Reviews*.

- [Water-related diseases caused by faecal pollution: general diarrhoea prevention, management, & treatment](#)
- [Water-related diseases caused by faecal pollution: sorted by disease](#)
- [Water-related diseases caused by water-based insect vectors](#)
- [Skin, eye, & louse-borne diseases that can occur when there is a lack of water for personal hygiene](#)
- [Skin diseases caused by long-term exposure to water](#)
- [Water-related diseases caused by urine of certain mammals](#)

## WATER-RELATED DISEASES CAUSED BY FAECAL POLLUTION: GENERAL DIARRHOEA PREVENTION, MANAGEMENT, & TREATMENT

Diarrhoea prevention: water quality & hand washing



## **WATER-RELATED DISEASES CAUSED BY FAECAL POLLUTION: GENERAL DIARRHOEA PREVENTION, MANAGEMENT, & TREATMENT**

### **Diarrhoea prevention: water quality & hand washing**

Diarrhoea is a common cause of morbidity and a leading cause of death among children aged less than five years, particularly in low- and middle-income countries. Persistent diarrhoea can also contribute to malnutrition, reduced resistance to infections, and sometimes impaired growth and development. Many of the infectious agents are transmitted by ingesting contaminated food or drink, by direct person-to-person contact, or from contaminated hands.

#### Interventions to improve water quality for preventing diarrhoea

*"Interventions to improve water quality are generally effective in preventing diarrhoea, and interventions to improve water quality at the household level are more effective than those at the source."*

Diarrhoeal diseases are a leading cause of mortality and morbidity, especially among young children in developing countries. While many of the infectious agents associated with diarrhoeal disease are potentially waterborne, the evidence for reducing diarrhoea in settings where it is endemic by improving the microbiological quality of drinking water has been equivocal. This review assesses the effectiveness of interventions to improve water quality for preventing diarrhoea. These include conventional improvements at the water source (eg protected wells, bore holes, and stand posts) and point-of-use interventions at the household level (eg chlorination, filtration, solar disinfection, and combined flocculation and disinfection). [\[Download PDF\]](#) [\[Evidence Update summary\]](#)

#### Interventions to improve disposal of human excreta for preventing diarrhoea

*"This review provides some evidence that interventions to improve excreta disposal are effective in preventing diarrhoeal disease."*

Over a third of the world's population lacks access to improved facilities for the disposal of human excreta, such as a basic pit latrine, a toilet connected to a septic tank or piped sewer system, or a composting toilet. This puts many people at risk of exposure to human excreta, which can lead to the transmission of diarrhoeal diseases. This review assesses the effectiveness of interventions to improve the disposal of human excreta for preventing diarrhoeal diseases. [\[Download PDF\]](#)

#### Hand washing for preventing diarrhoea

*"Interventions that promote hand washing can reduce diarrhoea episodes by about one-third. This significant reduction is comparable to the effect of providing clean water in low-income areas."*

Hand washing after defecation and handling faeces, and before preparing and eating food, is one of a range of hygiene promotion interventions that can interrupt the transmission of diarrhoea-causing pathogens. This review evaluates the effects of interventions to promote hand washing on diarrhoeal episodes in children and adults. [\[Download PDF\]](#) [\[Evidence Update summary\]](#)

### **Diarrhoea management: oral rehydration solution (ORS)**

#### Reduced osmolarity oral rehydration solution for treating dehydration caused by acute diarrhoea in children

*"In children admitted to hospital with diarrhoea, reduced osmolarity ORS [oral rehydration solution] [total osmolarity  $\leq 250$  mmol/L with reduced sodium] when compared to WHO [World Health Organization] standard ORS [90 mmol/L sodium, 111 mmol/L glucose, total osmolarity 311 mmol/L] is associated with fewer unscheduled intravenous fluid infusions, lower stool volume post randomization, and less vomiting. No additional risk of developing hyponatraemia when compared with WHO standard ORS was detected."*

*Note:* Since the publication of this review, the WHO standard has changed to a reduced osmolarity ORS.

Children with diarrhoea lose body water and sometimes become dehydrated. A solution of sugar and salt dissolved in water (oral rehydration solution - ORS) is widely used to treat dehydration caused by diarrhoea. This review compares two formulations of ORS with different osmolarities in children with acute diarrhoea. [\[Download PDF\]](#) [\[Evidence Update summary\]](#)

#### Reduced osmolarity oral rehydration solution for treating cholera

# ***Evidence Update***

## *Diarrhoea Series*

In areas where diarrhoeal disease is common, do interventions that aim to improve the quality of drinking water prevent diarrhoea?

Researchers have tested a range of interventions applied at the water source, and at the point of use. Those tested all helped reduce diarrhoea in all age groups.

# Evidence Update

## Diarrhoea Series

In areas where diarrhoeal disease is common, do interventions that aim to improve the quality of drinking water prevent diarrhoea?

Researchers have tested a range of interventions applied at the water source, and at the point of use. Those tested all helped reduce diarrhoea in all age groups.

### Inclusion criteria

#### Studies:

Randomized and quasi-randomized controlled trials.

#### Participants:

Children and adults living in areas where diarrhoeal disease is common.

#### Intervention:

Intervention: interventions to improve the microbiological quality of drinking water.

Control: usual practice in respect of drinking water, or another type of intervention.

#### Primary outcome:

Episodes of diarrhoea.

### Results

- 19 randomized controlled trials and 11 quasi-randomized controlled trials, with over 53,000 participants. Interventions were at source (for example, wells) or at point of use (including improved storage or treatment by chlorination, solar treatment, filtration, or flocculation/disinfection).
- For all age groups, including children under five, the intervention groups generally had fewer episodes of diarrhoea.
- Effect sizes were greater with household interventions than with interventions targeted at the water source.
- Interventions appeared to work irrespective of whether the study area had improved water supply or sanitation.

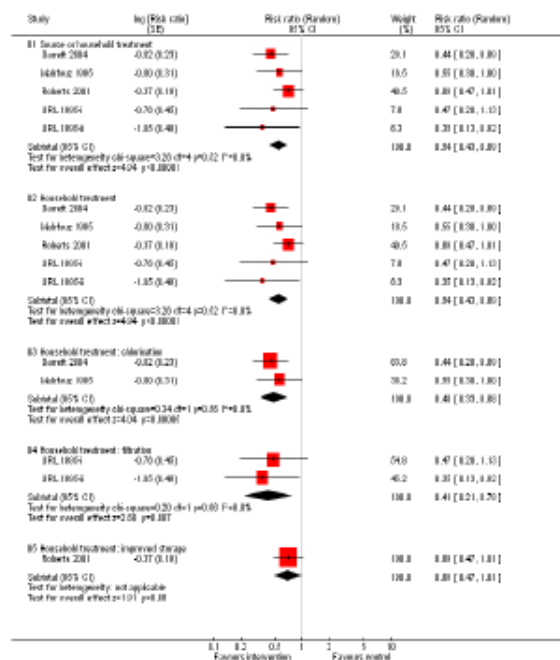


DFID

Adapted from: Glaser T, Roberts L, Njiru T, Schmidt W, Cairncross S. Interventions to improve water quality for preventing diarrhoea. Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD004794. DOI: 10.1002/14651858.CD004794.pub2. Evidence Update published in January 2007.

Produced by the Effective Health Care Alliance Program + (www.ehca.co.uk/evidence), Liverpool School of Tropical Medicine, supported by the Department for International Development UK and the Australian Cochrane Centre. Evidence Update can be distributed free of charge.

### Interventions to improve water quality versus control, results pooled using risk ratios: episodes of diarrhoea in children under the age of five years



### Authors' conclusions

#### Implications for practice:

Interventions to improve the microbiological quality of the drinking water, particularly at household level, are effective at preventing diarrhoea in areas where diarrhoea is common.

#### Implications for research:

Rigorously conducted randomized controlled trials are needed to compare various approaches to improving drinking water quality. There is a need to assess new technologies for improving water quality in remote and low-income settings where the burden of diarrhoea is highest. Approaches to optimize the take-up and long-term use of these interventions should also be investigated.

The Cochrane Database of Systematic Reviews is available from [www.wiley.com](http://www.wiley.com), and free for eligible countries through [www.healthinemercy.org](http://www.healthinemercy.org).





## SEARCH THE COCHRANE LIBRARY

Title, Abstract or Keywords

GO

HOME



SIGN UP



LEARN



ACCESS



HELP



or try an [Advanced Search](#)

## COCHRANE EVIDENCE AID: RESOURCES FOR POST-TRAUMATIC STRESS DISORDER FOLLOWING NATURAL DISASTERS



As the people of Japan recover from yet another example of nature's fury, those involved in disaster planning will need to consider the psychological consequences of the series of traumatic incidents associated with the earthquakes, the tsunami, and threats of nuclear devastation.

One such psychological consequence is post-traumatic stress disorder (PTSD), and this special collection brings together the summary conclusions of the evidence from Cochrane systematic reviews on the effects of interventions aimed at preventing and treating PTSD, with links to the full reviews (see below). These Cochrane Reviews have been prepared by the authors and editors of the [Cochrane Depression, Anxiety and Neurosis Group](#).

PTSD develops in people who were exposed to traumatic events that involved an actual or perceived threat of death or serious injury to them, their loved ones or significant others.

The symptoms develop usually within the first one to three months after the event. Sufferers from PTSD characteristically re-experience aspects of the traumatic event in the form of vivid experiences that the event is recurring (flashbacks), distressing and intrusive images of the event, or nightmares. Reminders of the traumatic event (people, situations or circumstances resembling or associated with the event) often arouse intense distress or physiological reactions. Attempts to avoid such reminders are another characteristic feature of PTSD. Many people develop symptoms of hyperarousal: being excessively vigilant, easily startled, irritable, or having difficulty concentrating and in sleeping. Many PTSD sufferers describe feeling detached from others, unable to experience feelings and losing interest in previously important activities. PTSD may be associated with depression, anxiety, or panic and may lead some to use harmful amounts of alcohol or other addictive substances.

Most survivors of catastrophic events will initially develop symptoms of PTSD of varying intensity, but the vast majority will recover within the following year, or years, without treatment, or with informal support from families and friends. However, up to a third may continue to have distressing symptoms many years after the event.

In partnership with Wiley-Blackwell and Evidence Aid, free one-click access to the whole contents of *The Cochrane Library* to everyone in Japan was made available on the day of the earthquake. A Japanese version of this collection has also been prepared by [Kyoto University School of Public Health](#).

## TREATMENT OF EARLY ACUTE TRAUMATIC STRESS SYNDROME



results because the quality of trials was variable, sample sizes were small and there was unexplained heterogeneity. The results of this review are in line with calls that have been made for a stepped- or stratified-care system whereby those with the most symptoms are offered more complex interventions.

The amelioration of psychological distress following traumatic events is a major concern. Systematic reviews suggest that interventions targeted at all of those exposed to such events are not effective at preventing PTSD. Recently other forms of intervention have been developed with the aim of treating acute traumatic stress problems. This review evaluates randomised trials of psychological treatments and interventions commenced within three months of a traumatic event aimed at treating acute traumatic stress reactions. [\[Download PDF\]](#)

## PREVENTION OF PTSD

### [Psychological debriefing for preventing post traumatic stress disorder](#)

*There is no evidence that single-session individual psychological debriefing is a useful treatment for the prevention of PTSD after traumatic incidents. Compulsory debriefing of victims of trauma should cease.*

Over the past few decades, early psychological interventions, such as psychological 'debriefing', have been increasingly used following psychological trauma. However, the efficacy of these interventions is not clear. This review assesses the efficacy of psychological interventions for the prevention of PTSD after traumatic incidents.

### [Multiple sessions of psychological debriefing](#)

#### [Multiple-session psychological debriefing](#)

The prevention of PTSD after traumatic incidents is a major concern. Systematic reviews suggest that interventions targeted at all of those exposed to such events are not effective at preventing PTSD. Recently other forms of intervention have been developed with the aim of treating acute traumatic stress problems. This review evaluates randomised trials of psychological treatments and interventions commenced within three months of a traumatic event aimed at treating acute traumatic stress reactions. [\[Download PDF\]](#)

There is no evidence that single-session individual psychological debriefing is a useful treatment for the prevention of PTSD after traumatic incidents. Compulsory debriefing of victims of trauma should cease.

## TREATMENT OF PTSD

### [Psychological and psychosocial interventions for PTSD](#)

#### [Psychological treatment of PTSD](#)

*Some types of psychological treatment, such as prolonged exposure, cognitive processing therapy, and individual TFCBT and EMDR, are effective for the treatment of PTSD. However, the evidence is not clear for other types of psychological treatment. Further research is needed to determine whether psychological treatment is effective for the treatment of PTSD. Interpreting these results in the context of the overall evidence base for the treatment of PTSD is essential.*

Psychological interventions for the treatment of PTSD are widely used. However, the evidence for their effectiveness is not clear. This review assesses the effectiveness of psychological interventions for the treatment of PTSD. [\[Download PDF\]](#)

#### [Psychosocial interventions for PTSD](#)

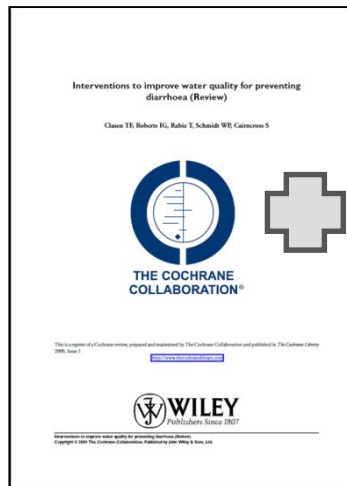
*There is evidence only from randomised trials that psychosocial interventions, in terms of preventing PTSD, marital problems and distress. No data on adverse effects were available.*

Psychosocial interventions are widely used for the prevention of psychological disorders in law enforcement officers. This review assesses the effectiveness and comparative effectiveness of psychosocial interventions for the prevention of psychological disorders in law enforcement officers. [\[Download PDF\]](#)

After the 2004 tsunami, this evidence was incorporated into the counsellor training for the Nagapattinam district in India; one of the worst hit areas of Tamil Nadu, the state with the largest number of casualties in India. "Brief debriefing" was not used.



An international project to improve access to knowledge in disaster risk reduction, planning, response and recovery. It will help by connecting data on the availability of resources and personnel, needs and effectiveness.







*Providing resources for decision-makers before, during and after disasters and other humanitarian emergencies*

- Home
- Resources
- Who we are »
- Events and Training »
- Multimedia
- Evidence Aid in the news »
- Contact us

Features... ■ ■ ■ ■ ■

Evidence Aid  
awarded \$10,000  
Unorthodox Prize  
2013

DO YOU HAVE AN IDEA THAT  
CAN IMPROVE THE WORLD?

←→

## Search our Resources here



## What we're tweeting

### Tweets

Follow @EvidenceAid

- Evidence Aid  
@EvidenceAid

1m

New blog by Kevin Watkins @odi\_development:  
Jim Kim's 'science of delivery': what role for  
politics? [odi.org.uk/opinion/7703-j...](http://odi.org.uk/opinion/7703-j...)  
[Show Summary](#)
- Evidence Aid  
@EvidenceAid

1h

Visit @EvidenceAid during the Cochrane  
Colloquium in Quebec - 2 poster presentations  
about priority setting & 10 yr vision!  
[#cochranequebec](#)
- Evidence Aid  
@EvidenceAid

16h

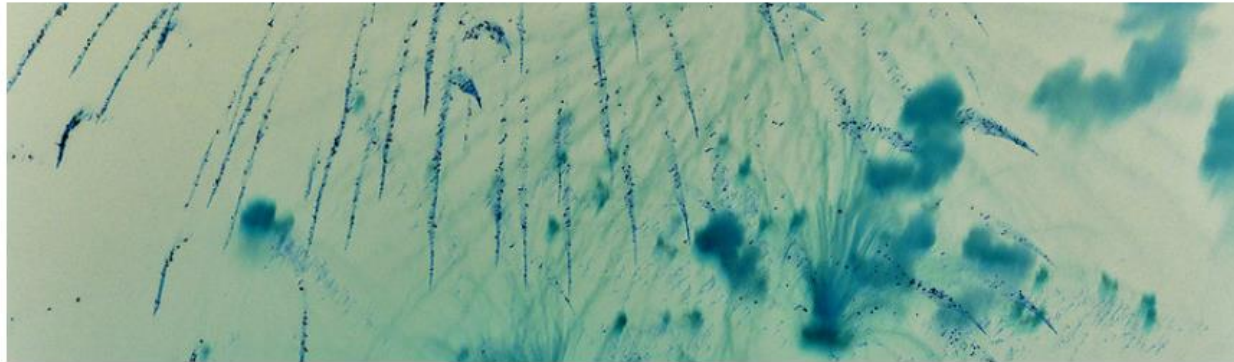
# Unorthodox Prize #2

WINNER

ABOUT EVIDENCE AID

HONORABLE MENTIONS

MORE...



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



- Expanding and strengthening Evidence Aid will help people in natural disasters and humanitarian emergencies to choose effective strategies and avoid those that are ineffective.
- Will provide knowledge for resource poor settings more generally.
- Will save lives, reduce morbidity and enable people and communities to recover more quickly and efficiently.



[www.EvidenceAid.org](http://www.EvidenceAid.org)

[DisasterBioethics.com](http://DisasterBioethics.com)

[EvidenceAid@Cochrane.org](mailto:EvidenceAid@Cochrane.org)