

**Natural Disasters**



## **Responsive evidence development: A global approach**

*(or priority setting for global stakeholders with differing priorities)*

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**Humanitarian crises**

# Outline of presentation

- Background to Evidence Aid.
- Priority setting:
  - Why and how.
  - Methodology.
  - Pre-workshop exercise.
  - Workshop.
  - Outcomes and next steps.
  - Lessons learned.

I have had a financial interest, arrangement, or affiliation with Evidence Aid (employee status) that could be perceived as a direct conflict of interest in the context of the subject of this presentation

# Evidence Aid – why?

- Established after Indian Ocean tsunami.
- Knowledge from systematic reviews to provide reliable, up-to-date evidence for disasters, humanitarian crises and other major healthcare emergencies.
- Provides urgent response, by offering searchable resources and bundling together brief summaries of the findings of systematic reviews.
- Improves access to the findings of systematic reviews on the effects of relevant interventions, actions and strategies, to improve health outcomes in disasters, humanitarian crises and major healthcare emergencies.



# Priority setting – why?

- Aim: To summarise information and provide to users.
- Where to start?
- We did not identify 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.
- It is difficult to ensure transparency and independence in the process of prioritization for research.

# Priority setting – how?

216 questions/potential questions had been collected from the Evidence Aid needs assessment survey and other events including:

1. Discussions with aid agencies and NGOs.
2. Participants from two Evidence Aid conferences (Oxford 2011 and Brussels 2012).
3. Reviewing the published literature (for example, *The Lancet* series on Maternal and Child Health).
4. Working with the 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, with the intervention questions attached to these themes.
- 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.

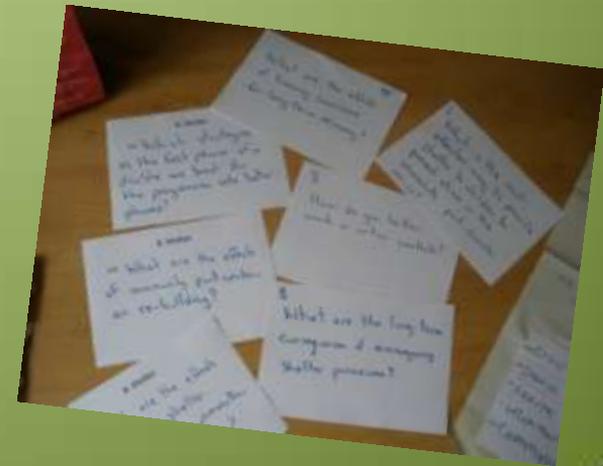
# Priority setting: Workshop

- Workshop held on 3-4 June 2013.
- 30 participants from aid agencies, funders, NGOs, academia and independent consultants; with a wide range of backgrounds and experience.
- From Europe, USA, and Africa; all had global experience in the humanitarian setting.
- Assigned to small groups to identify the top 3 questions for systematic reviews, using a consensus process based on the James Lind Alliance model.



# Priority setting: Outcome and next steps

- 30 priority questions were identified by consensus.
- Paper submitted to *PLOS Currents: Disasters*.
- Engagement of new contributors to Evidence Aid.
- Building on existing relationships.
- Three priority titles taken on by Evidence Aid volunteers and being registered with Cochrane Review Groups (Public Health; Effective Practice and Organisation of Care; Pregnancy and Childbirth).
- Assess the prioritisation process in 1 year.
- Repeat the exercise in 3-5 years.



# Priority setting: Lessons learned

- Research priorities for global disaster management can be agreed by interested people from different backgrounds with different individual and organisational priorities.
- Evidence Aid, with an independent focus and not tied to any single disaster management, aid or research organisation, is well-placed to organise this type of exercise and to facilitate the reviews.
- How should The Cochrane Collaboration incorporate the prioritised reviews, some of which might not fit the existing Cochrane Review model?
- Continued work on the importance of systematic reviews in this area needs to be done.

# Thank you for listening!

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