

Evidence Aid

Claire Allen, Knowledge Manager



**International Conference of Military Medicine
9 December 2013**

Who are we?



Claire Allen
Knowledge Manager
Oxford, UK



Bonnix Kayabu
Co-ordinator
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Mike Clarke
Founder/Project Lead
Dublin, Ireland Belfast, UK



Dominic Mellon
PhD Student
Bristol, UK

We make up the equivalent of 1.1 full-time staff

Evidence Aid - why established?

- Established after the Indian Ocean Tsunami in December 2004.
- Like minded group of individuals (within The Cochrane Collaboration), headed by Mike Clarke (UK) and Sally Green (Australia) formed an advisory group to establish how Cochrane Reviews could help people during a natural disaster or humanitarian crisis such as the Indian Ocean Tsunami.

Evidence Aid - aims

- Use knowledge from Cochrane Reviews and other systematic reviews to provide reliable, up-to-date evidence on interventions that might be considered in the context of natural disasters and other major healthcare emergencies.
- Highlight which interventions work, which don't work, which need more research, and which, no matter how well meaning, might be harmful.
- Provide information to agencies and people preparing for, or responding to, disasters.

Progress 2004 - 2010

- Between 2004 and 2010, no funding for Evidence Aid was available.
- In 2010, funding was sought from, among others, The Cochrane Collaboration, John Wiley and Sons Ltd and McCall McBain.
- Late 2010 – Bonnix Kayabu (Evidence Aid Co-ordinator) employed to carry out a Needs Assessment.



Highlights 2010 – 2011 (1)

- During late 2010 and early 2011, the Needs Assessment clearly showed that there was no equivalent to Evidence Aid in the disaster management field. This gave us the basis for our first priority setting exercise.
- In 2011 Claire Allen was employed as Knowledge Manager and progress got underway to identify Cochrane Reviews of relevance to disaster settings.



Highlights 2010 – 2011 (2)

- The 1st Evidence Aid conference was held in Oxford with 70 participants, most from aid agencies. Reaffirmed plans to progress Evidence Aid.



- Preliminary results published from the needs assessment survey.

Highlights 2012 - 2013

- More than 100 people have now completed the Needs Assessment Survey.
- 2nd Evidence Aid conference held in October 2012, hosted by the International Red Cross, Brussels.
- New website launched August 2013.
- Announced as the winner of the Unorthodox Prize (\$10,000 plus implementation funds)



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 relief and humanitarian aid. [See here](#) for a brief description of their mission and vision.

We chose Evidence Aid for several reasons. First, its founder, Professor Mike Clarke, of Queen's University, Belfast, and the organization itself seem outstanding, with great reputations in their field. Consequently, we believe Evidence Aid has an excellent chance of achieving its ambitions, perhaps more than other proposals we received. Second, Evidence Aid is a definite "misfit," in that it falls outside the traditional issue categories of most funders. Thus, funding resulting directly and indirectly from our prize could be instrumental to its success. Third, we have been on the lookout for philanthropic opportunities in which a time-limited, targeted, and cost-effective intervention could have a big and sustained positive impact on the world's most disadvantaged people. Mitigating the lasting impacts of disasters, which are disproportionately felt by the poor, is indeed a fertile area for such opportunities.

Billions of dollars are spent annually on international humanitarian responses, yet aid budgets are not keeping pace with the increasing frequency and severity of disasters. At the same time, there is a push to professionalize the field. Evidence Aid can play a significant role in this regard by (a) conducting systematic evidence reviews to identify optimal interventions and (b) providing this information in an easily-accessible format to decision-makers and front-line relief workers. We are aware of no similar effort.

We intend for the Unorthodox Prize to provide visibility and endorsement to Evidence Aid, helping it achieve its goal of becoming a potent voice in the humanitarian aid field. While it is clearly not as unorthodox as GiveDirectly, we believe that, among all submissions, Evidence Aid is best positioned for success and offers the highest "return on investment" to society. We are excited to be working with the team at Evidence Aid to further advance their mission. In addition to the prize and potential follow-on funding, we intend to provide the non-financial support Evidence Aid needs to reach its full potential.

What does 2014 hold?

- Consolidation and further identification of systematic reviews and other information on the website.
- Evaluation of the website: use and usefulness.
- Further applications for funding.
- Delivery of first scoping study for 3ie.
- Building relationships and partnerships.
- Two day workshop in India.

Building the database

- In partnership with John Wiley and Sons.
- Searchable.
- Systematic reviews from outside of health care but with health care outcomes (e.g. engineering, shelter, water and sanitation).
- Contextual summaries for systematic reviews.
- Mobile applications.
- Multi-lingual.
- Develop dynamic search options.

Snapshot of our website (launched August 2013)

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

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Features...

Evidence Aid Annual Report 2012

Evidence Aid Annual Report 2012



News bulletins Listen to the podcast: Electric Fans Electric fans for reducing adverse health impacts in heatwaves Evidence Aid Needs Assessment Survey

PTSD Combined pharmacotherapy and psychological therapies for post-traumatic stress disorder Burns Topical treatment for facial burns

Search our Resources here

What we're tweeting

Tweets

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Dartford firefighters missing in Sudan floods [See us at #heatwaveaid at @EvidenceAid free resources for flooding](#) [evidenceaid.org](#)

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Dartford firefighters missing in Sudan floods [See us at #heatwaveaid at @EvidenceAid free resources for flooding](#) [evidenceaid.org](#)

The Cochrane Library @CochraneLibrary
MT @EvidenceAid: What is the policy context for new evidence on [heatwaves](#)? [evidenceaid.org](#) [evidenceaid.org](#)

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

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You are here Home > Resources > Resources for post-traumatic stress disorder

Resources for post traumatic stress disorder

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 organisations resembling or associated with the event) often provoke intense distress or physiological reactions. Attempts to avoid such reminders are another characteristic feature of PTSD. Many people develop symptoms of hypochondria, 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, this one-stop source to the single 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 [Keiji Utsunishi School of Public Health](#).

- [Treatment of acute and chronic stress symptoms](#)
- [Prevention of PTSD](#)
- [Treatment of PTSD](#)
- [Pharmacological interventions](#)
- [Combined psychological and pharmacological interventions](#)
- [Socio and psycho](#)

Acknowledgements: Phebe Thayer, Evidence Aid member and Director of the South East Asia Cochrane Centre, and Keiji Utsunishi, School of Public Health, Keio University.

Search our Resources here

What we're tweeting

Tweets

Evidence Aid @EvidenceAid
Sustained use of recovery interventions reduces mortality in UK NHS Stroke & Thrombotic Thrombocytopenic Purpura [evidenceaid.org](#)

Evidence Aid @EvidenceAid
New [Cochrane Review](#) 100 - 10 years on from 2010 guidelines, we need a new revision to suggest the best way to use [stroke](#) [evidenceaid.org](#)

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New [Cochrane Review](#) 100 - 10 years on from 2010 guidelines, we need a new revision to suggest the best way to use [stroke](#) [evidenceaid.org](#)

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Why are systematic reviews important?



- Help understand risks, benefits and consequences of decision making.
- Establish whether an intervention works, does not work, or has the potential to cause harm.
- Present a clearer and more consistent picture of the body of evidence.
- Avoid decision-making on the basis of a single study.
- Ensure decisions are based on information that is transparent, rigorous and replicable.
- We realise trials and systematic reviews are challenging but is this reason not to do them?

Priority setting

- Priority setting meeting held June 2013.
- NGOs, funders, academics, consultants, policy-makers came together.
- 30 priority questions identified.
- Published and available on our website.



Priority setting methodology

- Collected questions from needs assessment survey and two subsequent conferences.
- Set dates for priority setting by consensus using James Lind process.
- Survey established for audience to rank ten themes.
- Top ten themes established – priority setting meeting will prioritise three questions per theme (individual / population / setting).

Philippines Disaster

- Within 48 hours, packaged together resources for Typhoon Haiyan.
- Resource link distributed to aid agencies, NGOs, policy makers, and academics.
- Links made with medics travelling to the Philippines who are responding to the disaster.
- Letters published in the media 19 and 20 November 2013.

<http://www.evidenceaid.org/evidence-aid-and-typhoon-haiyan-in-the-philippines/>

Evidence Aid Special Collections

Infectious diseases and flooding

Disaster evacuation and medication

Flooding and mental health

Secondary stressors and

extreme events and disasters

Health impacts of windstorms

Disaster Risk Management for

Health

Disaster needs assessment

[Download bundle of the PDFs](#)

Evidence Aid and Typhoon Haiyan in the Philippines

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Following the devastation caused by Typhoon Haiyan in the Philippines, Evidence Aid is working with colleagues in the disaster community to compile evidence-based resources that might help. These will be kept refreshed as information is gathered through an ongoing needs assessment and are available [here](#).

What people said about the response..



- “Thank you ... for sharing this useful resources. I'll disseminate this to fellow librarians in the country.” Data Bank Senior Information Assistant, Southeast Asian Fisheries Development Center (SEAFDEC), Philippines
- “Thanks so much for alerting us to this useful resource! I have just sent out a tweet and will include it in our next email update.” ALNAP
- “The Evidence Aid package emailed out [...] is *extremely* useful. I will be circulating it to the team to bone up on over the next week or two. The kind of resources they produce are vital to relief efforts and are very, very practical and useful.” Medical Officer of Health (Canterbury, NZ)
- “Your work is excellent and very useful in critical emergency response. I will pass this message to some of the local NGOs i know in PHL, I have posted your message on my network to get wide coverage and i am sure more help will come to PHL vulnerable population.” Manish Mehta, PHL
- “Thank you for sharing this- very useful. Our lean network of independent humanitarian responders can definitely use this.” Consultant at A Single Drop for Safe Water, PHL

What we can give to you

- The already searched literature.
- Easy and free access to systematic reviews of the effects of interventions and related to health care outcomes.
- Contextual summaries to facilitate quicker decision-making.
- Dynamic searching facility (to come).
- Rapid response to identified gaps.

What we would like from you

- Feedback on the website.
- Knowledge of the health care challenges during a disaster or humanitarian crisis.
- Identification of gaps in the evidence.
- Funding: We would like to establish a consortia of funders who would contribute to core staff resources to enable delivery of the information that you want and need.
- Can you help?

The technology, resources, partnerships and knowledge are all coming into place for Evidence Aid.

The time has come to ensure that those making decisions about services and interventions following natural disasters have access to the most reliable evidence for those choices.

Contact us using:

Website: www.evidenceaid.org

Twitter: @EvidenceAid

Facebook: Evidence Aid

E-mail: callen@evidenceaid.org

Winners of the Unorthodox Prize 2013!