

Evidence Aid Annual Report

2017

Evidence Aid's mission is to alleviate suffering and save lives by providing the best available evidence on the effectiveness of humanitarian action and enabling its use.

Evidence Aid was established following the tsunami in the Indian Ocean in December 2004. We use knowledge from systematic reviews to provide reliable, up-to-date evidence on interventions that might be considered in the context of disasters and other major emergencies. Evidence Aid seeks to inspire and enable those guiding the humanitarian sector to apply an evidence-based approach by improving access to information on which interventions work, which don't work, which need more research, and which, no matter how well meant, might be harmful.

*Report prepared by Claire Allen, Mike Clarke, Jane Higgins, and Ben Heaven Taylor.
Evidence Aid is a registered charity in the UK (1163111)*

Contents

Foreword	2
Introduction	3
Evidence Aid Month by Month	5
Evidence Aid Training	7
On being the first Evidence Aid intern, by Abi Kirubarajan.....	9
Evidence Aid Website	12
Humanitarian Evidence Week, November 2017	13
Evidence Lounge.....	15
Selected Publications.....	16
Social Media.....	17
Partnerships and Funding.....	18
Getting Involved.....	21

Foreword

*Professor Mike Clarke
Founder of Evidence Aid
Chair of the Board of Trustees and
Research Director*



Since becoming a fully independent organisation and registered charity in late 2015, Evidence Aid has worked hard to achieve our mission to alleviate suffering and save lives by providing the best available evidence on the effectiveness of humanitarian action and enabling its use.

We have spent the last two years consolidating our position as a knowledge provider for the humanitarian sector and preparing ourselves for the next period of growth and impact. Core funding from the C&A Foundation allowed us to expand the staff team and to develop new and stronger partnerships with organisations and colleagues worldwide. As we enter 2018, we are proud to provide users with summaries of the evidence from more than 350 relevant systematic reviews and free access to the full content of these reviews. We are also able to look back on the inaugural, highly successful Humanitarian Evidence Week in November 2017 and look forward to continuing to inspire and enable those guiding the humanitarian sector to apply an evidence-based approach to their work. We offer a variety of online resources, face-to-face events and training courses to help achieve this and with thanks to the many people who make this possible, I am pleased to introduce our 2017 Annual Report.

"Evidence Aid is a terrific initiative aimed at bringing together the worlds of evidence informed medicine and disaster relief. I hope that Cochrane can continue to work with Evidence Aid to identify the information needs of people engaged in bringing relief in the most challenging circumstances."

David Tovey: Editor in Chief and Deputy Chief Executive Officer, Cochrane



Introduction

Ben Heaven Taylor
Chief Executive Officer

I'm really proud to be joining Evidence Aid as Chief Executive at an exciting and formative period in its development. I feel tremendously lucky to be joining an organisation whose sole purpose is to support evidence-based humanitarian action. I can think of no more important or inspiring mission.

Decision-making in humanitarian settings is fast-moving and highly complex. Few environments can match emergencies for sheer intensity of decision-making, as anyone who has ever been involved in humanitarian response will know. Amidst the tangle of political, funding-driven, technical, security and operational challenges, it can seem like a luxury to take the time to consider the best available evidence to underpin your work. At worst, it can feel totally impractical.

We don't, as humanitarians, make life easy for ourselves. Evidence in the humanitarian sector, where it exists, is often out of easy reach for humanitarian workers, wherever and whoever they are. Evidence is rarely packaged with the needs of humanitarian workers in mind and is often presented in highly specialised, technical language - or the wrong language entirely. Too often, evidence is simply not in the public domain at all.

Evidence Aid exists because evidence can and should lie at the heart of humanitarian action. That doesn't mean evidence should be the only consideration. Neither should humanitarians only ever take decisions where robust supporting evidence can be found. But evidence can and should be one of the key pillars which underpin humanitarian action; alongside beneficiary feedback, practitioner expertise and robust contextual analysis.

In 2017, Evidence Aid worked with many partners from across the humanitarian and scientific research community, who believe (as we do) in evidence-based humanitarian action. The library of available resources on our website grew to over 350 systematic reviews and, led by our 2017 Evidence Aid Intern, Abi Kirubarajan, we updated one of our most accessed evidence collections titled 'The health of refugees and asylum seekers in Europe', working with MSF and Cochrane. Our 2017 international online conference, **Humanitarian Evidence Week**, drew together hundreds of like-minded practitioners from around the world to participate in events designed to increase the uptake of evidence in humanitarian action.

None of our work would have been possible without support from our generous donors. I'd particularly like to thank the C&A Foundation, the McCall MacBain Foundation, the Lampert Family Foundation, John Wiley and Sons, and Oxford Pharmagenesis. I'd also like to thank the Centre for Evidence-Based Medicine at the Department of Primary Care Health Sciences in the University of Oxford, Cochrane, Oxford Pharmagenesis, and John Wiley & Sons for their invaluable support.

Looking forward to 2018, Evidence Aid will continue to publish new collections, including one on prevention and treatment of malnutrition (working with around 27 partner organisations) and will update our Ebola and Windstorms collections. We will work to improve the quality and relevance of our materials, making them as accessible and

relevant to humanitarians as we possibly can. Building on the success of Humanitarian Evidence Week last year, we will run the event again in 2018 and hope to make it even bigger and better than last year. In addition, partnering with the London School of Hygiene and Tropical Medicine, and NESTA, we will publish a practice guide to using evidence in the humanitarian sector.

Working together with all our fantastic partners and supporters, I know that we can make evidence-based humanitarian action the rule rather than the exception.

Evidence Aid Month by Month

January

Evidence Aid began the year with conversations with the Belgian Red Cross about making a video showing the need for evidence around disasters. We submitted our proposal for a special session at the Global Evidence Summit in Cape Town (September) and contracted Jess Bourdaire to tag all the Evidence Aid resources according to our new taxonomy. We submitted a proposal to the Oxfordshire Community Foundation to 'pitch' for funds at a fundraising evening, and had a progress meeting with the C&A Foundation, in Geneva.

February

We started February with a productive meeting with the Centre for Evidence-Based Medicine (CEBM) which was the first of many during 2017, and followed by meeting with Interaction as a result of a webinar by the Center for Disaster Philanthropy. We submitted a funding application alongside Queen's University Belfast to the UK Medical Research Council and Jeroen Jansen, Evidence Aid Director, presented at the Karolinska Institutet and attended the ALNAP annual meeting in Stockholm, Sweden. We started conversations with the Cochrane Nutrition Field which resulted in a new collection of evidence – Nutrition in Emergencies – due to be published in early 2018.

March

In early March, Evidence Aid employed the Yellow Chair consultancy to help with our key documents and to identify priorities for our target audience and

develop the resources needed to achieve a successful fundraising strategy. We continued to upload Spanish language translations of systematic review summaries and had initial conversations with Abi Kirubarajan, a Queen Elizabeth II Scholar, who became Evidence Aid's first intern, with specific responsibility for our collection of evidence on the health of refugees and asylum seekers in Europe. We worked with Heather Beresford to develop new content for our website and with Karl Blanchet (London School of Hygiene and Tropical Medicine) to secure funds from the British Embassy in Switzerland to hold the Geneva Evidence Lounge event in September.

April

Working with CEBM, we developed a proposal to be part of Evidence Live 2017, with a special session during the event to look at how evidence was used in humanitarian settings. April ended with Claire Allen, Operations Manager, attending the conference of the World Association of Disaster and Emergency Medicine (WADEM 2017), where she ran three lunchtime debates, co-chaired with Kristin Ringstad (Evidence Aid volunteer).

May

Abi Kirubarajan started to update and expand our collection of evidence on the health of refugees and asylum seekers (pp 9-11). The first meeting of collaborators for the new collection of evidence on Nutrition in Emergencies took place and invitations went out for the Geneva Evidence Lounge. We also worked with Translators without Borders to start the translation of the

summaries of systematic reviews into French.

June

June was a busy month for Evidence Aid, with a Board of Trustees' meeting, the release of our new video, contributions to the consultation on the update of the Sphere handbook, attending the launch of the Lancet series 'Health in Humanitarian Crises', presenting at the EAHIL conference in Dublin, Ireland, and running a drop-in point at the Evidence Live conference, followed by the session on the use of evidence in humanitarian settings, and a training course on systematic reviews in the humanitarian sector (page 7).

July

Evidence Aid met with Christian Aid, 3ie, and ACAPS in advance of the Geneva Evidence Lounge. Abi's internship with Evidence Aid ended but she left having agreed to continue to take responsibility for our special collection on asylum seekers and refugees.

August

Our most important news of the month was the appointment of Sultan Torshkoev, as the first Fundraising Manager for Evidence Aid. Preparations continued for the Geneva Evidence Lounge, with Karl Blanchet, ready for the event in Geneva the following month.

September

Following the Geneva Evidence Lounge on 5 September, Evidence Aid took part in the Global Evidence Summit in Cape Town, South Africa from 12-17 September. We organised a range of activities, including two special sessions and a poster presentation, as well as having meetings with

Cochrane, Wiley, ALNAP and Monash University.

October

The partnership which curated our collection of evidence, 'The Health of Refugees and Asylum Seekers in Europe', met to discuss the further updating and expansion of the collection. It was agreed to add a new section on oral health in early 2018, before bringing in maternal health, later in the year. Meetings were held with the University of Birmingham, Campbell Collaboration, FHI360, Public Health England, Cochrane and Wiley; and we started in-depth discussions with the Pan American Health Organisation (PAHO/WHO) on a formal partnership agreement. And, as the remnants of Hurricane Ophelia hit the island of Ireland, we used local media to draw attention to the Evidence Aid collection on the health impacts of windstorms.

November

November was dominated by Humanitarian Evidence Week (pp 13-14), which featured multiple activities with our partners and the second Evidence Aid training event of the year in London. We also had separate meetings with J-PAL, Save the Children (Australia), London School of Hygiene and Tropical Medicine and WHO/PAHO.

December

The year ended with the submission of our Trustees' Report and Financial Statements to the Charity Commission. We also met with one of our foundation funders, McCall MacBain Foundation, collaborators in our collection of evidence for refugee and asylum seekers, and Action Against Hunger.

Evidence Aid Training

Evidence Aid held two training events in the UK in 2017; one in Oxford and the other in London. The Oxford course took place in June, the day after the major international conference, Evidence Live, organised by the British Medical Journal and Centre for Evidence-Based Medicine to bring together people with an interest in the use of evidence in health and social care. We also held a satellite event during Evidence Live, running a workshop on the use evidence in decision-making in the humanitarian sector. The second course was held during Humanitarian Evidence Week (pp 13-14) and we are grateful to PharmaGenesis London for hosting it. The June workshop and training course were led by one of our Trustees, Phil Davies; while another Trustee, and the Evidence Aid Research Director, Mike Clarke led the London course.

Both courses provided learning and practical experience in key aspects of the conduct of systematic reviews, such as question formulation and study eligibility, searching, data extraction, analysis and reporting. Examples relevant to the humanitarian sector were used throughout and participants left the course feeling more comfortable about doing systematic reviews and more confident in using reviews for decision making, with lots of positive feedback (see below).

To date, our training events have attracted people from organisations such as Public Health England, Save the Children, Action Against Hunger, Department for International Development (DfID), War Child, The Brooke, and academic institutions both from inside and outside the UK. We will continue to increase participation in our training courses in the coming year and full details will be available on the Evidence Aid website (www.evidenceaid.org).

Our Evidence Live workshop in June started with the premise that evidence-based decision making is now commonplace in most sectors of policy and practice, helping policy makers and practitioners make better decisions and achieve better outcomes, by putting existing evidence at the heart of the decision-making process. And, where there is little or no evidence, by using this uncertainty to guide new research.

Evidence alone, however, does not tell decision makers what to do. Good decision making involves integrating sound evidence with the knowledge, skills, experience, expertise and judgement of decision makers. The workshop was interactive, with presentations, group discussions and exercises. Examples of how an evidence-based approach has helped in various sectors were used. Participants also identified the most influential actors in the humanitarian sector, to consider how these networks of influence can use the best available evidence more effectively. They came away with a better understanding of what evidence-based decision making is all about, and of how it can be used to make a difference in the humanitarian sector.

What recipients of Evidence Aid training say about our courses...

This course kick started me into the world of systematic reviews and rapid evidence assessment. It demystified the whole thing and really emphasised the importance of evidence in the planning of any projects. It emphasised the importance of seeking out and incorporating evidence into research planning. It isn't good enough just to have an interesting research question and some general knowledge of the field. Actual and where possible, detailed evidence relevant to the research topic is crucial to framing an impact oriented research planning process.

Dr Chris McInerney
University of Limerick, Ireland

Evidence Aid training in systematic reviews brings together staff from a wide variety of international agencies. The trainers are excellent and the opportunity to share experiences and lessons with other participants from all over the world is invaluable.

Dr Alistair RG Humphrey
Medical Officer of Health, Canterbury, New Zealand

The course gave me an insight into a more rigorous analysis of documents even for a literature review not to mention a systematic review. It also helped me to be more rigorous about the evidence used to support conclusions and not to take the conclusions of others for granted without examining the evidence and methods used to gather that evidence.

Anonymous

The course helped me to understand the impact that evidence can have in the humanitarian sector, when good quality evidence is available. As a result, our organization has been working to fill the gaps we see, and have become proponents of optimal evidence generation.

Dell Saulnier

Apart from being engaging, thoroughly enjoyable and fun, the course built important bridges for me, mostly between current orthodoxy around systematic reviews in 'stable' healthcare environments and practices developing with regard to systematic reviews concerning humanitarian settings. In many respects, the differences are smaller than at first sight. Good quality evidence is always a challenge to generate. The most important questions concerning healthcare under 'normal circumstances' also pertain to highly complex, dynamic and ethically charged systems. It was good to realise that systematic reviews concerning humanitarian settings require the same type of commitment to rigour, creativity and case-by-case judgements as any systematic review. The work was no longer that daunting, as long as I was prepared to expand my domain knowledge and sources of expert support.

Dr Mila Petrova
University of Cambridge, UK

On being the first Evidence Aid intern, by Abi Kirubarajan

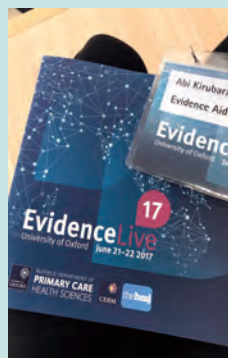
When Evidence Aid asked me why I wanted to join the team working on the special collection on refugee health, my answer was simple. For my entire life, refugee and newcomer care has been important to me. My parents grew up during the Sri Lankan civil war, and their childhood stories of violence and persecution always shocked me. While many newcomer families hope to leave their struggles behind in their home countries, I soon learned that my family's hardships did not end when they immigrated to Canada. As such, Evidence Aid was a perfect opportunity for me to contribute to improving refugee healthcare.

The Evidence Aid special collection on the health of refugees and asylum seekers helps guide healthcare providers, policymakers and researchers. It tackles the problem of information and research overload by selecting high-quality, topical evidence. Each article and guideline is summarized and tagged, to allow for better comprehension, organization and discoverability of the material. The collection currently has five priority areas: common mental health disorders and post-traumatic stress disorder, vaccine-preventable diseases, tuberculosis, sexual and physical violence, and skin conditions. A global team from Cochrane, Médecins Sans Frontières, the Canadian Collaboration for Immigrant and Refugee Health, and various universities choose the articles for the collection, focusing on relevance to refugee health care. When I first saw the

collection, I was impressed by how comprehensive and accessible the research was to readers, providing a much-needed solution for decision makers.

I first considered joining Evidence Aid when I was a student studying Health Sciences at McMaster University in Hamilton, Canada. I had recently been awarded the Queen Elizabeth II Scholarship in Strengthening Health Systems, which gives Canadian students the chance to work for three months in a Commonwealth country. My own scholarship was offered by McMaster Health Forum, a WHO Collaborating Centre in Evidence-Informed Policy. I had been placed with the National Health Service (NHS) in Oxford, with the goal of studying street triage and pilot models for police-health intervention teams in the summer of 2017. However, when the opportunity came to contribute to Evidence Aid as well, I could not refuse. I made arrangements with my NHS supervisor to complete both internships simultaneously during those months.

My main role at Evidence Aid was to update the collection of articles and guidelines in the existing collection. The collection was started a few years ago and the ongoing refugee crisis means that a wealth of new research had become available since its last update in February 2016. I devised a search strategy to find the most topical pieces of evidence, and brought these research articles



and guidelines to a team of global stakeholders in refugee health.

There was a steady stream of work, requiring collaboration with Cochrane and other team members, constant check-ins with information specialists, and regular searches of the literature. In the end, we added twenty systematic reviews to the collection – a great success. I was also able to complete some other projects during my internship including creating summaries and tags for all the articles and guidelines in the collection, and determining a new organizational structure for the e-platform.



Visiting Cochrane UK

Working in Oxford as a Canadian was a wonderful opportunity to be surrounded by some of the world's leading minds and institutes, something for which I will be forever grateful. The Evidence Aid team were wonderfully supportive of my learning, arranging tours of Cochrane's international and national headquarters, as well as providing the opportunity to take courses in humanitarian systematic reviews and meta-analyses. I also had the chance to help present Evidence Aid at Evidence Live 2017 and, a few months later, I presented our work at the Global Evidence Summit in Cape Town, South Africa.



Presenting at The Global Evidence Summit in Cape Town

When it finally came time for me to come home to Canada, I knew that I could not leave Evidence Aid behind. I really enjoyed my time helping in whatever ways that I could. So, in September 2017, I decided to continue my role as volunteer co-ordinator of the Refugee Health Collection, working from Toronto. I am helping lead the expansion of the collection to include its new priority areas: oral health and maternal health. These are two areas of refugee health that often go missed. I still chair several of our meetings, update the search strategies, and summarize the available evidence for our users. I'm grateful to have such an amazing team of volunteers helping us across the globe, and we hope to have fully updated the two new priority areas by the end of 2018.

Ultimately, working with Evidence Aid has been a true pleasure. Above all, the invaluable mentorship has helped me choose the path of my future career. I am currently a medical student at the University of Toronto, and I hope to put the care of marginalized populations at the forefront of my future clinical practice. My time at Evidence Aid allowed me to learn more about the unique needs of refugees, and the social determinants of health that influence their needs and their care. It also taught me more about the practicalities of evidence-based medicine, from finding the evidence to appraising and using it.

These are skills I use constantly when working with the newcomer populations of Canada through the Peel Multicultural Council in Mississauga, Canada, as well as within my own learning as a medical student. I cannot wait to work more with Evidence Aid in the future and am looking forward to the next stages in the Refugee Collection.



Abi (left) at Evidence Live 2017, with Claire Allen, Evidence Aid Operations Manager

Evidence Aid Collection on Refugees and Asylum Seekers

(<http://www.evidenceaid.org/the-health-of-refugees-and-asylum-seekers-in-europe/>):

Currently 5 priority areas:

- Common Mental Health Disorders (including PTSD and depression)
- Vaccine Preventable Diseases
- Skin conditions (including Impetigo, Scabies and Cellulitis)
- Tuberculosis
- Sexual and Physical Violence

24 systematic reviews in the collection with 8 links to evidence-based guidelines, each one summarised briefly with a link to the full text article.

In 2018, the collection will be expanded to include oral health. Thereafter, the plan is to expand into maternal health for refugees.

Cochrane Reviews related to the collection are housed in a separate collection on The Cochrane Library.

Evidence Aid Website

The Evidence Aid website continues its development, with thanks to Deborah Pentesco-Murphy, Tony Aburrow and Sophia Wheat at John Wiley and Sons (Wiley). Wiley have supported the hosting, maintenance and enhancement of our website since it was developed during 2012 and 2013, and launched in August 2013. Since then, the number of systematic reviews accessible from the resources page has risen to more than 350. Evidence Aid is grateful to everyone who has let us know of these reviews and to authors who provided summaries to help users decide about delving deeper into the full review.

Publishers, including Elsevier, Wiley, and Cambridge, have provided free access to reviews from subscription journals so that, along with the free access to hundreds of Cochrane Reviews, all reviews we highlight are free-to-view via the website. We also continue to work with Translators without Borders to provide Spanish and French summaries and will extend to other languages in the coming year.

The website provides users with summarized information that they need to make often difficult choices about disaster risk reduction, planning, response, resilience and recovery. We worked with Wiley through 2017 to improve the website and launch our new interface, designed to make the site more user friendly, increase interaction and improve access to the resources. All reviews have been tagged with terms from a taxonomy developed in consultation with Dell Saulnier of the Karolinska Institutet and Evidence Aid volunteers, Jess Bourdairé and Shona Lang. This uses the humanitarian cluster categories of 'Health issues', 'Emergency type', 'Humanitarian cluster' and 'Person groups' and can be used along with the site's general search facility.

During 2017, we also extended our special collections of reviews on specific topics. With the help of Abi Kirubarajan (Queen Elizabeth II Scholar and Evidence Aid intern), we updated and expanded the collection on the health of refugees and asylum seekers and will add new sections on oral health and maternal health to this in 2018 (page 11). One of the Evidence Aid volunteers, Shona Lang, continued to coordinate and add to our collection of Zika evidence. Also in 2017, Evidence Aid coordinated the development of a new collection of evidence for nutrition in emergencies, which was presented at the Action Against Hunger conference in November 2017 and will be launched online in 2018. Isla Kuhn led the efforts to find the relevant reviews and we worked with volunteers and organisations including Action Against Hunger, Save the Children, the Emergency Nutrition Network, Cochrane, Médecins Sans Frontières (MSF) and the London School of Hygiene and Tropical Medicine.

The Evidence Aid blog series also goes from strength to strength. Twelve blogs were added in 2017 (see **Selected Publications** on page 16).

Humanitarian Evidence Week, November 2017

Evidence Aid facilitated the first Humanitarian Evidence Week (#HEW2017) in November. This will become an annual event led by Evidence Aid in collaboration with many partners, including the Centre for Evidence-Based Medicine (CEBM) at the University of Oxford, to promote a more evidence-based approach in the humanitarian sector. HEW2017 provided a platform for more than 20 organizations to promote their initiatives and views on the generation, use and dissemination of evidence. The week included online webinars, podcasts, blogs, vlogs and discussions, while Evidence Aid took the lead in organizing a series of events in London.

HEW2017 started as a discussion between Evidence Aid and CEBM to bring together key actors in our network, including some of the world's largest humanitarian organizations, prominent universities and others new to the network. Full information about all of the events is on our website and there was a significant increase in use of the Evidence Aid website as a whole during HEW2017, peaking at more than 300 sessions on 7 November and our Twitter footprint doubled.

HEW2017 activities (examples)

The full list of activities is listed on our website.

Webinars, e-Discussion, and Seminars

Health Information for All (HIFA): online discussion over 4 weeks between humanitarians and library professionals on evidence-based humanitarian action.

London School of Hygiene and Tropical Medicine: seminar on the RECAP project for improving evidence-based decision-making and accountability in humanitarian response.

PHAP: webinar on the challenges and limits of evidence-based approaches to humanitarian action.

UNICEF Office of Research Innocenti: webinar on building the evidence for social protection in fragile contexts.

University College London (UCL): seminar on gap maps.

National Library of Medicine DIMRC: Improving the availability of reliable health information.

Blogs, Podcasts and Vlogs:

Save the Children: Turning evidence into action.

Karolinska Institutet: (a) Head or heart? (b) Generating evidence: a researcher's perspective. (c) Evidence and severity. (d) Lessons learned. (e) Using evidence to measure severity of different disasters.

EPPI Centre: (a) Mental health and well-being after humanitarian emergencies: what do we know about support programmes for children and young people in low- and middle-income countries? (b) The impact of mental health and psychosocial programmes for adults affected by humanitarian emergencies. (c) Producing evidence synthesis for the humanitarian sector: challenges

and potential solutions. (d) broadening our understanding of 'evidence' for humanitarian aid to maximise learning where we currently know least.

CERAH: Gathering evidence on the diversity of humanitarian 'languages' – The Humanitarian Encyclopedia.

Oxford Brookes University: Building safety in post disaster shelter self-recovery: a review of current knowledge.

ALNAP: Eight things we learned from our work on evidence this year.

Centre for Evidence-Based Medicine (CEBM): (a) Systematic reviews to support humanitarian medicine. (b) We need better evidence in

humanitarian disasters: here's why. (c) Trust the evidence.

CaLP: The use of CTP to deliver food security outcomes in the wake of the 2014-15 Ebola crisis.

PREA: Aims and hopes for the PREA project.

LSHTM & NPSIA: From gender blind to changing minds: five steps to building back better in humanitarian action.

International Rescue Committee (IRC): Humanitarian practitioners shouldn't aim to copy evidence-based medicine.

DfID/UKAID: Building the evidence-base on humanitarian action in an urbanising world.

Evidence Lounge

Evidence Aid started and led the 'Evidence Lounge' initiative before, during and after the World Humanitarian Summit (WHS) in May 2016, bringing together 23 organizations: Evidence Aid; Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP); Oxfam; Humanitarian and Conflict Response Institute (HCRI), University of Manchester; International Rescue Committee (IRC); Public Health in Humanitarian Crises Group, London School of Hygiene and Tropical Medicine; Centre for Education and Research in Humanitarian Action (CERAH); International Initiative for Impact Evaluation (3ie); Feinstein International Center at The Friedman School of Nutrition Science and Policy at Tufts University (FIC); Wiley; Centre for Development and Emergency Practice (CENDEP); School of Architecture, Oxford Brookes University; Cochrane; Queen's University Belfast; World Vision; REACH and IMPACT Initiatives; ELRHA; Georgetown University; The Sphere Project; The Assessment Capacities Project (ACAPS); Groupe URD; UK Department for International Development (DfID); Center for Refugee and Disaster Response, Johns Hopkins Bloomberg School of Public Health; Collaborating Centre for Oxford University and The Chinese University of Hong Kong for Disaster and Medical Humanitarian Response.



The idea began as a physical space to provide WHS participants with an environment in which to discuss and learn about issues related to the generation, use and dissemination of evidence in the humanitarian sector. But it grew to a final initiative that included a website with a blog series, a Twitter account, an online interactive community, a stand at the WHS exhibition fair and a round table discussion at the WHS which included DfID, ELRHA, and UNHCR, with standing room only.

Following the WHS events, Evidence Aid partnered with the London School of Hygiene and Tropical Medicine to obtain funding from the British Embassy Science and Innovation Office in Switzerland for a 'Geneva Evidence Lounge' in September 2017. Thirty participants from a range of organisations, both humanitarian and academic from Switzerland and the UK, discussed the development of a practical guide to the use of evidence in the humanitarian sector, which will be published in 2018. In full consultation and partnership, we will draw heavily on the NESTA publication titled 'Using Research Evidence: A Practice Guide' published in January 2016.

Selected Publications

In addition to the conferences and meetings reported earlier, and our monthly news bulletins, several publications helped raise awareness of Evidence Aid during 2017.

2017 publications:

- Braz A, Dominguez P, Heneghan C, Levy E, Murray V, Nakamura S, Obrecht A, Osei-Kofi A, Smith J, Tovey D, Jansen J, Allen C. The Evidence Aid Sphere Handbook Consultation – final report.
- Mike Clarke’s letter to the Belfast Telegraph newspaper: “Evidence Aid can help in the wake of Disasters”
- Clarke M, Jansen J, and Allen C. Robust evidence for an evidence-based approach to humanitarian action. Emergency ENN Field Exchange 53.

In addition, the following blogs were published:

Evidence Aid blogs published in 2017:

November 2017 – Rick Bartoldus – Humanitarian practitioners shouldn’t aim to copy evidence-based medicine.

November 2017 – Gareth Owen – Turning evidence into action.

October 2017 – Neil Greenberg – Mental health: Disasters and what not to do.

September 2017 – Matthew Hunt – Ethics OF and ethics IN humanitarian research.

June 2017 – Isla Kuhn – Global and disaster health special interest group: Evidence Aid and me.

June 2017 – Jeroen Jansen – Disaster Risk Reduction (DRR) and evidence: A worrying trend.

June 2017 – Julian Sheather – Ethics and evidence – a year on.

May 2017 – Lorcan Clarke – A path to progress: Implementing the Sendai Frameworks global mandate for better evidence in disasters.

April 2017 – Maurice Said and Hayley Watson – Facilitating continuity across UK disaster research.

March 2017 – Kristi Koenig – The Quarantine Conundrum: Perspectives for the humanitarian community.

February 2017 – Melissa Harper Shehadeh and Mark van Ommeren – Evidence in the face of adversity: studying psychological interventions in humanitarian settings.

January 2017 – Alice Obrecht – New Year, New You – What the World Humanitarian Summit can learn from failed new year’s resolutions.

Social Media

Evidence Aid's social media channels are administered by one of our volunteers, Kristin Ringstad. She made several changes in 2017, including moving to a professional Hootsuite account which allows posts to be scheduled across all our social media channels. Kristin (pictured right) continues to co-ordinate our Facebook page and group, a LinkedIn 'company' page, and is improving the targeting of our Twitter activity.



In summary, our Twitter account has more than 3000 followers, our Facebook company page has 450 members and the Facebook discussion group has 650 members. The Evidence Aid LinkedIn page has more than 200 followers, and we make regular contributions to the DisasterOutreach e-mail list and HIFA e-discussions. The Evidence Aid website and monthly news bulletins keep people up to date with our activities, conferences that we will attend and our training events.



Twitter

Our Twitter account passed through 3000 followers in November 2017, and has sent more than 13,500 tweets in six years. Live tweeting takes place from events we attend and we are looking to build on our existing successes with using Twitter for engaging with stakeholders by increasing our reach on this platform in 2018.

<https://twitter.com/EvidenceAid>



Facebook

Our active Facebook group contributes with both posts and comments. The number of members is growing steadily and is likely to pass 700 in 2018, while our Facebook company page approaches 500 followers.

<https://facebook.com/EvidenceAid>



LinkedIn

We are making ever increasing use of LinkedIn to promote the Evidence Aid resources, alert people to relevant events, and connect with stakeholders.

<https://linkedin.com/EvidenceAid>



YouTube

Evidence Aid now has a YouTube channel, where you can find our videos, as well as being able to link to them and other multimedia via our website

<https://www.youtube.com/channel/UCwbTVfals2YCIbv8OadYFzA>.

Partnerships and Funding

Evidence Aid continues to pursue a strategy of building on our existing partnerships with key organisations and agencies, and establishing new ones, while maintaining our independence. The formal arrangements for these partnerships vary in accordance with the preferences of the relevant organisation and the nature of our collaboration with them. This diversity is clear from partnerships that were initiated or strengthened during 2017:



Evidence Aid continues to work with the **World Health Organization (WHO)**, mainly through Jonathan Abrahams and Rudi Coninx. Jonathan is an Evidence Aid Advisor, and helped us to organise one of the lunchtime debates at WADEM 2017, about use of evidence after the Ebola crisis.



Cochrane provides Evidence Aid with office space in London and, with Wiley, allow us to provide free access to all relevant Cochrane Reviews via the Evidence Aid website. During 2017, we worked closely with Cochrane and partners such as Action contre la Faim (ACF), Save the Children, London School of Hygiene and Tropical Medicine and Médecins Sans Frontières (MSF) to develop our new collection on nutrition in emergencies, for launch in 2018. Cochrane Switzerland was also part of the Geneva Evidence Lounge (September 2017).



John Wiley and Sons Ltd: Staff (with special thanks to Tony Aburrow, Sophia Wheat and Deborah Pentesco-Murphy) continue to support the development of the Evidence Aid website and Wiley provided additional financial support to Evidence Aid in 2017. In partnership with Cochrane, they provide users with free access to full versions of Cochrane Reviews of particular relevance to disasters and other humanitarian emergencies.



Public Health
England

We continue to work with Virginia Murray and others at **Public Health England**. Virginia spoke at one of our WADEM 2017 lunchtime debates about the use of evidence in disaster risk reduction, and was involved in several activities during HEW2017.




Donal O'Mathuna (**Dublin City University**) spoke at the Evidence Aid special session at the Global Evidence Summit in September about ethics and humanitarian emergencies.





Dell Saulnier helped to identify systematic reviews published by the **Karolinska Institutet** and to ensure that these and their specially prepared summaries were added to the Evidence Aid website.





Queen's University Belfast supports the work of Mike Clarke as Research Director for Evidence Aid and Chair of our Board of Trustees.


 In September 2017, Evidence Aid worked with **3ie** to deliver the Geneva Evidence Lounge, which was a result of the Evidence Lounge events held at the World Humanitarian Summit in 2016.


 Philippe Vandekerckhove (CEO of **Belgian Red Cross – Flanders**, and an Evidence Aid Advisor) spoke at the Evidence Aid special session at the Global Evidence Summit about the use of evidence in humanitarian emergencies. He and others at the Belgian Red Cross – Flanders, worked with Evidence Aid to produce our new videos, which are available from a dedicated channel on YouTube.


 Evidence Aid is working with Frank Archer and Caroline Spencer (**Monash University**, Australia) to develop the proposal for the 2019 Evidence Aid conference and provide three training days at the end of the conference.


 The Evidence Aid priority setting exercise in 2013 identified 30 priorities for systematic reviews for humanitarian response, which helped shape the Humanitarian Evidence Programme, a partnership funded by UK aid between Oxfam GB and the **Feinstein International Center** at The Friedman School of Nutrition Science and Policy at Tufts University. In 2017, Evidence Aid worked with Oxfam and the authors of the funded reviews to prepare summaries of these reviews for promotion through the Evidence Aid website.


 Evidence Aid received financial support from the Geneva-based **McCall MacBain Foundation**, which is committed to improving the welfare of humanity through grants in the areas of education, health and the environment.

 Evidence Aid has worked with the **C&A Foundation** since 2014. By providing the organisation with core funding, the C&A Foundation enabled Evidence Aid to build the organisation as well as continue to improve the quality of evidence for the humanitarian sector.

 Following the 4th international conference in Washington DC, USA in November 2016, we have continued to work with Irene Jillson (**Georgetown University**, USA) on the report of the policy Delphi research study for publication in 2018.

 The **Pan American Health Organization/WHO** and Evidence Aid are exploring a formal partnership, to work together more closely in coming years.

 We continue our long association with the **Uniformed Services University of the Health Sciences** in the USA, mainly through Steve Waller (now retired) and Tracey Koehlmoos. This includes the policy Delphi research study with Irene Jillson.

 Evidence Aid is working with Professor Paul Montgomery (**University of Birmingham**, UK) on the proposal for the 2019 Evidence Aid conference and extending our training programme.

Evidence Aid Board of Trustees – Sue Wolstenholme



I was intrigued and flattered when I was asked to consider becoming a trustee for Evidence Aid, late in 2015. On looking further

into the purpose and ambitions of the charity, I felt privileged to have been invited to play a part in such a vitally important organisation and was delighted to accept.

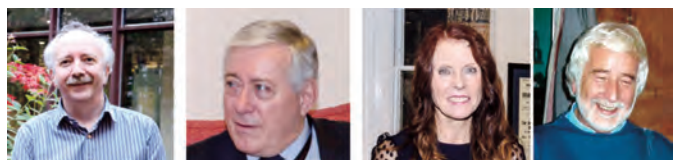
My background is in public relations, working to help mainly NGOs and public sector organisations to build the relationships and reputations they need to succeed. The company you keep can be a factor in building your own reputation, so I was delighted at the start of my time with Evidence Aid to meet some of the senior team at Ethicore, who had become sponsors, to help them to build firm foundations for the future. Their involvement and commitment was reassuring as an indication of a wider appreciation for the need for Evidence Aid to achieve their objectives.

In the time I've been on the Board, it has been good to see the team develop their strengths and focus their attention on the core work, to provide the best evidence to the humanitarian sector so that, in turn, their efforts will be optimum. The addition of Sultan Torshkoev as an experienced fundraiser, will add greater sustainability for the charity and keep the good work going. It has also been gratifying to

see how the training, provided by my fellow Trustee Phil Davies and Board chair Mike Clarke, gives practitioners in the field the skills to carry out systematic reviews so that they make the best use of the best evidence.

Invaluable support last year came from Wiley, with the improvements to the website, and through grants from the McCall MacBain, Lampert Family and C&A Foundations, without which we could not function. It sounds like a simplistic reality to stand for the need for best evidence but those on the frontline of the humanitarian sector are responding at great speed in often seriously hostile situations and, while they collectively have a tremendous history of experience and achievement from which they are drawing on their own pool of evidence, they openly recognize their need for all the support we can give them. Whether they're facing disasters caused by weather, eruption or earthquake or, increasingly, the shameful misery caused by mankind for refugees and other victims of fighting and famine, their effectiveness relies upon their decisions being based on the best available evidence.

Along with Sue, the Evidence Aid Board of Trustees comprises Professor Mike Clarke (Chair), Dr Phil Davies, Lady Deborah Dixon (Treasurer) and Mr Michael Stone (shown below, left to right).



Getting Involved

If you would like to find out more about Evidence Aid or get involved in our work, please contact us:

By e-mail: info@evidenceaid.org

Through Twitter: @EvidenceAid

On Facebook: Evidence Aid

On LinkedIn: Evidence Aid

By telephone: +44 (0)74699 24347 (Claire Allen)

Through our website: www.evidenceaid.org

Some ways to help are:

- helping to identify gaps in the knowledge and prioritizing the uncertainties that should be addressed by Evidence Aid;
- providing lists of research priorities for your organisation and encouraging others to share details of their operational research priorities with Evidence Aid;
- inviting members of the Evidence Aid team to your organisation to talk about our work;
- piloting Evidence Aid resources;
- preparing and maintaining relevant systematic reviews;
- identifying funding opportunities to ensure the sustainability and development of Evidence Aid; and/or
- advocating for Evidence Aid and the use of evidence in the humanitarian sector wherever you are able to.

As an example of volunteering for Evidence Aid, Isla Kuhn, shared her experience via a blog in June

Global and Disaster Health Special Interest Group: Evidence Aid and me

Isla Kuhn (published on the Evidence Aid website, 27 June 2017)



In the past few weeks we've been overwhelmed with examples of extraordinary courage from ordinary people. People who have run towards danger, whether it's been their paid role or not. It's truly humbling and inspiring. I don't like to assume that I would be able to act so selflessly (and hope I never have to put it to the test). These sudden flash points sometimes require an instinctive reaction, as well as a planned and rehearsed response.

Natural disasters and epidemics require a slightly different response from those who go to help. Organisations like Médecine Sans Frontières, Doctors of the World, Red Cross and many more have extraordinary teams who come together in times of crisis. The story of Will Pooley might be familiar to you. I know one doctor, with significant experience in emergency medicine, who has gone to virtually every crisis in the past 25 years – from war-torn Sarajevo, to famine-ravaged Sudan, the

earthquakes in Nepal and Haiti, as well as the effort to stem the spread of ebola in Sierra Leone. A highly skilled and highly experienced medic who also sees part of his role to be bearing witness and then advocating for the professionals involved on his return.

But outside the highly dramatic, glamorous(?) world of emergency relief work, there is a political landscape that can have consequences for people's health. There are also many people who try to help those who reach our shores fleeing political persecution, working for organisations like Freedom from Torture. I know a GP who volunteers by writing medical reports which form part of the appeals procedure when asylum seekers have had their initial applications turned down. The report gives expert opinion on whether the asylum seeker has scarring (physical or mental) consistent with torture. The conversations, between doctor and asylum seeker, usually with the aid of an interpreter, are harrowing for all parties. Interestingly part of the benefit to the asylum seeker, beyond the legal document, is the opportunity to tell their story, to be heard.

I can't do any of that. I can't run into a war zone, or the aftermath of an earthquake, date stamp at the ready, and do anything useful. I don't think I have the emotional resilience, never mind the medical skills to be able to cope with a conversation about the torture that the person in front of me had sustained. And that was starting to make me feel pretty impotent. Even a monetary donation didn't seem very satisfying, though it was something I could and did do.

My skill set is different, which is why, when I heard about Evidence Aid, I thought – now's my chance! I came across Evidence Aid rather by chance, because I follow CEBM (Centre for Evidence-Based Medicine) on Twitter and noticed a tweet about their partnership.

I had a poke around on the Evidence Aid website, and saw lots of words that matched my skill set – systematic reviews, evidence summaries, open access publications. I came to the conclusion that this could be my way of doing something practical.

I dropped them a line, had a lovely conversation with Claire Allen, and discovered that librarian volunteers were exactly the sort of people they needed to support their work in summarising and synthesising evidence on various topics – the big one at the time was Zika Virus.

So here I am, 6 months in, and *what does it actually mean to volunteer for Evidence Aid?*

I'm just about to submit my 9th summary of a review on Zika & Dengue (I've got to know a lot more about Zika than before, but you don't need to be an expert by any stretch). I get a couple of papers at a time, and have taken roughly 2-3 weeks to summarise them. The workload is very flexible – I just keep in touch, and say in advance if I'm away, or unable to take on more work.

Using a mixture of Slack, Mendeley and Dropbox, I liaise with the project coordinator, Shona, via Slack. She assigns me a paper using a shared group on

Mendeley. There is a standard format for presenting the summaries (I draft mine using Google Drive) which I then upload to Dropbox. Shona gives them the once over, gives me any feedback via Slack (this was *very* helpful in the beginning, and I'm pleased that I seem to be getting the hang of it now!), and then the summaries are loaded onto the Evidence Aid website. Really simple.

Now I have to confess that there are additional benefits to the warm and fuzzy feeling that I'm actually doing something socially useful (yes, I know, simply by being a librarian I'm doing a socially useful job, but you know what I mean, I hope).

I get to practise the synthesising and summarising skills which I want to develop for my day job. But that's ok, isn't it? Everyone wins.

I would thoroughly recommend volunteering for Evidence Aid, or a similar organisation – it's only as much of a time commitment as you are able to offer, lets you contribute to a really worthwhile aim, and might let you practise a professional skill that you mightn't otherwise be able to.

Isla has worked in health and medical libraries since 1999, working for University of Oxford, University of Leicester and most recently University of Cambridge. Her work involves teaching information skills to clinical staff, postgraduate and undergraduate students. She also supports the development of systematic reviews, and has been co-author of more than 20 in the past 4 years. She has been volunteering with Evidence Aid since January 2017.



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E-mail: info@evidenceaid.org

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