What humanitarian aid workers think about systematic reviews

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Overview

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Background

• The role of systematic reviews in health (Moher et al. 2007; Bastian et al. 2010) and other areas (Petticrew 2001; Petticrew et al. 2011) is increasingly well established.

• 200 areas of uncertainty about the effects of interventions were identified in the months after the Indian Ocean tsunami of December 2004.

• Systematic reviews existed to help people to make decisions about the implementation of less than one quarter of these interventions (Tharyan et al. 2005).
Aims of the study

• To identify the attitudes of those involved in the humanitarian disasters and other crises towards systematic reviews (SRs)

• To identify their priorities for evidence

• To identify their preferences for ways to access the information.
Who participated in the study?

- 85 respondents: 17% of participant had PhD degrees, 24% with Medical Degrees, MPH (32%), MSc. (16%), MA (13%) and MBA (16%)

- Location: Western Europe (28%) or North America (25%), 13% were in Sub Saharan Africa, 13% in Asia, Australian –New Zealand (8%), Middle East 6% Eastern Europe 2% and 2% responded from South America.
Usefulness of Systematic Reviews

• SRs are useful in disasters (83%) I don’t know (17%)

• Had experience of using SR in decision-making (53%)

• Nobody said SRs are not useful in disasters

• Evidence from SR could have a positive role in humanitarian interventions (69% “strongly agreed” and 29% “agreed” with this statement)

• “SRs are not practical in decision-making about humanitarian interventions” 50% “disagreed”, 20% “strongly disagreed” 16% agreed
Attitudes to Systematic Reviews

• Humanitarian interventions should be based on reliable knowledge of which interventions work, which don’t work and which are potentially harmful (‘agreed’ 25%; ‘strongly agreed’ 71%)

• SRs could be used to assess the likely effects of interventions before providing funding (83% of those who have worked with donor agencies agreed)
Access to Systematic Reviews

- Preference for access to the **whole review plus comment from experts (61%)** to help place the findings of the review in context for the disaster setting.
- Access to the summary of reviews (20%); and summary of reviews plus context-specific information (50%).
- There was also **support for the addition of local information to SRs**. 47% of participants said that this should always be available, 50% said sometimes and 3% said rarely.
Ways to access SRs

- Online access was the most preferred (83%)
- Access via email and access on CD or DVD (18%)
- Access to full SRs via mobile technology was acceptable but not preferred. Only 5% said it was preferred
- Access to summaries of SRs via mobile technology was acceptable but not preferred. 12% said it was preferred
Period to access Systematic Reviews

• When a natural disaster is not known to be imminent (66%)

• During the period of prediction that a disaster will happen (70%)

• During and shortly after disasters (51%)

• After disasters (during the period of recovery and development work) (56%)
Barriers to using Systematic Reviews

• **Inadequate access** was the most commonly reported barrier to the use of SRs (70%).
• **Lack of time** to use SRs (59%) and insufficient knowledge about review (49%).
• **Improved access** to SRs would **improve responses to natural disasters** (82%). But 18% reported that they were **not sure** about the statement.
• **No respondents** chose the option that improved access to SRs would **not** improve humanitarian assistance.
Other challenges to using SRs

• SRs would make planning and delivery of services difficult (2%)

• **Academic language** used in systematic reviews is difficult to understand (26%)
Type of evidence likely to influence decisions

- The most preferred type of evidence was **scientific evidence (80%)**
- **personal experience (11%)**
- Organisations’ usual practice (6%)
- Anecdotal evidence (1%)
- Intuition (1%)
Agreement/Disagreement with Statements

• SRs are for academics and not for humanitarian aid workers (50% “disagreed” and 30% “strongly disagreed”)

• Evidence from SRs is limited to evidence for humanitarian health interventions (51% disagreed and 37% strongly disagreed)

• Evidence from SRs is not practical for making decisions about humanitarian interventions (50% “disagreed”, 20% “strongly disagreed”, 16% “agreed”)
Do donors encourage the use of SRs?

• **No respondent** thought that donors were opposed to use of SRs.
• Donors neither encourage nor discourage their use (30%)
• Donors are not aware of them (25%)
• Donors are interested in their use (31%)
• Systematic reviews could help to assess the effects of projects before delivery of funding to aid agencies (83% said Yes, 13% said No and 4% said they don’t know).

• Systematic reviews could help to assess the impact of projects (54% said Yes)
Prioritization of research questions

It is the main reason we are here today.
• Eyewitness reports on social media sites
• Victim stories
• Scientific evidence
• Immunization schedules
• Evidence base supporting Sphere standards
• Impact of trainings during emergencies
• Effectiveness of various types of micronutrient supplementation
• Effectiveness of mobile clinics in disease control and improved health seeking behaviour (both in rural and urban settings)
Conclusion

- Opinions on the potential role of SRs were positive
- Humanitarian aid workers are aware that evidence-based practice in disasters is very poor
- Humanitarian aid workers and donors need SRs to improve their interventions and assess impact of their efforts
- They want reviews, comments from experts in the field and context-specific information to be accessed online
- They have many uncertainties for which they need research evidence
- Evidence Aid should engage with aid workers to prioritise their needs on systematic reviews