A SCOPING STUDY

TOWARDS ENHANCING THE KNOWLEDGE OF THOSE LEARNING ABOUT HUMANITARIAN ACTION AND/OR GLOBAL HEALTH

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For: Evidence Aid Project on behalf of Cochrane Collaboration
Location: Ireland
Report Date: 31st March 2013
ACKNOWLEDGEMENTS

The authors would like to sincerely thank Evidence Aid for commissioning this study, as well as the course coordinators/respondents who took the time to answer the survey.

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### ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CERAH</td>
<td>Geneva Centre for Education and Research in Humanitarian Action.</td>
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<tr>
<td>DFID</td>
<td>UK Aid: Department for International Development</td>
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<td>ELRHA</td>
<td>Enhancing Learning and Research for Humanitarian Assistance</td>
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<tr>
<td>IASC</td>
<td>Inter Agency Standing Committee</td>
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<tr>
<td>INGO</td>
<td>International non-governmental organisation</td>
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<tr>
<td>LSHTM</td>
<td>London School of Hygiene and Tropical Medicine</td>
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<tr>
<td>IHSA</td>
<td>International Humanitarian Studies Association</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
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<td>TOR</td>
<td>Terms of Reference</td>
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<td>UN</td>
<td>United Nations</td>
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<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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1. EXECUTIVE SUMMARY

BACKGROUND

Systematic reviews are a mechanism for research findings to be reviewed and conclusions drawn about what works and what does not. They are increasingly recognised by donors, such as DFID and AusAID, as central to evidenced based decision making, not only in international development but also the humanitarian sector.

Following the 2004 Indian Ocean Tsunami Evidence Aid was founded, as a branch of the Cochrane Collaboration, in response to the need for reliable information by people engaged in disaster planning and response. The Evidence Aid mission statement is “to improve effective access to systematic reviews on the effects of interventions and action of relevance before, during and after natural disasters and other humanitarian emergencies to improve health related outcomes” One of the most appropriate avenues to improve access to systematic reviews is through those institutions that teach and train existing and future humanitarian aid workers. This study was specifically commissioned to assess the extent to which systematic reviews and the evidence base are incorporated into the learning and training of those existing and future humanitarian aid workers.

More specifically the study aimed to identify trends in learning about systematic reviews and the evidence base in the curriculum of a sample of courses that have a primary focus on international health and/or health outcomes in humanitarian action. Additionally, the study aimed to establish an excel database of the sample courses as the foundation of a knowledge bank for future interactions with Evidence Aid and last but not least to make other recommendations related to enhancing the use of systematic reviews and the evidence base in humanitarian action/global health.

MAIN FINDINGS

The study did not clearly establish trends as to what extent systematic reviews and the evidence base is incorporated into the learning and training of decision makers in humanitarian emergencies. The limited information gained from the survey would indicate that the incorporation of systematic reviews and the evidence base is perhaps patchy and not ingrained as fundamental to the learning and training of future and present decision makers at this point in time. This would also be inferred from the desk review and database establishment, where there was no apparent mention of systematic reviews within curriculum or dialogue.

In addition no clear findings emerged on how best to support institutions in the learning and training of humanitarian decision makers. Only a process of dialogue with such institutions will best determine how to support them. This dialogue could be instigated at the global level such as via the International Humanitarian Studies Association (IHSA)’s associated conferences and meetings.

However, it is also clear from the wider analysis that the world of learning and training for humanitarian decision makers is evolving quickly, is multi-faceted and much broader in scope than Masters or PhDs in humanitarian action/global health as discussed here. Support for the incorporation of systematic reviews and evidence based decision making needs to go far beyond the learning and training environment examined within the scope of this study. Evidence based decision making needs to be
supported not only in learning and training at a variety of levels (i.e. Masters level courses and short intensive courses like the Certificates in Advanced Studies offered at CERAH), but also become integrated into the continuous learning and professional development of humanitarian actors (through networks such as ALNAP and ELRHA) and by extension become part of the aid culture. In the context of Linking Relief and Rehabilitation to Development one could argue that evidence based decision making in humanitarian contexts also become a part of development learning, training and professional development and thus the culture and policy of the wider aid sector.

More specifically the following objectives were (or were not) met

1. Trends in the area of learning and training were not established as hoped. This failure directly relates to the paucity of data gathered from the survey due to low response levels which in itself might be indicative of current awareness regarding the importance of systematic reviews and the evidence base in the meeting of humanitarian objectives and more specifically health outcomes.

2. An excel database was established containing a sample selection of 64 taught courses delivered in the United States, Australia, New Zealand, United Kingdom and South Africa. This database formed the basis of the survey but is by no means exhaustive for the sample countries selected and the wider world. It does however act as the basis for a living database should evidence aid and/or other body decide this is an appropriate communication and information tool for it to use.

3. A number of recommendations were made related to increasing links with humanitarian action and/or global health programmes to increase and enhance the use of systematic reviews.

MAIN RECOMMENDATIONS

Evidence Aid or like-minded bodies need to engage more with academia to firstly raise awareness about the role of systematic reviews in evidence based decision making, secondly to identify the most effective ways Evidence Aid can support the delivery of the evidence aid training objectives and thirdly be in a position either directly or with partners to respond to the stimulated demand it aims to create.

Beyond the academic world Evidence Aid should link with other training institutions who are engaged in the continued professional development of existing humanitarian aid workers.

Outside of academia and other training institutions Evidence Aid or similar body could link with other organisations and networks in the humanitarian sector such as ELRHA, ALNAP, CERAH, IHSA etc. and develop a comprehensive strategy to make systematic reviews and the evidence base an integral part of the entire humanitarian to development system, instead of on an adhoc basis delivered in learning/training on post graduate courses such as those identified in the sample database.
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2. INTRODUCTION

2.1. SYSTEMATIC REVIEWS

The Cochrane Collaboration describes systematic reviews as a review that “attempts to collate all empirical evidence that fits pre-specified eligibility criteria in order to answer a specific research question. It uses explicit, systematic methods that are selected with a view to minimizing bias, thus providing more reliable findings from which conclusions can be drawn and decisions made” (Green and Higgins 2011). Systematic reviews undertaken by the Cochrane Collaboration with specific methodology that meticulously increases the quality of reviews are called Cochrane Reviews (Green 2005). Systematic reviews differ from literature reviews, or narrative expert opinion pieces, as they summarise large bodies of evidence while being guided by peer reviewed protocols and are easily replicated, making them rigorous and transparent (Hemingway and Brereton 2009). Indeed, Petrosino et al (as cited in (Hagen-Zanker, Duvendack et al. 2012:1)) describes them as “the most reliable and comprehensive statement about what works.”

Stemming from evidenced-based medicine in the health sector with systematic reviews of randomised control trials (Green 2005), they are an increasingly important approach in other disciplines such as education, environment and social sciences, leading to new challenges and adapted methodologies, such as rapid review approaches (Khangura, Konnyu et al. 2012). Adaptations may also include one or a combination of statistical or meta-analysis and qualitative data and/or grey literature (Green 2005). Developments in the area of systematic reviews have also included a biennial conference under the Evidence Based Library and Information Practice series of conferences and the Evidence Based Library and Information Practice Journal and Systematic Reviews Journal among others (Urquhart 2010). While they are found in most electronic databases, such as PUBMED and EBSCO, they are also collated in specific libraries and websites including, EPPI-Centre, Campbell Collaboration, Campbell Collaboration http://www.campbellcollaboration.org/index.html, Database of Abstracts and Reviews of Effect (DARE) http://www.york.ac.uk/inst/cred/drectdatabases, Collaboration for Environmental Evidence www.environmentalevidence.org, The Centre for Evidence-Based Medicine www.cebm.net, and The Cochrane Library http://www.cochrane.org/index.htm.

Recently, systematic reviews have gained attention from donors, such as DFID and AusAID, as they are recognised as central to evidence-informed decision making and best practice in the international development and humanitarian aid sectors: particularly in light of agendas for aid effectiveness (e.g. the Paris Declaration on Aid Effectiveness 2005 and subsequent follow ups in Accra, Istanbul and more recently the Busan 4th High Level Forum on Aid Effectiveness) within a context of managing for results, accountability, austerity and value for money. DFID are investing resources in evaluating the appropriateness of systematic reviews in assessing humanitarian and development interventions. A synthesis of studies in the area of livelihoods, WASH and agricultural related interventions have led to a variety of systematic reviews (Hagen-Zanker, Duvendack et al. 2012). In addition, in 2011 the Humanitarian Emergency Response Review (HERR) called for humanitarian action to be underpinned by evidence and highlighted the need for more systematic and rigorous applied research (ELRHA 2009).

1 Systematic reviews may also be found at the Joanna Briggs Institute www.joannabriggs.edu.au/pubs/systematic_reviews.php, Bandolier www.medicine.ox.ac.uk/bandolier, The NHS Centre for Reviews and Dissemination www.york.ac.uk/inst/cred.
Further attention in this area can be seen from the Evidence Review commissioned in January 2013 by ELRHA on behalf of DFID and the Welcome Trust. In this they seek to undertake a comprehensive Evidence Review on the research base which informs humanitarian decision making in the field of public health interventions.

2.2. STUDY BACKGROUND

The Cochrane Collaboration is an independent body and the world’s largest organisation dedicated to producing systematic reviews of health care interventions (CC 2011). Following the 2004 Indian Ocean Tsunami, the Cochrane Collaboration established Evidence Aid in response to the need for reliable information by people engaged in disaster planning and response. Evidence Aid’s mission is “to improve effective and timely access to systematic reviews on the effects of interventions and actions of relevance before, during and after natural disasters and other humanitarian emergencies, to improve health-related outcomes; working with those who need and use this evidence and those who produce it” (EAAG 2011).

Following three key events in 2011, (1st Evidence Aid Conference (26 September), a meeting of the writing committee (27 September) and presentation to the Cochrane Collaboration (20 October), a document titled A Future Outline for Evidence Aid ("the Outline document") (EAAG 2011) with recommended actions was developed. Among other actions, Evidence Aid is developing partnerships with agencies and others in an ‘Evidence Aid Alliance’ (CC 2011; Clarke, Allen et al. 2011 ); is facilitating an ongoing comprehensive needs assessment and a project has commenced to identify past Cochrane Reviews and other systematic reviews and individual research studies of potential relevance to Evidence Aid (EAAG 2011).

As set out in Version 16 December 2011 of the Outline document, Training, Section 19, Evidence Aid is seeking to establish a training programme to facilitate the use of systematic reviews in natural disasters and other humanitarian emergencies. It also plans to gather information on other courses, such as Masters’ courses of potential relevance to the Evidence Aid project so that it may work with academic/training institutions to help inform students about different sources of evidence, and instil not only a knowledge or awareness of the role evidence plays in humanitarian action, but stimulate demand for further learning in this area. Through academic programmes that primarily focus on health interventions and health outcomes in humanitarian action there is an opportunity to increase the awareness and knowledge base of systematic reviews and promote their use. Training, Section 20, aims to facilitate communication among those working on research relevant to Evidence Aid, particularly for opportunities to share experiences and to benefit from interactions outside their institutions (EAAG 2011).

2.3. PURPOSE

This exploratory/scoping study was commissioned by Evidence Aid to assess the extent to which systematic reviews and the evidence base are incorporated into the learning and training of decision makers in humanitarian emergencies. By establishing the extent to which this occurs, Evidence Aid can make decisions on how best to support institutions to achieve the Evidence Aid mission statement which is “to improve effective access to systematic reviews on the effects of interventions and action of relevance before, during and after natural disasters and other humanitarian emergencies to improve health related outcomes”.

4 | P a g e
2.4. SPECIFIC OBJECTIVES

Specifically, the study contributes to Evidence Aid’s objectives in the Outline document, Training 19 and 20, as follows:

- Establish trends in the curriculum of a sample of courses and assesses the degree to which systematic reviews and the evidence base are being incorporated into learning or training objectives in training for health interventions and health outcomes in humanitarian action. Trend factors/questions examined included:
  - What is being delivered in relation to systematic reviews (if any) and methods of delivery,
  - Who is delivering the curriculum (academic staff only or a mix of academic and practitioners for example),
  - Who the audience is (medically qualified participants only or a mix of people from a range of social sciences).

- Establish an excel database containing a sample selection of taught courses that address humanitarian interventions for health according to the criteria detailed in the Scope at 2.5. The database forms the basis of a knowledge bank of institutions and programmes, to be added to in the future, for potential interactions and partnerships, for communication on Systematic Review training and to establish a student network.

- Make recommendations related to increasing links with humanitarian action and/or global health programmes, to increase and enhance the use of systematic reviews and the production and supply of knowledge. Further, to make recommendations regarding factors that may influence what is being taught within the course (e.g. funding policy directions etc).

2.5. SCOPE OF THE STUDY

A preliminary search indicated that there are numerous academic institutions globally, with courses that may relate to Humanitarian Action and which could be of relevance to Evidence Aid’s objectives detailed in 2.2 above. In order to focus the study on health outcomes and to complete this study within the resources and time available, the scope of this investigation the sample was selected from courses limited to the agreed criteria as follows;

- Programmes delivered in English language,
- Programmes delivered in the United States, Australia and New Zealand, United Kingdom and South Africa up to a maximum of 20 courses in each country,
- Taught Masters programmes, (such as International or Humanitarian Health or similar (foundation year of a PhD for example)) with a primary focus on health interventions and health outcomes in humanitarian action and aligned to the selected humanitarian coordination cluster areas of Health, Water, Sanitation and Hygiene (WASH), Protection, Nutrition and Shelter,
- Institutions and courses that are recognised in the area of humanitarian action,
- Programmes running in or prior to the academic year 2011 of the respective country,
- Are a minimum of one year in length and maximum of two years
3. METHODOLOGY

This action research study was primarily carried out between April 2012 and September 2012 and employed a combination of literature review, internet searches and an online survey. This study was cross-sectional and utilised an emergent design, with qualitative data collection and analysis methods. Being inductive, the study was a process of gathering data and carrying out analysis to establish patterns, consistencies and meanings related to the issue. It was grounded in a post-positivist perspective and underpinned by social constructionism (Gray 2009).

3.1. SAMPLE SELECTION

The unit of analysis for this study was ‘courses’, selected using non-probability sampling methods. In the first instance, programmes were purposively selected according to the criteria outlined at 2.5 Scope of Study. This was followed by quota sampling to include 20 courses from each location, also detailed in 2.5. The International Association of Universities register provided a list of all relevant institutions in North America, Australia and New Zealand and South Africa. Country lists of universities were used to systematically check programme handbooks to ascertain 20 courses within the criteria, or reach saturation point. In the case of South Africa, the quota was not reached. The United Kingdom sample was selected via the ELRHA² database³ which also guided the selection and categorisation of courses to relevant clusters to ensure consistency.

In the course of the study a database of the sample was compiled with 64 courses, including 20 from the United Kingdom, 20 from North America, 20 for Australia and New Zealand and 4 from South Africa. These were cross checked with other databases containing postgraduate course information including the IFPI Database, the University Training and Education in Humanitarian Action 2010 study, the African University Handbook, the Global Humanitarian Studies Index as well as internet searches with search terms including individual or combinations of: humanitarian health, humanitarian master, international health, global health, disaster risk management, disaster risk reduction, disaster risk planning, humanitarian assistance, humanitarian action, taught masters, course masters, education, training, study, education. Courses without a predominantly health outcome focus were eliminated.

While selecting the sample, relevant information on university websites was compiled into a database to form the contact list to dispense the online survey and as the foundation to establish student researcher networks. All attempts were made to include programmes in each country that ranged across the humanitarian clusters of WASH, Health, Protection, Nutrition and Shelter but is explored further in Other Findings of this report.

3.2. DATA COLLECTION

Data collection for this study took place via the internet while the researchers were based in the Republic of Ireland. An online semi-structured questionnaire (copy at 5.2 Annexes) was dispensed to the relevant course contacts of each of the 64 courses in the sample database referred to in 3.1 above and conducted

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² ELRHA is a collaborative network that supports partnerships between higher education institutions in the UK and humanitarian organisations around the world.
³ A database of courses administered by ELRHA that sets out humanitarian action related courses in the UK.
using the ‘SurveyMonkey’ platform. The semi-structured nature of the survey allowed for a mix of quantifiable information to be gathered as well as gain some depth by opening questions out once a quantifiable answer had been given. Every effort was made to avoid directing respondents to certain answers. The survey was developed incorporating information sources, such as Evidence Aid’s non-governmental needs assessment questionnaire and data emerging from the literature review. The survey was initially pre-tested in three Irish Universities delivering courses within the scope of the survey before background information and a request to participate in the survey were sent to each of the identified contacts in the sample database. Despite the sending of two requests thereafter to participate only 4 of the 64 contacts replied (one indicating they did not wish to participate and three indicating willingness to participate) and of that only 2 completed the survey (one from the UK and one from the US). This gave a response rate of just 3.1%

Further, findings were gleaned during sample selection and internet searches using Google scholar, academic search engines and a snowballing of website links gathering general information on trends in humanitarian education and training and added to Section 4 Findings of this Report. A literature review presented background, theories, historical context and debate and triangulated research findings as the need arose. The review included peer reviewed journal articles sourced from databases such as EBSCO, JSTOR and PUBMED and grey literature from local, national and international organisations, humanitarian action training and education specific websites together with policy briefing papers and other relevant reports among others.

3.3. DATA ANALYSIS

As indicated above a response rate of 3.1% to the online survey was extremely disappointing. Considering the low response rate from contacts on the database it was decided to add the 3 pre-test questionnaires to the 2 responses received to see if any patterns could be seen from the further analysis.

The semi structured nature of the survey allowed for a mix of quantifiable information to be gathered as well as gain some depth by opening questions out once a quantifiable answer had been given. Every effort was made to avoid directing respondents to certain answers.

Quantifiable information is simply added up and presented in the findings and discussion section. Qualitative information is also directly presented in the findings and discussion section but the analysis is added to by the information gained in the background literature review.

3.4. ETHICAL CONSIDERATIONS

Informed consent was obtained from all participants to the online questionnaire with a first page explanatory information sheet and consent. Participants were informed of the aims of the research and what information was being sought together with how information was to be used and who would have access to the data. They were also made aware that participation was voluntary as was the answering of questions; their anonymity was to be maintained at all times and they had the right to withdraw at any stage. All information and data was stored in a lockable and confidential place at the home offices of the researchers and was accessed by the researchers and the completed database was made available to Evidence Aid personnel only.
3.5. LIMITATIONS

The study has several limitations that should be considered. The sample size for the database is relatively small in comparison to large numbers of programmes available globally that may be of interest to Evidence Aid. However, findings were extrapolated from the institutes and courses chosen to be reflective of the trends in the wider academic studies in humanitarian action and was triangulated with a literature review. By limiting search results to English-language delivered courses, this research by de facto excludes much of the Spanish and French delivered programmes and programmes that may be delivered in other languages in ‘low-income’ and ‘middle-income’ countries. Screening of the courses to be included is subjective by nature, particularly determining the programme to cluster relationship from the information available on relevant course websites and handbooks. However, the study was guided by the ELRHA database structure for consistency.

The survey was completed within a short time frame and outside of the academic year and thus these factors may have affected the response rate. Secondly, the researchers were not known to the contacts and initial requests to inform people of the survey and requesting them to participate were made through a g-mail account and this may have generated a suspicion of SPAM. The focus on health outcomes, being humanitarian health related courses, was a limitation in comparison to the wider learning objectives found in humanitarian action.

4. FINDINGS AND DISCUSSION

4.1. TRENDS IN THE USE OF SYSTEMATIC REVIEWS IN ACADEMIA

As referred to earlier under 3.2 a survey was sent through the Survey Monkey platform to each of the 64 institutions captured on the database in the United States, United Kingdom, Canada, Australia, New Zealand and South Africa. The response rate was only 3.1% so the 3 pre-test questionnaires were added giving a total of 5 survey forms analysed.

While there was a low response rate the composited information gained from the five surveys received is presented below.

1. Demographic and other Information

Course Title: The course titles cover a sample range of areas within Health (Immunology and Global Health, Global Health, Health Services and Public Health Research, International Health and Management, Field Research in Nutrition, Food Policy) and one specific to Humanitarian Action.

Course Type: Each of the course types were at a Master’s degree level with one also at PhD level.

Who delivers the teaching: Only one of the five courses indicated that teaching was delivered by in house staff only. The other four indicated that there was a mix of in house staff and external contributors with the level of external input varying.

Target audience: The predominant response indicates that the target audience covered people from a mix of disciplines and experiences with one course quite specific to graduates from biology, science or medical science.
2. Have you a strong understanding of Systematic Reviews and the role they play or can play in decision making so as to improve health-related outcomes in humanitarian emergencies?

80% (4 of 5) of the respondents indicated that they had a strong understanding of Systematic Reviews and the role they play or can play in decision making so as to improve health-related outcomes in humanitarian emergencies.

3. Are Systematic Reviews and the Evidence Base consciously incorporated into your curriculum and learning objectives?

Again 80% (4 of 5) of respondents said YES to this question. Those who elaborated said the following:

“Yes, Evidence-based teaching and learning are central to the sciences, but systematic reviews in relation to humanitarian aid is only partially incorporated into modules on vaccine delivery and health interventions”

“No, Not right now, except insofar as I can use them to identify key literature to assign.”

4. If YES, to question 3, to what extent are systematic reviews incorporated into learning objectives?

“Very limited incorporation; they are incorporated into a module on vaccine delivery and health interventions. The target audience for the course do not end up working directly in natural disaster situations and other major healthcare emergencies”

“To some degree” “Systematic reviews delivered as an optional module but students [are] strongly advised to choose it. This year 75% of the class chose the option and it was extremely well received. Systematic reviews also offered as an option for dissertation”

“Significantly. Our programme employs a ‘competence based learning approach’. We aim to equip students with the competence to systematically assess and review contexts and intervention strategies. While this ethos cross cuts the programme, our research design module is particularly geared to systematic review”

“Significantly. At the moment it is streamlined through the curriculum and different workshops are conducted for those who undertake systematic reviews as their research project. However, there are plans to have a standalone module on SR soon”

While 80% (4 of 5) said YES to the conscious incorporation of Systematic Reviews and the Evidence Base into the curriculum the extent to which it is incorporated varies as seen from the quotes above with 2 or 50% indicating that the incorporation of Systematic Reviews is “Significant”.

5. Have you any immediate plans to expand the incorporation of systematic reviews and the evidence base into learning objectives? If YES, can you briefly explain what those plans might be?

40% (2 of 5) have no immediate plans to expand the incorporation of systematic reviews and the evidence base into learning objectives.

The other 3 responded as follows:
“We aim to deliver a ‘live programme’ that is continuously open to quality enhancement”

“We are planning a standalone course on systematic reviewing from Sept. 2013” [Aberdeen University, Masters in International Health and Management]

“I would assign reviews on relevant topics and use reviews to summarize trends and knowledge in the field”

In brief only 1 of the 5 has any immediate plans to more formally incorporate systematic reviews and the evidence base into learning objectives.

6. Are you aware of other options for your course participants to learn about systematic reviews and the evidence base? If, YES, what are the options you are aware of?

One respondent was unsure about the meaning of the question indicating that students can access literature through the library or the web. Each of the other 4 (80%) said NO.

7. Would you like to see Evidence Aid or similar body provide support to your institution (including students and deliverer’s of programmes) in learning about systematic reviews and the evidence base?

80% (4 of 5) didn’t know if they would like to see Evidence Aid or similar body provide support in learning about systematic reviews and evidence base. Replies below indicate that generally those surveyed didn’t know about the support option and if replying yes were unsure what that support would be and how it would be delivered in their institutions.

“Don’t know. I would prefer to discuss options first on what benefits Evidence Aid or similar bodies might bring to the course”

“Yes”

“Don’t know. I would like to see my staff and people that work on our programme keep abreast of initiatives like Evidence Aid”

“Don’t know. I am not sure how the administrative structure would respond to this. Needs to be discussed at a higher level. There might be potential.

Don’t know. Again not sure what you are asking. The reviews themselves can be useful as a basis for course content, and students can use them for their papers and other work. What other support would be provided? Looking at your next question: anything that provides scholarships for PhD students is most welcome!!!

8. If YES to Question 7, how would you like to see that support delivered?

60% (3 of 5) answered the question and below are the responses which suggest three mechanisms for delivery of such support namely scholarships for PhD students, direct face to face teaching support and through a network.

“by direct face to face teaching support, through scholarships for PhD students”
“through a network”

“through scholarships for PhD students”

9. If you have additional comment to make and/or would like telephone follow up please indicate in the box below.

Only 1 of the 5 provided a reply to this question as quoted below

“As I understand it, Cochrane Reviews are published and generally accessible. What elements of support are you suggesting? These are useful, and expanding them to more fields is a great idea”

To summarise the low number of participants in the survey makes it hard to say that the findings above are representative of the academic communities that Evidence Aid wishes to engage with. The simple lack of engagement with the survey may suggest that systematic reviews and the evidence base are not high on the agenda of academic institutions at this point in time but this cannot be confirmed.

Those who responded to the survey may have been those most interested and/or aware of systematic reviews and the evidence base thereby giving a false positive on the levels of understanding with regard to systematic reviews and the level to which they are incorporated into learning objectives.

The analysis also suggests that there is a gap and a real need for engagement with such institutions to partly generate awareness about the importance of systematic reviews and the evidence base before taking the next step of supporting teaching/training on systematic reviews and evidence base in whatever way is subsequently decided. Only after a defined process of engagement with these institutions can the type of support required be determined.

Finding 1: Despite the possible constraining factors limiting the response rate to the survey the low response rate is perhaps a finding in itself? It may indicate a lack of awareness and perhaps a lack of interest in the role that systematic reviews can play in the delivery of humanitarian action and/or global health. It may simply not be a priority area for them to cover.

Finding 2: In the majority of cases the teaching input on the courses surveyed is delivered by both in-house staff and external expert contributors. This may suggest there is scope for evidence aid to provide external teaching support to the courses of interest.

Finding 3: The target audiences tend to be people from a mix of disciplines and therefore not necessarily coming from a health background of any sort.

Finding 4: Of those who responded to the survey most indicated they had a strong understanding of Systematic Reviews and the role they play in decision making so as to improve health-related outcomes in humanitarian emergencies. The fact that so few people responded to the survey this finding does not necessarily reflect a strong understanding within the other courses identified.

Finding 5: The degree to which Systematic Reviews are incorporated into the courses surveyed varies from very limited through to significantly. 2 of the 5 institutions who responded said Systematic Reviews are incorporated significantly. Again, due to the low response rate the survey may have captured a higher
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Percentage of courses incorporating Systematic Reviews into their courses simply because those interested or aware of Systematic Reviews responded.

Finding 6: Even with a strong understanding of Systematic Reviews in the respondents only one reply indicated clear plans to step up the incorporation of Systematic Reviews into teaching. In this one case a standalone course on systematic reviewing is due to be incorporated from September 2013.

Finding 7: All of those who responded to the survey are not aware of other options available to their course participants to learn about Systematic Reviews and the Evidence Base. This would suggest that one of the first challenges in this area is to generate that awareness.

Finding 8: Those who responded to the survey didn’t know if they would like to see Evidence Aid or similar body provide support in learning about Systematic Reviews and the Evidence Base. They don’t know that support is an option or what form that support would take. It would seem that a process of dialogue and not survey forms is required to establish what support is needed and how it should be delivered.

Finding 9: Three suggestions were provided on how support should be provided to courses wishing to learn about Systematic Reviews and the Evidence Base. The most popular suggestion was to provide scholarships for PhD students followed by direct teaching support (perhaps as external expert contributors) or through a network.

Overall the findings set out above are far from conclusive and provide little in the way of suggested direction for Evidence Aid on the key elements of, how well systematic reviews and the evidence base are incorporated into the learning and training of humanitarian aid workers. Similarly it does not provide guidance as to what Evidence Aid should do to enhance the incorporation of systematic reviews and the evidence base into the learning of humanitarian aid workers at that Masters and PhD level.

If there is a pattern to be seen from the results of the survey it is the fact that so few responded to the request for information. While much of the low response rate could be attributed to the timing and route of the request for information, the overwhelming lack of engagement with the survey might in itself indicate that the academic world does not yet see the incorporation of systematic reviews and the evidence base as a high priority.

4.2. Excel Database

An excel database of 64 courses was established (see annex for summary sheet) as part of this scoping study and acts as a foundation for future development, be it by Evidence Aid or another body such as those trying to create a network of institutions involved in the learning and training of future and present humanitarian aid workers.

Finding 10: Research carried out in establishing the database demonstrated that there are a huge number of courses that are relevant to the humanitarian context and the numbers are growing. In the northern hemisphere countries saturation levels for the sample (20 per country) were easily achieved and many courses relevant to the research criteria have not been included in the original database. While in the southern hemisphere, it was more difficult to reach the sample under this criteria and New Zealand and Australia were combined in order to reach a sample of 20.
Finding 11: Maintaining a database of relevant courses, even just those courses related to global health and humanitarian action will require considerable investment as there are not only numerous courses and the method to include them all takes considerable time, the landscape is changing at a rapid rate. According to CERAH’s (2010) overview of interdisciplinary humanitarian education programmes, two thirds of the 77 programmes in 50 different institutions were developed in the past 10 years. The trend would suggest the number of institutions and the number of courses will only increase.

4.3. OTHER FINDINGS

While this study’s objectives concentrate primarily on the trends in the use of systematic reviews in academia, it is important to consider these trends within the wider and changing context of the humanitarian sector, and also education and training related to the sector. The findings in this section, were gleaned during the sample selection process and the literature review.

As outlined earlier under Finding 11 there has been a veritable explosion in the number of courses focused on some element of humanitarian action in recent years. However, this growth in courses is not just confined to the academic arena nor is it confined to courses of a Masters or PhD type. As the Humanitarian Sector becomes increasingly complex and professionalised, continuous professional development of existing aid workers is becoming the norm. Some NGOs seek tailor made courses for their staff from training institutions like Bioforce in France, while others have the option to send staff to existing training programmes such as the Certificates of Advanced Studies in Humanitarian Action referred to later below. In addition, many humanitarian workers are independently seeking further studies in order to obtain employment as the requirements for qualification changes or increases.

Finding 12: Education or training for humanitarian aid workers is changing beyond the foundation qualifications that many humanitarian actors required their staff to possess in the past. If Evidence Aid wishes to influence and support the education and training of humanitarian professionals comprehensively it should look beyond the Masters and PhD level courses examined under this scoping study.

In addition, humanitarian studies as a concept has no agreed definition and is thus extremely broad. It encompasses much more than learning around global health and the technical sectors referred to in this study. Those learning on a wide range of courses will be the decision makers of today and tomorrow. As mentioned earlier this broad range of studies should also be considered to extend out even further to those studying development if one is to follow the principle of LRRD (Linking Relief and Rehabilitation to Development). This is also relevant as countries such as Australia have few, if any, opportunities to study humanitarian studies specifically at an academic level.

Finding 13: The scope of academic courses to influence, not only within humanitarian action but also development is much greater than the criteria set for this study. Evidence Aid should consider this if it wants to influence the use of systematic reviews and the evidence base in every aspect of humanitarian action and development.

The huge growth in academic and training courses is matched by similar growth in other aspects of humanitarian action, as well as changes in the humanitarian operating landscape, particularly increasing complexity and severity and changes in aid architecture such as private funding and austerity measures among others. The development of the Sphere Handbook in the mid-late 1990s and more recently the Humanitarian Accountability Partnership are indicative of developments. In addition the number of
other ‘non-implementing’ organisations and networks is growing as illustrated by the sample selection of potential networks and organisations outlined below.

Established at the 1st World Conference on Humanitarian Studies in 2009, the International Humanitarian Studies Association (IHSA) is a network of people engaged in the study of humanitarian crises caused by natural disaster, conflict or political instability. http://www.ihsa.info/

ELRHA (Enhanced Learning and Research for Humanitarian Assistance). ELRHA is a collaborative network dedicated to supporting partnerships between higher education institutions and humanitarian organisations and partners around the world.

CERAH (Centre for Education and Research in Humanitarian Action) is the humanitarian platform in Geneva’s academic environment, (and home to many Health related UN agencies such as WHO, UNICEF and UNHCR), offering a variety of training and diplomas and conducting multi-disciplinary research on topics of humanitarian action. It should be noted that while the focus of research for this study has been primarily on Masters Level courses CERAH offers in-depth 7 week programmes of 10 ECTS credits in what are termed Certificates of Advanced Studies in Humanitarian Action. One of those Certificates in Advanced Studies is Health in Humanitarian Action.

Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) was established in 1997, following the multi-agency evaluation of the Rwandan Genocide. It supports the humanitarian sector to improve humanitarian performance through learning, peer-to-peer sharing and research. As an example it has produced Lessons Papers such as one on Humanitarian Action in Drought Related Emergencies (2011)

Run by the Humanitarian Policy Group (HPG) which is part of the Overseas Development Institute (ODI) the Humanitarian Practice Network was established in 1994 to provide an independent forum for policy-makers, practitioners and others working in or on the humanitarian sector to share and disseminate information, analysis and experience, and to learn from it. The only network of its kind, HPN plays a key role in examining policy developments and distilling practice.

Founded in 1967, the Association of African Universities (AAU), headquartered in Accra, Ghana, is the apex organization and forum for consultation, exchange of information and co-operation among institutions of higher education in Africa. http://www2.aau.org/membership/fullmembers.htm

Established in 1992, The Inter-Agency Standing Committee (IASC) is a unique inter-agency forum for coordination, policy development and decision-making involving the key UN and non-UN humanitarian partners. http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-about-default

Founded in 2003, DARA is an independent organisation committed to improving the quality and effectiveness of aid for vulnerable populations suffering from conflict, disasters and climate change.

Others would include the Humanitarian Professional Network through LinkedIn, RedR and People in Aid just to name a few.

The selection of organisations and networks outlined above are an illustration of the way Humanitarian Action has changed in the last 20 years. The number of networks and organisations seems to be growing and some, such as ELRHA have similar objectives to Evidence Aid. Global level bodies such as IHSA
and IASC provide an outlet for advocacy and awareness of systematic reviews so as to influence curriculum of courses and academic programmes at a much broader level.

Finding 13: Evidence Aid should look at expanding its horizons and not only aim to influence and support academic institutions regarding systematic reviews and the evidence base but actively engage with a wide range of other institutions to promote the Evidence Aid agenda. Institutions such as ELRHA, ALNAP, CERAH, IHSA etc. should be linked with to bring about a cultural shift in the humanitarian community and ultimately result in evidence based decision making utilising systematic reviews as the norm and not the exception and also not just limiting this to academic forums but to the myriad of other relevant courses available.
5. CONCLUSION AND RECOMMENDATIONS

WORKING WITH ACADEMIA

Recommendation 1: Evidence Aid and/or other like-minded bodies need to engage in an awareness campaign targeting academic and training institutions such as those contained in the sample database attached in order to (a) ensure there is an awareness about Systematic Reviews and the Evidence Base and their role in decision making before and during times of crisis, and (b) to alert such institutions that external support (whatever form that might take) is available.

Recommendation 2: Evidence Aid and/or other like-minded bodies should engage in a dialogue with the relevant institutions to clarify that support is wanted in the first place, what form that support should take (i.e. scholarships, direct teaching input, network etc.), a timeframe, costs and other issues that require discussion.

Recommendation 3: Following the dialogue with academia a number of support mechanisms should be put in place and trialled to help determine which ones work best at contributing to the Evidence Aid mission, which is “to improve effective access to systematic reviews on the effects of interventions and action of relevance before, during and after natural disasters and other humanitarian emergencies to improve health related outcomes”.

Recommendation 4: The field of academic learning in humanitarian action is very broad and decision makers within every discipline of humanitarian action and development (if one wants to impact on the cross cutting theme of Linking Relief and Rehabilitation to Development) should in theory be aware and trained in the use of systematic reviews and the evidence base in that decision making process. Evidence Aid may want to expand its scope of influence taking this into account.

DATABASE

Recommendation 5: There are other organisations developing databases similar to the one produced as a sample database for this study. Rather than duplicating the efforts of others, Evidence Aid should collaborate with others, such as ELRHA to ensure there is a live and up to date database that meets the information needs of Evidence Aid. In these cases, a Memorandum of Understanding between the parties would seem a positive option.

OTHER FINDINGS

Recommendation 6: Education and training of humanitarian aid workers is a continuous process that goes beyond attendance at Masters or PhD level courses and may include short courses or distance learning for example. The realm of influence and support for the education and learning of aid workers should go beyond the level examined in this study.

Recommendation 7: Evidence based decision making is a requirement at every level in development as well as humanitarian action and Evidence Aid should look to extend its influence and support to a very wide degree.
Recommendation 8: Evidence Aid needs to act as an advocate for evidence based decision making and connect with other organisations and networks such as ELRHA, ALNAP, CERAH, IHSA etc. in order to further its objectives.
ANNEXES
5.1. CONCEPT NOTE

CONCEPT NOTE
(APPROVED 9 JUNE 2012)

1. WORKING TITLES:

- Towards enhancing the knowledge of those learning about Humanitarian Action and/or Global Health
- Empowering with Evidence: Enhancing Knowledge of Systematic Reviews in Training for Humanitarian Action

2. BACKGROUND:

The Cochrane Collaboration is the world’s largest and independent organisation dedicated to producing systematic reviews of health care interventions (CC 2011). Following the 2004 Indian Ocean Tsunami, the Cochrane Collaboration established Evidence Aid in response to the need for reliable information by people engaged in disaster planning and response. Evidence Aid’s mission is “to improve effective and timely access to systematic reviews on the effects of interventions and actions of relevance before, during and after natural disasters and other humanitarian emergencies, to improve health-related outcomes; working with those who need and use this evidence and those who produce it” (EAAG 2011).

Following three key events in 20114 a document titled A Future Outline for Evidence Aid (“the Outline”) with recommended actions was developed. Among other actions, Evidence Aid is developing partnerships with agencies and others in an ‘Evidence Aid Alliance’ (CC 2011; Clarke, Allen et al. 2011); is undertaking an ongoing comprehensive needs assessment and a project has commenced to identify Cochrane Reviews and other systematic reviews and individual research studies of potential relevance to Evidence Aid (EAAG 2011).

In Version 16 December 2011 of the Outline, Training, Section 19, Evidence Aid seeks to establish a training programme to facilitate the use of systematic reviews in natural disasters and other humanitarian emergencies. It also plans to gather information on other courses, such as Masters’ courses of potential relevance to the Evidence Aid project so that it may work with academic/training institutions to help inform students about different sources of evidence, and instill not only a knowledge or awareness of the role evidence plays in humanitarian action, but stimulate demand for further learning in this area. Academic programmes that primarily focus on health interventions and health outcomes in humanitarian action provide an opportunity to increase the awareness and knowledge base of systematic reviews and promote their use. Training, Section 20, aims to facilitate communication among those working on research relevant to Evidence Aid, particularly for opportunities to share experiences and to benefit from interactions outside their institutions (EAAG 2011).

3. PURPOSE AND OBJECTIVES OF STUDY:

Overall Purpose
The overall purpose of the study is to assess the extent to which systematic reviews and the evidence base are incorporated into the learning and training of decision makers in humanitarian emergencies. By establishing the extent to which systematic reviews and the evidence base are incorporated into learning

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4 1st Evidence Aid Conference (26 September), a meeting of the writing committee (27 September) and presentation to the Cochrane Collaboration (20 October)
and training Evidence Aid can then make decisions on how to support institutions in the achievement of the Evidence Aid mission statement which is “to improve effective access to systematic reviews on the effects of interventions and action of relevance before, during and after natural disasters and other humanitarian emergencies to improve health related outcomes” (EAAG 2011).

Specific Objectives

More specifically this exploratory study is to contribute to Evidence Aid’s objectives as set out in the Outline, Training 19 and 20, as follows:

- Establish trends in the curriculum of a sample of courses and assess the degree to which systematic reviews and the evidence base are being incorporated into learning or training objectives in training for health interventions and outcomes in humanitarian action. Trend factors/questions to examine will include:
  - What is being delivered in relation to systematic reviews (if any) and methods of delivery,
  - Who is delivering the curriculum (academic staff only or a mix of academic and practitioners for example),
  - Who the audience is (medically qualified participants only or a mix of people from a range of social sciences).

- Establish an excel database to include taught courses that address humanitarian action interventions for health according to the inclusion criteria detailed in the Scope and Methodology section of this Concept Note. The database will form the basis of a knowledge bank of institutions and programmes, to be added to in the future, for potential interactions and partnerships, for communication on Systematic Review training and to establish a student network.

- To make recommendations related to increasing links with humanitarian action and/or global health programmes to increase and enhance the use of systematic reviews and the production and supply of knowledge. Further, to make recommendations regarding factors that may influence what is being taught within the course (e.g. funding policy directions etc).

4. SCOPE AND LIMITATIONS OF STUDY

Preliminary research indicates that there are a significant number of academic institutes and courses globally that relate to Humanitarian Action and health outcomes which could be of relevance to Evidence Aid’s aims (as detailed in Section 2 above). In order to complete this study within the resources and time available, this investigation will limit the scope of the study to the following criteria;

- Programmes delivered in English,
- Samples of programmes delivered in the United States, Australia, United Kingdom and South Africa,
- Taught Masters programmes or similar (foundation year of a PhD for example) with a primary focus on health interventions and health outcomes in humanitarian action and aligned to the selected humanitarian coordination cluster areas of Health, Water, Sanitation and Hygiene (WASH), Protection, Nutrition and Shelter,
Towards Enhancing the Knowledge of Those Learning about Humanitarian Action and/or Global Health - Evidence Aid

- Prominent institutions and courses that are well known in the area of humanitarian action,
- Have commenced in or prior to the academic year 2011 of the respective country,
- Are a minimum of one year in length and maximum of two years

The methodology introduces several limitations. Firstly, the sample size is relatively small in comparison to the number of programmes available globally that may be of interest to Evidence Aid. However, it is anticipated that findings will be extrapolated from the institutes and courses chosen to be reflective of the trends in the wider academic studies in humanitarian action. By limiting search results to English-language delivered programmes, this research by de facto excludes much of the Spanish and French delivered programmes and programmes that may be delivered in ‘low-income’ countries. The study is also limited by the subjective nature of determining the programme to cluster relationship from the information available on relevant course websites and handbooks but will be guided by the ELRHA database for consistency. The use of purposive sampling may introduce bias and is recognised as a potential limitation of the study. In order to reduce bias, the courses will be selected from more than one source and from a multitude of angles to try and find as representative a sample as possible.

5. METHODOLOGY:

The proposed desk based study will gather both primary and secondary sources of data. A purposive sample will aim to include a maximum of 20 institutes from each country specified in Section 4 Scope and Limitations above – and will make all attempts to include programmes in each country that range across the humanitarian clusters of WASH, Health, Protection, Nutrition and Shelter.

The study will utilise relevant search terms and will target institutions that are well known in the area of humanitarian action including a review of the relevant institutional websites and other appropriate databases. Where deemed necessary, supplementary information will be used, such as academic databases and peer review journal articles, publications by the International Association of Universities (IAU)/UNESCO Information Centre publications such as Higher Education’s Guide to Higher Education in Africa, 5th Ed, IAU E-bulletin; World Higher Education Database 2010; International Handbook of Universities; Guide to Higher Education in Africa; World List of Universities and Other Institutions of Higher Education; Higher Education Policy; Issues in Higher Education (IAU Series).

To identify trends in the use of systematic reviews, an online semi-structured questionnaire will be dispensed via contact information gathered from the database and followed up with further contact where required.

6. LOCATION OF RESEARCH:

The study is a desk based study which will be conducted in Ireland by the principal and assistant researcher.

7. EXPECTED OUTPUTS:

The research will culminate in:
- A database of taught courses and relevant information, contained on an excel spreadsheet
- A short report of approximately 10 pages (excluding annexes and bibliography) with recommendations.

The researchers will also commit to publishing the findings, perhaps in a journal such as PLoS Disasters.
8. TIMELINE

To be completed by 30 September 2012 or earlier such date, if possible

9. RESEARCH TEAM:

**Niall Roche** (Principal Researcher)
BSc Environmental Health, M.HSc Public Health and Health Promotion

The principal researcher, Niall Roche, is an adjunct lecturer of Global Health, Trinity College Dublin and Humanitarian Action, University College Dublin, Associate Trainer, D'Talk, Kimmage Development Studies Centre and freelance WASH/Environmental Health Specialist. The principal researcher’s 22 years relevant experience in public health/environmental health consists of 19 years concentrated on operations and research in developing country contexts. This includes acute emergencies, transition/recovery and development contexts such as Afghanistan, Thailand, Cambodia, Tanzania, Ethiopia and Kenya/Southern Sudan.

**Donna Corcoran** (Assistant Researcher)
BSc (Hons) International Development & Food Policy, MSc Global Health

The assistant researcher, Donna Corcoran is a Delegate with the Irish Aid Rapid Response Corp and a Gender and Reproductive Health Specialist with over 20 years work experience in project management and administrative functions and research experience in Ireland, northern Uganda and Sierra Leone.

10. RESEARCH TEAM – DECLARATION OF INTEREST:

The Principal Researcher, Niall Roche, declares that he is a member of the Evidence Aid Advisory Committee and is related to Mike Clarke as cousins. The Assistant Researcher, Donna Corcoran, has no interests to declare.

11. PRINCIPAL RESEARCHER

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Skype: niall.roche2
Email: roche.niall@gmail.com

12. REFERENCES:

Clarke, M., C. Allen, et al. (2011). Helping people make well-informed decisions before, during and after disasters: The Evidence Aid initiative [editorial - 9 Nov], The Cochrane Library

EAAG (2011). Future Outline Following 1st Evidence Aid Conference (26 September 2011), meeting of writing committee (27 September 2011) and presentation to the Cochrane Collaboration (20 October 2011). G. EAAG.
5.2. SEMI-STRUCTURED QUESTIONNAIRE

1. Demographic and other information
   - Name (Optional)
   - Title or Role (Optional)
   - Institution
   - Course Title
   - Course Type (Masters or PhD)
   - Who delivers the teaching on your course? (in house staff or a mix with external practitioners for example)
   - Who is the target audience? (a focus group such as doctors or a broader mix of disciplines)
   - Relevant person to contact (if different from above) and email contact address

2. Have you a strong understanding of Systematic Reviews and the role they play or can play in decision making so as to improve health-related outcomes in humanitarian emergencies?
   - Yes
   - No

3. Are Systematic Reviews and the Evidence Base consciously incorporated into your curriculum and learning objectives?
   - Yes
   - No

4. If YES, to question 3, to what extent are systematic reviews incorporated into learning objectives?
   - Very limited incorporation
   - To some degree
   - Significantly

   Please explain in a little more detail how (method of delivery) they are incorporated into learning objectives? For example do you have stand alone modules on systematic reviews or are they mainstreamed throughout the curriculum.

5. Have you any immediate plans to expand the incorporation of systematic reviews and the evidence base into learning objectives? If YES, can you briefly explain what those plans might be?

6. Are you aware of other options for your course participants to learn about systematic reviews and the evidence base? If YES, what are the options you are aware of?

7. Would you like to see Evidence Aid or similar body provide support to your institution (including students and deliverer’s of programmes) in learning about systematic reviews and the evidence base?

8. If YES to Question 7, how would you like to see that support delivered? Please tick no more than 2 answers.
   - By direct face to face teaching support
   - By online teaching support
9. If you have additional comment to make and/or would like telephone follow up (please give contact details here) please indicate in the box below.
## 5.3. SUMMARY PAGE OF DATABASE

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6. REFERENCES


