Prioritization for Evidence Aid: Choosing systematic reviews for the Evidence Aid database

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Aims:
To identify and promote systematic reviews relevant to Evidence Aid, so as to provide reliable, up-to-date and timely access to evidence for natural disasters, health-care emergencies or humanitarian crises.

Background:
Evidence Aid draws on knowledge from systematic reviews, including Cochrane Reviews, that have assessed interventions, actions or strategies which might have an impact on health in disaster settings.

Objectives:
To include systematic reviews related to natural disaster humanitarian crises or major healthcare emergencies in a freely accessible database on the internet, along with contextual summaries of these reviews.

Methods:
In January 2013, The Cochrane Library contained more than 5000 full Cochrane Reviews and nearly 2300 published Protocols. Each of these was assessed to ascertain whether it might be relevant to Evidence Aid. For protocols and reviews published up to January 2012, this assessment was done by three people working separately to categorize potentially eligible records as 'High priority', 'Unsure' or 'Not Relevant'. Three Cochrane Review Groups were sent their selected records and provided feedback leading to the addition of a category of 'Low priority'. Lists of records were then sent to other Cochrane Review Groups as appropriate, for prioritization. A more streamlined approach was adopted for the protocols and reviews published since the start of 2012, and the registered titles for a small number of Cochrane Reviews were also considered.

The next task was to ensure that prioritized records were appropriate and would be deemed relevant by the users of Evidence Aid. The challenges of this exercise were outlined and discussed at the international meeting on Research Agenda and Priority Setting Methods (July 2012).

Results:
The 66 Cochrane Reviews that were already in the Evidence Aid Special Collections (available free in The Cochrane Library) were not included in the prioritization exercise and more than 100 reviews are now included in the database of Evidence Aid Resources on the new website (www.evidenceaid.org). The prioritization exercise led to the classification of a further 134 records as high priority by all assessors and the identification of 541 potentially relevant records where there was disagreement as to the priority level.

To assess whether the records are appropriate for the Evidence Aid database, staff at the International Rescue Committee (IRC) assessed the 134 “high priority” records and prioritized 105 records for inclusion and the IRC are now assessing new protocols.

Summaries are being written for all the prioritized reviews. These will be added to the Special Collections as appropriate and added to the Evidence Aid database.

Conclusions:
Prioritization of the material to be included in Evidence Aid will ensure that it only contains relevant information, minimizing the burden for users who might otherwise need to check through many irrelevant reviews. Evidence Aid is partnering with aid agencies, NGOs and others to incorporate their priorities and needs into this process, as it has done with the IRC.

In June 2013 a workshop helped to identify the 30 highest priority research questions for systematic reviews that might help people preparing for and responding to natural disasters and humanitarian crises, using the approach developed and refined by the James Lind Alliance.

These questions will be available on the Evidence Aid website, and work on three Cochrane Reviews has started, with Evidence Aid volunteers working with the Public Health Group, the Effective Practice and Organisation of Care Group and the Pregnancy and Childbirth Group.

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