Responsive evidence development: A global approach
(or priority setting for global stakeholders with differing priorities)

Claire Allen (Knowledge Manager, Evidence Aid)
on behalf of the Evidence Aid team (Claire Allen, Mike Clarke and Bonnix Kayabu)
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Outline of presentation

• Background to Evidence Aid.
• Priority setting:
  – Why and how.
  – Methodology.
  – Pre-workshop exercise.
  – Workshop.
  – Outcomes and next steps.
  – Lessons learned.

I have had a financial interest, arrangement, or affiliation with Evidence Aid (employee status) that could be perceived as a direct conflict of interest in the context of the subject of this presentation.
Evidence Aid – why?

• Established after Indian Ocean tsunami.
• Knowledge from systematic reviews to provide reliable, up-to-date evidence for disasters, humanitarian crises and other major healthcare emergencies.
• Provides urgent response, by offering searchable resources and bundling together brief summaries of the findings of systematic reviews.
• Improves access to the findings of systematic reviews on the effects of relevant interventions, actions and strategies, to improve health outcomes in disasters, humanitarian crises and major healthcare emergencies.
Priority setting – why?

• Aim: To summarise information and provide to users.
• Where to start?
• We did not identify any previous priority setting exercise for disaster-related questions that might be answered by systematic reviews.
• Few aid agencies have lists of research priorities; most aid agencies don’t have a research division and research projects and unanswered questions tend to be scattered across the organization, often by country and sector.
• It is difficult to ensure transparency and independence in the process of prioritization for research.
Priority setting – how?

216 questions/potential questions had been collected from the Evidence Aid needs assessment survey and other events including:

1. Discussions with aid agencies and NGOs.
2. Participants from two Evidence Aid conferences (Oxford 2011 and Brussels 2012).
4. Working with the International Rescue Committee.
Priority setting: Methodology

• The 216 questions were developed further by facilitators, Evidence Aid team and Centers for Disease Control and Prevention.
• 43 main themes were identified for an online survey, with the intervention questions attached to these themes.
• Every question (including non-healthcare questions) with potential health outcomes was included.
• Survey was circulated widely and completed by 233 people, identifying the top 10 themes.
Priority setting: Pre-workshop

• The questions for the top 10 themes were developed in a question table, which was circulated to workshop participants in advance.

• They were asked to rank questions and comment on their rankings.

• They could liaise with colleagues in doing this, but had to be prepared to argue their case for the choices at the workshop.
Priority setting: Workshop

- Workshop held on 3-4 June 2013.
- 30 participants from aid agencies, funders, NGOs, academia and independent consultants; with a wide range of backgrounds and experience.
- From Europe, USA, and Africa; all had global experience in the humanitarian setting.
- Assigned to small groups to identify the top 3 questions for systematic reviews, using a consensus process based on the James Lind Alliance model.
Priority setting: Outcome and next steps

- 30 priority questions were identified by consensus.
- Paper submitted to *PLOS Currents: Disasters*.
- Engagement of new contributors to Evidence Aid.
- Building on existing relationships.
- Three priority titles taken on by Evidence Aid volunteers and being registered with Cochrane Review Groups (Public Health; Effective Practice and Organisation of Care; Pregnancy and Childbirth).
- Assess the prioritisation process in 1 year.
- Repeat the exercise in 3-5 years.
Priority setting: Lessons learned

• Research priorities for global disaster management can be agreed by interested people from different backgrounds with different individual and organisational priorities.

• Evidence Aid, with an independent focus and not tied to any single disaster management, aid or research organisation, is well-placed to organise this type of exercise and to facilitate the reviews.

• How should The Cochrane Collaboration incorporate the prioritised reviews, some of which might not fit the existing Cochrane Review model?

• Continued work on the importance of systematic reviews in this area needs to be done.
Thank you for listening!

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Website: www.evidenceaid.org
Twitter: @EvidenceAid
Facebook: Evidence Aid
E-mail: callen@evidenceaid.org

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