

Evidence Aid Annual Report

2012

A co-ordinated, international initiative to improve access to systematic reviews on the effects of interventions and actions of relevance before, during and after natural disasters and other humanitarian emergencies, so as to improve health-related outcomes.

*Report prepared by Bonnix Kayabu, Claire Allen and Mike Clarke
26 February 2013*

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1. Background

Evidence Aid is a co-ordinated, international initiative to improve effective and timely access to systematic reviews of relevance to natural disasters and other humanitarian emergencies. It was established after the Indian Ocean tsunami of 26 December 2004, with input from several members of The Cochrane Collaboration, Cochrane entities and other individuals and groups and has a global focal point in the Centre for Public Health at Queen's University Belfast in Northern Ireland, with the small staff team based in the Centre for Global Health, Trinity College Dublin, Ireland and within The Cochrane Collaboration offices in Oxford, England. Evidence Aid works with partners and contributors around the world to achieve its aim of providing people and organisations with the knowledge tools they need to make well informed decisions and choices in their efforts to improve health following disasters and other humanitarian emergencies.

The current staff team comprises Bonnix Kayabu (Evidence Aid Co-ordinator, full time) and Claire Allen (Evidence Aid Knowledge Manager, half time); in addition to Mike Clarke who is acting as the Director for Evidence Aid within his role in the Centre for Public Health in Queen's University Belfast. During 2012, a number of people approached Evidence

Aid to work as volunteers. For instance, Shona Lang (an experienced systematic reviewer and researcher) is devoting one day per week to Evidence Aid, in particular to assess potential funding opportunities. Shona will take a lead role in preparing contextual summaries of systematic reviews for the new Evidence Aid website. Other volunteers include Saurabh Gupta, Shari Krishnaratne and Racquel Simpson; who have a range of experience in public health, humanitarian relief and systematic reviews.

Through 2012, the funds raised from the McCall MacBain Foundation and Porticus UK have allowed Evidence Aid to consolidate its work, develop new partnerships, obtain further funding, and become well placed for substantial progress in 2013 (Appendix 1). The highlight event of the year was the 2nd Evidence Aid Conference in Brussels in October, which was co-organised with, and funded by the Belgian Red Cross – Flanders. This advanced the prioritisation process for the work of Evidence Aid, which will lead to a dedicated workshop in June 2013. Progress has been made in several other areas as well. These are outlined in this report.

This report describes our activities during 2012, including:

- o **Meetings with agencies and others** involved in disaster risk reduction, planning, response and recovery to discuss the need for Evidence Aid (section 2).
- o **Online needs assessment survey**, which is available in Arabic, English, French, German and Spanish (section 2).
- o **2nd Evidence Aid Conference** in Brussels, Belgium (section 3).
- o **Workshop on systematic reviews for people in the humanitarian sector** (section 4).
- o Range of **dissemination activities**, including contributions to annual reports and newsletters, podcasts, seminars and lectures (section 6).
- o **Partnerships and new funding** to secure the future of Evidence Aid (section 7).
- o Screening of more than **7500 titles, protocols and full versions of Cochrane Reviews** to identify those relevant to Evidence Aid and identification of **additional controlled trials and systematic reviews** (sections 8 and 9).
- o Outline for the new **Evidence Aid website and database** (section 10).
- o Establishment of an extended **Advisory Group** for Evidence Aid (section 12).

The Evidence Aid team



Bonnix Kayabu Mike Clarke Claire Allen

2. Needs assessment for Evidence Aid

During 2012, the continuing focus of Evidence Aid was the identification of the need for reliable information of relevance to decision-makers in natural disasters and other humanitarian emergencies. The principal means of gathering this information are interviews and meetings led by Bonnix Kayabu and an online needs assessment survey, which was designed in consultation with several potential users of Evidence Aid. The first steps in the needs assessment for Evidence Aid, building from the earlier evaluation by Turner et al,¹ were a series of telephone and face-to-face meetings with relevant agencies. These quickly revealed a strong desire for improved access to evidence that would support decision-making by those engaged in disaster risk reduction, planning, response and recovery.

These meetings have included detailed discussions with, for example, Muireann Brenann from the International Emergency and Refugee Health Branch, US Centre for Disease Control and Prevention (CDC).

The online needs assessment survey was launched in July 2011 and is available in Arabic, English, French, German and Spanish (via www.evidenceaid.org). These translations were made possible by the help of Sara Sentis and Xavier Bonfill at the Iberoamerican Cochrane Centre (Spanish), Amani Alhajeri and Zbys Fedorowicz at the Bahrain Branch of the UK Cochrane Centre (Arabic) and Caroline Mavergames at the German Cochrane Centre (German).



The rationale for the survey and the topics covered were published in *PLoS Currents: Disasters* in October 2011,² and discussed in a commentary on the importance of knowledge as a resource, which was published in *The Lancet* on 21 January 2012.³ The survey has also been promoted during our other communication and dissemination activities (see section 6).

¹ Turner T, Green S, Harris C. Supporting evidence-based health care in crises: what information do humanitarian organizations need? *Disaster Medicine and Public Health Preparedness* 2011; 5(1): 69-72.

² Clarke M, Kayabu B. Evidence for disaster risk reduction, planning and response: design of the Evidence Aid survey. *PLoS Currents: Disasters* 2011; 3: RRN1270.

³ Antes G, Clarke M. Knowledge as a key resource for health challenges. *Lancet* 2012; 379: 195-6.

Preliminary findings from the survey were presented at the 2nd Evidence Aid Conference (see section 3); at the MSF Scientific Day in May 2012; and during the Cochrane Colloquium in Auckland, New Zealand (September). A preliminary analysis of the survey was published in *PLoS Current: Disasters* in January 2013.⁴ These preliminary findings emphasise the need for 'global' evidence and the addition of local and context-specific knowledge. It is clear from the survey that systematic reviews could play an important role in improving the effectiveness of humanitarian aid during the planning, delivery and recovery phases of a disaster.

The discussions and survey have also revealed a need for improved training for humanitarian workers and policy makers on the use of systematic reviews and a 2-day workshop (see section 4 for further details) took place at the Centre for Global Health in Trinity College Dublin on 14-15 March 2012. Delegates from WHO, UNICEF, CDC, CONCERN, Health Protection Agency (UK), Trinity International Development Initiatives (TIDI) and other organisations attended the workshop. Efforts are also underway to identify current courses related to humanitarian activities (for example, Development studies, Masters in Public Health, Masters in Community Health, Masters in Logistics, Water and Sanitation, International politics) and to develop partnerships with the providers of these courses, which should help in their delivery of training on systematic reviews. This report will be published in 2013.

"Having seen how technology, resources, partnerships and knowledge are coming together for Evidence Aid, I'm sure that the time is right to ensure that people making choices about services and interventions after disasters have access to the most reliable evidence."

Bonnix Kayabu is a medical doctor from the DR Congo, who became the Evidence Aid Coordinator in December 2010. He worked in Eastern Congo and Rwanda before moving to Ireland, where he completed an MSc in Global Health at Trinity College Dublin (TCD). He is currently undertaking a PhD at the Centre for Global Health in TCD, exploring and promoting the use of research evidence in humanitarian crises. He has a strong interest in improving the accessibility of systematic reviews and other research evidence.



⁴ Kayabu B, Clarke M. The Use of Systematic Reviews and Other Research Evidence in Disasters and Related Areas: Preliminary Report of a Needs Assessment Survey. *PLOS Currents Disasters*. 2013 Jan 22 [last modified: 2013 Jan 22]. Edition 1. doi: 10.1371/currents.dis.ed42382881b3bf79478ad503be4693ea.

3. 2nd Evidence Aid Conference, October 2012

The enthusiasm with which the Evidence Aid initiative was met by agencies involved in disaster risk reduction, planning, response and recovery highlighted the need to bring together different stakeholders in the humanitarian sector. As a result of the success of the 1st Evidence Aid Conference in Oxford, (September 2011), the 2nd Evidence Aid Conference was held over two days in Brussels in October 2012, and was co-organised with, and funded by, the Belgian Red Cross – Flanders. This advanced the prioritisation process for the work of Evidence Aid, which will be developed further at a dedicated workshop in June 2013.

Team at the Belgian Red Cross – Flanders.



Herman Von Rompuy, President of the European Council, welcomed participants to the conference and stressed the importance of evidence in decision making. He said *“Evidence Aid has provided governments, agencies, NGOs and individuals with the most reliable information, in order to take the right choices in difficult circumstances”*. He ended his welcome with the words *“The*

work you are doing is important for mankind”.

More than 80 participants attended the conference from a range of organizations and interests including United Nations aid agencies (UNHCR, Unicef and WHO), government organizations (US Center for Diseases Control and Prevention and UK Department for International Development), international NGOs (USAID and Save the Children), the Red Cross (International Committee for the Red Cross, Australian Red Cross and Belgian Red Cross), publishers (Wiley-Blackwell, *The Lancet*, Public Library of Science (PLOS)) and academic institutions (Trinity College Dublin, University of Oxford).

There were plenary presentations from the Academy for Emergency Management and Disaster Medicine, Centre for Disease Control and Prevention, Department for International Development (UK), Karolinska Institutet, Médecins Sans Frontières, and UNHCR. Three parallel workshops discussed the prioritisation of research questions, systematic reviews, and data collection in disasters; with facilitators from a range of backgrounds, ensuring diverse views and lively discussion.

Evidence Aid is committed to making its conferences and workshops available to as many people as possible and the 2nd conference was available to view through a live, online stream. More than 150 people watched the conference remotely,

more than 130 hours of webcast viewing has been recorded, and there was also a Twitter feed throughout the conference (#evaidconf2012), which attracted a large number of responses. More than 200 tweets were sent over the two days and feedback was positive.

Evidence Aid has also established a dedicated web page for the conference, listing the speakers and including links to their slideshows, the posters that were presented in the 'Poster Village', photographs of the conference, and the opportunity to watch a video of the entire event.

A report of the conference is being prepared for publication and the

workshop discussions will help shape the 2-day priority setting workshop in June 2013. This will progress the plans for prioritising the work of Evidence Aid and identifying high priorities for research and systematic reviews of relevance to disaster. A variety of different organisations, NGOs, and donors will be involved both during the workshop and in the preparations for it.

The global interest in Evidence Aid is apparent from participation in activities such as the 1st and 2nd conferences, workshops and interactions via social media. It has been suggested that our activities expand geographically and the 3rd Evidence Aid Conference might be held in Rwanda, in April 2014.

Participants at the 2nd Evidence Aid conference



4. Workshop: Introduction to Systematic Reviews

This inaugural 2-day (14-15 March 2012) training workshop on systematic reviews, with a particular focus on their use in disasters and other humanitarian emergencies, was led by Mike Clarke. The course was hosted and introduced by Elish McAuliffe of the Centre for Global Health, Trinity College Dublin; and was provided free of charge to people with an interest in this area. Fourteen participants attended from a variety of organisations, including NGOs, charities and academic institutions. Their broad range of backgrounds covered people who were already conversant with the conduct of systematic reviews from outside the disaster setting, and those who had never done or used a systematic review before.

Workshop participants: Introduction to Systematic Reviews



Mike started with the importance of formulating a clear question for the review, as the foundation for the rest of its conduct, including the eligibility criteria and search strategy. He also stressed the need to ensure that the question fits with the uncertainties that the audience for the review will wish to see addressed. Whilst a researcher could formulate a perfectly valid and interesting question, it would be of little or no value to decision makers if the question was not relevant to the problems faced by policy-makers, practitioners, patients or the public.

The course made extensive use of small group problem based learning, which took place both inside and outside the classroom. This allowed everyone to share their views and experiences, and to contribute to the discussions of the various elements that are key to the design of reviews. These discussions focused on topics that had been suggested by the participants themselves, showing how much of the planning and conduct of systematic reviews can be tackled with common sense, applied within the framework of the systematic review process, and revealing how the process can be much less onerous than first thought.

When the workshop moved on to statistics, the participants found how this might be related to horse racing. Odds, risks, and ratios all find their matches in betting on a horse and, by the end of the afternoon, the differences between these statistics were clearer, as was the importance of identifying which were being used when assessing the findings of a review or one of its included studies, and the need for a careful plan when extracting and analyzing data.

5. Evidence Aid presence at the 19th Cochrane Colloquium

Evidence Aid was represented at the 19th Cochrane Colloquium which was held in Auckland in September 2012. Claire Allen represented Evidence Aid. She presented a poster about the first Cochrane Systematic Review that Evidence Aid had carried out, an oral presentation about the results of the needs assessment survey, and Mike Ardagh (Professor of Emergency Medicine at the Canterbury District Health Board in New Zealand) talked about his use of Evidence Aid resources after the Christchurch earthquake in February 2011.

Electric Fans in Heatwaves – a rapid Cochrane Review

The first Evidence Aid systematic review was published in 2012.⁵ The review was carried out with the Health Protection Agency (UK) and colleagues in Canada and Hong Kong as part of the preparations for the Olympics in London. It investigates whether electric fans have a harmful or protective effect on the general population during heatwaves. The comprehensive search identified 4500 records that were checked and 120 full text articles were assessed in detail. Although some relevant research was found, none of the studies met the criteria

for the review. Therefore, the existing evidence does not resolve uncertainties surrounding the health effects of electric fans during heatwaves and continued research is needed to address the ongoing confusion. The review sets out the need for this new research, and includes the design for a randomized trial. It was press-released by the publishers of *The Cochrane Library*, John Wiley and Sons Ltd., tweeted and added to the Evidence Aid Facebook page. There were many online media hits.



⁵ Gupta S, Carmichael C, Simpson C, Clarke MJ, Allen C, Gao Y et al. Electric fans for reducing adverse health impacts in heatwaves. *Cochrane Database of Systematic Reviews* 2012, Issue 7. Art. No.: CD009888. DOI: 10.1002/14651858.CD009888.pub2.

Evidence Aid is grateful to the members of the editorial team of the Cochrane Gynaecological Cancer Review Group (particularly Clare Jess and Gail Quinn) who oversaw editorial responsibility for the review. It was completed over a nine month period, being published on 11 July 2012. This speed contrasts with the average two or more years from title registration to review completion for other Cochrane Reviews. This process showed that rapid reviewing is possible with limited resources, and can be used as a model to promote a rapid turnaround of Cochrane Reviews on issues of major, global importance.

Needs Assessment Survey

Presenting on behalf of Bonnix Kayabu, Claire gave an oral presentation in a parallel session to describe the background, aims, methods, results and conclusions to date of the needs assessment survey. The presentation was well-received and many questions were

asked following it. The overall conclusion is that the technology, resources, partnerships and knowledge are all coming into place for Evidence Aid. The time has come to ensure that those making decisions about services and interventions following natural disasters have access to the most reliable evidence for those choices.

Mike Ardagh presents about the use of Evidence Aid during the Christchurch earthquake

During the closing session at the Colloquium, Evidence Aid was lucky enough to receive feedback on the Special Collection for Earthquakes through Mike Ardagh who used Evidence Aid during the medical emergencies which occurred as a result of the Christchurch earthquake. He explained what was right and what was wrong with the Special Collection and Evidence Aid took note and will adapt. Mike's presentation can be viewed at www.evidenceaid.org.

Mike Ardagh's presentation at the 19th Cochrane Colloquium



6. Communication and dissemination

The major communication and dissemination event of the year was the 2nd Evidence Aid Conference (see section 3) but many other activities took place, too. Evidence Aid has been represented at several meetings through the year, which have included formal presentations and key opportunities for influence; as well as discussions to raise awareness of Evidence Aid and publications. Some highlights are:

- *Measurement of Specific Sphere Indicators (MESSI):*

Bonnix Kayabu represented Evidence Aid at this expert meeting in Atlanta, USA in February 2012. The meeting considered the establishment of a set of measurable indicators to assess the impact of guidance in the Sphere Handbook and should lead to the production of a toolkit for use in humanitarian emergencies.

- *Evidence Aid Cochrane Review of the effects of electric fans in heatwaves (see section 5):*

Working with the Health Protection Agency (UK) and colleagues in Canada and Hong Kong, Evidence Aid published its first Cochrane Review in July 2012.

- *Active Learning Network for Accountability and Performance in humanitarian action (ALNAP):*

In July, Claire Allen met with Paul Knox-Clarke from ALNAP and close links are being established between the organisations. Paul attended the 2nd Evidence Aid Conference and Evidence Aid took part in the 28th ALNAP meeting in Washington in March 2013, giving an

oral presentation titled 'Systematic Reviews in Challenging Circumstances', three poster presentations, and the meeting website hosting a video highlighting the work of Evidence Aid. In July 2012, Bonnix Kayabu was invited in London to attend the ALNAP launch of the report on the State of the Humanitarian System.

- *UK Government for Science's Foresight Report – Reducing Risk of Future Disasters:*

Mike Clarke represented Evidence Aid at the 3-day summit in Ditchley Park, England which influenced the content of this report, setting out a strategy for the next few decades.⁶ The report uses Evidence Aid as an example of how scientific research could be used to strengthen efforts in disaster risk reduction. Following the launch of the report in December, Claire Allen met with Mark Galtrey of the UK Government Office for Science (GO Science). Mark is supportive of Evidence Aid and free access to information for disaster management. The conversation included the possibility that Evidence Aid might become the 'one stop shop' for information relating to all aspects of disaster management. Plans are in place for Evidence Aid and Go Science to meet every three or four months (the follow up meeting took place in March 2013) to discuss progress, strategic planning, and targets including the post Millennium Development Goals.

⁶ www.bis.gov.uk/assets/foresight/docs/reducing-risk-management/12-1289-reducing-risks-of-future-disasters-report.pdf

- *Humanitarian Futures Programme (hosted at Kings College, London, England):*

Claire Allen met with Emma Visman in December to discuss the challenges of communicating information about disasters and humanitarian relief. These discussions will help shape the development of the new Evidence Aid website.

- *Disasters Emergency Committee (DEC):* Claire Allen met with Annie Devonport to learn more about DEC and how Evidence Aid might work with DEC and its 14 member organisations (the main humanitarian relief organisations in the UK). Since the meeting, Annie has circulated information about the Evidence Aid needs assessment survey to the member organisations of DEC.

- *Global Forum for Health Research:* Bonnix Kayabu gave a presentation on the need for research evidence in disasters during the Global Forum for Health Research in Cape Town, South Africa, in April 2012.

Other aspects of the communication strategy for Evidence Aid include an active Twitter account (@Evidence Aid) and Facebook page (Evidence Aid), regular contributions to the Effective Health Care Research Consortium Newsletter, and the Evidence Aid website (www.evidenceaid.org) which lists full details of presentations, meetings and publications. During the year, Evidence Aid also contributed to the consultation on the Irish Aid White Paper Review.



7. Partnerships and new funding

Evidence Aid is pursuing a strategy of developing strong partnerships with key organisations and agencies, while maintaining its 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 is illustrated by the partnerships that have been initiated or strengthened during 2012:

- *Centre for Disease Control and Prevention (CDC), Atlanta, USA:* a letter of understanding was signed between CDC and Evidence Aid in August. Mike Gerber (Head of CDC International Emergency and Humanitarian Branch) and Mike Clarke (Director of Evidence Aid) represented the two organisations. CDC facilitated the workshop on prioritising disaster data at the 2nd Evidence Aid Conference.

Susan Cookson (CDC), Bonnix Kayabu, Claire Allen and Mike Clarke with the Letter of Understanding.



- *Belgian Red Cross – Flanders:* Evidence Aid worked closely with the Belgian Red Cross – Flanders on the 2nd Evidence Aid Conference in October. This included a major contribution from the Belgian Red Cross – Flanders to the costs of the Conference.
- *World Health Organisation (WHO):* Evidence Aid is working with the WHO on a series of systematic reviews to underpin new guidelines on the public health response to major radiation emergencies, such as that caused by the Japanese earthquake and tsunami in March 2011. This includes a grant from the WHO to Evidence Aid in November 2012 to prepare systematic reviews into the health consequences of mass evacuation, monitoring of radiation, and early warning systems for the public. The WHO co-facilitated (with the UK Department for International Development) the workshop on prioritising systematic reviews at the 2nd Evidence Aid Conference.
- *The Cochrane Collaboration:* the appointment of a new Chief Executive Officer for The Cochrane Collaboration in October has provided impetus for renewed discussions about the relationship between Evidence Aid and The Cochrane Collaboration, including the renewal of the secondment of the Evidence Aid Knowledge Manager (Claire Allen) when her current contract ends in August 2013.
- *John Wiley and Sons Ltd:* following detailed discussions about the needs and format for the new Evidence Aid website, the initial version of this new website will be launched in early 2013, including full versions of the first 100 prioritised Cochrane Reviews.

- *Health Protection Agency (HPA), UK*: the Evidence Aid team are working with a variety of sections of the HPA including extreme events and the Centre for Radiation, Chemical and Environmental Hazards. We worked together on the first Evidence Aid Cochrane Review (see section 5) and the HPA co-facilitated the workshop on prioritising research questions at the 2nd Evidence Aid Conference.
- *Karolinska Institutet*: Evidence Aid is working with researchers at the Karolinska Institutet in Stockholm on a concept paper for evidence in disasters. This partnership would have been consolidated during a meeting at the Institutet in December 2012 but this meeting was postponed because of severe weather in Stockholm.

8. Evidence Aid Special Collections

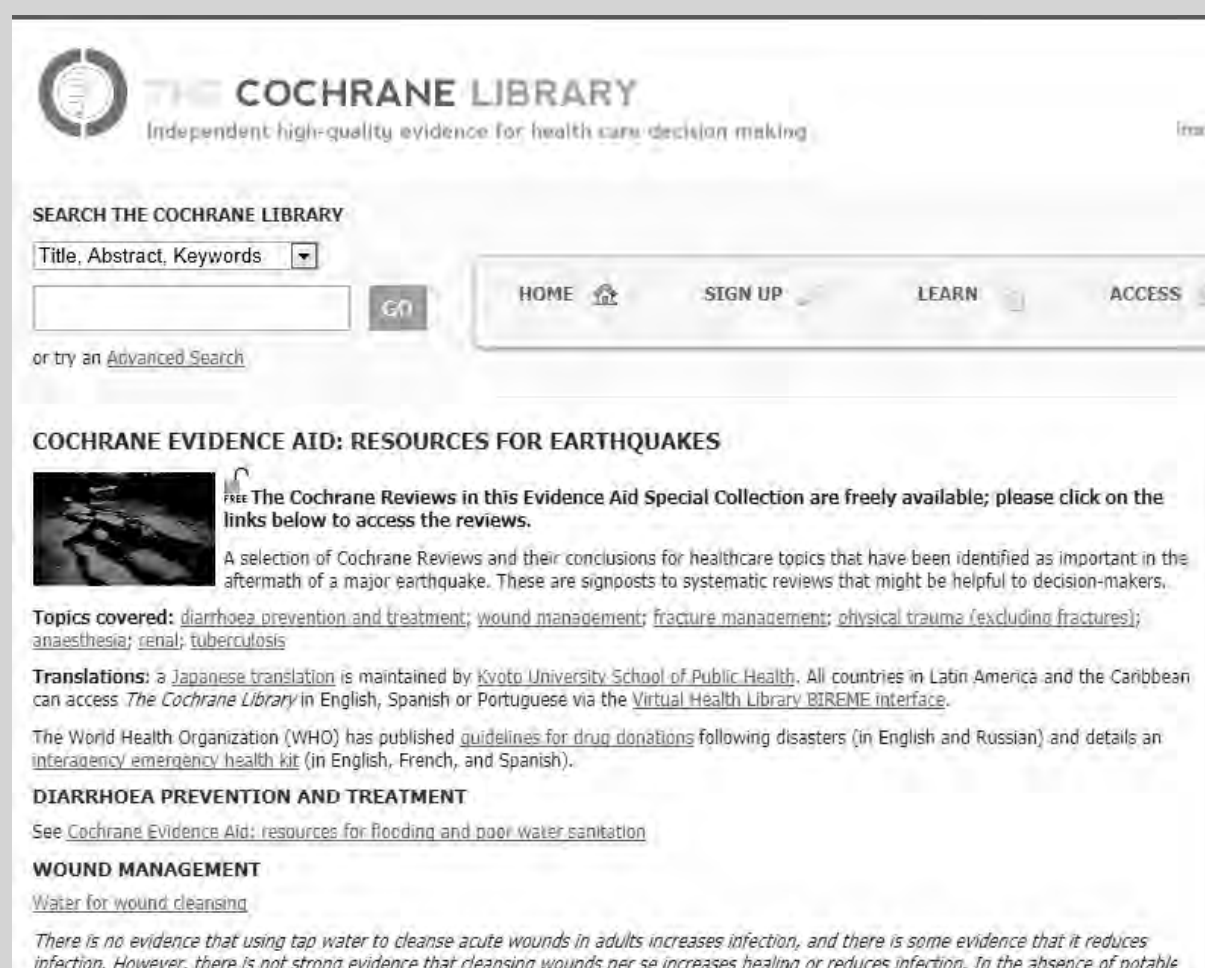
There are four Evidence Aid Special Collections – Resources for Earthquakes; Resources for Flooding and Poor Water Sanitation; Resources for Burns; and Resources for Post Traumatic Stress Disorder. These Special Collections contain more than 100 Cochrane Reviews and all were updated during 2012.

The Special Collections were highlighted on the homepage of *The Cochrane Library* several times in 2012, leading to surges in access to the collections and the constituent reviews. The full version of

each of these reviews was made freely available to everyone through *The Cochrane Library*, with the introduction of improved functionality to the *Library* in 2012.

When the Evidence Aid website is complete the Special Collections will move to this website. They will continue to be freely available, and will be searchable to facilitate ease of use.

Evidence Aid is grateful for help and editorial support from the Cochrane Editorial Unit for the Special Collections.



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COCHRANE EVIDENCE AID: RESOURCES FOR EARTHQUAKES

FREE The Cochrane Reviews in this Evidence Aid Special Collection are freely available; please click on the links below to access the reviews.

A selection of Cochrane Reviews and their conclusions for healthcare topics that have been identified as important in the aftermath of a major earthquake. These are signposts to systematic reviews that might be helpful to decision-makers.

Topics covered: [diarrhoea prevention and treatment](#); [wound management](#); [fracture management](#); [physical trauma \(excluding fractures\)](#); [anaesthesia](#); [renal](#); [tuberculosis](#)

Translations: a [Japanese translation](#) is maintained by [Kyoto University School of Public Health](#). All countries in Latin America and the Caribbean can access *The Cochrane Library* in English, Spanish or Portuguese via the [Virtual Health Library BIREME interface](#).

The World Health Organization (WHO) has published [guidelines for drug donations](#) following disasters (in English and Russian) and details an [interagency emergency health kit](#) (in English, French, and Spanish).

DIARRHOEA PREVENTION AND TREATMENT

See [Cochrane Evidence Aid: resources for flooding and poor water sanitation](#)

WOUND MANAGEMENT

[Water for wound cleansing](#)

There is no evidence that using tap water to cleanse acute wounds in adults increases infection, and there is some evidence that it reduces infection. However, there is not strong evidence that cleansing wounds per se increases healing or reduces infection. In the absence of potable

9. Identification of evidence for inclusion in Evidence Aid

Until now, the main source of systematic reviews for Evidence Aid have been Cochrane Reviews, with Special Collections made available through *The Cochrane Library* website for various topics (previous section). During 2012, the Evidence Aid team continued to assess the titles, protocols and full reviews for more than 7500 Cochrane Reviews to identify those of potential relevance to Evidence Aid. The list of potentially eligible reviews has been reviewed by the Emmanuel D'Harcourt and Ruwan Ratnayake from the International Rescue Committee (USA) and the prioritised reviews will have summaries written, contextual summaries developed, and be added to the Evidence Aid website along with the Cochrane Reviews from the existing Special Collections.

Emmanuel D'Harcourt and Ruwan Ratnayake from the International Rescue Committee (USA)



As each monthly issue of *The Cochrane Library* is released, the reviews in the

Special Collections are updated or added to as appropriate.

£15,000 was obtained from the European Union's TENALEA project (tenalea.net) to identify controlled trials that have been done in disaster settings, with the aim of identifying the potential value of TENALEA for this type of non-commercial research, as an online, secure, low-cost (or free) randomization and registration service. The work will have direct benefits to Evidence Aid through the collection of information of trials and systematic reviews of potential relevance to Evidence Aid. The follow-up to this project is ongoing, following the design and implementation of tailored searches by Kate Misso of Kleijnen Systematic Reviews Ltd, and the screening of the thousands of retrieved titles and abstracts by Tom Clarke. Kate and her colleague Caro Noake presented this work at the Health Libraries Group (HLG) conference in July 2012.

Kate reported that the project was intended to identify randomised controlled trials and systematic reviews relevant to natural disasters and humanitarian emergencies, by searching a variety of resources covering biomedical, health, nursing, economics and social sciences. To this end, twenty-three databases were searched.

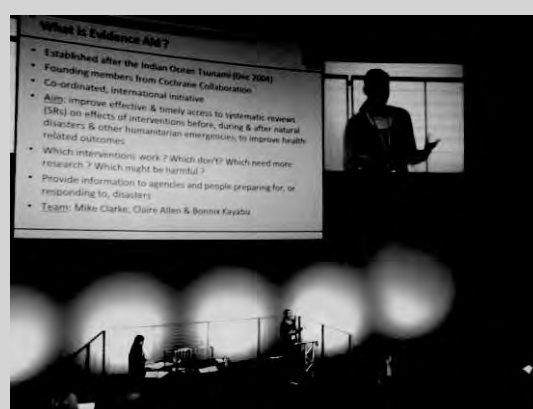
Unlike a systematic review, the aim of this exercise was not to find everything on a specific area, but to retrieve examples of

trials and reviews from across a range of suggested topics, including disasters such as earthquakes, tsunamis, flooding and radiation leaks as well as the corresponding humanitarian response to issues including health, shelter, communication etc that would follow such a disaster.

Caro Noake presented a poster detailing a post-hoc analysis undertaken after reference screening, which was completed to inform a comparison of contribution and unique yield for databases from the different subject groupings. The included studies were analysed to identify total and unique yield by database, yield of included studies, balance and Number Needed to Read (NNR) to detect relevant references. Kate also made an oral presentation which gave an overview of Evidence Aid's

objectives and how the mapping exercise aimed to identify the evidence base in this field. What better way to raise the profile of Evidence Aid than on a cinema screen the equivalent in size to a small football pitch and five double decker buses high! The session generated lots in interest in Evidence Aid's research agenda, both from delegates in person and on the HLG Twitter feed.

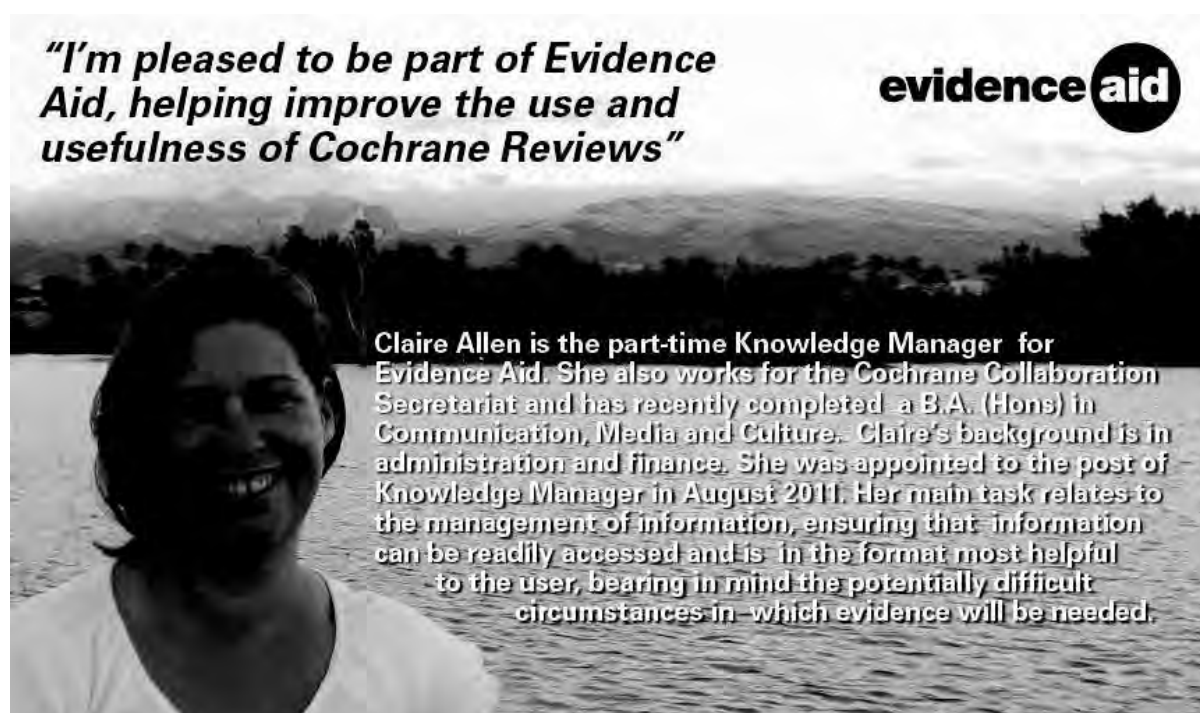
Kate Misso presenting at the Health Libraries Group conference



10. Evidence Aid website and database

Evidence Aid is continuing to work with John Wiley and Sons Ltd, in particular Andy Robinson, Zoe Cummings and Deborah Pentesco-Gilbert, to develop a new website as the access point to the Evidence Aid database of systematic reviews, contextual summaries, podcasts, and other information. The Evidence Aid resource might also be offered as an application (App) via mobile technology.

A meeting to discuss the development of the Evidence Aid website in May 2012 was attended by Deborah Pentesco-Gilbert and Andy Robinson (from John Wiley and Sons Ltd), Magnus Conteh (World Vision Ireland), Colette Cunningham (a consultant humanitarian aid worker) and the Evidence Aid team. The new website will be launched in early 2013, with more than 100 Cochrane Reviews and will undergo live testing, evaluation and development through the year. Users will be able to engage directly with the resources in an interactive way and provide feedback.



11. Plans for 2013

During 2013, we hope to achieve:

Partnerships

The Evidence Aid survey⁷ has shown that the demand for reviews and contextual summaries of these will be high and highlights the importance of prioritisation. Partnerships with aid agencies and relevant research centres will be crucial to this. A particular emphasis for 2013 will be strengthening links with organisations that Evidence Aid is already working with, to formalise partnerships and establish long term working relationships.

Funding

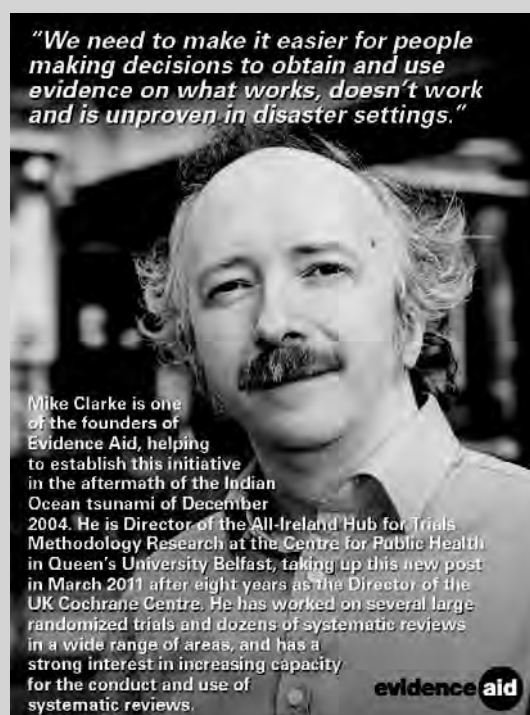
Elements of Evidence Aid were included in the 2012 renewal proposals for the Centre of Excellence for Public Health and the Hub for Trials Methodology Research in the Centre for Public Health in Queen's University Belfast. If approved, this funding will start in the second half of 2013. Other opportunities are also being pursued.

Communication

In March 2013, Evidence Aid presented an oral presentation, three posters and an online presentation at the 28th ALNAP Annual Meeting in Washington and have a dedicated session and presentations at

Evidence Live 2013, in Oxford. Three abstracts have been accepted for oral presentations at the WADEM conference in May 2013, in Manchester and abstracts will be submitted for the 20th Cochrane Colloquium in Québec.

A key event in 2013 will be the prioritisation workshop in June. The workshop facilitators have considerable experience of this type of workshop through their work in the James Lind Alliance, and will use that process to prioritise the top 10 topics for research and reviews relevant to interventions and actions in disasters. Aid agencies, academics, funders and policymakers will take part.



⁷ Kayabu B, Clarke M. The Use of Systematic Reviews and Other Research Evidence in Disasters and Related Areas: Preliminary Report of a Needs Assessment Survey. PLOS Currents Disasters. 2013 Jan 22 [last modified: 2013 Jan 22]. Edition 1. doi: 10.1371/currents.dis.ed42382881b3bf79478ad503be4693ea.

The workshop will be followed by the 3rd Evidence Aid Conference in 2014, and discussions are underway to identify a co-host for this conference.

Evidence Aid continues to make use of social media with a Twitter account (@EvidenceAid), Facebook (Evidence Aid) and uses its website (www.evidenceaid.org) to provide updated information on events, activities, publications and news.

Development of the new Evidence Aid website

The new website will be launched in early 2013, with more than 100 Cochrane

Reviews and will undergo live testing, evaluation and development through the year. Users will be able to engage directly with the resources in an interactive way and provide feedback.

Training

Further Evidence Aid workshops will be offered in 2013 in the UK and Ireland and, possibly, on the African continent. An assessment of relevant Masters level courses will continue, leading to the development and implementation of additional training resources.

12. Advisory Board

Initially, the Advisory Group for Evidence Aid grew out of the work done following the Indian Ocean tsunami and was made up of members of The Cochrane Collaboration, reflecting that early work; with a core of Mike Clarke, Paul Garner, Sally Green, Pisake Lumbiganon and Prathap Tharyan. The group grew during 2010 and 2011, with Sally Green standing down due to other commitments. In 2012, Caroline Fiennes (see profile below) joined the Advisory Board and Jini Hetherington and Pisake Lumbiganon stood down. The membership of the Advisory Board is listed below:



Jonathan Abrahams, *Technical Office – Disaster Risk Management, Emergency Risk Management and Humanitarian Response Dept, World Health Organization, Switzerland*
 Claire Allen, *Knowledge Manager, Evidence Aid, Oxford, UK*
 Virginia Barbour, *Chief Editor, PLOS Medicine, UK*
 Lorne Becker, *Emeritus Professor, Dept of Family Medicine, SUNY Upstate Medical University, USA*
 Mike Clarke, *Evidence Aid; and Director, All Ireland Hub for Trials Methodology Research, Queen's University Belfast, Northern Ireland*
 Jan Clarkson, *Co-ordinating Editor, Cochrane Oral Health Group, UK*
 Declan Devane, *Chair of Midwifery, National University of Ireland Galway, Ireland*
 Emmanuel D'Harcourt, *Senior Health Director, International Rescue Committee*
 Caroline Fiennes, *Director, Giving Evidence*
 Paul Garner, *Professor of tropical public health, Liverpool School of Tropical Medicine, UK*
 Saurabh Gupta, *Consultant in Public Health (Iocum), Health Protection Agency, UK*
 Carl Heneghan, *Director Centre for Evidence Based Medicine and Clinical Reader, Dept of Primary Care Health Sciences, University of Oxford, UK*
 Bonnix Kayabu, *Evidence Aid Co-ordinator, Dublin, Ireland*
 Youping Li, *Director, Chinese Cochrane Centre, China*
 Malcolm MacLachlan, *Professor of Psychology, Centre for Global Health & School of Psychology, Trinity College Dublin, Ireland*
 Virginia Murray, *Head of Extreme Events and Health Protection, Health Protection Agency, UK*
 Deborah Pentesco-Gilbert, *Publisher, The Cochrane Library, Wiley-Blackwell, UK*
 Niall Roche, *WASH/Environmental Health Specialist and Adjunct Assistant Professor, Centre for Global Health, Trinity College Dublin, Ireland*
 Bill Summerskill, *Senior Executive Editor, The Lancet, , UK*
 Prathap Tharyan, *Director, South Asian Cochrane Centre, India*
 David Tovey, *Editor in Chief, The Cochrane Collaboration, UK*
 Philippe Vandekerckhove, *CEO, Belgian Red Cross-Flanders*

Profile of Caroline Fiennes, new member of the Evidence Aid Advisory Board

Caroline Fiennes is Director of Giving Evidence, a consultancy and campaign promoting evidence-based charitable giving. She frequently writes in the press and speaks publicly about how giving can use evidence, both about which charities and programmes work and

how donors can best help. She is the author of *'It Ain't What You Give, It's The Way That You Give It'*, dubbed *'the Freakonomics of the charity world'* and described by press as "indispensable... relentlessly logical... engaging, informative, irreverent ... long overdue".

Caroline has been an award-winning charity Chief Executive, a volunteer, staffer and trustee. She has advised donors including companies, endowed foundations, fundraising foundations, government, professional tennis players, and many other individuals and families.

As well as being on the Advisory Board for Evidence Aid, she is also on boards for the US Center for Effective Philanthropy, the world's largest charity rating agency Charity Navigator, and the UK Social Investment Forum. She works closely with Innovations for Poverty Action and J-PAL (the Abdul Latif Jameel Poverty Action Lab at MIT), which use randomised trials to understand poverty and how to overcome it.

Caroline grew up in commercial strategy consulting and has a surprisingly useful degree in Physics and Philosophy.

After joining the Evidence Aid Advisory Board, Caroline wrote a blog about the importance of Evidence Aid and concluded *"Much charitable giving goes to disasters and emergencies, and it's important that the interventions and care are based on the very best we know about what works, and that we are able to avoid what doesn't work. We all want to do more good than harm. Hence Evidence Aid's work – nerdy, analytical and miles behind the front line – is crucial. I'm delighted to join the Advisory Board to help."*

***Caroline Fiennes, new member of the
Evidence Aid Advisory Board.***



13. Getting involved

If you would like to find out more about Evidence Aid, or to get involved, please contact us. You can do so by the following routes:

By e-mail: callen@evidenceaid.org

By following us on Twitter: @EvidenceAid

On Facebook: Evidence Aid

By telephone: +44 (0) 1865 310138 (Claire Allen)

Through our website: www.evidenceaid.org

Some of the ways in which you might be able to help are: participating in the online Evidence Aid Needs Assessment survey; 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 the Evidence Aid team to your organisation (we are happy to come and talk about the project); piloting Evidence Aid resources; preparing and maintaining systematic reviews of relevance to Evidence Aid; identifying funding opportunities to ensure the sustainability and development of Evidence Aid; helping implement our multi-lingual policy; and advocating for Evidence Aid wherever you are able to.

Appendix: Evidence Aid future outline

This version: 16 December 2011 (prepared following 1st Evidence Aid Conference (26 September 2011), meeting of writing committee (27 September 2011) and presentation to The Cochrane Collaboration (20 October 2011)).

Background

Evidence Aid was established by The Cochrane Collaboration following the Indian Ocean tsunami of 26 December 2004, as a means to improve access to systematic reviews of the effects of healthcare interventions of particular relevance in the aftermath of natural disasters (www.EvidenceAid.org). In 2010 and 2011, important progress was made possible with funding for a needs assessment survey from The Cochrane Collaboration and Wiley-Blackwell (the Collaboration's publishing partner). This supported the appointment of the Evidence Aid Co-ordinator (Bonnix Kayabu) from December 2010 and other donations have allowed the appointment of the Evidence Aid Knowledge Manager (Claire Allen) from August 2011. Bonnix's appointment provided the opportunity to conduct a comprehensive needs assessment to identify priorities for evidence, and the most appropriate routes for packaging and delivering the evidence. The survey was launched in July 2011 and will remain open indefinitely as a means of gathering information and engaging with potential users of Evidence Aid. The design and rationale for the survey were published in October 2011 in PLoS Currents: Disasters⁸. Claire's appointment allowed the start of a project to identify Cochrane Reviews, other systematic reviews and individual research studies of potential relevance to Evidence Aid. This will be done in collaboration with Cochrane Review Groups, other producers of systematic reviews and potential users of Evidence Aid.

The 1st Evidence Aid Conference was held in Oxford, UK, on 26 September 2011, in partnership with the Centre for Evidence Based Medicine, and was followed by a meeting of the Evidence Aid writing committee. The Conference included more than 70 participants from a wide range of backgrounds and organizations, including the Belgian Red Cross, US Center for Disease Control and Prevention, The Cochrane Collaboration, Department for International Development (UK), Health Protection Agency (UK), International Committee of the Red Cross, *The Lancet*, Médecins Sans Frontières, OXFAM, Public Library of Science (PLoS), Research4Life, Save the Children, UNHCR and the World Health Organization. Further discussions took place during the Cochrane Colloquium in Madrid, Spain, with a meeting of those interested in Evidence Aid on 20 October 2011 and at a meeting with Irish aid agencies and others on 9 November 2011, which was organized with the Trinity International Development Initiative as part of the Development Research week at Trinity College Dublin, Ireland.

This document has been prepared with considerable input from the Evidence Aid Advisory Group (see Appendix) as a series of statements to try to capture key elements for Evidence Aid. Feedback on these statements as well as the document as a whole is welcome. Following this feedback, an action plan will be produced for the next six months, listing the key activities for Evidence Aid during that period, and including plans to develop a strategy with short, medium and long-term goals.

⁸ Clarke M, Kayabu B. Evidence for disaster risk reduction, planning and response: design of the Evidence Aid survey. PLoS Currents: Disasters 2011; 3: RRN1270.

Mission

Mission statement: *“Evidence Aid is a co-ordinated, international initiative 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”*. A shorter strapline for Evidence Aid might be *“Helping decision-makers before, during and after disasters and other humanitarian emergencies”*.

Partnerships and target audience

The development of Evidence Aid will be driven by collaboration between the potential users and those responsible for producing relevant systematic reviews and the evidence included in these reviews, with the overarching aim to improve health and well-being during and after natural disasters and other humanitarian emergencies. Potential users will include national and international non-governmental organizations (NGOs), global agencies (such as those within the United Nations) and government agencies for whom evidence on disaster preparedness might be especially relevant.

Formal partnerships should be sought with potential users of Evidence Aid and other stakeholders in disaster risk reduction, planning, preparedness, response and recovery, including journals such as PLoS Currents: Disasters which publish relevant material, international representative bodies of professional groups, and related national and international health and humanitarian agencies, donors and potential conduits for Evidence Aid (e.g. Google) to form an Evidence Aid Alliance.

Evidence Aid should work with partners to review major guidelines, handbooks, protocols and data sources used in the humanitarian sector.

Evidence Aid should work with partners to advocate and encourage the use of evidence in decision-making, the conduct of research and the collection of common data sets in natural disasters and other humanitarian emergencies.

The target audience for Evidence Aid includes those involved in policy-making, planning, organization and capacity development for interventions and actions relevant to disaster risk reduction, planning and response, as well as people who deliver the interventions and actions.

Content

The output of Evidence Aid should be available free of charge, ideally under an Open Access model, where any sales of derivative products by third parties would need prior approval from Evidence Aid.

The core sources of evidence within Evidence Aid will be systematic reviews, supplemented by contextual and other information to help decision-makers and

other users interpret this knowledge and apply it in their setting. In the first instance, these reviews are likely to focus on the health effects of interventions and actions, but other reviews (e.g. screening, diagnostic test accuracy and prognosis) might feature in future.

The systematic reviews should be conducted and reported in accordance with contemporary good practice, and would not necessarily be Cochrane Reviews. There is likely to be a need for succinct versions that are more readily usable and implementable 'on the ground'. Procedures will be developed to prepare relevant systematic reviews rapidly, should an urgent need be identified.

The initial focus will be on interventions or actions with health-related outcomes. This will not necessarily be restricted to interventions and actions delivered by healthcare practitioners. It should include, for example, interventions and actions focused on water and sanitation, communications and shelter, but with health-related outcomes. One of the functions of the systematic reviews will be to identify gaps in the evidence base, helping users to see more clearly what they need to know and to identify uncertainties which might be tackled through new research which would, itself, feed back into the systematic reviews for Evidence Aid.

Evidence Aid materials should be available in a variety of languages, in accordance with a multi-lingual policy.

Recommendations about the content and format of the Evidence Aid material will be made on the basis of the ongoing needs assessment survey but are likely to include a mixture of electronic resources and printed material. The materials will be discussed with stakeholders (including donors) and potential funders, to include implementation plans and specified outputs where appropriate. The materials might include a handbook containing information on interventions and actions which have been shown to be beneficial, harmful or remain unproven.

Governance

A Steering Group should be established, with the aim of having a diversity of representation. If possible, the Steering Group should be co-chaired by three people based in different time zones, to provide global coverage and to facilitate communication. This first meeting will agree terms of reference for the Steering Group, including length of service for its members.

The Cochrane Collaboration and other relevant organizations would be key partners for Evidence Aid, but Evidence Aid should have an independent identity.

The possibility of registering Evidence Aid as a charity should be explored.

Communication

Evidence Aid conferences should be held annually, and encourage wide participation. Any registration fee should be kept as low as possible.

A publication and awareness-raising strategy should include participation and advocacy in disaster health, humanitarian and research forums; the publication of the design, preliminary findings and fuller findings of the needs assessment survey, and a multi-authored concept paper setting out the rationale and purpose of Evidence Aid. Dissemination methods should include traditional communication channels (such as e-mail) along with social media such as Twitter and social network sites including Facebook and LinkedIn.

Funding

Initial funding for Evidence Aid should continue to be sought from charitable foundations and other donations, but a substantial grant application should be prepared for submission to one or more larger donors. Evidence Aid should work with partners to seek to raise awareness with potential funders (for example, the FP7 and FP8 programmes of the European Union) and to ensure that applications for funding for related activities are co-ordinated. The Evidence Aid application might be of the order of £3 million to £5 million over five years.

Training

A training programme should be established to facilitate the use of systematic reviews in natural disasters and other humanitarian emergencies, which should include a mixture of face-to-face and online courses. A 2-day pilot course on systematic reviews was held in Dublin, Ireland on 14-15 March 2012. Information should be gathered on other courses (and modules within, for example, Masters courses) of potential relevance to Evidence Aid.

Given the potential interest in Evidence Aid among PhD and other research students, an Evidence Aid Student Network should be established to facilitate communication among those working on research relevant to Evidence Aid. This would provide opportunities for students to share their experiences and to benefit from interactions outside their institution. The establishment of an Evidence Aid PhD scholarship programme should be considered during the discussion of the strategic goals for Evidence Aid.

www.evidenceaid.org

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