

# Evidence Aid Annual Report

# 2016

## Evidence Aid's mission:

Those in need have a right to receive humanitarian aid in the most timely, effective and appropriate way possible. To achieve this, those providing aid need to know what works and what doesn't, to ensure that actions and decisions are based on evidence. Evidence Aid aims to inspire and enable those guiding the humanitarian sector to apply an evidence-based approach in their activities and decisions. We will stimulate and satisfy an increasing demand for evidence related to health outcomes, to improve the impact of humanitarian aid and contribute to a humanitarian sector where the evidence based approach will be used when and where appropriate.

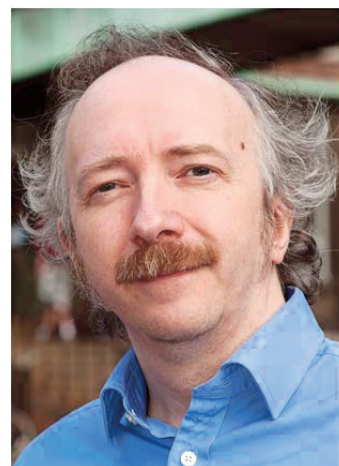
*Report prepared by Claire Allen, Mike Clarke, Jane Higgins, and Jeroen Jansen  
4 April 2017*

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## Foreword

*Professor Mike Clarke: Founder of Evidence Aid  
Chair of the Board of Trustees reflects on the end of 2016*



### **"We could be heroes"**

*The end of a year is a time to look back.*

It's a time to remember those who have passed and suffered. Alongside famous individuals, such as David Bowie, who died this year, we also think of the indescribable pain of those affected by disasters and other crises. The pain felt by families and communities that have been devastated by catastrophes that have arisen from nature and from human activities. It's a time to remember the heroes and humanitarians who try to help ease this pain and suffering. And it's a time to reflect on how those of us who are not so heroic can do our bit to help those actors to deliver the best care. Those of us, like Evidence Aid, who seek to promote, generate and disseminate reliable evidence on interventions, actions and strategies that might help, should look back and also look forward.

Looking back at the end of each year for the last dozen has also been a time to think of the events of 2004. Whether we call it Boxing Day, St Stephen's Day or, simply 26 December, it's a time to remember the devastating tsunami around the Indian Ocean. In its aftermath, members of the Cochrane Collaboration came together with others to form Evidence Aid. The aim was to improve the access of decision makers to relevant evidence that would help them make better decisions and choices. Systematic reviews were and still are the means to this end, and much has happened over the 12 years.

Since its establishment, Evidence Aid has mapped the evidence landscape [1], identified the need for evidence and robust conduits to deliver it [2-5], and prioritised areas for systematic reviews [6]. In 2015, Evidence Aid became an independent charity, with a 5-year strategic plan that is yoking together those who generate evidence with those who need it, through ever closer engagement with key influencers.

*The end of a year is a time to look forward.*

Evidence Aid now needs to deliver on that plan. It will work with key influencers across the humanitarian sector to increase the demand for reliable and robust evidence. It will strive to ensure that systematic reviews are done to provide this evidence in up-to-date, unbiased summaries. And where gaps are identified and uncertainties need to be resolved, we can help develop the plans for future studies that would be ready to implement in the next disaster, providing answers for it or the next ones. The RAPID and ASAP studies are already 'on the shelf' for regional anaesthesia after a disaster [7] and steroids during pandemic influenza,[8]

respectively; and more such outlines need to be prepared. A core outcome set,[9] to be measured and reported in all research into disasters and humanitarian actions would also ensure that research can play a full and meaningful role in risk reduction, recovery and resilience.

### **“We could be heroes”**

By building on these past 12 years, Evidence Aid can bring research and practice together. It can ensure that heroic and humanitarian actions do more good than harm. And make a change that will be for much more than ‘just for one day’.

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# 1. Introduction

*Jeroen Jansen: Evidence Aid Director*



Evidence Aid started 2016 as an independent charity, and although still working on its foundation, the ambition was, and still is, to become the 'go-to' organisation for an evidence-based approach in the humanitarian sector. All those involved at the start of 2016 were aware that this will not happen overnight and that some hard work was required. Evidence Aid has been successfully championing the evidence based approach in humanitarian action since 2004 and has developed three key resources that are the starting point of a successful 2016. Working with Cochrane, Evidence Aid developed a large and diverse network of actors, both inside and outside the formal humanitarian sector. Simultaneously, this network provided access to a wealth of dedicated partners, volunteers, advisors and board members that were ready to provide valuable support. Within this network and beyond, the work done by Evidence Aid was recognised as robust and of high quality, contributing to a respected public profile and noteworthy credibility. These three building blocks – network, support and credibility – allowed Evidence Aid in 2016, in collaboration with its partners, to raise its profile, expand its reach, generate income and complete its foundation as an independent charity.

In the second half of 2015, Evidence Aid became an independent charity with the help of the C&A Foundation, Ethicore and the many other

supporters and partners of Evidence Aid. Although the formalities of registration, including creating a Board of Trustees and employing a Director were achieved by the end of 2015, further work was needed in 2016. With the help of Ethicore, Evidence Aid developed the key policies needed to manage the organisation covering topics, such as human resource management, financial reserves, risk management, due diligence and processes related to contracts, expenditure and partnerships.

Being a charity brings along warranted bureaucracy and demand for additional human resources to manage the administration. Therefore, in May, Jane Higgins joined the Evidence Aid team as a part-time Office Administrator. She started work from our office in Oxford, at the premises of our new partner the Centre for Evidence-Based Medicine (CEBM). With people now working for Evidence Aid across the globe, tools were needed to facilitate communication and collaboration. By the end of 2016, Evidence Aid was actively using Slack as its main online collaboration and chat platform bringing together employees, volunteers, advisors and partners.

As an independent charity, Evidence Aid requires a Board of Trustees and by the end of 2016 Evidence Aid had 5 Board members (see section 6). These Board members all bring specific expertise to the organisation from public relations to humanitarian action, as well as their own influential networks. Access to specific knowledge and capacity is further enhanced by the group of advisors that supports

Evidence Aid. The Advisory Board was transformed in 2016 to become a group of individual advisors. Together, the Trustees and the advisors provide the core Evidence Aid team with valuable support in these challenging times of growth.

Evidence Aid's business plan provides clear indicators related to income generation. One of the objectives is to become a sustainable organisation. Evidence Aid therefore initiated several activities with the aim to raise revenue now and in the future. Together with Ethicore, Evidence Aid developed a fundraising pipeline and contact matrix. Fundraising through our existing contacts generated income in 2016 and for the first time this year, Evidence Aid raised some income from the provision of training. Aside from this, Evidence Aid developed project proposals that will be used to seek funding, and in collaboration with the CEBM has developed an offer of consultancy services. In collaboration with others, such as Karolinska institute, Monash University, John Hopkins University, London School of Hygiene and Tropical Medicine (LSHTM), Queen's University Belfast and Save the Children, Evidence Aid developed several applications for grants. By the end of 2016, Evidence Aid identified the need for more targeted consultancy to increase its fundraising capacity and put this in place in 2017.

By capitalising on its credibility and existing network, Evidence Aid successfully expanded its reach in the humanitarian sector and beyond through 2016. Old partnerships were strengthened, such as with Wiley and Cochrane, and new ones were

launched such as with the CEBM. Wiley supports Evidence Aid with the hosting of the website, which will be restructured in 2017. Evidence Aid advisors facilitated access to new relevant sectors, such as disaster risk reduction (DRR), with Evidence Aid becoming an UNISDR Science and Technology partner for the Sendai Framework. By the end of 2016, Evidence Aid established working relationships with the 'big five' humanitarian aid organisations – the International Rescue Committee (IRC), Save the Children, World Vision, OXFAM and Médecins Sans Frontières (MSF) – and actively engaged with the Sphere Project to support the upcoming revision of the Sphere Handbook. Evidence Aid became actively involved with new influential entities in the sector, such as the Humanitarian Leadership Academy (HLA), as member of the MEAL advisory group. Finally, in November, Evidence Aid, Georgetown University, the Pan American Health Organization/WHO, and the Uniformed Services University of the Health Sciences hosted the 4<sup>th</sup> Evidence Aid international conference, in Washington DC, USA.

Expanding the reach of Evidence Aid went hand in hand with the aim of raising our profile in 2016. From the start of the year, Evidence Aid invested in an active presence at major events. The first was the UNISDR Science and Technology Conference on the implementation of the Sendai Framework for DRR in January, where Evidence Aid successfully co-organised a side event addressing issues around the dissemination of robust evidence. From the end of 2015 and throughout

the first half of 2016, Evidence Aid established the Evidence Lounge, an Evidence Aid lead initiative for the World Humanitarian Summit (WHS) bringing together 23 organisations across the world to promote a more evidence-based approach to humanitarian action. This provided Evidence Aid with access to the highest level of meetings at the WHS and recognition from many key organisations and academia. As a result, the Evidence Lounge and Evidence Aid were referenced at different meetings at the WHS, Evidence Aid was invited to attend the WHS Academic Forum, and new relationships were forged, such as the involvement in the MEAL advisory group of the HLA. Aside from attending several other key events, Evidence Aid published two more Evidence Collections – one on the health of refugees and asylum seekers in Europe in collaboration with MSF, Cochrane and others, and the other on Zika, in collaboration with LSHTM that was fully coordinated and led by volunteers.

At the end of 2016, Evidence Aid was able to look back at a successful year, but the organisation was not fully satisfied despite reaching most of its annual objectives. Evidence Aid managed to ‘tick the boxes’, contribute to extending its reach and profile, but what was the impact of it all towards our mission to inspire and enable those guiding the humanitarian sector to apply an evidence-based approach in their activities and decisions? The financial reserves increased, but the

turn-over was not impressive and more income is needed to ensure sustainability. How effective is Evidence Aid in communicating its message to raise awareness, convince actors of the issues and muster support for its work? Those in the choir, already converted, understand the language used, but Evidence Aid needs to tailor its message to reach those not accustomed to the humanitarian and academic jargon. In 2017, Evidence Aid will capitalise on its successes of 2016 with a focus on increasing income and impact towards its mission. Evidence Aid will achieve this with the help of its volunteers, advisors, Trustees and partners, and by investing in its fundraising and communication capacity.

### **Jane Higgins, Office Administrator**

After several decades developing and running a number of small businesses in the fields of information technology and IT training, as well as being the director of a couple of non-profit making and non-governmental organisations, Jane joined the Evidence Aid team in May 2016 on a part time basis. Whilst her role is primarily to pick up the administrative burden, enabling Claire Allen (Evidence Aid Operations Manager) and Jeroen to focus on outward facing activities such as product development and fund raising; the inclusive nature of the Evidence Aid team, means that Jane has also been able to lend her business experience, particularly during this start-up phase of the charity.



This report describes the work of Evidence Aid during 2016, including;

**Successes:**

- Meetings with agencies and others involved in disaster risk reduction, planning, response and recovery to discuss the need for Evidence Aid (section 7).
- Evidence Aid Training (section 2).
- Launch of the Evidence Aid partnership with the Centre for Evidence-Based Medicine, University of Oxford (section 11).
- 4<sup>th</sup> international Evidence Aid conference in Washington, USA (section 4).
- World Humanitarian Summit and the Evidence Lounge (section 5).
- Evidence Aid website, including resources, and identification of evidence for inclusion in those resources (section 3).

**Activities:**

- Dissemination activities, including newsletters, podcasts, seminars and lectures (sections 7, 8 and 9).
- Partnerships (section 10).

This report also includes details on the Evidence Aid Board of Trustees and how to get involved with Evidence Aid (sections 6 and 12).

## The Evidence Aid team 2016



Left to right: Jeroen Jansen, Claire Allen and Mike Clarke.

## 2. Evidence Aid Training

### November 2016:

Evidence Aid held two training events in 2016; one in Washington DC, USA, in partnership with the Pan American Health Organization (PAHO/WHO), and one in Oxford in the UK. The courses brought in perspectives from outside Evidence Aid and although the course held in the USA was led by Mike Clarke from Evidence Aid, it included important contributions from Luis Gabriel Cuervo (PAHO), Michele Malloy (Library of Congress), Mike Wilson and Elizabeth Alvarez (McMaster University), Tracey Khoelmoos (Uniformed Services University of the Health Sciences) and Irene Jillson (Georgetown University), and a live broadcast with PAHO Colombia. The course was co-ordinated by Lorcan Clarke, an intern at PAHO/WHO.



**Participants at the training in Washington**

Both courses provided learning and practical experience in key aspects of reviewing, such as question formulation and eligibility, searching, data extraction, analysis and reporting. The course at PAHO/WHO also devoted time to the challenges of translating evidence into implementation by policymakers and stakeholders, which was co-ordinated via a live broadcast with the Health

Disaster Co-ordinator Regional Meeting taking place in Bogota, Colombia. Examples relevant to the humanitarian sector were used to illustrate key areas that can be addressed and participants left the course feeling more comfortable about embarking upon systematic reviews and more confident in using reviews for decision making. Around 40 participants were at the course in Washington, which was free of charge to attend.

The Oxford training course was also led by Mike Clarke and included a session on information retrieval run by Nia Roberts (Outreach Librarian at the Bodleian Library, University of Oxford). It took the 13 participants through what a systematic review is, how to think about setting a 'reviewable' question, searching for the evidence, setting eligibility criteria, critical appraisal of studies, data extraction basic analysis of results and reporting. Topics were illustrated using a mixture of simple examples either from 'everyday' situations which all participants could relate to, or examples from the humanitarian sector which were provided by the participants from their own fields of expertise.



**Participants at the training in Oxford.**

### 3. Evidence Aid Website

The Evidence Aid website continues its improvement and development with thanks to Tony Aburrow and Sophia Wheat at John Wiley and Sons (Wiley) for their assistance. Wiley have supported the hosting, maintenance and development of the Evidence Aid website since its inception and reaffirmed their continued support in 2016. The website was originally developed during 2012 and 2013, before launching with a fully functional search engine in August 2013. Since then, work to identify relevant reviews has raised the number of free-to-view systematic reviews accessible from the Resources page to more than 250. Evidence Aid is grateful to all those who have brought relevant reviews to our attention and to those authors we have summarised their reviews to help readers decide if they need to delve deeper into the full report. Publishers, including the Lancet, Wiley, and Cambridge, have agreed to provide free access to articles, alongside the free access to the large number of Cochrane Reviews and we thank them for ensuring that people who need this knowledge can read it for free.

The Evidence Aid website and resources summarise relevant information and provide it to users who need to make often difficult choices about disaster risk reduction, planning, response, resilience and recovery. This has to be done in a straightforward, easy-to-access way, because people using Evidence Aid resources don't have time to browse through pages and pages of information, distill it, and then make decisions. They are often operational staff responding to disasters or humanitarian emergencies or developing policy for such crises and other types of major healthcare emergency.

In the second half of 2016, Evidence Aid and Wiley have been working together to improve the website, and a new interface will be launched in 2017, improving user friendliness, increasing interaction and restructuring the resources to improve access for those wishing to use evidence in their decisions and actions.

During 2016, Evidence Aid also worked with Translators Without Borders (TWB) to ensure that the summaries of the systematic reviews are available in Spanish and over the coming year, this will be extended to additional languages.

2016 also saw the continuation of the Evidence Aid blogs, and two new collections of evidence 'The health of refugees and asylum seekers in Europe' and a collection of Zika evidence. The refugees' health collection was a co-ordinated effort led by Evidence Aid and including Cochrane and MSF, while the work on Zika was led by Shona Lang (Evidence Aid volunteer) and Dominic Mellon (PhD student) with content developed by several volunteers, including Jess Boudaire, Miguel Dorotan, Joana Santos and Doreen Allen as well as the London School of Hygiene and Tropical Medicine. Doreen and Joana also provided with short summaries of reviews that were added to the Resources page.

The Evidence Aid blog series has gone from strength to strength. In 2016, 15 blogs were published by authors with a wide range of interests, including a discussion of

what evidence actually is (Phil Davies), thinking about ethics and evidence (Donal O'Mathuna and Hugo Slim), evidence-based policy (Justin Parkhurst) and humanitarian aid foreign policy (Paul Cairney). On the humanitarian side, there were contributions about evidence in humanitarian emergencies (Marie McGrath and Jeremy Shoham), prioritising the generation of evidence on infant and young child feeding interventions (Claudine Prudhon, Jacqueline Frize and Prisca Benelli), and the year ended with the reflective blog from Mike Clarke that is reproduced as the foreword to this report.

**In 2016, Evidence Aid created two new resources.**

**The health of refugees and asylum seekers, published in February 2016:  
[www.evidenceaid.org/the-health-of-refugees-and-asylum-seekers-in-Europe](http://www.evidenceaid.org/the-health-of-refugees-and-asylum-seekers-in-Europe)**

**Zika, published in September 2016:  
<http://www.evidenceaid.org/zika-resources/>**

*"Humanitarian crises put women and their babies at increased risk of poor health outcomes. Evidence aid provides a single point of access to evidence of the effectiveness of interventions that might improve outcomes for mothers and babies in these crises. This information is vital."*

**Declan Devane: Professor of Midwifery, NUI, Galway, Ireland**

## 4. Evidence Aid's 4th International Conference, Washington DC, USA, November 2016

**Written by Professor Steve Waller of the Uniformed Services University of the Health Sciences (a partner in the conference):**

Conventional disaster planning and response are largely based on traditional practices, with few areas that have been validated by scientific studies. The patchwork of practices and preferences is often anecdotal, drawing on the history and perceptions of the host organization's leadership. How do we clarify the practices that are supported by science, and how do we find the main gaps in disaster response that need to be studied?

Evidence-based medicine has grown from its infancy as an initiative at McMaster University in the early 1990s. Most scientists accept the idea of a hierarchy of evidence, where case reports have low validity and systematic reviews of randomized controlled trials have high validity for questions about the effects of treatments. However, in disaster response, many factors conspire to limit the intrusion of evidence-based analysis on behavior.

Cochrane ([www.cochrane.org](http://www.cochrane.org)) a global independent network of researchers, professionals, patients, carers, and people interested in health, established the Cochrane Library which is easily searchable and made up of systematic reviews. The content of the Library on disaster response, however, is limited and there is no specific group taking responsibility for this aspect of health response. Evidence Aid began as a

project within Cochrane, but grew to become an independent charity, registered in the UK. It continues to partner with Cochrane but also others who are key to the vision and mission of Evidence Aid, and took the responsibility for this field of study. Evidence Aid publishes a resource of systematic reviews relevant to the disaster response field ([www.evidenceaid.org/resources/](http://www.evidenceaid.org/resources/)) and collates 'Special Collections' for specific disasters or healthcare emergencies (for example, Windstorms, Earthquakes, Ebola, Zika and the Health of Refugees and Asylum Seekers in Europe).



**Jeroen Jansen opening the conference.**

Before 2016, Evidence Aid had sponsored three international conferences to bring evidence and expertise together.

The 4<sup>th</sup> conference took place in November 2016 at Georgetown University in Washington DC, USA and the partners of the conference were Evidence Aid, Georgetown University, the Uniformed Services University of the Health Sciences (USUHS) and the Pan American Health Organization (PAHO/WHO).



The two-day event was the capstone of a policy Delphi exercise to elucidate gaps in the evidence base of disaster planning and response. The questions in the first two rounds of the policy Delphi were developed by Evidence Aid, Georgetown University and the Uniformed Services University of the Health Sciences. The study comprised two online surveys, with Irene Jillson and Georgetown graduate students compiling the responses and drafting the reports. Using all that data as a foundation, the conference completed a third round of the policy Delphi, this time using face-to-face small group discussions.



**Partners of the conference: (L-R) Steve Waller (USUHS), Irene Jillson (Georgetown University), Luis Gabriel Cuervo (PAHO).**

A summary of the findings of the Georgetown conference will be available in 2017.

Some of the main issues that arose were:

- What methods of cooperation and coordination efforts lead to optimized disaster planning and response?
- How does open access data-sharing create effective disaster planning and response?
- What techniques of incorporating community input lead to better disaster planning and response?
- What types of accountability ('harmonization') and transparency processes yield the most effective disaster planning and response?
- How can disaster planning and response funding be tailored to optimize goal achievement?
- What evidence translation to policy techniques produce the best disaster planning and response?



**Evidence Aid advisors, Virginia Murray (Public Health England) and Philippe Vandekerckhove (Belgian Red Cross, Flanders) at the conference.**

## 5. Evidence Lounge and World Humanitarian Summit



Evidence Aid started and led an initiative titled the 'Evidence Lounge' before, during and after the World Humanitarian Summit (WHS) in May 2016, bringing together 23 organisations (Evidence Aid / Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) / Oxfam / Humanitarian and Conflict Response Institute (HCRI), University of Manchester / International Rescue Committee (IRC) / Public Health in Humanitarian Crises Group, London School of Hygiene and Tropical Medicine (LSHTM) / Centre for Education and Research in Humanitarian Action (CERAH) / International Initiative for Impact Evaluation (3ie) / Feinstein International Center at The Friedman School of Nutrition Science and Policy at Tufts University (FIC) / Wiley / Centre for Development and Emergency Practice (CENDEP), School of Architecture, Oxford Brookes University / Cochrane / Queen's University Belfast / World Vision / REACH and IMPACT Initiatives / ELRHA / Georgetown University / The Sphere Project / The Assessment Capacities Project (ACAPS) / Groupe URD / UK Department for International Development (DfID) / Center for Refugee and Disaster Response, Johns Hopkins Bloomberg School of Public Health / Collaborating Centre for Oxford University and The Chinese University of Hong Kong for Disaster and Medical Humanitarian Response (CCOUC)).

The initial idea was simply to provide WHS participants with an environment in which to discuss and learn about issues related to the generation, use and dissemination of evidence in the humanitarian sector. The final initiative included a website with a blog series, a Twitter account, an online community based on Slack, a stand at the WHS exhibition fair and Evidence Aid also co-organised a round table discussion, titled 'Making Evidence Count' at the WHS which included the Department for International Development (UK), ELRHA, and UNHCR, with standing room only. This initiative was very successful, evidenced by more than 50 individuals asking to join the Slack, a Twitter feed (@EvidenceLounge) that attracted more than 100 new followers during the first day of the WHS, and subsequent partnership with academic scholars.



**Claire Allen and Jeroen Jansen at the Evidence Lounge stand during the World Humanitarian Summit.**

The day before the WHS, the Evidence Lounge was represented at the WHS Academic forum and it continued to feature in the related follow-up meetings during the WHS. The online community was also recognised by scholars attending the WHS and endorsed by Robert Smith, Head of the Geneva office for the WHS Secretariat and WHS focal point for the academic world as their official communication platform.

## 6. Evidence Aid Board of Trustees



The most recent appointment to the Evidence Aid Board of Trustees is Michael Stone. Michael is a leading international specialist in humanitarian and development response, with special reference to refugees and internally displaced people. He has substantial experience of directing large scale operations with NGOs, International Red Cross and the United Nations. He has worked impartially for a number of years in the conflict areas of Afghanistan, Pakistan, former Yugoslavia, Georgia and Iraq.

In addition, Michael has chaired co-ordination bodies, evaluated programmes around the world at policy level for NGOs, the International Red Cross, the EU, UN and Governments, prepared policy papers for senior politicians, and given talks at international conferences on such topics as How to Encourage China to Cooperate, the Future of the Humanitarian System, the Dangers of Meaningless Language, and the Humanitarian Consequences of Climate Change.

He has worked closely with many inspiring people including Mother Teresa and Princess Diana.

Michael is currently on the Board of the Commonwealth Human Rights Initiative with special responsibility for human rights in the 22 Commonwealth countries of the Western Hemisphere.

His latest completed project, through the EU, examined the Government of Ukraine's handling of its internally displaced with special reference to international humanitarian and human rights law, and made recommendations to the EU.

Michael's appointment complements the Board of Trustees which comprises (shown below, left to right), Professor Mike Clarke (Chair), Dr Phil Davies, Lady Deborah Dixon (Treasurer) and Mrs Sue Wolstenholme.





## 7. Highlights of 2016

### *January*

In January, Evidence Aid cemented its partnership with the Centre for Evidence-Based Medicine (CEBM) (see section 11) and accepted their offer of office space in the Gibson Building, Radcliffe Observatory Quarter, in Oxford, UK. We continued to work on our business model canvass with Ethicore and our volunteers. We published our first blog of the year by Andrew Pullin and Teri Knight, titled 'Reducing the impact of extreme environmental events using environmental evidence'. We had meetings with the BOND, Evidence Alliance, World Health Organization, CERAH, IMPACT, Sphere, and World Vision. Evidence Aid was also represented by Jeroen, Claire and Dominic at the UNISDR Science and Technology conference on the implementation of the SENDAI framework, co-organising a side event with Virginia Murray and others. We also held our first Board meeting of the year (see section 6).

### *February*

We started February with a productive meeting with Cochrane, resulting in the agreement of a hot-desk arrangement for Jeroen at their offices in London, and publication of our Collection titled 'The health of refugees and asylum seekers in Europe' (see section 3). We met with Librarians International and Wiley and worked with Ethicore on our pipeline, pitch and funding proposals, as well as continuing our work to meet standards set by the Charity Commission. We published 'A proposed framework for improving the quality of humanitarian response' as a blog from Tom Kirsch and Paul Perrin.

### *March*

In early March, Evidence Aid had a stand at the OXFID conference in Oxford, met with Disaster Philanthropy and started discussions about the restructuring of the Advisory Group for Evidence Aid. We published a blog by Phil Davies (Evidence Aid Trustee) titled 'What is evidence?'.

### *April*

As a result of a meeting with Baroness Nicholson, we had a meeting with the Amar Foundation to see where we might be helpful with the refugee crisis. In addition, we held meetings with PCI and Wiley and continued to work with CEBM on our partnership, moving into the new office in early April. We recruited Jane Higgins to the post of Office Administrator (see section 1) and published a blog by Marvin Birnbaum on 'The science of disaster health'.

### *May*

Evidence Aid was represented at the World Humanitarian Summit in Istanbul, hosting the Evidence Lounge (with 23 partner organisations) and co-organised a side event (see section 5). Evidence Aid also co-organised a Bloomsbury Debate in London about the Evidence Lounge. In addition, Evidence Aid was represented by Dominic Mellon at the World Health Assembly in Geneva as part of the Cochrane delegation. Meetings were held with INASP and Action Against Hunger. The month's blog was written by Niall Roche, 'Household air pollution and other environmental determinants of health in the context of the World Humanitarian Summit'. We also held our second Board meeting of the year (see section 6).

### *June*

Evidence Aid had a drop-in point at the Evidence Live conference which was manned by Claire, Jeroen and Jane, with Deborah Dixon (Trustee) joining us. We met with Translators without Borders to agree on the translation of the summaries on the Resources web page into Spanish, and also had meetings with ENN and the Lampert Family Foundation, which secured a donation that covered the travel costs for some of the speakers for Evidence Aid's 4<sup>th</sup> international conference and will help to employ a part-time Information Specialist.

Two blogs were published, 'The World Humanitarian Summit, effectiveness and evidence' (by Jeroen) and 'How can humanitarian and foreign aid policy become evidence-based' (by Paul Cairney).

### ***July***

Meetings were held with Save the Children, CEBM, and Wiley.

### ***August***

August was the busiest month of the year for blogs. Donal O'Mathuna wrote about 'Ethics and evidence' and Hugo Slim provided a response, while Therese Murphy contributed 'Human rights preparedness'.

### ***September***

Meetings were held with Cochrane, Wiley, INASP, Bodleian Library, MSF (USA), and the British Embassy (Geneva) to explore how the Evidence Lounge could move forward to an outcomes-based project. The month's blog post came from Marie McGrath and Jeremy Shoham: 'Evidence in humanitarian emergencies – what does it look like?'. We also published our list of 15 individuals who agreed to become Advisors to Evidence Aid. We held our third Board meeting of the year (see section 6) which incorporated our first Annual General Meeting.

### ***October***

Evidence Aid launched its formal partnership with CEBM at an event in Oxford, chaired by Lady Deborah Dixon with talks from Mike Clarke, Jeroen Jansen, Mukesh Kapila, and Kamal Mahtani. To accompany the event, Carl Heneghan's blog, 'Why we need evidence for aid and why CEBM is partnering with

Evidence Aid', was co-published by both Evidence Aid and CEBM and is reproduced in section 11. Meetings were held with McCall MacBain Foundation, REFANI, Johns Hopkins University, and Public Health England. After the launch event, Claudine Prudhon, Jacqueline Frize and Prisca Benelli blogged about 'Prioritising the generation of evidence on infant and young child feeding interventions in emergencies'.

### ***November***

November was dominated by the 4<sup>th</sup> international conference, and training events in Oxford UK and Washington DC, USA (see sections 2 and 4). The conference attracted speakers from various organisations including Johns Hopkins University, Georgetown University, MSF (USA), Belgian Red Cross – Flanders, Public Health England, Action Against Hunger, ALNAP, Public Library of Science (PLOS), Pan American Health Organization/WHO, and the Uniformed Services University of the Health Sciences. In addition, we met with Oxford PharmaGenesis, who made Evidence Aid their Christmas card charity for 2016 and with whom we continue to work. Our blog this month came from Justin Parkhurst and covered 'From evidence based policy to the good governance of evidence'

### ***December***

Our Trustees met during December, and Sue Wolstenholme (Trustee) facilitated a workshop titled 'Issues Management'. Meetings took place with Sphere, LSHTM, British Embassy, RNLI, and PLoS. Our final blog of the year was written by Mike Clarke (Trustee) and was titled 'We could be heroes'.

## 8. Selected Publications

In addition to the conferences and meetings reported earlier, several publications have helped to raise awareness of Evidence Aid ([www.evidenceaid.org/news/](http://www.evidenceaid.org/news/)):

### 2016 publications:

#### *January*

Evidence Aid news bulletin published.  
Evidence Aid response to Nepal earthquake cited in 'Protecting the Health and Well-being of Populations from Disasters: Health and Health Care in The Sendai Framework for Disaster Risk Reduction 2015-2030'.

#### *February*

Evidence Aid news bulletin published.

#### *March*

Evidence Aid news bulletin published.  
Evidence Aid cited in 'Global Community of Disaster Risk Reduction Scientists and Decision Makers Endorse a Science and Technology Partnership to Support the Implementation of the Sendai Framework for Disaster Risk Reduction 2015–2030' and in 'Reflections on a Science and Technology Agenda for 21<sup>st</sup> Century Disaster Risk Reduction'.

#### *April*

Evidence Aid news bulletin published.  
Evidence Aid discussed in a blog by Amy Price 'Tools to communicate evidence so others can own it'.

#### *May*

Evidence Aid news bulletin published.  
Over 60 scholars attending the World Humanitarian Summit signed a commitment to more collaborative humanitarian research (online community facilitated by Evidence Aid).

#### *June*

Evidence Aid news bulletin published.  
Evidence Aid Annual Report for 2014 and 2015 published.

#### *July*

Evidence Aid article 'Helping decision makers before, during and after disasters and other humanitarian emergencies' featured in Oxford Public Health Magazine.

#### *August*

Two Evidence Aid news bulletins published.  
Mike Clarke is quoted by the Liberatori Library in their response to the Italian earthquake.

#### *September*

Evidence Aid issues media release for the event launching the official partnership with the Centre for Evidence-Based Medicine (CEBM) to be hosted at the University of Oxford on 27 October 2016.

#### *October*

Evidence Aid news bulletin published.

#### *November*

Evidence Aid news bulletin published.  
Evidence Aid article 'Robust evidence for an evidence-based approach to humanitarian action' published in the Emergency ENN Field Exchange 53.

#### *December*

Evidence Aid news bulletin published.

**In 2016, we published the following blogs in the Evidence Aid blog series ([www.evidenceaid.org/news/blog-series/](http://www.evidenceaid.org/news/blog-series/)).**

**7 January, 2016 – Andrew S. Pullin and Teri M. Knight** – Reducing the impact of extreme environmental events using Environmental Evidence

**15 February, 2016 – Tom Kirsch and Paul Perrin** – A Proposed Framework for Improving the Quality of Humanitarian Response

**18 March, 2016 –Philip Davies** – What is evidence?

**20 April, 2016 – Marvin L. Birnbaum**– The Science of Disaster Health

**16 May, 2016 – Niall Roche** – Household Air Pollution and other Environmental Determinants of Health in the context of the World Humanitarian Summit

**14 June, 2016 – Paul Cairney** – How can humanitarian and foreign aid policy become evidence-based?

**14 June, 2016 -Jeroen Jansen** – The World Humanitarian Summit, Effectiveness and Evidence

**2 August 2016 – Thérèse Murphy** – Human rights preparedness

**23 August 2016 – Donal O’Mathuna** – Ethics and Evidence

**23 August 2016 – Hugo Slim** – Ethics and Evidence – reply to Donal O’Mathuna

**27 September 2016 – Marie McGrath and Jeremy Shoham** – Evidence in humanitarian emergencies: What does it look like?

**24 October 2016 – Carl Heneghan** – Why we need Evidence for Aid and why CEBM is partnering with Evidence Aid

**31 October 2016 – Claudine Prudhon, Jacqueline Frize and Prisca Benelli** – Prioritising the generation of evidence on infant and young child feeding interventions in emergencies

**21 November 2016 – Justin Parkhurst** – From evidence based policy to the good governance of evidence

**20 December 2016 – Mike Clarke** – “We could be heroes”

## 9. Communication and Dissemination

The Evidence Aid social media channels are administered by a volunteer, Kristin Ringstad, to whom we are very grateful. She made a number of changes over the last year including setting up a Facebook page, a LinkedIn 'company' page, and is working to ensure our tweets are targeted at those who influence the sector.

The Evidence Aid communication strategy includes an active Twitter account with over 2700 followers, our Facebook page with over 600 members, a 'company' LinkedIn page with over 100 followers, regular contributions to the DisasterOutreach e-mail list, HIFA2015 e-mail list, and regular updates to the Evidence Aid website, alongside the regular news bulletins which gives a short summary of activities and conferences Evidence Aid is planning to attend.



### Twitter

Evidence Aid's Twitter account had 1400 followers in April 2015 and grew to more than 2700 in March 2017. It has sent nearly 12,000 tweets since September 2011, and is following more than 1,000 organisations and individuals. Live tweeting takes place from conferences, with specific hashtags. Twitter is a useful tool for engaging our stakeholders, but we know that we can increase our reach on this platform and will do so over the coming year.

<https://twitter.com/EvidenceAid>



### Facebook

Evidence Aid's active Facebook group has contributors both for posts and comments. The number of members has passed 600 and continues to grow steadily. The Facebook page has 386 likes and we continue to promote this through our various social media channels.

<https://facebook.com/EvidenceAid>



### LinkedIn

Claire Allen and Kristin Ringstad have made increasing use of LinkedIn, to promote the Evidence Aid resources, to alert people to Evidence Aid events, and to link with like-minded people. The Evidence Aid page currently has 172 LinkedIn followers.

<https://linkedin.com/EvidenceAid>

## 10. Partnerships and New Funding

Evidence Aid continues to pursue a strategy of building on our existing partnerships with key organisations and agencies, and establishing new ones, while maintaining our 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 diversity is clear from the partnerships that were initiated or strengthened during 2016:



**World Health Organization (WHO):** Evidence Aid continues to work with the WHO predominantly through Jonathan Abrahams, Rudi Coninx and Andre Griekspoor. Jonathan is an Evidence Aid Advisor, and Rudi helped in many ways through 2016. Dominic Mellon attended the World Health Assembly in May 2016 on behalf of Evidence Aid, as part of the Cochrane contingent.



**Cochrane:** Meetings have continued with Cochrane, which provides Evidence Aid with office space in London. We worked closely with Cochrane and MSF to produce the Collection focussing on the health of refugees and asylum seekers in Europe, published in February 2016.



**John Wiley and Sons Ltd:** Staff (with special thanks to Tony Aburrow, Sophia Wheat, Deborah Pentesco-Gilbert and Andy Robinson) continue to support the development of the Evidence Aid website and Wiley provided additional financial support in 2016. Their support also includes providing users with free access to full versions of Cochrane Reviews that have been identified as being of particular relevance to disasters and other humanitarian emergencies.



**Public Health England (PHE):** Evidence Aid has continued to work with Virginia Murray and others at Public Health England (PHE) and co-presented a side event during the UNISDR Science and Technology Conference in January 2016.



**Dublin City University:** In 2016 Donal O'Mathuna attended the 4<sup>th</sup> Evidence Aid international conference.



We worked with Dell Saulnier of the Karolinska Institutet to create a taxonomy for the Evidence Aid website, and with Dell, Anneli Eriksson and Johan von Schreeb on a funding proposal in the latter half of 2016.



**Queen's University Belfast:** supports the work of Mike Clarke as the Research Director for Evidence Aid, as well as in his role as Chair of the Board of Trustees. During 2016, the Centre of Excellence for Public Health Research in Northern Ireland supported Dominic Mellon's PhD studentship to examine the use and users of Evidence Aid.



**International Initiative for Impact Evaluation (3ie):** Evidence Aid worked with the International Initiative for Impact Evaluation (3ie) on the Evidence Lounge at the World Humanitarian Summit.





In 2016, Philippe Vandekerckhove (CEO of Belgian Red Cross – Flanders, and an Evidence Aid Advisor) gave a presentation at the 4<sup>th</sup> international Conference and we are working with him to produce a video for why evidence-based decision making is important.



Disaster Resilience Initiative

Evidence Aid worked closely with Frank Archer and Saadia Majeed of Monash University on a funding proposal for ELRHA during the latter half of 2016.



The Evidence Aid priority setting exercise in 2013, which identified themes and the top 30 research needs for the sector for health outcomes in humanitarian response, helped shape the development of the Humanitarian Evidence Programme (HEP), a partnership, funded by UK aid, between Oxfam GB and the Feinstein International Center at The Friedman School of Nutrition Science and Policy at Tufts University. Evidence Aid continues to be involved in the initiative which points people to our website as an important resource.



Evidence Aid received financial support from the Geneva-based McCall MacBain Foundation, which is committed to improving the welfare of humanity through grants in the areas of education, health and the environment.



Evidence Aid has been working with the C&A Foundation since 2014 and most recently met in January 2017. By providing the organisation with core funding, the C&A Foundation has enabled Evidence Aid to build the organisation as well as continue to improve the quality of evidence for people in the humanitarian sector. We continue to work together to further develop both the supply of and demand for evidence to improve the effectiveness of humanitarian response.



Georgetown University hosted the 4<sup>th</sup> international conference in Washington DC, USA in November and Irene Jillson led the policy Delphi research study which formed the agenda for the conference and gave a presentation at the training event at PAHO/WHO.



The Pan American Health Organization/WHO hosted the Evidence Aid training event on 16 November 2016. Luis Gabriel Cuervo, Alex Camacho and Lorcan Clarke arranged the agenda for the day, and Luis Gabriel spoke at the 4<sup>th</sup> international conference over the following days.



Evidence Aid continues its long association with the Uniformed Services University of the Health Sciences, predominantly through Steve Waller and Tracey Koehlmoos. Tracey spoke at the training event and Steve at the 4<sup>th</sup> international conference. They both also worked with Irene Jillson of Georgetown University on the policy Delphi research study.

## 11. Partnering with the Centre for Evidence-Based Medicine

*Professor Carl Heneghan: Director  
Centre for Evidence-Based Medicine,  
University of Oxford  
Evidence Aid and CEBM blog from  
October 2016*

### Why we need evidence for aid and why CEBM is partnering with Evidence Aid

In humanitarian disasters you need people with acute trauma care skills to find and rescue those who are able to be saved. In these initial stages providing clean water, food and temporary shelter are priorities, followed by emergency health services. However, once the cameras have gone, the fundraising has stopped and attention has focussed towards the next disaster there are still huge infrastructure and healthcare issues that need sorting.

From a healthcare perspective, issues include dealing with psychological problems, preventing outbreaks of communicable diseases such as cholera, and reinstating infrastructure and the healthcare system. As an example, six months after the 2013 Haiti earthquake - which killed more than 200,000 people, - 1.5 million were still homeless. Even worse, exacerbated by a lack of sanitation and cleanliness, a cholera epidemic then broke out: allegedly brought over by foreign aid workers, 650,000 people were infected and 8,300 Haitians died. Add to this the growing criticisms of aid agencies use and allocation of resources then there is a nascent realisation that we need better evidence in aid situations:

to better target resources to better treat urgent healthcare needs and to prevent long term health problems.

Take something as simple as water disinfection and consider the most effective, low cost intervention that could prevent disease outbreak. As opposed to opinion, evidence from a Cochrane review of Interventions to improve water quality for preventing diarrhoea reports that solar water disinfection (SODIS) using the sun's ultraviolet radiation and plastic bottles with instructions to leave them in direct sunlight for at least six hours before drinking probably reduces diarrhoea by around a third. Also, since controls also received bottles this may have provided some protection against diarrhoea by means of improved storage, thus underestimating the true effect.



Natural hazard disasters affected 89 million people in 2015 (in many years the figure is far higher) and in the same year aid reached a record \$28.0 billion. It is, therefore, supremely important that aid is targeted using the best available evidence to save lives, alleviate suffering and inform the preparedness for the next similar disaster.

There is no shortage of questions in disasters that require decisions and actions informed with evidence,



however there is often a shortage of available answers. A 2014 International Initiative for Impact Evaluation analysed 'What evidence is available and what is required, in humanitarian assistance?'. They found that "with the exception of health and nutrition, most areas in the humanitarian sector suffer from a paucity of evidence," and there is now widespread agreement amongst policymakers that research evidence has a greater role to play in disaster management

To underpin this the Good Humanitarian Donorship (GHD) initiative, which enhances the coherence of 42 countries donor actions identified the following evidence-based decision making principles as future operational best practices:

- The sharing of relevant evidence produced in the context of policy and programme development and evaluation, such as policy and funding guidelines, evaluations, and lessons learnt.
- The GHD recognizes as a best practice decision-making for funding allocations based on sound evidence.
- GHD members recognize as a good practice the use of sound evidence that meets common donor criteria, such as evidence that reflects independent and rigorous prioritisation of needs across sectors; joint analysis and consensus among experts; a transparent methodology outlining key assumptions and uncertainties, and a robust knowledge base.

Therefore Evidence Aid was established after the Indian Ocean tsunami of 26 December 2004, and its aim is to inspire and enable those guiding the humanitarian sector to apply an evidence-based approach and for those in need have a right to receive humanitarian aid in the most timely, effective and appropriate way possible. It is with this in mind the Centre for Evidence-Based Medicine (CEBM) is partnering with Evidence Aid.

From 2016 Evidence Aid will focus on becoming the 'evidence champion' for influencers of the humanitarian sector by investing in its three key resources;

1. its network, including partnerships and relationships;
2. the valuable contributions from partners and volunteers, including the advisory group; and
3. its credibility and respected public profile.

CEBM organised the first ever Evidence Aid conference in 2011. Five years later we are bringing our skills and expertise to work together with Evidence Aid to determine in humanitarian disasters what works and what doesn't, to ensure decisions and actions are based on evidence, and to build capacity to answer the many questions that need answering.

If you are aren't yet convinced that we need evidence then take a look at the Evidence Aid resources for what works or what doesn't in crucial disease problems such as diarrhoea.

## 12. Getting Involved

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

By e-mail: [info@evidenceaid.org](mailto:info@evidenceaid.org)

By following us on Twitter: @EvidenceAid

On Facebook: Evidence Aid

On LinkedIn: Evidence Aid or Claire Allen

By telephone: +44 (0) 74699 24347 (Claire Allen)

Through our website: [www.evidenceaid.org](http://www.evidenceaid.org)

Some ways to help are:

- 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 members of the Evidence Aid team to your organisation to talk about our work;
- piloting Evidence Aid resources;
- preparing and maintaining relevant systematic reviews;
- identifying funding opportunities to ensure the sustainability and development of Evidence Aid; and/or
- advocating for Evidence Aid wherever you are able to.

**As examples, Shona Lang, Doreen Tushabe and Kristin Ringstad have been volunteering with Evidence Aid:**

### Backgrounds



Shona is a cancer scientist by background and has spent most of her career investigating human cell biology and reviewing scientific evidence. Shona's highlight has been working as part of the team which successfully secured the Unorthodox Prize for Evidence Aid in 2013, with Evidence Aid being selected from 250 submissions. She has also enjoyed expanding her knowledge of humanitarian aid. In 2016, Shona coordinated publication of Evidence Aid's Zika Collection.



Doreen's background is in Public Health and Health Technology Assessment. She currently works in the pharmaceutical industry as an Evidence Based Medicine Manager. Doreen's Evidence Aid highlight has been working as part of the wider Evidence Aid Team dedicated to achieving and advancing research priorities on humanitarian emergencies through evidence based medicine research, in particular systematic reviews. This has not only

enabled her to acquire experience and knowledge on humanitarian aid research, but has also empowered her to continue fulfilling her passion for helping others through ground-breaking scientific research. In 2016, Doreen contributed to the Zika Collection and wrote summaries of systematic reviews for the Resources.



Kristin is a Registered Nurse currently working in Public Health and Community Health, with previous acute care nursing experience. She is a member of the World Association of Disaster and Emergency Medicine's (WADEM) Emergency Medical Response committee and Membership committee. Kristin's goal is to complete an MD/PHD program where she will continue to undertake research in various areas of global health. Since Kristin assumed the role of social media management for Evidence Aid there has been an increase in engagement from the public on Twitter, Facebook, and LinkedIn. In 2017, she will help Evidence Aid at the WADEM conference in Toronto, Canada.

### **Looking to the future**

Shona, Doreen and Kristin all agree that working with Evidence Aid has been a positive and worthwhile experience, which they hope to continue. The motivation to help was never difficult since they see this as a deserving project, which desperately needs support and therefore, they encourage others to take part in reinforcing and progressing the Evidence Aid mission.





[www.evidenceaid.org](http://www.evidenceaid.org)

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Facebook: Evidence Aid

LinkedIn: Evidence Aid