

# Evidence Aid: Advancing humanitarian research and impact

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**evidence aid**

# Championing evidence-based humanitarian action



## Who we are:

Evidence Aid is a UK-based, not-for-profit organisation, which was established in 2004 within Cochrane after the Indian Ocean tsunami and became an independent charity in 2015.



## Our mission:

To provide unbiased knowledge products, timely guidance and tailored training to support communities, practitioners and decision-makers in preparing for and facing the consequences of humanitarian crises.



## Our work:

Evidence Aid searches, gathers and selects high-quality research, synthesizes its findings, and produces freely available summaries in multiple languages ([www.evidenceaid.org](http://www.evidenceaid.org)).

# Our core work

Our primary focus involves summarizing systematic reviews, organizing them into one of our 11 collections, and making them freely available in nine languages\*: English, Arabic, Chinese Simplified, Chinese Traditional, French, German, Italian, Spanish and Portuguese.

\*Partnering with Translators Without Borders/Clear Global

## Target Audience

- Policy and decision-makers.
- Practitioners.
- Researchers and academics.

### Earthquakes

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### Health of refugees and asylum seekers

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### Humanitarian impact of climate change

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### Managing mental injuries in disasters

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### Prevention and treatment of acute malnutrition

### Resilient Health Systems

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### Windstorms

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### Zika

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### Coronavirus (COVID-19)

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### Ebola

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Easy **access** to reliable, curated information for well-informed decisions on disasters and health emergencies.

Systematic reviews summaries in language most stakeholders can understand and share

01

## Priorities

Developed with end-user input (people-centred)

02

## Research

Relevance.

03

## Reviews

A curated evidence-base from reliable sources.

04

## Summaries

To-the-point accessible curated evidence

# How do we summarise systematic reviews following a people-centered approach?

1. Decide on what should be included in the summary (along with client and others).
2. Develop writing guidance (a 'template').
3. Obtain feedback from others.
4. Continuous feedback loop, improving and amending as required.
5. Ensure policy makers like the products.

# Volunteers and Interns

## The heart of Evidence Aid

- We select volunteers and interns from universities, professional careers, and various fields: McMaster University, York University, University of Newcastle, University of Beirut, Cochrane, PAHO, etc.
- Chosen for their enthusiasm and passion for humanitarian research.
- Projects are aligned with their learning goals, creating a mutually beneficial environment.

## Cascade of learning

- Volunteers and interns take on diverse responsibilities, gaining exposure to various aspects of our work.
- A holistic approach ensures they develop a well-rounded skill set tailored to humanitarian research.
- The cascade of learning empowers them to contribute meaningfully while growing professionally.

# Other Partnerships



**Project-focused**

**Pan American Health Organization**

Resilient Health Systems Evidence Collection

**Florida International University**

Disaster Risk in Informal Settlement Project

**World Health Organization**

Guidance on Research Methods for Health Emergency and Disaster Risk Management Knowledge Hub.

**Humanitarian to Humanitarian**

COVID Evidence Collection

# Why do this?



**Story from a practitioner**

**Is evidence important?**

**Duplication and good decision-making**





# What evidence do we need?

**(1) What is the problem?**

**(2) What can be done about it?**

**(3) How can we do it?**

## Unconditional cash transfers for assistance in humanitarian disasters: effect on use of health services and health outcomes in low- and middle-income countries

✉ Frank Pega, Sze Yan Liu, Stefan Walter, Stefan K Lhachimi [Authors' declarations of interest](#)

“Given the low quality of the available evidence to date, **we cannot make any clear conclusions** regarding the effectiveness of UCTs for improving health services use and health outcomes in humanitarian disaster contexts in LMICs.

## Pre-referral rectal artesunate for severe malaria

✉ Joseph Okebe, Michael Eisenhut [Authors' declarations of interest](#)

“In rural settings without access to injectable antimalarials, rectal artesunate probably reduces mortality in young children (6 to 72 months old) being transported to hospital for further care. However...”

### Pre-referral rectal artesunate is no "magic bullet" in weak health systems

[Manuel W. Hetzel](#) ✉, [Jean Okitawutshu](#), [Antoinette Tshefu](#), [Elizabeth Omoluabi](#), [Phyllis Awor](#), [Aita Signorell](#), [Marek Kwiatkowski](#), [Mark J. Lambiris](#), [Theodoor Visser](#), [Justin M. Cohen](#), [Valentina Buj](#), [Christian Burri](#) & [Christian Lengeler](#)

[BMC Medicine](#) **21**, Article number: 119 (2023) | [Cite this article](#)

"zero-dose children"



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# Making decisions about interventions

## What we learned...

- Is it acceptable treating a severe chest infection with a drug that has not been thoroughly tested?
- Can junior physicians take the responsibility for complex surgical procedures?
- Could we accept deploying a new vaccines (e.g. COVID-19) without rigorous side effects surveillance?
- Is it fine to test potentially harmful medication with a couple of small studies here and there?

**No**

## or did not?

- Is it acceptable to reduce out of pocket expenditures for health care with an not piloted insurance scheme?
- Can health care providers spend a large amount of time on administrative tasks and management?
- Could we accept introducing digital tools in remote areas without monitoring their consequences on workflow?
- Is it fine to set up prices for essential medicines with a couple of small studies here and there?

**Yes**

# THE LANCET



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## Some remarks...

- **Academia + funders should establish HSR standards**
- **Standards should include:**
  - **Systemic perspective**
  - **Measuring harms**
  - **Bias mitigation**
- **Development and humanitarian initiatives should be looked at through the lense of evidence (not only good will)**
- **A poor system will never work**

# Challenges

- **Size:** Evidence Aid's smaller size presents challenges in taking on and participating in larger projects.
- **Difficulty of highlighting impact:** The complexity and significance of evidence-based approaches in humanitarian aid can pose challenges in conveying their importance to potential funders.
- **Restricted Funding Guidelines:** Some potential funders may have strict guidelines or restrictions that limit their support for specific types of projects or organizations.
- **Short-Term Funded Projects:** Funding cycles that prioritize short-term outcomes may hinder long-term commitments to evidence-based initiatives.

# Thank You!

Do you have any questions?

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