



Evidence-Informed Humanitarian Action

A Discussion led by the HIFA working group on Library and Information Services for Disasters, Emergencies, Disease Outbreaks

LONG EDIT

1. What do we mean by evidence-informed humanitarian action (preparedness and response)?
2. What kind of evidence do humanitarians need, and why?
3. Call for examples and case studies: Where has evidence been lacking and what has been the result?
4. Call for examples and case studies: Where has evidence made a difference?
5. How can humanitarians access and use evidence more effectively?
6. How can humanitarians and information professionals work together more effectively?

Background: <http://www.hifa.org/news/join-hifa-global-discussion-evidence-informed-humanitarian-action-starts-16-october-2017>

Metrics

There were 104 messages from 22 contributors in 11 countries (Bangladesh, Iceland, India, Nepal, Nigeria, Sudan, Switzerland, Uganda, UK, USA, Zimbabwe)

Alice Obrecht, UK (6)	Hasnain Sabih Nayak, Bangladesh
Barbara Stilwell, USA	Jamie Guth, Switzerland
Caroline De Brun, UK (2)	Joseph Ana, Nigeria (2)
Charles Dhewa, Zimbabwe	Maynard Clark, USA
Chris Zielinski, UK (4)	Neil Pakenham-Walsh, moderator (63)
Claire Allen, UK (10)	Ngozi Eunice Osadebe, Nigeria (2)
Disaster Information Management Research Center, USA	Ngozi P Osuchukwu, Nigeria
Durgadas Menon, India	Pamela Sieving, USA
Esther Kyazike, Uganda	Siobhan Champ-Blackwell, USA
Geir Gunnlaugsson, Iceland	Sophie Goyet, Nepal (3)
Ghaiath Hussein, Sudan	Swinfen, UK

1. What do we mean by evidence-informed humanitarian action (preparedness and response)?

Moderator (Neil Pakenham-Walsh, UK): For me (a non-expert) this means humanitarian action that is informed by appropriate interpretation of the totality of all available, relevant evidence. It is analogous to (indeed a subset of) evidence-informed policy and practice. The same principles apply. The approach requires systematic review of available evidence, that in turn helps to inform international guidelines, which in turn help to inform national and local guidelines. The intention is to make humanitarian action more effective (and more cost-effective) for better health outcomes.

Alice Obrecht, UK: I think there is a widely accepted use of the following definition of evidence, which is broad (i.e. not specific to EBM) and allows us to consider qualitative information as evidence alongside quantitative:

Evidence is: information that helps to prove or to disprove a specific proposition.

This definition, as well as criteria used to assess the quality of evidence, is discussed in our original paper on humanitarian evidence: <https://www.alnap.org/help-library/insufficient-evidence-the-quality-and-use-of-evidence-in-humanitarian-action-alnap-0>

Moderator: If we assume consensus on this definition of evidence, then the widest definition of evidence-informed humanitarian action would be 'humanitarian action that is informed by evidence'. But this does not tell us much, because it could mean many things. It could mean 'humanitarian action that is informed by a piece of evidence (whether this is a single research study or indeed an empirical observation or lesson learned)'. Or it could mean 'humanitarian action that is informed by (an attempt to) systematic(ally) review all available evidence'. The latter is analogous to the approach of evidence-based medicine. The former is not, and is a less reliable approach.

Moderator: I have looked for a definition of evidence-informed humanitarian action through a quick Google search and I cannot find one. The nearest I find is on the Evidence Aid website where their mission is to 'inspire and enable those guiding the humanitarian sector to apply an evidence-based approach in their activities and decisions'. They do this by delivering 'time sensitive access to systematic reviews for use in the event of disasters and other humanitarian emergencies'.

Moderator: The definition of EBM has matured over time and explicitly recognises not only the evidence itself, but also clinical judgement and patient preferences. Likewise, it seems that the definition/description of evidence-informed humanitarian action is at a less mature stage, and needs to similarly evolve over time.

Jeroen Jensen, UK: First, thank you Neil for your e-mail and your views on a definition of 'evidence-informed humanitarian action'. There is not an agreed definition of 'evidence-informed humanitarian action' that I am aware of. Many of the issues you mention are possibly a good reason to refer to 'evidence-based humanitarian action' instead, and use the much more developed definition of EBM as a starting point. I am not suggesting just copying from EBM (<http://www.evidenceaid.org/humanitarian-practitioners-shouldnt-aim-to-copy-evidence-based-medicine/>), but I am convinced the humanitarian sector can learn a lot from EBM.

Jeroen Jensen, UK: I doubt there will ever be a majority consensus in the humanitarian sector on whether we should refer to 'evidence-informed' or 'evidence-based', and I think it will be even harder to find any consensus for a definition. More important than succeeding in agreeing on the terminology and defining it, is providing the humanitarian sector with sufficient information and expertise to make informed decisions on the importance and use of evidence.

Moderator: In 2005 Paul Glasziou noted: 'It is clearly time to change 'evidence based medicine' to 'evidence informed practice'. Although EBMers have emphasised the importance of patients' values in decision making, this is missed in most discussions. So that evidence is not displaced by mutant memes on the excuse that evidence ignores values and context (it doesn't), I suggest the era of evidence informed rather than evidence based medicine has arrived.' He ends his contribution as follows: 'So a puzzle remains: how do we

get valid memes into the mindlines while not driving out the wisdom of experience? I suggest we start with evidence informed medicine and add a little wisdom.'

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC543903/>

Moderator: There is a case for the wisdom of experience to be increasingly complemented by an evidence-informed approach. Indeed, taking the third pillar of EBM (patient values) there may even be a case for evidence-informed humanitarian action also to consider adding a third pillar:

1st Pillar: cumulative evidence (as in systematic reviews)

2nd Pillar: wisdom of experience

3rd Pillar: societal values (?)

How these two or three pillars can work together most effectively would then be the challenge for humanitarians and information professionals over the coming decade.

Chris Zielinski, UK: Evidence-based or evidence-informed? I suggest: neither. Evidence is a kind of information. What a person makes of the information is knowledge. It is knowledge that needs to be applied in practice - in other words, the combination of what the book says and the practitioner's experience of applying what the book says. Knowledge can only be transmitted person-to-person, which is precisely what happens in practice.

Putting it another way, practitioners rely on evidence - information contained in books, journals and other research literature - as well as tacit knowledge - their own experience with patients, as well as what they learn from discussion with fellow practitioners at all levels of the health workforce

So I would suggest using "knowledge-based practice" and forgetting about the term "evidence" altogether, since "evidence" is only a part of the picture.

Jamie Guth, Switzerland: This is a good discussion. I appreciate the point that Chris Zielinski is trying to make, that evidence is just part of the overall picture of what is used for policy and practice. However, the terms "evidence-based practice" and then "evidence-informed practice" came out of the awareness that research evidence was rarely used in developing health policy or practice. The field of research uptake has developed to address this, to try to go beyond the tacit knowledge that has been used but is not always sufficient. So while I agree that the term "knowledge-based practice" is a more holistic one, it does not take into account why the focus on evidence has arisen, and may be too early to give it up. I can give you an example.

Jamie Guth, Switzerland: I recently led policy panel reviews of research studies in 3 West African countries, and in each, I was told numerous times that this was the first time the stakeholders involved (ministry of health technicians, healthcare providers, NGOs, researchers, community healthcare workers, etc) had had a chance to review research evidence, discuss it, and put it into context with what they already know and experience -- the tacit knowledge that is just as important. They were hungry for the research AND its integration. They don't care what we call it, they just want to make sure the opportunity is provided to work together. So I would focus on increasing the use of this process, and not get caught up with what we call it.

Moderator: I did not express myself well in my original message. What I meant to say was that evidence-informed decision making in humanitarian action is currently at a less developed stage than evidence-based/informed medicine, *in the sense that* the first pillar of EBM - systematic synthesis of evidence - is only just starting to get traction in humanitarian action (thanks to the work of organisations such as Evidence Aid). By contrast,

the second pillar - wisdom of experience/professional judgement - is clearly vital in humanitarian action (as it always has been in clinical medicine, both pre-EBM and post-EBM).

Moderator: "Chris Zielinski: "We need research AND its integration into practice"
Yes of course. But the term 'evidence-informed practice' provides a basic conceptual framework for doing just that - for using the findings of research to inform practice. It does not specifically get into the detail of how the findings should be accessed and applied, but a logical approach to this has emerged (more or less spontaneously) in the shape of changes in guideline development. Guideline developers are (in my view) the single most important user base for systematic reviews. Both are key components of the global healthcare information system. <http://www.hifa.org/about-hifa/hifa-vision-and-strategy>

Moderator: I would like to say a bit more about evidence-informed policy and practice to check our collective understanding of the term. The key difference between evidence-informed practice (or its near synonym Evidence-Based Medicine) and the 'old' ways of doing things (for example, practice based on 'what I found to work before' or 'practice based on 'a research study that I read last week in a medical journal') is that evidence-informed practice adds a valuable additional piece of information that was not present before. In evidence-informed practice, there is a systematic attempt to synthesise *all* available evidence around a given research question. It's amazing to think this simple idea was never thought of until just a few decades ago. The result is the 'systematic review', which is the basis for practice and (increasingly) policy guidelines, which in turn are a key output of WHO and other agencies to help inform individual ministries of health to develop national practice and policy guidelines.

Neil PW: Evidence-informed policy and practice is not (at least in my view) about pushing evidence into policy and practice. It is about enabling decision-makers (guideline developers, policymakers, practitioners, patients...) to have a synthesis of existing evidence that may help inform policy and practice, in a language they can understand.

Charles Dhewa, Zimbabwe: My take is that people no longer have monopoly on knowledge or knowledge sharing. The environment or context is also becoming a source of evidence and knowledge, especially to keen learners.

Joseph Ana, Nigeria: Knowledge is important but is only one of the output of EBM that we should acquire when we learn it - skills, attitudes, and/or behaviour are equally essential.

2. What kind of evidence do humanitarians need, and why?

Hasnain Sabih Nayak, Bangladesh: Working with NGO for about 25 years in different capacities, I feel the NGOs use following (not limited to) types of information in humanitarian action.

- Demographic Statistical Reports (usually published by govt or concerned UN or national agencies): For determining/justifying the project size
- 'lessons learned' papers: For developing and planning future projects
- Public consultations: For media/public/mass awareness and bringing an issue to the light and to govt's attention
- Annual Reports: For organizational/Projects/Programs promotion and for reporting to donors

- Group Brainstorming: For idea generation
- Handbooks: Provide/Promote/Disseminate SOPs for organization/Projects/Programs to be followed.

Understanding the information needs of humanitarians

Alice Obrecht, UK: I think we all need to take a much longer, and more critical, look at ourselves as knowledge providers. Are we spending enough time to understand demand? To build relationships with end users? To identify and target their learning needs? Neil has reflected on the fact that it has been hard to get humanitarian practitioners to provide their inputs on this forum discussion - similarly, ALNAP occasionally finds that a webinar or product is getting very low uptake at field level. This should prompt us to think about whether we are selecting the right topics and whether we are creating easy, accessible, meaningful opportunities for end users to engage with learning.

Alice Obrecht, UK: I would have loved to hear more from information professionals and librarians on how they connect with aid workers in their countries, and am curious to know how much time is spent on the supply side of knowledge and evidence production as opposed to the demand side of understanding the problems and user needs.

Moderator: We had indeed hoped to attract some humanitarians onto HIFA so that we could start to understand their information needs better. It was disappointing but not surprising that we did not get much engagement from humanitarians themselves. I say 'not surprising' because it is difficult if not impossible to immediately engage a whole new community on a virtual forum such as HIFA. The only times I have seen this work well is when a discussion is launched at the same time as a face-to-face event such as an international conference.

Moderator: Connections between HIFA and the humanitarian community will take more time to build up. One way to help this process could be to create stronger channels between HIFA and a similar virtual forum for humanitarians (if such a forum exists, please let us know). This would encourage humanitarians with an interest in evidence (and information professionals with an interest in humanitarian action) to be members of both communities, thereby helping us to answer the final question in our discussion: How can humanitarians and information professionals work together more effectively?

Systematic reviews (benefits)

Moderator: Twenty years ago, WHO international guidelines and recommendations were based largely on expert opinion and lessons learned. Now, just a few decades after the idea of EBM came into being, this has changed radically to a much more systematic, evidence-informed approach - it is hard to imagine practice and policy guidelines that do *not* recognise the importance of systematic reviews.

Moderator: Alice's concern about the relevance of systematic reviews for individual humanitarians in specific contexts is valid and is analogous to the clinician's concern about, for example, the relevance of systematic reviews to an elderly patient with multiple morbidity, who may not be at all typical of subjects of RCTs. This does not invalidate the concept of systematic review, but it does mean that the findings of such reviews need to be interpreted carefully. There are many other limitations of systematic reviews, but these are limitations rather than negations of the desirability of evidence synthesis. Alice also mentioned about EBM making mistakes and I agree there have been mistakes, including around the whole communication of the EBM concept. This has come over as a threatening attempt to

displace clinical judgement, resulting in understandable backlash. As Zbys Federowicz noted on HIFA earlier this year: "Its quite 'staggering' to see how much resistance to considering [systematic reviews] as reliable sources of evidence still exists."

Moderator: Picking up on earlier messages in this thread, it is important to acknowledge that systematic reviews have never been proposed as a be-all-and-end-all, and they certainly have limitations. They are a very useful new approach to synthesising the findings of previous research on a given question, and complement rather than replace clinical judgement (or the 'wisdom of experience') and patient (or societal) preferences. The definition of EBM explicitly encompasses this triad of cumulative evidence, clinical judgement and patient preferences. Many other factors come into play in real-world decision-making (particularly in policy decision-making). Systematic reviews are not only a useful tool - they also challenge previous assumptions that 'the expert knows best'.

Moderator: The Sphere Handbook [www.sphereproject.org/handbook/], for example, is the most popular guide book in the humanitarian sector - how is this currently produced? Could the Handbook be more informed by systematic review of available evidence, and/or should it be based on experience and expertise? What are the relative roles of experience, expertise and evidence in humanitarian action?

Systematic reviews (limitations)

Moderator: The systematic review approach lends itself most easily to specific clinical questions (eg intervention A vs intervention B) that have been investigated through a number of randomized controlled trials. But the logic of trying to synthesise systematically all available evidence around a given question is valid for non-clinical and policy questions also. It is just a lot harder to do. This is why qualitative systematic reviews are a relatively new approach.

Alice Obrecht, UK: You (Moderator) mention that EBM has evolved to include clinical judgement and patient preferences, but oddly say that, in comparison to this, evidence-informed decision making in humanitarian action is 'less mature'. Quite the contrary: I think the humanitarians are trying to avoid the mistakes made by EBM, which are now being acknowledged in that sector (there's been some interesting studies showing that the evidence for the effectiveness of EBM in terms of improving clinical practice is itself mixed!).

Alice Obrecht, UK: So here's the insight that the EBM folks missed, and which the humanitarians are being a bit more careful about:

1) The strength of evidence is completely contingent on the question you are asking. If you are asking a question about causal relationships, then a systematic review or RCT might be your best bet (though even then, it depends on the kind of causal question-- I'd recommend the excellent work of Nancy Cartwright, philosopher of science, who has raised important concerns about the epistemic value of RCTs when it comes to causal mechanisms). We need to recognise this, instead of pretending that we are all asking the same kind of question, or pretending that the same method is going to be the 'gold standard' for all evidence needs, when those needs vary from question to question.

2) No one in the humanitarian sector thinks that one piece of evidence is good enough for decision making (as you suggest). But the leap is not to go straight to systematic reviews of evidence - there's a lot of helpful approaches in between that can be used to triangulate and draw on different sources. The problem, quite frankly, is that most systematic reviews of evidence are not relevant to answering questions in-context about programming design and

intervention efficacy, a point made by the very people who have carried out systematic reviews in humanitarian action.

Alice Obrecht, UK: I really think we should aim to learn from the mistakes of EBM rather than try to apply its framework wholesale to the humanitarian sector. This is for many reasons, the most important one for me being that EBM in no way helps us think about the hard questions of getting the best evidence for a particular context or decision-maker, and the different quality criteria that information needs to meet in order to be considered 'good evidence'. When it comes to external validity, or contextual decision-making, most of the evidence valued by EBM is poor. Which is not to say it is bad, or shouldn't be used - it's simply to recognise that good evidence depends on use, and that depends on the question being asked. We need to take that holistic approach if we want any practitioners to see the evidence movement as relevant and useful for improving how they do their work.

Lessons learned

Moderator: Our discussion over the past weeks has indicated that the wisdom of experience in humanitarian action is important (at least as important as the wisdom of experience in practicing medicine), and it is this wisdom of experience that currently drives humanitarian action, through publications such as the Sphere Handbook and ALNAP Lessons Learned.

Moderator: Our brief journey through 'humanitarian evidence' leads me to think that most of the information that is available (and that is used) is empirical or 'lessons learned'. Very little that is (yet) currently available is based on formal research or research synthesis (apart from clinical decisions such as whether to use drug A or drug B). Nevertheless it seems likely that the place of research and research synthesis is likely to grow over time. Evidence-based medicine is a relatively new concept in clinical medicine; evidence-informed humanitarian action is a newer concept still.

Alice Obrecht: In terms of where evidence is lacking, I think practitioners often don't get high quality evidence that gives them recommendations relevant to their particular context. We might have general evidence, but not evidence that guides us in non-ideal settings, in different crisis types. One of the ways ALNAP has tried to address this gap is through our Lessons Papers. ALNAP has been publishing Lessons Papers since 2001, and they have long since been one of our most downloaded products. The Lessons Papers aim to improve the performance of humanitarian action by sharing the learning from previous responses in a concise and readable format and a timely manner. The primary user group consists of agency staff designing and evaluating humanitarian responses. Previous papers include: Sanderson and Ramalingam (2015). Nepal Earthquake Response: Lessons for Operational Agencies. ALNAP
Cosgrave (2014). Responding to Flood Disasters: Lessons from Previous Relief and Recovery Operations. ALNAP.
Lucchi (2013). Humanitarian Interventions in Situations of Urban Violence. ALNAP.

Alice Obrecht, UK: Importantly, the Lessons Papers have always sought to identify a broad range of lessons from across the international humanitarian community in the context of a specific crisis or crisis-type. The nature of this task requires authors to pose quite broad research questions and to consult a wide range of grey literature and non-academic source libraries. These are both difficult things to achieve in a rigorous manner.

Alice Obrecht, UK: ALNAP will publish a Methods Paper in November 2017 which proposes a revised methodology for future ALNAP Lessons Papers. It will improve the rigour of the

research methods used to generate the Lessons Papers, whilst maintaining the wide-scope research questions and inclusive approach to grey literature review. The Methods Paper will be made available through our website at <http://www.alnap.org/what-we-do/lessons>

3. Call for examples and case studies: Where has evidence been lacking and what has been the result?

Organisations

Bilateral agencies, trusts and foundations

Moderator: Let's also reflect on the extent to which funders use evidence to prioritise and support humanitarian action. HC3 is supported by USAID - what is their approach to using and applying evidence? What about other bilateral agencies? What about trusts and foundations?

Governments: Venezuela

Moderator: This report [on Venezuela] is deeply troubling as it claims that 'Venezuela's government denies the crisis [HIV, TB, malaria], and blocks publication of health data that would document the worsening disaster'.

PRESS RELEASE: Report Shows Growing HIV, TB and Malaria Crisis in Venezuela...

Venezuela's government denies the crisis, and blocks publication of health data that would document the worsening disaster.

http://www.icaso.org/wp/wp-content/uploads/2017/10/Triple_Threat.pdf

Governments: South Africa

Moderator: An egregious example that I can give is the HIV/AIDS denialism of the South African government in the early 2000s. The Late Dr Manto Tshabalala-Msimang, who was health minister of South Africa under Mbeki, was 'infamous for her unscientific promotion of garlic and beetroot for HIV treatment', and her policies 'led to the unnecessary deaths of over 300 000 South Africans (who were denied antiretroviral medicines)', according to editorials in The Lancet in 2008 [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(08\)60176-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)60176-2/fulltext) and 2009

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)61572-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)61572-5/fulltext) (It should be noted that the current South African government has been widely congratulated on its health policy, including its delivery of antiretroviral treatment to those who need it.)

Disaster types

Epidemic preparedness and response

The Lancet (7 October 2017), which says 'Today, the international framework for epidemic preparedness and response still does not include a role for research...'

CITATION: In search of global governance for research in epidemics.

David H Peters et al.

The Lancet Volume 390, No. 10103, p16321633, 7 October 2017

DOI: [http://dx.doi.org/10.10166/S0140-6736\(17\)32546-1](http://dx.doi.org/10.10166/S0140-6736(17)32546-1)

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32546-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32546-1/fulltext)

The above begs the question: How much is currently invested into humanitarian research, both primary (integrated into humanitarian action) and secondary (synthesis of primary research findings)? Which organisations are leading such research and how is the investment prioritised? What have we learned from humanitarian research so far, in terms of:

1. application for future humanitarian response (including facilitation of research uptake), and

2. improving the quality and relevance of future humanitarian research (I suspect it is a hugely challenging area)?

Terrorist attacks

300 people died in Mogadishu's horrific terrorist attack last weekend - a tragedy rendered deadlier by a weak, chaotic response, according to medics on the scene.

To reach the 400+ people wounded, emergency responders faced obstacles including a shortage of functioning ambulances and drivers, and checkpoints blocking access.

Doctors also reported blood shortages - in a country with no blood bank.

The Quote: "When you want to save a screaming casualty but a soldier denies you access at gun point ... it is a tough work," said ambulance driver Mohamed Saiid.

"The telephones got jammed and we had no walkie talkies.... Delays caused "many injured people to die from blood loss"... Information Minister Abdirahman Omar Osman earlier said Somalia does not have a blood bank...'

<http://news.trust.org/item/20171017161934-tn0d8/>

Other

Ngozi Eunice Osadebe, Nigeria: In Nigeria, we have a problem. Problem of keeping records and making them available for use. There is also the problem of trained incapacity especially among the information gate keepers (Librarians). There is need for awareness creation among librarians on how to market information. The era of sitting in the library waiting for clients to come is gone. Librarians need to go out and find users for their products (Information)... There is also need to train everybody, big and small on the use of evidence in decision making.

4. Call for examples and case studies: Where has evidence made a difference?

The following examples were given, but without additional information on impact.

ReliefWeb

Moderator: 'ReliefWeb is the leading humanitarian information source on global crises and disasters. It is a specialized digital service of the UN Office for the Coordination of Humanitarian Affairs (OCHA). We provide reliable and timely information, enabling humanitarian workers to make informed decisions and to plan effective response. We collect and deliver key information, including the latest reports, maps and infographics and videos from trusted sources.'

<https://reliefweb.int/disasters>

The website includes a world map of ongoing disasters

<https://reliefweb.int/disasters>

Collective platforms/ Communicating with Disaster Affected Communities (CDAC) Network

The Role of Collective Platforms, Services and Tools to Support Communication and Community Engagement in Humanitarian Action. One of the Communicating with Disaster Affected Communities (CDAC) Network Strategic Aims for 2016-2021 is to strengthen collaboration to make community engagement in crisis efforts more effective. Prepared with support from the United Kingdom (UK) Department for International Development (DFID)'s Disasters and Emergencies Preparedness Programme, this policy paper outlines the

potential role of collective platforms, services, and tools to support communication and community engagement in humanitarian preparedness and response. It describes benefits, gaps, and challenges in current approaches. It highlights existing frameworks and commitments and provides a brief overview of good practices. Finally, it offers recommendations, such as: Humanitarian organisations should include communications technologies and media actors in communication and community engagement fora, both nationally and globally.

http://www.comminit.com/global/content/role-collective-platforms-services-and-tools-support-communication-and-community-engagem?utm_medium=email&utm_campaign=drumbeat744&utm_content=role-collective-platforms-services-and-tools-support-communication-and-community-engagem

HC3

'This brief describes key examples, actions and resources for each phase of a public health emergency. These examples of HC3's work in emergencies informed the development of the SBCC Emergency Helix, a programmatic framework for integrating SBCC throughout a public health emergency.' The publication includes several case studies, all of which appear to be in relation to disease outbreaks such as Ebola and Zika.

<http://healthcommcapacity.org/wp-content/uploads/2017/06/HC3-in-Action-Emergencies-final.pdf>

5. How can humanitarians access and use evidence more effectively?

Free/open access

Claire Allen, UK: I think open/free access is crucial for humanitarian agencies, who mostly rely on donor funding for their activities, and whose priorities mostly relate to the affected public they serve. However, there are organisations, such as Evidence Aid and ALNAP, which are committed to making evidence freely available at a single entry point. It is important that agencies interact with these kind of organisations, to ensure the information they provide supports their needs and allows them to work more efficiently and effectively to serve their public by making decisions based on the best available evidence. Evidence Aid has worked with a number of publishers to request free access to systematic reviews of relevance, but this is a very time-consuming exercise, and even after months, often does not produce any tangible results. For a small organisation like Evidence Aid, buy in from publishers is very important not because we want free access to all materials they publish, but because we are trying to raise awareness and provision of systematic reviews in the sector. Often humanitarian agencies don't have subscriptions to the large medical journals and therefore aren't aware of the systematic reviews that are published, hence the Evidence Aid commitment through its vision and mission.

Chris Zielinski, UK: Remembering that "open access" (OA) means "unrestricted access to research literature published in online journals", we should consider what are the barriers to access. Here are some of them (not necessarily in order of priority):

- 1. lack of online connection (no, or prohibitively expensive, or impractically slow, internet)
- 2. bad format choices by the publisher (papers in Acrobat/pdf format rather than HTML)
- 3. cost of online access to content (toll charges by the publisher)
- 4. cost of placing papers in the journal (when the OA journal charges researchers for publication)

Chris Zielinski, UK: We should remember that Open Access only applies to online content, not to printed content - which is still the main source of information in most Lower and Middle Income Countries (LMICs). Also that OA doesn't apply to books, just to research journals.

Chris Zielinski, UK: As regards getting online and improving the choice of publishing formats (barriers 1 and 2 above)- all of this needs to be improved. We need to improve access to Open Access before we even reach a paywall!

Increasing access to restricted-access research

HINARI and eIFL

Chris Zielinski, UK: In his post, Neil refers to the third of these barriers, the cost of the online journal. Oddly enough, the financial barrier may be worse for researchers in the North than for those in LMICs, where schemes like HINARI, the various bulk-library provision efforts of INASP and the national site-licensing efforts of organizations like Electronic Information for Libraries (eifl) provide access to many of the journals that Neil and other researchers in industrialized countries cannot access without paying. Strangely enough, what we may not be able to access freely in industrialized countries may in fact often be freely accessible in LMICs. So when Neil writes "most of the leading journals in disaster and humanitarian action are restricted access", my question would be - are they not included in HINARI/INASP/eifl projects? If not, they should be.

ResearchGate

Sophie Goyet, Nepal: Yes accessing some papers published in those journals specialized in disaster preparedness and management can be hard. Most of the time, I find ways to skirt around this difficulty, by searching the researchgate website, the google scholar, or by contacting the corresponding author of the article. But this is really time consuming. And none of us has time to waste.

Emergency Open Access Initiative

NPW: I would be very interested also to hear from the experience of the Emergency Open Access Initiative, run by the National Library of Medicine US:
https://www.nlm.nih.gov/news/NLMActivatesEmergencyAccessInitiativeforHarvey_Irma.html
a collaborative partnership between NLM and participating publishers to provide free access to full-text from more than 650 biomedical journals and more than 4,000 reference books and online databases to healthcare professionals and libraries affected by disasters. It serves as a temporary collection replacement and/or supplement for libraries affected by disasters that need to continue to serve medical staff and affiliated users. It is also intended for medical personnel responding to the specified disaster.

Barriers to authorship

Chris Zielinski, UK: Finally, the fourth barrier - having to pay to be published - is often solved by the publisher making an exception to the tolls for authors in LMICs. Often, but not always. We should campaign for making such a waiver of publishing charges standard. After all, who can write more authoritatively about humanitarian disasters and emergencies than the people in the countries experiencing them? We need to assure that knowledge from LMICs is seen and considered, and not just insist on applying northern solutions.

Communication and community engagement

"There is broad agreement in the humanitarian sector, both at the practitioner and leadership level, that communication and community engagement contributes to greater effectiveness

and value for money. Despite many organisations and governments committing to this, action to make this happen as part of preparedness and response is not undertaken systematically."

http://www.comminit.com/global/content/role-collective-platforms-services-and-tools-support-communication-and-community-engagem?utm_medium=email&utm_campaign=drumbeat744&utm_content=role-collective-platforms-services-and-tools-support-communication-and-community-engagem

Mass media

'IFRC and Bangladesh Red Crescent Society's Guideline to Broadcasting Live Radio Programs on Disaster Preparedness and Response through Community Radio Stations' highlights the importance of timely and relevant information provision and offers advice for those wanting to conduct live/phone-in programme'

'How to disseminate messages
Tell the message again and again...
Speak easy to understand language...
Provide information on what to do...'

Full text:

<https://www.c4d.org/resources/guideline-for-broadcasting-live-radio-programs-on-disaster-preparedness-and-response-through-community-radio-stations-brcsifrc-2017/>

Building resilience

'In the last decades, the emergency community's focus has shifted to preventing risk through reduced vulnerability and increased resilience, rather than managing disasters through relief operations...'

Citation: Disaster prevention should be equal

The Lancet Global Health (open access) Volume 5, No. 11, e1047, November 2017

DOI: [http://dx.doi.org/10.1016/S2214-109X\(17\)30387-X](http://dx.doi.org/10.1016/S2214-109X(17)30387-X)

Social media

From the IFRC website: The role of social media in times of crises has grown exponentially. During disasters like the 2015 Nepal earthquake, Facebook and Twitter were crucial components of the humanitarian response as they allowed actors involved in relief efforts to disseminate life-saving messages and offering affected communities a space to seek help... Developed together with ICRC, and with the support of OCHA, this brief guide provides practical guidance on how to use social media to better engage people affected by crisis. The guide is geared towards staff in humanitarian organisations who are responsible for official social media channels.

Get the guide: <http://media.ifrc.org/ifrc/document/use-social-media-better-engage-people-affected-crises/>

Organisations

Evidence Aid

Claire Allen: Evidence Aid was established following the tsunami in the Indian Ocean in December 2004. Due to the scale of this disaster and its widespread destruction, there was a need to ensure a timely and effective response if a further loss of life in the aftermath of the disaster were to be prevented. We recognised that aid and emergency response organisations needed to have access to the very best evidence available to enable them to respond in the best possible way and so created Evidence Aid which was registered as a charity in the UK in 2015.

Many aid agencies know what works based on their valuable experience and successful projects in varied contexts across the world. They have built up their experience of what works, but without always knowing why something works. They take part in networks to share this experience and knowledge so that others can benefit from it. However, these networks tend to be informal, local (i.e., in disaster and emergency contexts) and dispersed. Information is shared locally, and what appears to work is rarely analysed to understand fully what works and why.

How can we improve the generation of robust data, advocate for use of that data in systematic reviews, and help people make decisions based on that evidence? How can we improve what we do?

ALNAP

ALNAP [is] a popular source for reference material in the humanitarian sector and could therefore be a useful resource for library and information professionals in crisis-affected countries. ALNAP was established in 1997 after the Joint Evaluation of Emergency Assistance to Rwanda (JEEAR). One of the problems highlighted in this evaluation was the lack of mechanisms and support for information sharing and learning in the humanitarian aid system. ALNAP was set up as an active learning network to address this key gap...

We promote access and use of evidence through a variety of ways:

Information library: ALNAP hosts the Humanitarian Evaluation, Learning and Performance library (HELP), the single largest repository of humanitarian evaluations and related learning outputs. Check it out!: <https://www.alnap.org/help-library>

- Synthesis and sharing of information and evidence: Our Bridging the Evidence Gap webinar highlights high quality research and efforts to close the gap between producers and users of evidence and information. Scroll down this page to see the different episodes we have done: <https://www.alnap.org/our-topics/evidence> Our Lessons Papers provide a valued resource for humanitarian practitioners, synthesising lessons learned from previous crises that can be applied quickly in a disaster: <https://www.alnap.org/our-topics/lessons-for-response>

- Guidance on evaluation: Our evaluation workstream provides guidance on carrying out a high quality evaluation of humanitarian action, among many other products to support better evaluation practice in the sector. We also manage a Community of Practice for humanitarian evaluators: <https://www.alnap.org/our-topics/evaluation>

- Active learning events: Throughout the year, ALNAP hosts a number of learning events, the largest one being our annual meetings, which are used to address a core question or area of challenge faced by our members. Our most recent Annual Meeting took place in Stockholm in February and addressed how change happens in humanitarian organisations. We made a nice animation based on the discussions at the event here: <https://www.alnap.org/help-library/animation-how-can-we-change-humanitarian-action>

- Original research: ALNAP also carries out original research to address key evidence gaps. Topics include: urban response, leadership, coordination, innovation, adaptive management. Utilisation of research is at the heart of what ALNAP does, and we achieve this by presenting our workplan to our membership annually and seeking their feedback and approval, so that the research is collectively owned. ALNAP members also frequently participate in research as peer reviewers, research partners and users of pilot guidance material.

WHO

Mara Frigo, Switzerland: The World Health Organization (WHO) is about to embark in the process of developing a WHO Guideline on Effective Community Engagement for Emergency and Outbreak Preparedness and Response (non-definitive working title) ... In line with the requirements of the WHO Guideline Review Committee (please see http://www.who.int/publications/guidelines/guidelines_review_committee/en/ for more information), the Guideline process will be kicked-off through a broad mapping of existing guidance that is used or could be used by policy makers and responders at all levels to guide their decisions and actions in the field of community engagement.

A service provider will carry out a flash survey literature review to identify existing international, and to the extent possible, national guidance ? i.e. recommendations, manuals, policy advice, issue papers, tools, standard operating procedures, etc. in the field of community engagement for emergency/disease outbreak/epidemic/pandemic preparedness and response. In particular, the flash survey seeks to identify materials that were developed for use by national policy-makers and stakeholders, and that are meant to facilitate the building of national community engagement capacities. In addition, it will also try to identify any studies and articles that made assessments of such existing policies/documents. The period to be covered by the flash survey will be 2002-2017 and will look at materials in English, French, Spanish, Portuguese, and Arabic.

While the service provider will do its best in identifying such materials, we would like you to share with us any materials that you may be aware of and that might not necessarily be straight-forward to find. For this purpose, please send me any documents, links to documents, bibliographies, etc. (published and unpublished) in order to make sure that we get a snapshot of currently available materials.

<http://www.who.int/risk-communication/en/>

Role of WHO in emergencies

23 October 2017 Delivering kits for diabetes and hypertension during humanitarian crises
<http://www.who.int/en/>

'To respond to the continuing need during humanitarian crises to treat people for noncommunicable diseases, WHO has developed and started delivering its first dedicated kits of medicines and equipment for caring for people living with diabetes, hypertension and related conditions. This video follows the assembly of the kits in the Netherlands and their delivery to southern Turkey, where WHO dispatches the materials to healthcare providers working in Syria to treat people living with NCDs. WHO is also delivering the NCDs emergencies kits to other countries affected by conflicts and natural disasters.'

<https://www.youtube.com/watch?v=ZZvIKWAOo48>

Question: WHO is recognised for its unique capability as a convenor of stakeholders, thereby having an important role in coordination. What evidence is there to demonstrate the cost-effectiveness of different approaches to deliver physical medicines and equipment in humanitarian crises? In particular, in what contexts is WHO the most cost-effective agency to respond as compared with (for example) large humanitarian NGOs?

We have a huge amount to learn from those who have real first-hand experience of disasters, in whatever capacity. What kind of information and guidance did you find most useful? What information was lacking?

With this in mind, I am sure you, like me, are appalled to bear witness to the unfolding disaster in DR Congo. Here are extracts from a BBC news article...

It is clear that these 1.5 million people need food, shelter, security, health care, clean water and many other basic needs.

Which brings us to ask: What is the role of evidence in this famine and conflict?

What are the information needs of WHO and other agency response teams? What are the information needs of frontline healthcare providers, citizens and others in the region? How might these needs be met more effectively to prevent the spread of plague (or other infectious diseases)?

Resources

The Sphere Handbook

Moderator: 'The Sphere Handbook, Humanitarian Charter and Minimum Standards in Humanitarian Response, is one of the most widely known and internationally recognized sets of common principles and universal minimum standards in life-saving areas of humanitarian response.'

The handbook (latest edition 2011) can be freely downloaded here:

<http://www.sphereproject.org/resources/download-publications/?search=1&keywords=&language=English&category=22>

The handbook appears to have mainly a normative role ('minimum standards') but I suspect it also serves as a practical guide for humanitarian programme managers and on-the-ground teams? We would be interested to hear from any HIFA members who have been involved in contributing to or using this guide. How have you used it and how could future editions be even more useful? What other types of information do humanitarians need?

Claire Allen, UK: Just to let you know that the Sphere Handbook is currently in the process of being updated. Sphere put out a call for proposals for consultations on the update, and Evidence Aid led a consultation on the use of evidence in the handbook. The report we submitted, can be downloaded/read here: <http://www.evidenceaid.org/news/>

Neil PW: 'The main conclusion of this consultation was that the Sphere Handbook would gain significantly and provide added value to the sector by ensuring a high level of transparency on the sources of data, information and evidence used. One small first step towards a more evidence-based approach for the Sphere Handbook, would be the provision of references to support the decisions made in relation to all the minimum standards, indicators (including outcome indicators), key activities, thresholds and supporting text in the Health Action chapter and for the indicators (including outcome indicators), key activities and thresholds that are quantifiable in the other chapters.'

Disaster Lit

Disaster Lit, a National Library of Medicine guide to disaster and public health preparedness literature and related information freely available on the Internet.

<https://disasterlit.nlm.nih.gov/>

'Guidelines on how to search Disaster Lit and how to view and print search results can be found in the Search Guide.

https://disasterlit.nlm.nih.gov/help.php#content_28

'Disaster Lit includes only English-language materials that are available on the Internet at no cost.

'Disaster Lit does not include materials for a health consumer or general public audience. Materials for the public are available in MedlinePlus which includes many disaster-related topic pages in English and in Spanish.'

Moderator: Disaster Lit resources, which are one of the leading global resources for information on humanitarian action and disaster preparedness/response. Disaster Lit focuses on gray literature, and part of its remit is to serve as a gateway to reliable information provided freely by other organisations. It includes a search and filter by source (including HIFA and our recent Evidence Briefing by Caroline De Brun at Public Health England), publication type, year, and author. <https://disasterlit.nlm.nih.gov/>

Disaster journals indexed in PubMed

Disaster Medicine and Public Health Preparedness [restricted access]

Disasters [restricted access]

Emerging Infectious Diseases [open access]

Health Security [restricted access]

Journal of Emergency Management [restricted access]

PLOS Currents (Includes section on PLOS Currents: Disasters) [open access]

Prehospital and Disaster Medicine [restricted access]

It is notable that only 2/7 of the above journals are freely available to those who need them.

Red Cross Guide to using Social Media in Emergencies

<http://sm4good.com/2017/10/11/red-cross-and-un-release-guide-on-how-to-use-social-media-in-emergencies/#.WfqghFu0PDc>

Moderator (Neil PW): The guide links to lots of resources for further reading, but it seems to be missing what was previously noted by Evidence Aid in the Sphere Handbook: "The main conclusion of this consultation was that the Sphere Handbook would gain significantly and provide added value to the sector by ensuring a high level of transparency on the sources of data, information and evidence used. One small first step towards a more evidence-based approach for the Sphere Handbook, would be the provision of references to support the decisions made in relation to all the minimum standards, indicators (including outcome indicators), key activities, thresholds and supporting text in the Health Action chapter and for the indicators (including outcome indicators), key activities and thresholds that are quantifiable in the other chapters." http://www.evidenceaid.org/wp-content/uploads/2017/07/Sphere_revision_Consultation-Evidence-Aid-FINAL-20170628.pdf

CE-DAT

Ghaiath Hussein, Sudan: CE-DAT I may refer you to the largest database of research (a term that I have argued in my thesis should be used with caution), or more specifically a database of epidemiological studies conducted in every disaster you can think of in the last decade (or more). It is the Brussels-based CEDAT. See the following excerpt from their website (<http://www.cedat.be/>)

"The Complex Emergency Database (CE-DAT) is an international initiative monitoring and evaluating the health status of populations affected by complex emergencies.

6. How can humanitarians and information professionals work together more effectively?

Social media

Siobhan Champ-Blackwell: There are several Facebook Groups that Librarians have created that I find very supportive.

Libraries Step Up (in times of crisis) <https://www.facebook.com/groups/libcrisis/>

Libraries and the Opioid Crisis <https://www.facebook.com/groups/librariesopioidcrisis/>

Local activities

Ngozi Eunice Osadebe: We are a little mentoring group based at the Children's Centre Library, University of Nigeria, Nsukka. All of us are certified academic librarians. Our leader is Prof. Virginia Dike. We work at the children's Centre Library as volunteer staff. the Children's Centre Library was founded by Prof. Dike. We organise workshops for teacher librarians in Enugu State where the University of Nigeria is situated and go on out reach to public schools to coach school librarians on managing their collections.

Collaboration between humanitarians and information professionals

Claire Allen, UK: I think this is more to do with humanitarian agencies working together more effectively with academic institutions, which employ information specialists. There is also a potential for agencies to 'share' information specialist knowledge. Evidence Aid hopes to employ an information specialist in the future and currently facilitates joint projects between itself, agencies and academic institutions wherever possible. We also know that ELRHA works with both humanitarian and academic agencies, but I am not sure what their view is on information professionals specifically.

Humanitarian Evidence Week

Humanitarian Evidence Week 2017 (HEW2017) will take place from 6 to 12 November 2017. HEW2017 is an initiative led by Evidence Aid and co-organised by the Centre for Evidence-Based Medicine to promote a more evidence-based approach together with over 20 organisations. <http://www.evidenceaid.org/events-and-training/hew/>

3ie London Evidence Week 2017 is a series of free public events focused on the importance of using evidence to inform how we address some of the biggest challenges we are facing in development. On 8 November, 3ie is organising a one-day conference at the George Fox Room, Friends House, Euston Road. The conference titled 'Evidence that matters for vulnerable and marginalised people in international development' will have interesting panels on promoting systematic review evidence in decision-making, reaching vulnerable and marginalised populations in WASH and agriculture sectors and presentations on various topics relating to promoting evidence-informed policymaking. This is a free event and will be of great interest to researchers, academics and students who are based in London. To register, please visit: <http://bit.ly/Register3ieLEW2017>

The Department of Sociology, University of Cambridge and the Intellectual Forum, Jesus College welcome The Rt Hon Sir Stephen O'Brien, to talk about his time leading the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). The seminar will cover the challenges of dealing with the humanitarian crises in the Middle East and East Africa over the past three years looking at what worked and what didn't in the humanitarian response system. Register here: <https://www.eventbrite.co.uk/e/how-to-deal-with-humanitarian-crises-tickets-39089078486>

Unanswered questions and comments

1. We do not have a definition of evidence-informed humanitarian action

2. We do not know much about primary research in humanitarian action - what is possible and what isn't? How much is currently invested into humanitarian research, both primary (integrated into humanitarian action) and secondary (synthesis of primary research findings)? Which organisations are leading such research and how is the investment prioritised? What have we learned from humanitarian research so far

3. We know little about what types of information are used by different organisations (bilateral agencies, trusts and foundations, NGOs, governments) in humanitarian action. What is the role of different types of information (eg handbooks, 'lessons learned' papers, expert advice, group brainstorming, systematic reviews, normative guidelines, public consultations, mass media, routine data..?)

Most importantly we have heard very little from the perspective of humanitarians. The discussion was publicised to the humanitarian community but there was no real engagement from humanitarian actors (other than the important - and contrasting - contributions made by professionals from organisations such as ALNAP and Evidence Aid)

Has anyone attempted a typology of the different types of information that are required by humanitarian planners and workers, and which questions are best answered by which type of information?

ALNAP (unanswered?) questions

This background paper published by ALNAP in 2013 introduced some excellent questions for discussion at the 28th ALNAP Annual Meeting (2013). I reproduce some of these below. The full paper is freely available here:

<https://reliefweb.int/sites/reliefweb.int/files/resources/background-paper-28th-meeting.pdf>

Evidence and Knowledge in Humanitarian Action

General

- If the humanitarian sector is not sufficiently evidence-based in its practice, to what extent is the problem one of lack of availability of (good) evidence, and to what extent is it lack of proper use of available evidence? What are the main challenges under each of these headings?

Generation of evidence

- How 'fit for purpose' is the evidence currently generated from formal diagnostic and evaluative systems, i.e. baseline analysis, early warning, surveillance, needs assessment, situational and programme monitoring, as well as various forms of evaluation?

- Do our assumptions about evidence affect the degree to which affected people can influence humanitarian operations? ...

Use of evidence

- Is it possible to agree on a common performance criterion related to the use of evidence?

E.g. Was the best available evidence used to inform the response?

- What is the proper role of evidence in decision-making? How, for example, does evidence relate to individual judgement and to political imperatives?...

It would also be interesting to know how these questions have been addressed at the 28th (and subsequent) ALNAP Conference(s).

Citations

1. Dickey Amendment. Moderator (NPW): I was aghast to read the editorial (citation below) which refers to the 'Dickey Amendment, federal law that bans funding for most gun violence research, effectively stopping the CDC (since 1996) and National Institutes of Health (NIH; since 2012) from examining gun violence and ways to prevent it'.

CITATION: Gun deaths and the gun control debate in the USA

The Lancet Volume 390, No. 10105, p1812, 21 October 2017

DOI: [http://dx.doi.org/10.1016/S0140-6736\(17\)32710-1](http://dx.doi.org/10.1016/S0140-6736(17)32710-1)

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32710-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32710-1/fulltext)

2. Zombie game. CITATION: Courting Apocalypse: Creating a Zombie-Themed Evidence-Based Medicine Game. Amy E. Blevins, Elizabeth Kiscaden & Jason Bengtson
Medical Reference Services Quarterly Vol. 36 , Iss. 4,2017

ABSTRACT: In 2015, two librarians at the Hardin Library for the Health Sciences at the University of Iowa turned their dreams into a reality and secured funding to build a zombie-themed evidence-based medicine game. The game features a "choose your own adventure" style that takes students through a scenario where a disease outbreak is taking place and a resident is asked to use evidence-based medicine skills to select a screening and diagnostic tool to use on potentially infected patients. Feedback on the game has been positive, and future plans include building additional modules on therapy, harm, and prognosis.

The full text is restricted access but you can find out more here:

http://midwestmla.org/conference2016/wordpress/wp-content/uploads/2016/10/Courting_Apocalypse_Building_a_Zombie_Themed_EBM_Game_Belvins_Kiscaden_Bengtson_325pm_Dubuque.pdf

http://midwestmla.org/conference2016/wordpress/wp-content/uploads/2016/10/Courting_Apocalypse_Building_a_Zombie_Themed_EBM_Game_Belvins_Kiscaden_Bengtson_325pm_Dubuque.pdf

3. Humanitarian Evidence Week

Gareth Owen, Save the Children Turning Evidence into Action:

<http://www.evidenceaid.org/turning-evidence-into-action/>.

Vlog by Johan von Schreeb, Director of the Centre for Research on Healthcare in Disasters talks about how experience and evidence can be used in disaster settings HHead or heart.

Kelly Dickson and Mukdarut Bangpan, EPPI Centre - Mental health and wellbeing after humanitarian emergencies: what do we know about support programmes for children and young people in low- and middle-income countries? <http://blogs.ucl.ac.uk/global-youth/2017/11/06/mental-health-and-wellbeing-after-humanitarian-emergencies-what-do-we-know-about-support-programmes-for-children-and-young-people-in-low-and-middle-income-countries/>.

Louise Harriss, Oxford Brookes University - Building safety in post-disaster shelter self-recovery developing the evidence base: <http://cendep.blogspot.co.uk/2017/11/building-safety-in-post-disaster.html>.

CeraH Geneve - Gathering evidence on the diversity of humanitarian 'languages':

<https://humanitarianencyclopedia.org/>.

Video Geenerating evidence: A researcher's perspective: <http://ki.se/en/phs/centre-for-research-on-health-care-in-disasters>.

4. ALNAP 8 things we learned from our work on evidence this year:

<https://www.alnap.org/blogs/8-things-we-learned-from-our-work-on-evidence-this-year>.

<https://reliefweb.int/sites/reliefweb.int/files/resources/background-paper-28th-meeting.pdf>

5. Evidence Aid. Caroline De Brun: We have just completed a grey literature search, and this is now available here:

http://phe.baileysolutions.co.uk/SendFileToBrowser.ashx?filename=Leaflets\Grey_literature_global_health_library_services_HIFA_PHE_Nov_2017.pdf

It is a work in progress, and therefore not comprehensive. We are hoping that by circulating it to different networks, we can identify other relevant grey literature and sources, so please do highlight other sources, particularly those from low and middle-income countries.

6. US National Library of Medicine (NLM) and Disaster Lit tomorrow 9th November 2017, in celebration of Humanitarian Evidence Week.

Thursday, November 9, 2017 at 10:00 a.m. EST / 3:00 p.m. GMT (UTC)

'Speakers will provide an overview of two powerful platforms that promote access to health information for those involved in humanitarian action. Ms. Taylor will describe the scope of the Disaster Lit® database and the process used by the US National Library of Medicine (NLM) to select high-quality resources, freely available on the internet, about the medical and public health aspects of disaster and public health emergency preparedness and response. Dr. Pakenham-Walsh will discuss how his organization, Healthcare Information For All (HIFA), promotes communication among stakeholders to realize a vision of a world where every person will have access to the healthcare information they need to protect their own health and the health of others.'

Further details and registration here:

<https://disasterinfo.nlm.nih.gov/dimrc/dismmeetings.html>

7. Humanitarian practitioners shouldn't aim to copy evidence-based medicine

<http://www.evidenceaid.org/humanitarian-practitioners-shouldnt-aim-to-copy-evidence-based-medicine/>

Author: Rick Bartoldus, Evidence to Action Officer, International Rescue Committee

'Over 3 years ago, the International Rescue Committee made a public commitment to using evidence consistently in our work, and developed a dedicated Evidence to Action Team to support these efforts. At first, our goal was to learn as much from evidence-based medicine as possible, and to apply these lessons to our work. We were not unique in this regard: evidence-based medicine is one of the best success stories of evidence use, and is commonly cited as a gold standard... Unfortunately, there's a few features of humanitarian work that it difficult, and even misleading, to apply these lessons and the tools attached to them directly to our work...'

8. Lessons in planning from mass casualty events.. BMJ editorial (11 November 2017)

There have been many such events in the UK recently: the Westminster Bridge terrorist attack (22 March), the Manchester Arena bombing (22 May), the London Bridge attack (3 June), the Grenfell Tower fire (14 June), and terrorist attacks at Finsbury Park mosque (19 June) and Parsons Green underground station (15 September). What can be learned from them? CITATION: Lessons in planning from mass casualty events in UK

BMJ 2017; 359 doi: <https://doi.org/10.1136/bmj.j4765> (Published 25 October 2017)

Cite this as: BMJ 2017;359:j4765 [restricted access]

Moderator comment: The editorial is a reminder of the importance of empirical experience - Lessons Learned - in humanitarian action, as compared with the 'evidence-based medicine' approach that relies largely on research and systematic review. It seems to me that improvements in disaster preparedness and response will continue to be dependent on such lessons learned - lessons that can be packaged and made available through organisations such as ALNAP, and lessons that can be integrated with individual and team experience and expertise to produce guidance such as is found in the Sphere Manual. Formal research and research synthesis clearly has a vital role in underpinning clinical decisions (eg drug A vs

drug B) but things get increasingly messy when trying to apply such an approach to processes. I would be grateful if those working in this challenging area could comment.

9. Diagnostic preparedness for infectious disease outbreaks.

CITATION: Diagnostic preparedness for infectious disease outbreaks
Mark D Perkins, Christopher Dye, Manica Balasegaram, Christian Br  chot, Jean-Vivien Mombouli, John-Arne R  ttingen, Marcel Tanner, Catharina C Boehme.
The Lancet, Volume 390, No. 10108, p22112214, 11 November 2017
DOI: [http://dx.doi.org/10.1016/S0140-6736\(17\)31224-2](http://dx.doi.org/10.1016/S0140-6736(17)31224-2)

SUMMARY

Diagnostics are crucial in mitigating the effect of disease outbreaks. Because diagnostic development and validation are time consuming, they should be carried out in anticipation of epidemics rather than in response to them. The diagnostic response to the 2014/15 Ebola epidemic, although ultimately effective, was slow and expensive. If a focused mechanism had existed with the technical and financial resources to drive its development ahead of the outbreak, point-of-care Ebola tests supporting a less costly and more mobile response could have been available early on in the diagnosis process. A new partnering model could drive rapid development of tests and surveillance strategies for novel pathogens that emerge in future outbreaks. We look at lessons learned from the Ebola outbreak and propose specific solutions to improve the speed of new assay development and ensure their effective deployment.

10. ALNAP: 8 things we learned from our work on evidence this year

<https://www.alnap.org/blogs/8-things-we-learned-from-our-work-on-evidence-this-year>

1. Evidence is 'in' □ [...]
2. Not everyone knows what we mean by evidence [...]
3. We must not forget about the basics of good data collection [...]
4. Greater use of secondary data enables better decision-making [...]
5. The gap still needs closing and there are at least two issues preventing that from happening [...]
6. There's a need to communicate evidence on humanitarian action beyond the sector [...]
7. Humanitarian evaluations do not always help to paint a bigger picture [...]
8. We can't forget the political side of evidence [...]

11. Conflict and famine in Yemen

<http://www.independent.co.uk/news/world/middle-east/yemen-war-saudi-arabia-children-deaths-famine-disease-latest-figures-a8057441.html>

'More than 50,000 children in Yemen are expected to die by the end of the year as a result of disease and starvation caused by the stalemated war in the country, Save the Children has warned.

Moderator comment: What is the role of humanitarian evidence in this situation? Evidence-informed health care is clearly essential to minimise the number of deaths from cholera, malnutrition, and all other communicable and non-communicable disease that continue in the face of wrecked health systems. But how can evidence from humanitarian and health systems research help humanitarian planners and workers to address the urgent needs of this situation? The article indicates the main barrier is Saudi Arabia's blockade on rebel-held parts of the country:

12. Evidence on public health interventions in humanitarian crises. This week's print issue of The Lancet (18 November) carries a series of excellent papers on Health in humanitarian crises. Here is the first:

CITATION: Evidence on public health interventions in humanitarian crises
Blanchet, Karl et al.

The Lancet , Volume 390 , Issue 10109 , 2287 - 2296

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30768-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30768-1/fulltext)

SUMMARY: 'Recognition of the need for evidence-based interventions to help to improve the effectiveness and efficiency of humanitarian responses has been increasing. However, little is known about the breadth and quality of evidence on health interventions in humanitarian crises. We describe the findings of a systematic review with the aim of examining the quantity and quality of evidence on public health interventions in humanitarian crises to identify key research gaps. We identified 345 studies published between 1980 and 2014 that met our inclusion criteria. The quantity of evidence varied substantially by health topic, from communicable diseases (n=131), nutrition (n=77), to non-communicable diseases (n=8), and water, sanitation, and hygiene (n=6). We observed common study design and weaknesses in the methods, which substantially reduced the ability to determine causation and attribution of the interventions. Considering the major increase in health-related humanitarian activities in the past three decades and calls for a stronger evidence base, this paper highlights the limited quantity and quality of health intervention research in humanitarian contexts and supports calls to scale up this research.'

SELECTED EXTRACT: 'Another explanation [for limited quantity and quality of health intervention research in humanitarian contexts] might lie in the culture of humanitarianism. Arguably, before the 1990s, questioning the effectiveness of humanitarian action in the humanitarian field was almost considered as inappropriate, and that effectiveness research somehow questioned the noble foundations of humanitarian aid in saving lives and providing immediate assistance to victims. As a result, measurement of evidence on the effect of humanitarian interventions was therefore not integrated into humanitarian organisations' practice. Instead, they primarily focused on reporting to their donors process indicators relating to inputs and outputs rather than measuring the actual effectiveness of their activities on health outcomes.'

Comment (NPW): The 'culture of humanitarianism' might also be a factor in the use (or non-use) of whatever information and evidence does exist. Indeed, there is likely to be a disconnect among donors also. Many if not most donors are more easily persuaded by emotive stories than by statistics. Indeed this tends to be true for most if not all of us.

13. Improving evidence for health in humanitarian crises

CITATION: Improving evidence for health in humanitarian crises

Udani Samarasekera, Richard Horton

The Lancet , June 2017; Volume 390 , Issue 10109 , 2223 - 2224

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31353-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31353-3/fulltext)

EXTRACTS:

'Afghanistan, Central African Republic, DR Congo, Iraq, Libya, Nigeria, Somalia, South Sudan, Syria, and Yemen— ten countries identified as having the highest humanitarian needs at the end of 2016 and likely to face worsening situations in 2017. Violent conflict and ensuing internal and external population displacement are hallmarks of most of these crises.'

Worldwide, an estimated 172 million people are affected by armed conflict.² In addition to these man-made crises, 175 million people are affected by natural disasters each year...'
'It is important to... build a stronger evidence base to improve the effectiveness and efficiency of humanitarian actions...'

'We hope that this Series will encourage debate around the collective health response to humanitarian crises, with the ultimate goal of improving and protecting the lives of populations thrown into desperate situations by conflict or natural disaster worldwide.'

14. Scoping reviews

CITATION: Treatment of tuberculosis in complex emergencies in developing countries: a scoping review

Geraldine Munn-Mace Divya Parmar

Health Policy and Planning, czx157, <https://doi.org/10.1093/heapol/czx157>

<https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czx157/4641881?redirectedFrom=fulltext>

ABSTRACT: Almost 172 million people live in complex emergencies globally resulting from political and/or economic instability. The provision and continuity of health care in complex emergencies remain a significant challenge. Health agencies are often hesitant to implement tuberculosis programmes in particular because its treatment requires a longer commitment than most acute diseases. However, not treating tuberculosis promptly increases mortality and untreated tuberculosis further increases the incidence of tuberculosis. Given that complex emergencies are increasing globally, there is an urgent need to analyse the available evidence to improve our understanding of how best to deliver tuberculosis programmes in such settings. Using a scoping review method, we selected and analysed 15 studies on tuberculosis programmes in complex emergencies. We found that despite the challenges, tuberculosis programmes have been successful in complex emergencies. We identified seven cross-cutting factors that were found to be important: service providers and treatment regime, training and supervision, donor support, adherence, leadership and coordination, monitoring and government and community support. In general, programmes showed greater creativity and flexibility to adapt to the local conditions and at times, it also meant diverting from the WHO guidelines. We identify areas of further research including the need to study the effectiveness of programmes that divert from the WHO guidelines and their implication on drug resistance.

Moderator comment: What is the role of scoping reviews versus systematic reviews - and indeed other review types such as 'rapid reviews' - in the synthesis of humanitarian evidence?

15. Recurrent failings of medical humanitarianism: intractable, ignored, or just exaggerated?

I was very interested to read this provocative paper in The Lancet (18 November), which contrasts with our current discussion in suggesting that 'evidence per se has little relevance for decision makers' (see selected extract below).

The paper starts: 'Failures, ranging from the waste of resources to actual harm, must be interpreted in relation to health needs, available resources, and operational constraints, which are often overwhelming. Some failures, because of their political and financial causes, are refractory to correction, embedded as they are in the humanitarian enterprise, with its 'extraordinary capacity to absorb criticism, not reform itself, and yet emerge strengthened'.¹

The same lessons are repeatedly learned but fail to inform practice and are quickly forgotten.'

The authors conclude: 'Health action in crisis could become more effective if it were based on lessons learnt, new developments, and better ways of working together, wherever possible with and through local institutions.'

SELECTED EXTRACT: 'Research shows that evidence per se has little relevance for decision makers, who need to take other factors into account. Indeed, '...evidence informs aid policy and practice only when the political context, the networks, and the knowledge are all in alignment'. Decisions about health-care interventions in crises are influenced mostly by previous decisions in that country (path dependency), convenience, the trust and behaviour between organisations, and implicit values and assumptions of decision makers. Evidence-free management might be justifiable when the information is incomplete or difficult to interpret.'

CITATION: Recurrent failings of medical humanitarianism: intractable, ignored, or just exaggerated?

Health in humanitarian crises

Recurrent failings of medical humanitarianism: intractable, ignored, or just exaggerated?

Sandro Colombo, Enrico Pavignani

Volume 390, No. 10109, p23142324, 18 November 2017

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Comment (NPW): This paper implies it is more important to document 'lessons learned' than to attempt an evidence-based approach (ie one that attempts to synthesise all available evidence through systematic review). On the basis of our discussion so far, it is clear that both (and other) approaches are important, but we are yet to understand their relative roles, nor how best to develop and implement them. This perhaps is the priority for LIS professionals and humanitarians over the coming decade. Throughout the debate the voice of humanitarians on HIFA has been largely absent. I hope we can encourage more of them to join us to better understand their information needs and how these needs can be more effectively met.

Profiles

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She was formerly the Communications Manager at TDR, the Special Programme for Research and Training in Tropical Diseases. Before coming to WHO, she produced a national public health television series in the United States, led a multimedia group and was Director of Public Affairs/Marketing at the Dartmouth-Hitchcock Medical Center. She is a member of the HIFA working group on Evidence-Informed Policy and Practice.

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