



2nd HIFA Discussion on Library and Information Services for Disasters, Emergencies, Disease Outbreaks

Evidence-informed humanitarian action

Messages IN FULL, December 2017

From: "Claire Allen, UK" <callen@evidenceaid.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence Week 2017

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. During the HEW these organisations will provide opportunities for discussion, webinars, training, blogs and participate in debates to highlight topics related to generation, use and dissemination of evidence in the humanitarian sector. We hope you will join us in making HEW2017 a success you can find information about all the events here:

<http://www.evidenceaid.org/events-and-training/hew/>

Claire Allen

Operations Manager

Email: callen@evidenceaid.org | Skype: [claireallencochrane](#) |

Website: www.evidenceaid.org | Twitter: [@EvidenceAid](#)

Championing the evidence-based approach in humanitarian action since 2004.

Involved in the generation, use or dissemination of evidence in the humanitarian sector? Join our Humanitarian Evidence Week in November: <http://www.evidenceaid.org/events-and-training/hew/>

HIFA profile: Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid (www.evidenceaid.org) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises, natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research and the HIFA Working Group on Library and Information Services.

<http://www.hifa.org/projects/library-and-information-services>

<http://www.hifa.org/support/members/claire>

callen AT evidenceaid.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (2) Humanitarian Health Evidence Review (2) The Lancet

The Humanitarian Health Evidence Review 'confirms the need for further research to strengthen the evidence base on public health interventions in humanitarian crises'.

It reminds me of a Comment I was reading yesterday in this week's print issue of The Lancet (7 October 2017), which says 'Today, the international framework for epidemic preparedness and response still does not include a role for research...'

'Broad agreement must be reached on the importance of collecting valid clinical data and integrating research into emergency preparedness and response...'

'Better coordinated and transparent processes are needed that will engage a broader range of stakeholders and facilitate efforts to agree on goals and working principles.'

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).

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (3) Report Shows Growing HIV, TB and Malaria Crisis in Venezuela

(With thanks to Mary Ann Torres, Executive Director of ICASO)

This report is deeply troubling as it claims that 'Venezuela's government denies the crisis, and blocks publication of health data that would document the worsening disaster'.

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

October 12, 2017, Toronto, CANADA and Caracas, VENEZUELA

Venezuela is in the middle of an unprecedented, state-made, complex humanitarian emergency with severe and widespread social consequences, including for people living with and affected by HIV, tuberculosis and malaria, ICASO and ACCSI said today in launching a new report. International inaction has set the stage for a rapidly worsening disaster in 2018.

"In May 2017, the Board of the Global Fund to Fight AIDS, TB and Malaria voted to support a regional response to the crisis," said Mary Ann Torres, executive director of ICASO. "But this has not yet materialized."

Venezuela's government denies the crisis, and blocks publication of health data that would document the worsening disaster. In the absence of official health data, this report, Triple threat: Resurging epidemics, a broken health system, and global indifference to Venezuela's crisis, draws on interviews with Venezuelan people living with HIV, doctors, advocates, academics and United Nations representatives to document the health emergency.

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

The government denial of the crisis, the country's classification by the World Bank as Upper Middle Income, and the lack of official epidemiological data all made Venezuela ineligible for many forms of aid, including from the Global Fund. The Global Fund Board voted to provide aid to a regional response, but none has yet developed.

Despite the palpable suffering in Venezuela, the global community has yet to take decisive action. "The current health crisis in Venezuela is a symptom and a consequence of the failures of the global architecture which should be able to mount a response to any humanitarian crisis. The devastation we are facing is being perpetuated in part by the arbitrary rules and regulations that shape global health aid eligibility," said Alberto Nieves, Executive Director of ACCSI. "The world will not achieve the sustainable development goals, if the global community continues to turn a blind eye to the public health catastrophe in Venezuela. We need decisive immediate global leadership to avert this crisis."

-End-

ICASO is a Canadian organization that acts as a global policy voice on HIV issues that impact diverse communities around the world. Our advocacy work champions the leadership of civil society and key populations in the effort to end AIDS. We do this through collaborative partnerships with people and organizations in all regions and various sectors, always with a view to serving and empowering communities.

www.icaso.org

Acci3n Ciudadana contra el SIDA (ACCSI) (Citizens Action against AIDS) is a Venezuelan organization working to ensure effective and coordinated strategies to protect, promote and defend human rights of people living with HIV and other key and vulnerable populations.

www.accsi.org.ve

Contacts:

Mary Ann Torres (maryannt@icaso.org) or +1416 4196338 and Alberto Nieves (nievalberto@gmail.com)

Mary Ann Torres Executive Director

www.icaso.org

120 Carlton Street, Suite 311 | Toronto, ON | Canada M5A 4K2

Mobile: +1 416 419 6338 |

Email: maryannt@icaso.org Skype: maryannicaso

Twitter: @icaso_

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Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (4) Q1. What do we mean by evidence-informed humanitarian action? Q2. What kind of evidence do humanitarians need, and why?

Welcome to our global thematic discussion on Evidence-Informed Humanitarian Action!

Our discussion will run from 16 October until 12 November 2017 (including Humanitarian Evidence Week, 6-12 November). We aim to bring humanitarians together with library and information professionals to explore ways to improve the quality, usefulness, availability and use of healthcare information for humanitarian action. The discussion will explore the diverse information needs in different geographical areas and humanitarian contexts (eg earthquakes, hurricanes, floods, drought, disease outbreaks, conflict). We shall look at the role of systematic reviews, international and national guidelines, policy briefs, manuals (such as the Sphere Handbook) among others.

For this first week we'll explore two themes/questions:

1. What do we mean by evidence-informed humanitarian action (preparedness and response)?
2. What kind of evidence do humanitarians need, and why?

If you know anyone who works in the humanitarian sector, please forward this message to them and invite them to join via our landing page:

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

ACKNOWLEDGEMENT

HIFA is collaborating with Evidence Aid to promote evidence-informed humanitarian action in the run-up to Humanitarian Evidence Week. The discussion is planned and implemented by the HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks) with support from Public Health England (an executive agency of the Department of Health in the United Kingdom). We are grateful for technical support from Alice Obrcht (Active Learning Network for Accountability and Performance in Humanitarian Action, ALNAP), Anne Brice (Public Health England), Caroline De Brun (Public Health England), Jeronen Jansen (Evidence Aid), Claire Allen (Evidence Aid), Aoife Lawton (NHS), Bob Gann (NHS), Chris Zielinski (Partnerships in Health Information), Dan Gerendasay (National Library of Medicine), Isla Kuhn (University of Cambridge, UK), Maria Musoke (Makerer University), Jane Amongi Akora (Association for Health Information and Libraries in Africa), Marshall Dozier (University of Edinburgh), Ngozi Eunice Osadebe (University of Nigeria, Nsukka), Pascal Mouhouelo (WHO African Regional Office) and Princess Uju E O Nwafor-Orizu (Nnamdi Azikiwe University, Nigeria).

<http://www.hifa.org/projects/library-and-information-services>

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (4[B]) ReliefWeb: Informing humanitarians worldwide

'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>

Is anyone HIFA involved with, or using, ReliefWeb? What is its role in providing humanitarian evidence as compared with other organisations?

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (4[A]) The Role of Collective Platforms, Services and Tools to Support Communication and Community Engagement in Humanitarian Action

(with thanks to the Communication Initiative)

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

"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."

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Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (5) Guideline to Broadcasting Live Radio Programs on Disaster Preparedness and Response

(with thanks to C4D Network)

'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'

Selected extracts:

'Wrong information can cause death to people... After the cyclone Sidr in 2007, a rumour was spread in Barguna district [Bangladesh] and eight people were killed in a stampede. "Tsunami will hit the area, everything will go under water" - such a rumour was spread just after the Sidr. The incident of killing happened when the awe-stricken people started running to and fro...'

'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/>

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (5 [A]) The Lancet Global Health: Disaster prevention should be equal

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)

Extracts below:

'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...'

'Among the most at risk are the poorest: the slum dwellers, the refugees, those whose livelihood is already hanging by a thread...

'Humanitarian action's primary goal is responding to life-threatening situations, not preventing or ending conflict. It cannot offer a solution to the plight of the Rohingya and other vulnerable people, just alleviate their suffering. And the demand is becoming too great for the humanitarian community, with over 100 million people requiring assistance worldwide and funding requirements exceeding US\$20 billion, mostly to respond to conflict-related emergencies, and a large part of them unmet...'

To the above should be added the imperative to strengthen the impact of humanitarian action through evidence.

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)
<http://www.hifa.org/projects/library-and-information-services>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (6) ODI: The Next Frontier for Disaster Risk Reduction: Tackling Disasters in Fragile and Conflict-Affected Contexts

(with thanks to C4D Network)

A new Overseas Development Institute report, 'The Next Frontier for Disaster Risk Reduction: Tackling Disasters in Fragile and Conflict-Affected Contexts'TM argues that as the majority of deaths from disasters occur in fragile and conflict-affected contexts this is where the Disaster Risk Reduction community should be concentrating its efforts.
<https://www.odi.org/publications/10952-next-frontier-disaster-risk-reduction-tackling-disasters-fragile-and-conflict-affected-contexts>

'This report looks at the political and institutional barriers both real and perceived to adapting ng disaster risk reduction (DRR) policy, practice and overseas development assistance to fragile or conflict-affected contexts.

'While a body of literature exists on protracted crises, particularly in Africa, this tends to be circulated and discussed by those who consider themselves to be working on either 'conflict'TM or 'crises'TM, and is largely non-existent in mainstream discussions on DRR and disaster risk governance. Despite both dealing with risk management, there remains a hesitancy to explore the relationship between disasters and conflict. This report seeks to understand why this hesitancy remains.

'Interviews with experienced DRR policy-makers, donors and practitioners revealed a wide range of challenges, including the confines of institutional mandates; the lack of an evidence base to guide policy and programming; fear of the unknown; lack of funding for experimentation and trialling new or unproven approaches; practical concerns around accessibility and operational security; and a tendency to prioritise peace and security over DRR in fragile and conflict-affected contexts.'

Best wishes, Neil

From: "Claire Allen, UK" <callen@evidenceaid.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (7) Using evidence in humanitarian aid

Hello everyone,

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?

We are interested to hear your views!

Best wishes,
Claire

Claire Allen
Operations Manager

Email: callen@evidenceaid.org | Skype: [claireallencochrane](#) |
Website: www.evidenceaid.org | Twitter: [@EvidenceAid](#)
Championing the evidence-based approach in humanitarian action since 2004.

Involved in the generation, use or dissemination of evidence in the humanitarian sector? Join our Humanitarian Evidence Week in November: <http://www.evidenceaid.org/events-and-training/hew/>

HIFA profile: Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid (www.evidenceaid.org) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises, natural

disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research and the HIFA Working Group on Library and Information Services.

<http://www.hifa.org/projects/library-and-information-services>

<http://www.hifa.org/support/members/claire>

callen AT evidenceaid.org

From: "Caroline De Brun, UK" <caroline.debrun@phe.gov.uk>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (8) Are there any mentoring networks for librarians working in troubled areas?

Dear All,

In the UK, librarians benefit from local networks where we can support and learn from each other, and share experiences. I have heard how librarians in Charlottesville were a valuable asset to their communities, and I have been reading about Disaster Information Specialists, and I am wondering if you have networks that you can go to for professional development and support.

Personally, I really benefit from my local networks, but I also joined the International Librarians Network (<http://interlibnet.org/>), about 4 years ago, which I believe is no longer supported, but from which I continue to benefit, because of the wonderful librarian I met through their international mentoring scheme.

I would really like to know about existing librarian/information specialist/knowledge broker networks, and how the HIFA network can learn from and/or support those networks.

With best wishes, from,
Caroline

Mrs Caroline De BrÃ³n, DipLIS, PhD
Knowledge & Evidence Specialist South West and Thames Vaalley
Knowledge & Library Services
Public Health England
Email: caroline.debrun@phe.gov.uk
Tel: 07919112501
www.gov.uk/phe Follow us on Twitter @PHE_uk

Protecting and improving the nationâ€™s health

Library enquiries:
libraries@phe.gov.uk
Tel: 020 368 20600

HIFA profile: Caroline De BrÃ³n is a Knowledge and Evidence Specialist for Public Health England. Professional interests: health information literacy, information skills, knowledge management, outreach librarianship, patient information. She is a member of the HIFA working group on Library and Information Services.

<http://www.hifa.org/projects/library-and-information-services>

<http://www.hifa.org/support/members/caroline>

caroline.debrun AT phe.gov.uk

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (11) Humanitarian Evidence Week (2)
Webinar: NLM Disaster Lit & HIFA

Read online/share:

<https://content.govdelivery.com/accounts/USNLMDIMRC/bulletins/1bdeda3?reqfrom=share>

HEW2017 [Humanitarian Evidence Week] is a week-long initiative led by Evidence Aid, in collaboration with the Centre for Evidence-Based Medicine, to promote a more evidence-based approach to humanitarian aid. During the week, over twenty participating organizations will host webinars and blogs on topics related to generation, use, and dissemination of evidence in the humanitarian sector. Find out more about HEW2017: <http://www.evidenceaid.org/events-and-training/hew/>

Highlighted Activities:

Healthcare Information for All (HIFA) is hosting a global discussion on Evidence-Informed Humanitarian Action! Starts today, Monday, October 16, 2017 Join HIFA for a global discussion on Evidence-Informed Humanitarian Action! HIFA is collaborating with Evidence Aid to promote evidence-informed humanitarian action in the run-up to Humanitarian Evidence Week. The discussion is planned and implemented by the HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks) with support from Public Health England (an executive agency of the Department of Health in the United Kingdom). The HIFA discussion will run from 16 October to 12 November. We aim to bring humanitarians together with library and information professionals to explore ways to improve the quality, usefulness, availability and use of healthcare information for humanitarian action. The discussion will explore the diverse information needs in different geographical areas and humanitarian contexts (eg earthquakes, hurricanes, floods, drought, disease outbreaks, conflict). We shall look at the role of systematic reviews, international and national guidelines, policy briefs, manuals (such as the Sphere Handbook) among others. <http://www.hifa.org/news/join-hifa-global-discussion-evidence-informed-humanitarian-action-starts-16-october-2017>

Save the Date! Webinar: Humanitarian Evidence Week: Improving the availability of reliable health information

Thursday, November 9, 2017 at 10:00 a.m. EST / 3:00 p.m. GMT (UTC) Speakers from the US National Library of Medicine (NLM) and HIFA 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 NLM Disaster Lit[®] database and the process used by 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. Login information: <https://disasterinfo.nlm.nih.gov/dimrc/dismmeetings.html>

From: "Pamela Sieving, USA" <pamsieving@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (12) Are there any mentoring networks for librarians working in troubled areas? (2)

Thanks, Caroline.

I can speak to a very small and specialized network: the Association of Vision Science Librarians. We currently have 234 members (18 of them retirees who nevertheless don't leave!) in 27 countries. We mentor new members, share resources as we are able (we work in a wide range of organizations, including both very small vision-related settings and major universities) and in general act as virtual colleagues to help each other with specific requests and take on projects of mutual interest. We do not have dedicated financial resources, do not collect dues, just ask each member to contribute professional expertise to the extent possible. We have a 3 day fall meeting, and meet for a few hours as a SIG of the MLA in the spring. Occasionally members who are traveling have an opportunity to drop in on members and their libraries in other parts of the world.

I'd love to hear about other similar groups!

Best wishes,
Pam Sieving

HIFA profile: Pamela Sieving is a special volunteer at the National Eye Institute/National Institutes of Health, and an independent consultant in biomedical information access; she works primarily in the vision community to increase access to information needed to preserve and restore vision. pamsieving AT gmail.com

From: "Durgadas Menon, India" <dmenon1@3ieimpact.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (13) Invitation: 3ie London Evidence Week one-day conference, 8 November, Friends House, London

Dear colleagues,

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>

Professor Charlotte Watts, DFID chief scientific advisor, will deliver the annual Howard White Lecture to open the one-day conference. As a renowned researcher in HIV and gender-based violence, her lecture will be very well suited to our theme.

3ie is also pleased to be coordinating our London Evidence Week events with partners who also have events the same week. To know more about the events organised by the Campbell Collaboration, Humanitarian Evidence Week organised by Evidence Aid and the Festival of Social Sciences, please visit: <http://bit.ly/LEW2017>

Best regards,
Durgadas Menon
Communication officer, 3ie

HIFA profile: Durgadas Menon is Communication Officer at International Initiative for Impact Evaluation (3ie) in India. Professional interests: International Development, Mental Health policy, Humanitarian affairs, evidence-informed policymaking. dmenon1 AT 3ieimpact.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (14) Q1: What do we mean by evidence-informed humanitarian action? (2)

What do we mean by evidence-informed humanitarian action?

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 analagous 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.

We look forward to hear your views on the meaning of 'evidence-informed humanitarian action'.

I suspect that systematic reviews relating to humanitarian action are few, and that they are challenging to undertake and interpret. We look forward to hear from you: have you ever been involved in undertaking a systematic review on an issue relating to humanitarian action? Have you ever used a systematic review (or other evidence) to develop guidelines for disaster preparedness and response? Have you ever used a systematic review or guidelines to inform disaster preparedness and response? If so, we would like to hear from you. What did you do? What were the challenges and how did you overcome them?

We would also like to hear from you if you feel that systematic reviews have a limited role, and that the humanitarian sector is better served by less formal means of synthesis, such as guidance compiled from a broad base of experience and expertise. 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?

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)
<http://www.hifa.org/projects/library-and-information-services>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

From: "Siobhan Champ-Blackwell, USA" <siobhan.champ-blackwell@nih.gov>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (16) Humanitarian Evidence Week (3)

Caroline,

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/>

Iâ€™m sure there are other groups that I donâ€™t know about.

Siobhan

Siobhan Champ-Blackwell
NLM/SIS/DIMRC
301-827-5878
siobhan.champ-blackwell@nih.gov
<http://disasterinfo.nlm.nih.gov>

Specialization in Disaster Information, Level II, Medical Library Association, completed 2012
twitter

Join the DISASTR-OUTREACH-LIB Discussion Listserv

HIFA profile: Siobhan Champ-Blackwell is a Health Sciences Librarian at the National Library of Medicine, Washington DC, USA. siobhan.champ-blackwell AT nih.gov

From: "Durgadas Menon, India" <dmenon1@3ieimpact.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (13) Invitation: 3ie London Evidence Week one-day conference, 8 November, Friends House, London

Dear colleagues,

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>

Professor Charlotte Watts, DFID chief scientific advisor, will deliver the annual Howard White Lecture to open the one-day conference. As a renowned researcher in HIV and gender-based violence, her lecture will be very well suited to our theme.

3ie is also pleased to be coordinating our London Evidence Week events with partners who also have events the same week. To know more about the events organised by the Campbell Collaboration, Humanitarian Evidence Week organised by Evidence Aid and the Festival of Social Sciences, please visit: <http://bit.ly/LEW2017>

Best regards,

Durgadas Menon
Communication officer, 3ie

HIFA profile: Durgadas Menon is Communication Officer at International Initiative for Impact Evaluation (3ie) in India. Professional interests: International Development, Mental Health policy, Humanitarian affairs, evidence-informed policymaking. dmenon1 AT 3ieimpact.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (14) Q1: What do we mean by evidence-informed humanitarian action? (2)

What do we mean by evidence-informed humanitarian action?

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 analagous 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.

We look forward to hear your views on the meaning of 'evidence-informed humanitarian action'.

I suspect that systematic reviews relating to humanitarian action are few, and that they are challenging to undertake and interpret. We look forward to hear from you: have you ever been involved in undertaking a systematic review on an issue relating to humanitarian action? Have you ever used a systematic review (or other evidence) to develop guidelines for disaster preparedness and response? Have you ever used a systematic review or guidelines to inform disaster preparedness and response? If so, we would like to hear from you. What did you do? What were the challenges and how did you overcome them?

We would also like to hear from you if you feel that systematic reviews have a limited role, and that the humanitarian sector is better served by less formal means of synthesis, such as guidance compiled from a broad base of experience and expertise. 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?

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)
<http://www.hifa.org/projects/library-and-information-services>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation

(www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Siobhan Champ-Blackwell, USA" <siobhan.champ-blackwell@nih.gov>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (16) Humanitarian Evidence Week (3)

Caroline,

There are several Facebook Groups that Librarians have created that I find very supportive.

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

Iâ€™m sure there are other groups that I donâ€™t know about.

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HIFA profile: Siobhan Champ-Blackwell is a Health Sciences Librarian at the National Library of Medicine, Washington DC, USA. siobhan.champ-blackwell@nih.gov

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (17) Report Shows Growing HIV, TB and Malaria Crisis in Venezuela (2)

A few days ago I forwarded an email about a 'growing HIV, TB and Malaria Crisis in Venezuela', which alleges that 'Venezuela's government denies the crisis, and blocks publication of health data that would document the worsening disaster'. See: http://www.icaso.org/wp/wp-content/uploads/2017/10/Triple_Threat.pdf

Can anyone say more about this or provide any other examples where governments have ignored public health evidence?

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(09)61572-5/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.)

Conversely, can anyone suggest an example of a government that has taken action to promote evidence-informed humanitarian action?

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (18) HC3: SBCC in Public Health Emergencies

Forwarded from HC3 Newsletter ('The Health Communication Capacity Collaborative (HC3) is a five-year, global project funded by the United States Agency for International Development (USAID))

'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.'

'With the support of USAID, HC3 is working with public Health Topics Included in this Brief: health systems in Africa and Latin America in various phases of an emergency from prevention and preparedness, through to crisis response and recovery. The 2014 Ebola outbreak in West Africa was an important reminder that weak ties between communities and health systems breed misinformation and degrade confidence in the response, and that trust is a critical prerequisite for effective emergency management. SBCC is a mechanism for linking efforts between health systems and communities in emergencies, creating long-term health benefits...'

The publication includes several case studies, all of which appear to be in relation to disease outbreaks such as Ebola and Zika.

Download here (14 pages)

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

Comment: For the purpose of our conversation on Humanitarian Evidence, it's helpful to identify different types of evidence and publications for humanitarian action, and to discuss whether and how they can be made more reliable and relevant. This brief 'draws from HC3's work in 34 countries, as well as initiatives, tools and resources developed at the global level'. It makes no reference to systematic reviews. Perhaps the 'resources at global level' do so? Or perhaps systematic reviews currently have little to offer guidance on how to support social and behaviour change communication programmes?

I look forward to hear from providers and users of evidence for humanitarian action.

Meanwhile, 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?

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (19) Disaster and Nursing: A Five Part Series on Puerto Rico After Recent Hurricaes - Part 1

The message below was posted on the GANM forum today...

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Disaster and Nursing: A Five Part Series on Puerto Rico after Recent Hurricanes

By: William Prichard, MSHS in Emergency Management and Public Health Response
MSN Student: Johns Hopkins School of Nursing

The intent of this five part series is to:

- Â· Bring awareness to current situations and potential medical needs of Puerto Rico
- Â· Show how communities may medically prepare for the next disaster
- Â· Define nurse roles in the disaster medical response framework
- Â· Provide an example of what the ideal response may look like
- Â· Define realistic expectations for the community in terms of medical relief

General overview and format:

- Â· Each week will build on defined and outlined concepts from weeks prior
- Â· Reference the United Nations Sustainable Development Goals 3 and 11
- Â· Develop a series of posts designed to bring scope to current events
- Â· Show this disaster from multiple perspectives
- Â· Encourage all readers to provide comments and constructive discourse

Topics for 5 part series: sent over 5 weeks

Part 1: What happens to the community and healthcare system when a disaster strikes?

Part 2: How can communities and governments increase local medical preparedness and resiliency?

Part 3: What is the role of the Nurse and Midwife during disaster medical response?

Part 4: What should the joint response look like?

Part 5: In the aftermath of disasters, what are realistic expectations for the community?

Part 1: What happens to the community and healthcare system when a disaster strikes?

When disaster strikes a population that lives on an isolated island, far away from much needed supplies and assistance, its inhabitants must be prepared to endure longer than average response time from emergency personnel. The Federal Emergency Management Agency (FEMA) and the Puerto Rican Agencia Estatal para el Manejo de Emergencias y Administracion de Desastres (AEMEAD)/State Agency for Emergency and Disaster Management recommend individuals and families have a three-to-five day supply of water, food, and other necessary medical supplies (PR.gov, 2014). This recommendation may be an inadequate preparedness model for isolated communities or silos of healthcare, and have set Puerto Ricans up for failure. These preparedness plans negatively impact a community's ability to sustain itself, promote health and well-being, and provide adequate amounts of clean water and sanitation, which are essential goals for any sustainability platform.

Without the supplies, material resources and the human capital required to respond to the emergency, the demand on the healthcare infrastructure and workforce may increase beyond its capacity (Democracynow.org, 2017). The increased pressure to maintain care for current patients and large influxes of emergency department (ED) utilization exposes extreme vulnerabilities of the facilities and healthcare workers. If citizens cannot provide for themselves, healthcare facilities must be able to provide and maintain care until additional resources arrive. If not, the community and healthcare facilities are taxed beyond their breaking point and collapse. If a treatment facility closes or is unable to provide adequate care, the community truly suffers and the surrounding inhabitants either leave or resort to illegal acquisition of supplies (Holpuch, 2017). Salient characteristics of a disaster medical response, according to Tener Veenema: Disaster Nursing 2013, must at a minimum include the following in order for the community to feel cared and provided for:

- Provide for the current needs of established patients within the system;
- Be prepared for patient surges immediately following disasters;
- Prepare for potential disease outbreaks related to poor living conditions;
- Continue to maintain supply chains for equipment/fuel/medicines;
- Ensure schedule rotations for staff to manage shortages.

The American Hospital Directory states that there are approximately 8,600 beds spread over roughly 64 hospitals in Puerto Rico (AHD.com, 2016), and with limited supplies of fuel, medicine, staff as well as closures, there has not been adequate medical responses to population needs (Holpuch, 2017). Even though federal assistance is currently on the ground and building momentum, there are still rural communities where first responders and medical assistance have not arrived (Democracynow.org, 2017). In the setting of the already fragile economy, healthcare system, utilities grid, and social welfare, where many live at or below the poverty line, the system is strained to the breaking point, with critical infrastructure and key resource networks that are on the verge of collapse (Democracynow.org, 2017). This means that up to date, the pillars of an effective response, including communication, needs assessments, ingress of medical personnel and supplies, patient care/safety, and sanitation cannot be maintained, and isolated communities and healthcare facilities are being forced to fend for themselves, close, or relocate to urban areas where emergency resources are being set up (Veenema, 2013).

While there are varying types of disasters, the negative effects on the community and an effective response to mitigate these look very similar. The effects that Puerto Rico is currently experiencing are the sum of multiple compounding factors. Maintaining electricity, power generators, fuel supply, and a reliable power grid are the backbone for reestablishing a standard of care (Holpuch, 2017). This means that creating or reestablishing supply chains and electrical power that can be sustained indefinitely are a top priority. After hurricane Maria, power on Puerto Rico has been primarily provided by diesel and/or gasoline generators, which require large and frequent shipments to key medical facilities, clinics and hospitals in order to keep them open (Gupta, 2017). These essential supply chains are not currently operational, which further compounds the limited availability of medicines, clean water, food, and sanitation. Viewing the issue through Maslow's hierarchy of needs scale, reestablishing the flow of supplies allows communities to shift away from physiological and safety concerns and more toward rebuilding families and communities (McLeod, 2017). Lastly, there must be enough trained medical personnel; including doctors, midwives, nurses, and essential support staff to maintain a healthcare response until additional human resources arrive. Currently, that is not the case in Puerto Rico, and the capacity of the medical staff is hyperextended (Holpuch, 2017). Without adequate personnel to run medical interventions and plans of care, the system breaks down and citizens resort to desperate measures to ensure their survival.

Because ingress to isolated rural communities has not occurred, many of the 3.8 million citizens of Puerto Rico are still without basic physiological needs, such as food, water, and adequate shelter (Holpuch, 2017). It is paramount that both Puerto Rican and U.S. responders coordinate their material and human resources to minimize lag times to support rural communities. The delay in local and federal response can be attributed to a few simple, but significant issues. These delays in getting to the needs of communities and hospitals are exacerbated by the objective preparedness state of the Puerto Rican government prior to the 2017 hurricane season and the fact that the closest mainland U.S. port capable of shipping supplies is more than 1200 nautical miles away (Ports.com, n.d.). It is also hindered by the fact that shipping restrictions on inbound supplies slowed emergency resources that have only recently cleared access roads for supplies to move safely. Even with these improvements there may not be enough manpower to effectively facilitate transport of supplies across the island (Democracynow.org, 2017).

These compounding issues increase the difficulty, severity, and importance of a well-coordinated medical response from all levels of government. Because disaster response begins and ends with local community and local government, it is essential that local communities find ways to maximize medical efforts until outside assistance arrives (Veenema, 2013). The state government has the responsibility to mount medical response and recovery efforts as soon as possible to minimize negative health impacts of local communities (Veenema, 2013). The federal government response, which is carried out by FEMA, should provide Disaster Medical Assistance Teams (DMATs) to the state and local populations with intensity and solidarity productivity and lives lost in a population in dire need of medical assistance. In addition to a coordinated and massive government-lead response, citizens might consider doubling or tripling the recommended supplies for emergency preparedness when possible, especially during hurricane season. This increase may provide a closer and more realistic estimate of the requirements to maintain resiliency while awaiting state and federal support. By doing so, the demand for medicines, personnel, and other basic needs that currently weighs heavily on the island's healthcare system, would be dramatically reduced (PR.gov, 2014).

Next week, we will integrate this post with ways in which local populations and state government can increase resiliency and preparedness prior to a disaster. In the upcoming weeks, we will build on what was presented here today so that we have the opportunity to discuss openly the concerns and opinions you have in regards to disaster medical response.

I invite you to share your feedback or insight around emergency response in your settings. You may also provide further insight about the situation in Puerto Rico. It is important we hear from you and about your experiences as nurses and midwives of the world.

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William Prichard, MS-HLS | Intern
Center for Global Initiatives, PAHO/WHO Collaborative Center
Johns Hopkins School of Nursing
525 N Wolfe St, Room 503, Baltimore, MD 21205
C. 706-207-4992 | E. wprichard@jhu.edu
<http://nursing.jhu.edu>

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (20) Somali Medics Report Chaotic Response

(with thanks to Global Health Now)

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 Saaid.

"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...'

Full news article:

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

Best wishes, Neil

From: "Ngozi Eunice Osadebe, Nigeria" <ngozi.osadebe@unn.edu.ng>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (21) Using evidence in humanitarian aid (2) Role of librarians

Dear Clare [Claire Allen, UK]

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).

Moreover, there is need to install big data capturing technologies in all workplaces, ensure that the captured data are analysed and bring to the notice of the people that may be in need of them.

There is also need to train everybody, big and small on the use of evidence in decision making.

HIFA profile: Ngozi Eunice Osadebe is a librarian at the University of Nigeria, Nsukka. She has a PhD in Library and Information Science, and is the founder of two research groups: Information Literacy for Community Development and Surplus Peoples in Universities Research Group (Education for people with special needs using ICT). Professional interests:

Using information in solving societal problems, Enhancing access to higher education for people with disability, Technology Assisted Learning. She is a member of the HIFA working group on Library and Information Services:

<http://www.hifa.org/projects/library-and-information-services>

<http://www.hifa.org/support/members/ngozi-eunice>

ngozi.osadebe AT unn.edu.ng

From: "Ngozi Eunice Osadebe, Nigeria" <ngozi.osadebe@unn.edu.ng>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (22) Are there any mentoring networks for librarians working in troubled areas? (3)

Dear Pamela [Pamela Sieving, USA]

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 couch school librarians on managing their collections.

HIFA profile: Ngozi Eunice Osadebe

From: "Ngozi P Osuchukwu, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (23) Somali Medics Report Chaotic Response (2)

Dear Neil,

I read the health information report on Somali Medics and felt really bad. I can imagine how the medics felt seeing the victims dieing without immediate help.

I really appreciate health information and good health for all. Keep up the good work. I am also a Librarian in Nigeria. Information is my business. Keep informing. Thank you and your Team.

Kind regards,
Ngozi P. Osuchukwu

HIFA profile: Ngozi Eunice Osadebe

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (24) Event: How to deal with humanitarian crises, Cambridge University UK, November 3rd

The message below is forwarded from the Public Health in the Arab World forum.

--

Dear all,

Our upcoming event may be of interest.

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.

Professor Richard Sullivan, who is the director of the Conflict and Health Group, Kings College, London will lead the discussion.

Seminar is followed by a drinks reception in Jesus College

Register here: <https://www.eventbrite.co.uk/e/how-to-deal-with-humanitarian-crises-tickets-39089078486>

Dr Adam P. Coutts

tel:

UK 0044(0) 7794 505 815

Lebanon: 00961 718 13 178

website: <http://www.adamcoutts.com/>

twitter: <https://twitter.com/AdamCoutts>

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (25) WHO: Towards a healthier and safer environment

From the WHO website:

19 October 2017 Today, we have more knowledge, evidence, and understanding than ever before about how and through what pathways climate and environmental change impact health. We know which sector policies and interventions effectively address environmental root causes of disease and in which settings these interventions will likely have the greatest impact...

Extracts below. Full text here:

<http://www.who.int/mediacentre/commentaries/healthier-safer-environment/en/>

--

Maria Neira, Michaela Pfeiffer, Diarmid Campbell-Lendrum, Annette Prüss-Ustün
WHO Department of Public Health, Environmental and Social Determinants of Health
20 October 2017

'The Lancet Commission on pollution and health by Philip Landrigan and colleagues (1) is an immensely important piece of work highlighting the impact that environmental pollution has on death and disease and the related need to scale up political will if we are to effectively confront this issue.

WHO has long recognised the important influence that environmental integrity has on human health and development. We know from WHO's most recent environmental burden of disease assessment that at least 12.6 million people die each year because of preventable environmental causes (2). This is almost a quarter of all annual deaths globally...

Nearly 90% of the population living in cities worldwide is breathing air that fails to meet WHO air quality guideline limits (7)...

If we want to substantially reduce the global environmental burden of disease, we need to act further upstream and address the drivers and sources of pollution to ensure that development policies and investments are healthy and sustainable by design and that the choices we make—at the government, private sector, and individual levels—cultivate a healthier and safer environment. In other words, we need to move beyond a "do-no-harm" approach and ensure that development actively and explicitly improves the environmental and social conditions that give rise to, and expose populations to, disease...

The transition to a healthier and safer environment will require coordinated action and inputs from a range of actors from within and outside of the health sector. This action needs to be underpinned by scientifically sound and compelling evidence...

References

(1) Landrigan PJ, Fuller R, Acosta NJR, et al. The Lancet Commission on pollution and health. Lancet 2017, published online Oct 19.

<http://linkinghub.elsevier.com/retrieve/pii/S0140673617323450>

--

Best wishes, Neil

From: "Alice Obrecht, UK" <a.obrecht@alnabp.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (26) Increasing the quality and use of evidence in humanitarian action: ALNAP

Hi everyone,

My name is Alice Obrecht and I'm a Senior Research Fellow at ALNAP. I'd like to introduce you to ALNAP, as we have been 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.

Our members are made up of all the major humanitarian agencies, including UN agencies, INGOs, national NGOs, Red Cross/Crescent National Societies, as well as humanitarian donors and research institutions.

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.

I'll write more posts over the coming weeks detailing different resources and giving examples of how they have been used by ALNAP members. And I look forward to the discussion!

With best wishes for the weekend,

Alice

HIFA profile: Alice Obrecht is a research fellow at ALNAP (Active Learning Network for Accountability and Performance in Humanitarian Action), London, UK. She works on several ALNAP research projects, including those related to evidence-driven humanitarian action, innovation, and humanitarian adaptiveness. She is a member of the HIFA working group on Library and Information Services:

<http://www.hifa.org/projects/library-and-information-services>

<http://www.hifa.org/support/members/alice>

a.obrecht AT alnap.org

From: "Alice Obrecht, UK" <a.obrecht@alnap.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (27) Using evidence in humanitarian aid (3) Role of librarians (2)

Hi Ngozi, [Ngozi Eunice Osadebe, Nigeria]

The points you make really resonate with me - at my organisation we are always trying to think of ways we can engage people to use better information and evidence.

I wonder if you have looked at different modes for sharing information, e.g. shorter written pieces, or videos, or audio. These are some of the dissemination approaches we use with our work, but it can be difficult to know what is going to be best suited for which type of end user.

Thanks,
Alice Obrecht
Senior Research Fellow
ALNAP

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (28) Sphere Handbook

Dear HIFA colleagues,

'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>

It includes a substantial section on health, with the following subsections:

1. Health systems
2. Essential health services
 - 2.1. Essential health services control of communicable diseases
 - 2.2. Essential health services child health
 - 2.3. Essential health services sexual and reproductive health
 - 2.4. Essential health services injury
 - 2.5. Essential health services mental health
 - 2.6. Essential health services non-communicable diseases
- Appendix 1: Health assessment checklist
- Appendix 2: Sample weekly surveillance reporting forms
- Appendix 3: Formulas for calculating key health indicators
- References and further reading.

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?

Best wishes, Neil

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (29) Review of Week One

Dear HIFA colleagues,

Thank you for your messages so far to our ongoing discussion on Evidence-Informed Humanitarian Action!

In our first week, we have noted:

1. the need for 'further research to strengthen the evidence base on public health interventions in humanitarian crises'
2. 'communication and community engagement contributes to greater effectiveness and value for money'
3. Community Radio Stations are important for disaster response and preparedness
4. there is a shift 'to preventing risk through reduced vulnerability and increased resilience, rather than managing disasters through relief operations'
5. Disaster Risk Reduction should focus on fragile and conflict-affected contexts

We have learned about the information provided by Evidence Aid, ALNAP, ReliefWeb, and the Sphere Handbook. And we have heard about some librarian support networks.

Please do comment further on any of the above. We are especially keen to hear from people with experience of humanitarian work. What situation did you face, and what information (if any) did you use, and what information did you lack that might have helped you?

Best wishes

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (30) Unanswered questions

Dear HIFA colleagues,

At the end of our first week I would like to note some questions that remain unanswered:

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..?)

Can you help with any of the above? What other questions should we be asking?

Please email: hifa@dgroups.org

From: "Claire Allen, UK" <callen@evidenceaid.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (31) Using evidence in humanitarian aid
(4) Role of librarians (3)

Hi Ngozi Eunice Osadebe (Nigeria)

I agree that Librarians could play a much larger part in humanitarian response. One of our volunteers, Isla Khun will better be able to speak to this issue. In addition, we are working with Public Health England (Anne Brice and Caroline De Brun plus others) to try to raise awareness in the Library Services sector. They can better inform you about a Special Interest Group that has been created recently and the progress of that group. In the first instance, you could make your own librarians aware of the Evidence Aid resources (www.evidenceaid.org).

I hope this helps,

Best wishes,
Claire

Claire Allen
Operations Manager

Email: callen@evidenceaid.org | Skype: [claireallencochrane](https://www.skype.com/user/claireallencochrane) |
Website: www.evidenceaid.org | Twitter: @EvidenceAid
Championing the evidence-based approach in humanitarian action since 2004.

Involved in the generation, use or dissemination of evidence in the humanitarian sector? Join our Humanitarian Evidence Week in November: <http://www.evidenceaid.org/events-and-training/hew/>

HIFA profile: Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid (www.evidenceaid.org) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises, natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research and the HIFA Working Group on Library and Information Services.

<http://www.hifa.org/projects/library-and-information-services>

<http://www.hifa.org/support/members/claire>

callen AT evidenceaid.org

From: "Claire Allen, UK" <callen@evidenceaid.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (32) Sphere Handbook (2)

Hi Neil,

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/>

With best wishes,
Claire

Claire Allen
Operations Manager

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (33) Sphere Handbook (2) Transparency
on sources of data, information and evidence

Many thanks Claire,

For the benefit of those who may not have immediate web access:

'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.'

Best wishes, Neil

: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (34) Legal barriers to
evidence-informed policy

Dear HIFA colleagues,

I'm reading this week's print issue of The Lancet (with thanks to The Lancet for providing HIFA with a complimentary subscription to the world's leading global health journal).

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'.

This is despite the continuing 'parade mass of shootings in the USA - like the one in Las Vegas that left at least 59 dead' and despite the fact that guns are the 10th largest cause of death.

I concur with the the editorial's conclusion: 'The legal restriction on funding gun violence research is one of the most objectionable aspects of the already entirely objectionable gun control debate in the USA. In the wake of Las Vegas, policy makers and gun control advocates should be looking strongly at rescinding the abhorrent and nonsensical legal restrictions that keep the USA ignorant of the true toll of its gun violence.'

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)

From: "Hasnain Sabih Nayak, Bangladesh via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (35) Q2. What kind of evidence do humanitarians need? (2)

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
- and so on

Rtn. Hasnain Sabih Nayak, B. Arch, MPH

Independent Consultant
&
Adjunct Faculty, School of Public Health
Independent University, Bangladesh (IUB)
&
Director, Communicants (Multi-disciplinary Consulting Firm)
&
Trustee
MATERS (Mental Health Awareness Training Education Research & Services)
&
Information & Research Secretary
Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV)
&
Director, International Service 2017-18
Rotary Club of Cox's Bazar Shaikat, RI Dist 3282 Bangladesh

&
Co-founder and International Relations & Culture Editor

TOITOMBOOR (Children & Juvenile Monthly Magazine)
40/3 Nayapaltan, 1st Floor, VIP Road, Dhaka 1000
E-mail:hasnain_toi@yahoo.com Skype:hasnain.toi Ph:880-1711786454 (Direct)

HIFA profile: Hasnain Sabih Nayak is an Independent Consultant & Adjunct Faculty, School of Public Health, Independent University, Bangladesh (IUB). hasnain_toi AT yahoo.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (36) Webinar: How to use Social Media to better engage people affected by crises

(with thanks to C4D Network)

Join ICRC and IFRC at their 25 October webinar, "How to use Social Media to better engage people affected by crises"™ which will explain how to start using social media to listen to community concerns and feedback, disseminate life-saving messages and use these conversations to shape assistance and programmes
<https://media.ifrc.org/ifrc/meetings-and-events/ceawebinar/>

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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.

However, the use of social media by humanitarian organizations to engage and communicate with (not about) affected people, is to date still vastly untapped, and there is lack of practical guidance, good practices and lessons learnt.

Organised jointly by ICRC and IFRC, This webinar looks at this existing gap and aims at providing an overview and practical tips which can help humanitarian actors, such as National Red Cross and Red Crescent Societies, start use social media to engage affected people at times of crisis. The event will explain how to start using social media to listen to community concerns and feedback, disseminate life-saving messages and use these conversations to shape assistance and programmes.

Further support and guidance can be found in the brief guide developed by IFRC, ICRC and OCHA on the same topic.

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/>

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Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (37) Q3/4: Where has evidence been lacking / made a difference?

Dear all,

Thank you to everyone for contributing to this discussion so far. We are now in our second week and I would like to invite you to give examples and case studies relating to:

Q3. Where has evidence been lacking and what has been the result?
and, conversely,
Q4. Where has evidence made a difference?

Have you been involved in humanitarian action in relation to a natural or man-made disaster? Earthquake, tsunami, flood, famine, conflict, terrorist attack, disease outbreak or other emergency? We have a huge amount to learn from those who have real first-hand experience of disasters, in whatever capacity.

One of the many types of healthcare information that is required in emergencies is first aid information - guidance on how to manage someone who is seriously injured, for example. I suspect the reality is that most ordinary people in such a situation do not have first aid skills, and yet their initial actions can mean the difference between life and death, and between recovery and lifelong disability.

With this in mind, I would also welcome anyone who would like to share a story of a smaller-scale emergency such as a road-traffic accident or indeed a serious injury or medical emergency such as cardiac arrest. For any of us who have witnessed a road accident in a rural area of an LMIC, for example, we are the only immediate help available (ambulances are few and far between, if available at all). In your situation, did you know what to do? What information might have helped you to manage the situation better? (The Red Cross produces a First Aid app and one of the HIFA Projects is looking at the feasibility of having First Aid information available on every phone <http://www.hifa.org/projects/mobile-hifa-mhifa>).

For background to this discussion see:
<http://www.hifa.org/news/join-hifa-global-discussion-evidence-informed-humanitarian-action-starts-16-october-2017>

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (38) WHO sending NCDs medicines and materials kits to humanitarian crises

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>

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Question: WHO is recognised for its unique capability as a convener 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?

Best wishes,

From: "Claire Allen, UK" <callen@evidenceaid.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (39) Humanitarian Evidence Week

Evidence Aid Newsletter Special Edition Humanitarian Evidence Week

The Humanitarian Evidence Week 2017 (HEW2017; 6th to 12th November) One week of blogs, webinars, training, debates and other initiatives to promote a more evidence-based approach to humanitarian aid. HEW2017 brings together more than 20 organisations creating a platform highlighting their work related to the generation, use and dissemination of evidence in the humanitarian sector which is led by Evidence Aid and developed together with our partner the Centre for Evidence-Based Medicine (CEBM). During HEW2017, Evidence Aid will be offering training and is also involved in several of the other events that you can read about below, and <https://goo.gl/CVDQPS>. HEW2017 starts on 6th November with an editorial on the IRIN news website by Save the Children.

Three exciting events in London Registration required

On Monday 6 November you can join us at the London School of Hygiene and Tropical Medicine (LSHTM) to listen to Bayard Roberts (Professor of Health Systems and Policy at LSHTM) talking about the opportunities for the RECAP project to improve evidence-based decision-making and accountability in humanitarian response, with responses from Gareth Owen (Emergency Director at Save the Children UK) and Alice Obrecht (Research Fellow at the Secretariat for the Active Learning Network for Accountability and Performance, ALNAP). If you're interested please register here <https://www.lshtm.ac.uk/newsevents/events/improving-evidence-based-decision-making-and-accountability-humanitarian-response>.

The next day (Tuesday 7 November) the founder of Evidence Aid, Professor Mike Clarke, will run a 1-day Evidence Aid course placing systematic reviews in the context of disasters and the provision of humanitarian aid. The course will provide learning and practical experience in a small group setting for many aspects of systematic reviewing. These include question formulation and eligibility criteria, searching for eligible material, data extraction, analysis, and reporting. You can find more information here <http://www.evidenceaid.org/training-an-introduction-to-systematic-reviews-in-the-humanitarian-sector-london-uk/>. Join us in central London by registering for this course with Claire Allen (callen@evidenceaid.org).

Finally, the last physical event of HEW2017 is on 9 November, when we welcome you at the University College London Thomas Coram Research Unit Library at Woburn Square to discuss evidence gaps and research priorities in the humanitarian sector. During this event UNICEF Research Centre 'Innocenti, 3ie, Action Against Hunger, International Rescue Committee, the Campbell Collaboration and the UCL EPPI Centre will present some of their work and provide you with the opportunity to discuss this important topic. There is only limited seating for this event, so please register as soon as possible by contacting Jane Higgins (jhiggins@evidenceaid.org).

Webinars

The UNICEF Research Centre Innocenti, Professionals in Humanitarian Assistance and Protection (PHAP) and the US National Library of Medicine Disaster Information

Management Research Center are facilitating webinars during HEW2017. On Tuesday 7 November PHAP will look at some of the challenges and limits of evidence-based approaches to humanitarian action (information and registration here <https://phap.org/7nov2017>). The UNICEF Research Centre Innocenti is addressing social protection in fragile contexts on Wednesday 8 November. The next day you can hear Robin Taylor and Neil Pakenham-Walsh during the US National Library of Medicine Disaster Information Management Research Center webinar talking about improving the availability of reliable health information.

Blogs, vlog, podcast and online discussion forum

Throughout HEW2017 several blogs will be published with contributions from UCL EPPI-Centre [<https://eppi.ioe.ac.uk/>], CERAH Geneva [<http://www.cerahgeneve.ch/home/>], CENDEP Oxford Brookes University [<http://architecture.brookes.ac.uk/research/cendep/>], CaLP [<http://www.cashlearning.org/>], ReBuild Consortium [<https://rebuildconsortium.com/>] and DFID/UKAID [<https://www.gov.uk/government/organisations/department-for-international-development>]. The Karolinska Institute [<http://ki.se/en/startpage>] will produce a vlog (video blog), while the CEBM is producing a podcast. Finally, one of the HEW2017 initiatives has already started within the HIFA (Healthcare Information For All) Discussion Forum where you can join library and information professionals to explore ways to improve the quality, usefulness, availability and use of healthcare information for humanitarian action. Just join HIFA and contribute to the discussion, here [<http://www.hifa.org/news/join-hifa-global-discussion-evidence-informed-humanitarian-action-starts-16-october-2017>].

With best wishes,
Claire

Claire Allen
Operations Manager

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (40) Disaster and Nursing: A Five Part Series on Puerto Rico after Recent Hurricanes

The message below is forwarded from the Global Alliance on Nursing and Midwifery. Coincidentally they are discussing disaster preparedness and response also, specifically in relation to recent hurricanes in Puerto Rico. You can find out more about GANM here: ganm.nursing.jhu.edu/

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By: William Prichard, MSHS in Emergency Management and Public Health Response
MSN Student: Johns Hopkins School of Nursing

The intent of this five part series is to:

- Â· Bring awareness to current situations and potential medical needs of Puerto Rico
- Â· Show how communities may medically prepare for the next disaster
- Â· Define nurse roles in the disaster medical response framework
- Â· Provide an example of what the ideal response may look like
- Â· Define realistic expectations for the community in terms of medical relief

General overview and format:

- Â· Each week will build on defined and outlined concepts from weeks prior
- Â· Reference the United Nations Sustainable Development Goals 3 and 11

- Â. Develop a series of posts designed to bring scope to current events
- Â. Show this disaster from multiple perspectives
- Â. Encourage all readers to provide comments and constructive discourse

Topics for 5 part series:

Part 1: What happens to the community and healthcare system when disaster strikes?

Part 2: How can communities and governments increase local medical preparedness and resiliency?

Part 3: What is the role of the Nurse and Midwife during disaster medical responses?

Part 4: What should the joint response look like?

Part 5: In the aftermath of disasters what are realistic expectations for the community?

Part 2: How can communities and governments increase local medical preparedness and resiliency?

Thank you for joining for Part 2 on Disaster and Nursing: A Five Part Series on Puerto Rico after Recent Hurricanes. This week's discussion will involve ways individuals and community hospitals can prepare for, and become more resilient to, future catastrophic events. Preparedness and resiliency are concepts that save lives, prepare communities, and lessen the impacts of a natural or manmade disaster (Veenema, 2013). Developing these ideas and putting them into action will fortify individuals, community hospitals, and government assistance against a coming storm. It involves a great deal of investment from all levels of government and the community itself. This includes training and cross training community member for times of crisis, purchases and storing of resources, stockpiling supplies and equipment, and it involves a practiced approach to managing resources. [...]

[...]

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William Prichard, MS-HLS Intern
Center for Global Initiatives: PAHO/WHO
Johns Hopkins School of Nursing
525 N Wolfe St, Room 503, Baltimore, MD 21205
E. wprichard@jhu.edu
<http://nursing.jhu.edu>

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Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)
<http://www.hifa.org/projects/library-and-information-services>

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (41) Courting Apocalypse: Creating a Zombie-Themed Evidence-Based Medicine Game.

Dear HIFA colleagues,

I was interested to see this, with thanks to Irina Ibraghimova and LRC Network:

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

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)
<http://www.hifa.org/projects/library-and-information>

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (41) Q3/4: Where has evidence been lacking / made a difference? (2)

Dear HIFA colleagues,

Thank you to everyone for contributing to this discussion so far. We are now in our third week and I would like to invite all HIFA members who have been involved in disaster preparedness and response - whether earthquake, tsunami, flood, famine, conflict, terrorist attack, disease outbreak or other emergency - to share your experience.

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?

For background to this discussion see:

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

Many thanks, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (42) What is the role of evidence to help address famine and conflict in DR Congo?

Dear colleagues,

This week we are inviting your experience around the questions:

Q3: Where has evidence been lacking in humanitarian action?

Q4: Where has evidence made a difference?

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:

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The head of the UN food agency has appealed for aid to avert a humanitarian crisis in the conflict-wracked DR Congo province of Kasai.

David Beasley told the BBC that more than three million people were now at risk of starvation.

He warned that hundreds of thousands of children could die in the coming months if aid was not delivered.

Violence flared in August 2016 after the death of a local leader during clashes with security forces.

It has forced 1.5 million million people from their homes, most of them children...

"Our teams are out in the field, we saw burned huts, burned homes, seriously malnourished children that had been stunted, obviously many children have died already," the head of the World Food programme (WFP) said.

"We're talking about several hundred thousand children there that will die in the next few months, if we don't get first funds and then second food, and then third access in the right locations," he added.

He said the WFP currently only had 1% of the funding it needed to help people in Kasai and warned that the coming rainy season would soon make already poor roads impassable...

More than 3,000 people have been killed in the fighting

Survivors have described seeing their family members killed with machetes or drowned and say the continuing ethnic conflict means they cannot go home.

Full text: <http://www.bbc.co.uk/news/world-africa-41793821>

--

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?

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (43) How to use Social Media to better engage people affected by crises

(with thanks to C4D Network)

'A video link and a list of questions and answers from the recent ICRC and IFRC webinar, "How to use Social Media to better engage people affected by crises"™ is now available. The webinar focused on using social media to listen to community concerns and feedback, disseminate life-saving messages and using these conversations to shape assistance and programmes.'

<http://sm4good.com/2017/10/27/webinar-recording-using-social-media-for-commisaid/#.WfqpLFuOPDd>

Selected question and answer:

Q: Is there a problem of "fake news" on social media platforms? How best to tackle this on social media platforms?

A: It is definitely a problem and not easy to solve. You can address it by having a good monitoring system in place and by preparing and saving answers to recurring rumours. I'd like to recommend two documents to you: The CDAC guide to working with rumors and the verification handbook.

The guide is available here:

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

--

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

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (44) What do we mean by evidence-informed humanitarian action? (3)

Dear HIFA colleagues,

At the start of this discussion we asked "What do we mean by evidence-informed humanitarian action?"

I ventured that 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'.

Is this how you see it?

The implication is that humanitarian action should be informed by scientific research. In humanitarian and emergency situations, such research is presumably highly challenging. As a result I suspect that there is only a limited body of research evidence on which humanitarian action can be informed.

Are you aware of research studies that have looked at different approaches to preparing and responding to disasters? Is there a repository of such research that can be accessed easily?

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (45) Disaster Lit (3)

As we continue our discussion on the use of evidence in humanitarian action, I would like to invite your comments on 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/>

'Disaster Lit: the Resource Guide for Disaster Medicine and Public Health is a database of links to disaster medicine and public health documents available on the Internet at no cost. Documents include expert guidelines, research reports, conference proceedings, training classes, fact sheets, websites, databases, and similar materials selected from over 700 organizations for a professional audience. Materials selected are from non-commercial publishing sources and supplement disaster-related resources from PubMed (biomedical journal literature) and MedlinePlus (health information for the public).'

'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.'

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (46) Disaster Lit (4) Journals on
Disaster Medicine and Disaster Preparedness

'The Guide to the Disaster Medicine and Public Health Literature web page provides an overview of disaster medicine journals, libraries, databases, and other sources of publications. <https://disasterinfo.nlm.nih.gov/dimrc/medscilit.html>

Below are selected 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.

Best wishes, Neil

From: "Alice Obrecht, UK" <a.obrecht@alnap.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (47) Q3/4: Where has evidence been
lacking / made a difference? (3) ALNAP Lessons Papers

Hi all,

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.

In terms of use, we heard from people in the field who saw our lessons paper on earthquakes out on the desks of many field agents in the 2010 Haiti earthquake response. Urban specialists in humanitarian organisations have found our urban paper useful for informing responses in South America.

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.

For this reason, 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>

Alice Obrecht, PhD

Senior Research Fellow

| Tel: +44 (0)20 7922 0378 | E-mail: a.obrecht@alnap.org | Skype: [aliceobrecht.hfp](https://www.skype.com/user/aliceobrecht/hfp) |

Web: www.alnap.org |

ALNAP

Overseas Development Institute

203 Blackfriars Road

London SE1 8NJ

United Kingdom

HIFA profile: Alice Obrecht is a research fellow at ALNAP (Active Learning Network for Accountability and Performance in Humanitarian Action), London, UK. She works on several ALNAP research projects, including those related to evidence-driven humanitarian action, innovation, and humanitarian adaptiveness. She is a member of the HIFA working group on Library and Information Services:

<http://www.hifa.org/projects/library-and-information-services>

<http://www.hifa.org/support/members/alice>

a.obrecht AT alnap.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (48) Journals on Disaster Medicine and Disaster Preparedness (2) Access to humanitarian research

Are any HIFA members involved in (or use) research for humanitarian action? Which of the following journals are most important? Are there other journals or research repositories to inform humanitarian action?

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]

We note that only two of the above are open access. What can be done to improve access to humanitarian research?

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (49) Disaster Lit (5) Where To Find Disaster Literature

The Disaster Lit website contains a wealth of information. This simple flyer - Where To Find Disaster Literature (2017) - provides brief descriptions of four key websites.

https://disasterinfo.nlm.nih.gov/dimrc/lit_flyer_mar_2017.pdf

I reproduce the text of the flyer below:

Guidelines for professionals to help children cope with traumatic events?

Disaster Lit®: Resource Guide for Disaster Medicine and Public Health

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

Database of links to disaster medicine & public health documents freely available online.

Includes expert guidelines, research reports, conference proceedings, training classes, fact sheets, websites,

databases, and similar materials selected from over 700 organizations for a professional audience.

Journal articles on research related to the long-term effect of exposure to traumatic events on the behavior of children?

PubMed/PubMed Central

<https://pubmed.gov>

Database of biomedical journal citations and abstracts. Some free full-text content can be accessed by searching in the PubMed Central (PMC) database.

Quick overview and pre-selected links about coping with disasters?

Disaster Types and Topics

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

Guide to health information resources on hazards, disaster-related topics, and named disasters. Includes links to key organizations, worker and responder safety, multi-language resources, and

other information needed quickly and in one place about a specific event or topic.

Information to share with the general public?

MedlinePlus

<https://medlineplus.gov>

Easy-to-understand summary topic pages with links to freely available authoritative information for the public. Includes links to statistics, images, and where to find an expert.

Can anyone suggest a more comprehensive guide on Where To Find Disaster Literature to complement the above?

Presumably, those working in humanitarian action often need information and evidence urgently. How can they best identify the information they need?

Best wishes, Neil

From: "Geir Gunnlaugsson, Iceland" <geir@geirsson.com>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (50) Ethical allocation of development aid and humanitarian assistance

In April 2016, I co-authored an open-access paper on ethical allocation of development aid and humanitarian assistance, of interest to this discussion.

Einarsdóttir, Jónna and Gunnlaugsson, Geir. Applied ethics and allocation of foreign aid: disparity in pretensions and practice. *Development Policy Review*, 2016, 34 (3): 345-363. DOI: 10.1111/dpr.12156

We explore the applied ethics of development aid and humanitarian assistance, and juxtapose these with claimed objectives and factors that influence the choice of recipients. Despite some diversity among donors, ethical considerations appear not to be a prominent factor for allocation of aid. Although recipients' need is not entirely ignored, donors' self-interest and herd behaviour, and recipients' merits and voting in the United Nations, play crucial roles in allocation decisions. Likely to be shunned are complex emergencies and fragile states, the overlapping settings for action of development and humanitarian aid. Donors should take to heart and put into practice that allocation of aid is an ethical endeavour that should rest on proper needs assessment, established objectives and adopted agreements.

Geir Gunnlaugsson is a Paediatrician and Professor of Global Health at the University of Iceland. Professional interests: Global Health; maternal, newborn, child and adolescent health; Research; and Education. geir@geirsson.com

From: "Maynard Clark, USA" <Maynard.Clark@GMail.com>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (51) Humanitarian Evidence Week

(November 6-12) (5)

Happy Humanitarian Evidence Week (November 6-12)!

<http://www.evidenceaid.org/events-and-training/hew/>

HIFA profile: Maynard Clark works in global health and bioethics at the Harvard Medical School, Harvard School of Public Health, USA. Maynard.Clark AT GMail.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (52) WHO: Madagascar plague: mitigating the risk of regional spread

Below is the introduction to a news item (November 2017) from WHO. Full text here:

<http://www.who.int/features/2017/madagascar-plague-risk/en/>

--

This year plague came early to Madagascar and spread quickly. When it began to move out from the areas where it traditionally occurs, people became increasingly alarmed both within the island nation and in neighbouring territories and countries.

From August to late October 2017, more than 1800 suspected, probable or confirmed plague cases were reported, resulting in 127 deaths. This outbreak is unusually severe, and there are still five more months to go before the end of the plague season.

WHO has acted quickly, releasing funds and sending experts and supplies to Madagascar, while supporting neighbouring countries to reduce the risk of regional spread...

--

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)?

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (53) Let's call gun violence what it is: A public health disaster

With thanks to Global Health Now.

--

'Given the slaughter in Sutherland Springs today...

Now consider a country where a preventable disease routinely sickens 73,000 people and kills about 30,000 a year, or over 80 daily. It has done so year after year since at least the

1960s, with some outbreaks getting a lot of attention while others don't even make the local media.

You would expect the World Health Organization to issue a travel alert about such a country, if not a full-blown Public Health Emergency of International Concern -- the step just below declaring a pandemic.

You would be wrong.

The country is the U.S., and the disease is gunshot deaths. In 2013, 33,636 died that way, bringing the total since 2001 to 406,496 -- the figure includes homicides, accidents and suicides.

In the same period, 3,380 Americans died by terrorist action.'

--

As we noted on HIFA a few days ago, the situation is made worse by US federal law, which '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'.

--

Best wishes, Neil

From: "Barbara Stilwell, USA" <bstilwell@intrahealth.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (54) Let's call gun violence what it is: A public health disaster (2)

I am originally from the UK and have lived in the US for 10 years. Perhaps because I was raised in a different culture, where guns are not the norm and health care was available for all, not dependent on wealth, I just cannot understand how anyone can be pro-guns, which your post today reminded us kills 80 people a day, and against health care for all. Seriously?

But what a great reminder that simply having information does not help people make sense of it. It is our own prejudices, values and cultural norms that so strongly influence what we do so. I know that, I have learned the theory and I have encountered it in my professional life - but the issues of health care and gun laws in the US are a continuing stark reminder that people are not influenced enough by evidence to actually change what they do.

HIFA profile: Barbara Stilwell is a Senior Director at IntraHealth International, Chapel Hill, North Carolina, USA. bstilwell AT intrahealth.org

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (55) Let's call gun violence what it is: A public health disaster (3)

Barbara, very true:

- 'I just cannot understand how anyone can be pro-guns, which your post today reminded us kills 80 people a day, and against health care for all';
- 'the issues of health care and gun laws in the US are a continuing stark reminder that people are not influenced enough by evidence to actually change what they do.';
- 'what a great reminder that simply having information does not help people make sense of it.'

How true - I suppose it is because of the third point that HIFA discussed 'application of the information and evidence'.

It's a funny world we are living in.

Joseph Ana.

Africa Center for Clin Gov Research & Patient Safety

From: "Sophie Goyet, Nepal" <sophiegoyet@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (56) Journals on Disaster Medicine and Disaster Preparedness (3) Access to humanitarian research (2)

Disaster medicine and public health preparedness and Prehospital and disaster medicine are two journals we cite in a manuscript prepared to report on our lessons learned from the health sector recovery after the earthquake of April 2015 in Nepal.
Sophie

HIFA profile: Sophie Goyet, BSc Midwifery, MPH, PhD, is a French Midwife-Epidemiologist now based in Nepal. Her main professional interests are Reproductive, Maternal and Newborn care issues as well as infectious diseases and antibioresistance. sophiegoyet AT gmail.com

From: "Claire Allen, UK" <callen@evidenceaid.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (57) Humanitarian Evidence Week (November 6-12) (6) New blogs online

Hello everyone,

Just to let you know that we are now on day 2 of Humanitarian Evidence Week and the following blogs, vlogs and videos have been published:

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>.

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>.

More information about the rest of the activities taking place in Humanitarian Evidence Week can be found here: <http://www.evidenceaid.org/events-and-training/hew/>

Best wishes and thanks to all those organisations which have contributed!

Claire Allen
Operations Manager

Email: callen@evidenceaid.org | Skype: [claireallencochrane](https://www.skype.com/people/claireallencochrane) |

Website: www.evidenceaid.org | Twitter: @EvidenceAid

Championing the evidence-based approach in humanitarian action since 2004.

Involved in the generation, use or dissemination of evidence in the humanitarian sector? Join our Humanitarian Evidence Week in November: <http://www.evidenceaid.org/events-and-training/hew/>

Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid (www.evidenceaid.org) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises, natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research and the HIFA Working Group on Library and Information Services.

<http://www.hifa.org/projects/library-and-information-services>

<http://www.hifa.org/support/members/claire>

callen AT evidenceaid.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (58) Journals on Disaster Medicine and Disaster Preparedness (4) Access to humanitarian research (3)

Sophie Goyet: "Disaster medicine and public health preparedness and Prehospital and disaster medicine are two journals we cite in a manuscript prepared to report on our lessons learned from the health sector recovery after the earthquake of April 2015 in Nepal."

Thank you Sophie, I note that both of these journals are restricted-access and so are not available to many of those who need them most.

I invite discussion on the impact of restricted-access versus open-access journals on humanitarian action.

Best wishes, Neil

From: "Ghaiath Hussein, Sudan" <ghaiathme@gmail.com>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (59) The Complex Emergency Database (CE-DAT)

Dear Neil,

Thank you for raising these important points and sorry for joining late. I'm stuck in the corrections I need for my thesis, which is about the same topic you are discussing, though from an ethical perspective. It is about the ethical issues encountered during the planning, conduct, and the review of health research that involve humans undertaken during armed conflicts. My case study is the region of Darfur, western Sudan.

Before elaborating more, 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.

CE-DAT is managed by the Centre for Research on the Epidemiology of Disasters (CRED) and was created in 2003 as an outcome of SMART, an interagency initiative to encourage rational, evidence-driven humanitarian decision-making.

CE-DAT is a database of mortality and malnutrition rates - the most commonly used public health indicators of the severity of a humanitarian crisis. Field agencies use mortality and nutrition indicators to identify and measure the severity of needs in order to prioritize human and financial resources. These indicators have been essential in monitoring the overall impact and effectiveness of the relief system.

Today, with over 2,000 surveys and 20,000 health indicators, CE-DAT serves as a unique source of field data for monitoring the health status of conflict-affected populations. It is also instrumental in the production of trend analyses, impact briefings and policy recommendations."

So, as long as the EIHA (Evidence-informed humanitarian action) is concerned; I believe it the best fit for your question. The not-so-good-news that it is not accessible for public. Moreover, many (if not most) of the reports of the studies included in the database are in hardcopies only. It took me a whole week from 9-6 daily to manage to search for what I was looking for.

I hate to make my email too long to finish, so this a caveat I will follow on next time. There are loads of studies, which are individually well done but usually poorly shared and fairly inconsistent in terms of their methodologies and benchmarks. Hence, it may be challenging to take them through the 'normal' evidence synthesis cycle.

Best regards,

Ghaiath M. A. Hussein,
MBBS (SUD), MHSc. (CAN), MRSPH (UK)

Doctoral Researcher (UK)
Bioethicist

"Opportunities are outside the comfort zone." Khalifa Elmusharaf

HIFA profile: Ghaiath Hussein is a registrar of community medicine and bioethicist by training. His expertise varied from providing assistance for researchers on technical and ethical issues, to editing and developing ethical guidelines and training manuals on research ethics. He has been working in the department of research at the Federal Ministry of Health (Sudan), before being assigned as the Senior Project Officer a MARC (Mapping African Ethics Review Capacity) project managed by COHRED and funded by the European and Developing Countries Clinical Trials Partnership (EDCTP). Currently, he is an assistant professor of bioethics in King Saud University for Health Sciences, King Fahad Medical City Faculty of Medicine. He also provides voluntary ethics teaching and consultation services for some regional and international organizations, especially on public health ethical issues. acsawy AT yahoo.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (60) Evidence and Knowledge in Humanitarian Action

I was very interested to see this background paper published by ALNAP in 2013. An introduction is given below and the full paper can be downloaded here: <https://reliefweb.int/sites/reliefweb.int/files/resources/background-paper-28th-meeting.pdf>

--

Evidence and Knowledge in Humanitarian Action

REPORT from ALNAP Published on 07 Mar 2013 —View Original
Download PDF (951.55 KB)

1.1 Why this topic? The subject of this background paper and of the 28th ALNAP Annual Meeting is how evidence and knowledge inform policy and practice in the humanitarian sector...

1.2 Just as important as the availability and quality of evidence is the question of how or indeed whether such evidence is used by decision-makers....

1.3 It would be misleading to suggest that no progress has been made over the past two decades... For example there has been the application of inter-organisational minimum standards like Sphere, and work on joint assessment and analysis within and between sectoral clusters. But in most areas of "diagnostic" and "learning" practice the humanitarian sector appears weak compared to other sectors, including the wider development sector. This cannot be entirely explained by the peculiar nature of the humanitarian enterprise and the constraints of working in crisis contexts. Underlying this paper and the ALNAP meeting is the sense that much humanitarian practice and policy has developed with only limited reference to the evidence base. As a result we may not be working as effectively as we could...

1.4 Various recent policy developments make these issues particularly pressing at present. Some of these concern donor expectations about the demonstration of results and of "value for money"...

1.5 This paper aims to help structure a dialogue about these issues. It consists in part of a "stock take" of current practice in the humanitarian sector with regard to the

generation and use of evidence, highlighting apparent strengths and weaknesses of current practice. It touches on some of the more relevant aspects of current practice in other sectors, including medicine, public health and law. It raises questions about incentives and disincentives for the use of evidence in the humanitarian sector. It also considers some of the ways in which evidence-informed practice might be strengthened, without attempting to provide more than indicative answers to these questions...

--

I note that the term systematic review is barely mentioned, suggesting that the authors would not agree with my earlier proposed definition of 'evidence-informed humanitarian action' as being that which is 'informed by appropriate interpretation of the totality of all available, relevant evidence [and thereby analagous to (or indeed a subset of) evidence-informed policy and practice].'

Nevertheless, the authors do acknowledge: 'Generally speaking, there is a growing sense of need for more rigorous research, trials and systematic reviews in the sector... We can expect the number of controlled trials, systematic reviews, and other approaches that prioritise experimental methodologies to increase, supported by organisations such as 3IE and EvidenceAid, who are attempting to increase the rigour and sophistication of evidence generation in the humanitarian sector.'

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (61) Evidence and Knowledge in Humanitarian Action (2)

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?...
-

I invite you to comment on any of the above.

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

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)
<http://www.hifa.org/projects/library-and-information-services>

From: "Caroline De Brun, UK" <caroline.debrun@phe.gov.uk>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (62) Evidence for global and disaster health: Results of a grey literature search

Apologies for cross-posting

Dear All,

We have been working with Healthcare For All (HIFA) on their Library and Information Services Project, looking at the evidence around the role of libraries in global and disaster health. Earlier this year, we produced an evidence briefing and a summary of a thematic discussion which took place during the Summer on the HIFA forum. You can access these publications here: <http://www.hifa.org/projects/library-and-information-services>

To accompany this work, 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.

With best wishes, from,
Caroline

Mrs Caroline De BrÃ³n, DipLIS, PhD
Knowledge & Evidence Specialist South West and Thames Valley
Knowledge & Library Services
Public Health England
Email: caroline.debrun@phe.gov.uk
Tel: 07919112501
www.gov.uk/phe Follow us on Twitter @PHE_uk

Protecting and improving the nation's health

HIFA profile: Caroline De Brøn is a Knowledge and Evidence Specialist for Public Health England. Professional interests: health information literacy, information skills, knowledge management, outreach librarianship, patient information. She is a member of the HIFA working group on Library and Information Services.

<http://www.hifa.org/projects/library-and-information-services>

<http://www.hifa.org/support/members/caroline>

caroline.debrun AT phe.gov.uk

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (63) NLM Disaster Lit & HIFA Webinar, 9 November 2017

Dear HIFA colleagues,

Please join us for a webinar with the 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>

With thanks, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (64) Humanitarian practitioners shouldn't aim to copy evidence-based medicine

Below is the introduction to an interesting new blog on the Evidence Aid website. Full text here:

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

--

Humanitarian practitioners shouldn't aim to copy evidence-based medicine
Author: Rick Bartoldus, Evidence to Action Officer, International Rescue Committee

We're at a special point in the history of evidence use in humanitarian and development work with donors, policy-makers, and implementers now consistently talking about the importance of evidence in decision making, including during the Humanitarian Evidence Week organised by Evidence Aid.

At this point, we need to focus on what the future will look like for evidence use. In particular, we need to find new approaches to asking the "when, why, for whom, and how" of effective interventions. To do this, we need to work together to build an evidence ecosystem that supports meaningful use of evidence across all of our organizations.

Why don't we just copy the medical field?

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...

--

While I agree that evidence-informed humanitarian action (in the same sense as evidence-based medicine) is especially challenging, I would nevertheless say it has an important and underutilised role. New approaches are continually being developed to synthesise qualitative and quantitative research evidence relating to complex interventions/situations. What do you think?

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (65) Watch: Livestream of "The Next Pandemic: Are We Prepared?"

(with thanks to Global Health Now)

As the 100th anniversary of the 1918 flu nears, Smithsonian magazine, in collaboration with Johns Hopkins Bloomberg School of Public Health and the National Museum of Natural History, is hosting a special event, "The Next Pandemic: Are We Prepared?"

An exclusive group of thought leaders will gather at the museum to discuss how the world prepares for the next global pandemic, raises public awareness, and explores potential responses and solutions.

When to Watch: 2 p.m. - 5 p.m. ET, November 13, 2017

Featured Speakers:

Kirk Johnson, Sant Director, National Museum of Natural History
Anthony Fauci, Director, National Institute of Allergy and Infectious Diseases
John Barry, author, The Great Influenza: The Story of the Deadliest Pandemic in History
Sally Phillips, Deputy Assistant Secretary for Policy, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services
Sabrina Sholts, Curator, National Museum of Natural History
Ellen J. MacKenzie, Dean, Johns Hopkins Bloomberg School of Public Health

Read more: <http://www.smithsonianmag.com/science-nature/watch-livestream-next-pandemic-are-we-prepared-180967069/#dkMHACMgCJI3MM3v.99>

Give the gift of Smithsonian magazine for only \$12! <http://bit.ly/1cGUiGv>

Follow us: @SmithsonianMag on Twitter

--

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (66) NLM Disaster Lit & HIFA Webinar (2)

Dear HIFA colleagues,

Thank you to those who joined us for our joint webinar yesterday with NLM's Disaster Lit. <http://www.hifa.org/news/humanitarian-evidence-week-disaster-lit-hifa-webinar-9-november-2017>

Our thanks to Robin Taylor and Siobhan Champ-Blackwell at NLM for hosting/presenting the session. We learned about the 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/>

The main target audience for Disaster Lit is health professionals and humanitarian response teams in the USA, although it does have a lot of global coverage also. This raises the

question: Is there an equivalent of Disaster Lit with a global focus? Or perhaps this remit is already covered by other organisations such as ALNAP and Evidence Aid?

Another question that occurred to me is: What do we actually know about the information needs of the humanitarian workforce? (We have been trying to ask this question in the current HIFA discussion, but we have not yet heard from humanitarian workers themselves.) I put this question during the webinar and Robin did a quick search of the database, finding about 60 references:

<https://disasterlit.nlm.nih.gov/search/?searchTerms=%22needs+assessment%22+&search.x=0&search.y=0&search=Search&search=Search>

I then gave a 20-minute presentation on HIFA, followed by discussion. A recording of the session will be available shortly.

Best wishes, Neil

Coordinator, HIFA Proje

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (67) Personal reflections

What have been your impressions of the discussion so far? These are a few personal reflections I raised in the webinar yesterday:

1. Humanitarians rely largely on "lessons learned" (ALNAP, Sphere handbook) plus local needs assessment
2. There is a limited but important role for "evidence-informed humanitarian action" (ie action informed by cumulative research/systematic review)
3. There is low availability and awareness of information sources, especially in LMICs
4. The "disaster health information sector" isn't working as well as it should
5. Library and information professionals have a vital role.

One other point is that our discussion has been informed mainly by library and information professionals. What has been missing is the voice of humanitarian workers themselves (we reached out to the humanitarian community at the beginning of this discussion but so far only a few have joined).

I look forward to hearing your thoughts.

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (68) How can humanitarians and information professionals work together?

Thank you to all who have contributed your experience and expertise to this discussion so far.

I would now like to introduce you to our final questions:

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

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

Any thoughts?

Our thanks to Public Health England, Evidence Aid, ALNAP and the HIFA working group on Library and Information Services for their support.

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (69) BMJ: Lessons in planning from mass casualty events

An editorial in this week's print BMJ (11 November) looks at 'Lessons in planning from mass casualty events'. 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?

'Perhaps the clearest lesson to emerge from mass casualty events is that the physical and psychological effects on healthcare staff at receiving hospitals are severe, under-reported, and underappreciated. Healthcare teams must care for patients under tragic and exceptional circumstances. They often witness death and life changing injuries against a backdrop of physical exhaustion. They are required to function at a high level in an extremely high pressure situation. Staff need time to recuperate physically and psychologically after the extraordinary demands placed on them during the initial response.'

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.

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]

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

From: "Esther Kyazike, Uganda via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (70) Personal reflections (2) We need to hear from humanitarians

Well done,

I am a librarian from Uganda and yes i agree we need to hear the voice from the humanitarian perspective. We can't do information sharing in isolation... we need more stakeholders involved.

Thank you.
Esther Kyazike
Kawempe Youth Centre

HIFA profile: Esther Kyazike is Chief Executive Officer at the Kawempe Youth Centre in Uganda. Professional interests: contributing to changing the face of libraries in Uganda, empowering youth with the right information at the right time for their personal development, promoting a reading culture amongst children and youth. kawempeyouthcentre AT yahoo.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (71) Diagnostic preparedness for infectious disease outbreaks (1) Typology of information for humanitarian action?

Dear HIFA colleagues,

The day before yesterday I posted an editorial from this week's BMJ (Lessons in planning from mass casualty events) that I suggested 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'.

An article in this week's print of The Lancet also draws primarily from lessons learned. Citation and summary below.

CITATION: Diagnostic preparedness for infectious disease outbreaks
Mark D Perkins, Christopher Dye, Manica Balasegaram, Christian BrÄchot, Jean-Vivien Mombouli, John-Arne RÄ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.

--

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?

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.

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)
<http://www.hifa.org/projects/library-and-information-services>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (72) ALNAP: 8 things we learned from our work on evidence this year

Below are extracts from a new blog on th ALNAP website.

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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>

In 2016, ALNAP launched a new webinar, "Bridging the Evidence Gap." Organised around key humanitarian challenges, it looks at how leading thinkers are bridging the gap between evidence and practice in order to improve humanitarian action. We wanted to take stock of the rise in high-quality research and better data collection in the humanitarian sector, and explore how these activities are connecting to users and decision-makers.

We've discovered a lot from the five webinars produced over the last year and, in honour of Humanitarian Evidence Week, here's what we've learned about the state of evidence and its use in humanitarian action today:

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. Thereâ€™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 canâ€™t forget the political side of evidence [...]

--

The blog refers to the role of humanitarian research under point 3: 'Throughout the year we heard from people who are trialling new, more rigorous research approaches in order to answer difficult questions, such as what types of programming work most effectively in different sectors or what is an accurate picture of humanitarian presence on the ground in conflict settings. Yet, the answers to these questions can only be as good as the data that informs them. From poor, inconsistent monitoring data collected by operational organisations to the lack of transparent and strong methods used in humanitarian research and evaluations, the quality of our data is often far from satisfactory.'

--

Best wishes, Neil

From: "Claire Allen, UK" <callen@evidenceaid.org>

To: "HIFA - Healthcare Information For All" <HIFA@dggroups.org>

Subject: [hifa] Humanitarian Evidence (73) How can humanitarians and information professionals work together? (2)

Dear Neil,

Thank you for raising these last two questions. Here are my thoughts:

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

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.

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

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.

Claire Allen
Operations Manager

Email: callen@evidenceaid.org | Skype: [claireallencochrane](https://www.skype.com/en/people/claireallencochrane) |

Website: www.evidenceaid.org | Twitter: [@EvidenceAid](https://twitter.com/EvidenceAid)

Championing the evidence-based approach in humanitarian action since 2004.

Involved in the generation, use or dissemination of evidence in the humanitarian sector? Join our Humanitarian Evidence Week in November: <http://www.evidenceaid.org/events-and-training/hew/>

HIFA profile: Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid (www.evidenceaid.org) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises, natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research and the HIFA Working Group on Library and Information Services.

<http://www.hifa.org/projects/library-and-information-services>

<http://www.hifa.org/support/members/claire>

callen AT evidenceaid.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dggroups.org>

Subject: [hifa] Humanitarian Evidence (74) Impact of restricted-access versus open-access

Dear HIFA colleagues,

A few days ago I noted that most of the leading journals in disaster and humanitarian action are restricted access. This has presumably made it more difficult for disaster response teams (and the information professionals who serve them) to access and apply the information in policy and practice.

Does anyone have any examples of the impact of restricted versus open access on policy and practice?

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (75) Impact of restricted-access versus open-access (2) Emergency Access Initiative

To help explore this question of the impact of restricted versus open access on policy and practice, I would like to note the Emergency Access Initiative, which is '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'.

The EAI has been activated eight times, including for the recent hurricanes in the USA; 'earthquake in Haiti; flooding in Pakistan; the cholera epidemic in Haiti; the earthquake & tsunami in Japan; the typhoon in the Philippines; the Ebola outbreak in West Africa; and the earthquake in Nepal'.

https://www.nlm.nih.gov/news/NLMActivatesEmergencyAccessInitiativeforHarvey_Irma.html

Is anyone on HIFA involved with the EAI, whether as an information provider or user?

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)
<http://www.hifa.org/projects/library-and-information-services>

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From: "Chris Zielinski, UK" <chris@chriszielinski.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (76) Impact of restricted-access versus open-access (3)

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)

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.

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!

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.

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.

Best,
Chris

Chris Zielinski

chris@chriszielinski.com

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

His publications are at www.ResearchGate.net and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

From: "Chris Zielinski, UK" <chris@chriszielinski.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (77) WHO Guideline on Effective Community Engagement for Emergency and Outbreak Preparedness and Response

Reposting from the Pelican list with permission:

Dear All,

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) and we are looking for your active support in this undertaking.

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.

Please also feel free to share any materials that were developed around or used to guide community engagement interventions any recent outbreaks (e.g. Ebola, Yellow fever, Zika, Cholera, MERS-CoV, etc.). I would appreciate if you could send me your contributions by 24 November 2017 in order to allow time for collection and review.

Best wishes,

Mara

Mara FRIGO | Technical Officer | Social Science Interventions | Interventions and Guidance |

Expert Networks and Interventions Unit | Infectious Hazard Management Department |
WHO Health Emergencies Programme | World Health Organization |
20, Avenue Appia | CH-1211 Geneva | Geneva, SWITZERLAND |
Phone: +41.22.791.4556 | Mobile: +41.79.29.06.852 | ? frigom@who.int | Skype: mara.frigo |
<http://www.who.int/risk-communication/en/>

Chris Zielinski

chris@chriszielinski.com

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

From: "Sophie Goyet, Nepal" <sophiegoyet@gmail.com>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (78) Impact of restricted-access versus open-access (4) Lack of research on disaster recovery

Hi Neil,

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.

One point I would like to raise in this discussion, is the lack of scientific literature on a disaster recovery. You know that in the disaster management cycle, after the disaster emergency response, comes the disaster recovery response, which presents specific challenges. I have just submitted a paper describing an intervention we implemented to support the health system recovery after the Nepal earthquake of 2015. While preparing this paper, I realized how evidence on this aspect of the disaster response is scarce. Emergency responses are more or less covered. But recovery response is almost non existent in the literature.

Best regards,
Sophie

HIFA profile: Sophie Goyet, BSc Midwifery, MPH, PhD, is a French Midwife-Epidemiologist now based in Nepal. Her main professional interests are Reproductive, Maternal and Newborn care issues as well as infectious diseases and antibioresistance. [sophiegoyet ATgmail.com](mailto:sophiegoyet@gmail.com)

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (79) Yemen: More than 50,000 children expected to die of starvation and disease by end of year

<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.

'Seven million people are on the brink of famine in the country, which is in the grips of the largest cholera outbreak in modern history...'

"More than a hundred mothers are grieving for the death of a child, day after day."

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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:

“Our staff cannot reach communities to provide life-saving care and much-needed supplies and relief workers cannot enter the country,” Mr Kirolos said.

“Essential medicines, fuel and food stocks could start running out in a matter of weeks. It’s utterly unacceptable to let children die of neglect and a lack of political will.

“Unless the blockade is lifted immediately more children will die.”

It seems to me that there is a need for the humanitarian evidence community to position itself as a vital component of ongoing humanitarian disasters.

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (80) WHO airlifts supplies to wounded in Islamic Republic of Iran-Iraq earthquake

Below is the introduction to a press release on the WHO website. What is the role of humanitarian research versus lessons learned in earthquake response? What are the most useful types of evidence for those working to plan and implement response at international, national and global level? What is the role of the various agencies involved and how can they work more cost-effectively? To what extent should the role of WHO be in terms of direct transport of 'trauma kits and medical supplies' and to what extent are these practical actions best implemented by others, leaving WHO to focus more on promoting cooperation among state and non-state actors? What evidence is available, if any, to help answer such questions?

16 November 2017 – WHO has airlifted trauma kits and medical supplies to the Islamic Republic of Iran to support the treatment of thousands people injured as a result of the recent earthquake in the Islamic Republic of Iran-Iraq border region. The supplies, enough to provide surgical care for up to 4000 trauma patients, were transported from WHO's emergency logistical centre in Dubai to Kermanshah province in western Islamic Republic of Iran on 16 November at 10.30am local time. They were immediately delivered to hospitals and other health facilities receiving the injured.

<http://www.emro.who.int/eha/news/who-airlifts-medical-supplies-to-treat-wounded-in-islamic-republic-of-iran-iraq-earthquake.html>

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Best wishes, Neil

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From: "Alice Obrecht, UK" <a.obrecht@alnap.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (81) Are we spending enough time to understand the needs of humanitarians?

As the discussion on Humanitarian Evidence draws to a close, I'd like to say thanks to Neil and to HIFA for choosing to focus on this issue in the HIFA forum.

I want to offer my closing thoughts with a challenge to us all - including ALNAP. We often talk a lot about the supply side of evidence-driven decision-making: so, looking at the breadth and quality of research and evidence that is available. I think there is quite a lot of research being done in humanitarian space but it is of varying quality, and we lack good concepts and frameworks to determine quality outside of the medical hierarchy. This is something ALNAP has worked on, but we need to do better at voicing these alternative views to evidence.

But 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.

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. I think we can always end up spending more energy on the former, because it is more within our control and easier to do in many respects. But unless we take time to focus on demand and use this to shape

our work, then I think we won't see much progress in seeing humanitarian evidence actually used by humanitarian decision-makers.

Thanks to everyone for the interesting discussions and to HIFA for picking up this topic.
Alice

Alice Obrecht, PhD
Senior Research Fellow
| Tel: +44 (0)20 7922 0378 | E-mail: a.obrecht@alnap.org | Skype: aliceobrecht.hfp |
Web: www.alnap.org |

ALNAP
Overseas Development Institute
203 Blackfriars Road
London SE1 8NJ
United Kingdom

HIFA profile: Alice Obrecht is a research fellow at ALNAP (Active Learning Network for Accountability and Performance in Humanitarian Action), London, UK. She works on several ALNAP research projects, including those related to evidence-driven humanitarian action, innovation, and humanitarian adaptiveness. She is a member of the HIFA working group on Library and Information Services:

<http://www.hifa.org/projects/library-and-information-services>

<http://www.hifa.org/support/members/alice>

a.obrecht AT alnap.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (82) Are we spending enough time to understand the needs of humanitarians? (2)

Dear Alice,

Thank you for your message and asking if we are 'creating easy, accessible, meaningful opportunities for end users [humanitarians] to engage with learning'. 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.

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? .

By the way, I have just received the new print issue of The Lancet and see several interesting papers which I shall pass on to HIFA. I'll be happy to extend our discussion another week, through to Friday 24th November, to allow more inputs.

Our thanks again to you and all others on the HIFA working group on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks).

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (83) Lancet: 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.

Best wishes, Neil

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (84) Lancet: Improving evidence for health in humanitarian crises

This Comment from The Lancet editorial office introduces a new series on evidence for health in humanitarian crises.

CITATION: Improving evidence for health in humanitarian crises
Udani Samarasekera, Richard Horton
The Lancet , 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.'

Best wishes, Neil

From: "Alice Obrecht, UK" <a.obrecht@alnap.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (87) What do we mean by evidence-informed humanitarian action?

Hi Neil,

In your last post you write: "Our debate requires a clear understanding of exactly what we mean by evidence-informed humanitarian action. Earlier in our discussion I ventured a definition analogous to that of evidence-based medicine, but I am not sure there is a consensus definition. I would be grateful if someone can confirm whether there is such a definition."

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>

Cheers,
Alice

HIFA profile: Alice Obrecht is a research fellow at ALNAP (Active Learning Network for Accountability and Performance in Humanitarian Action), London, UK. She works on several ALNAP research projects, including those related to evidence-driven humanitarian action, innovation, and humanitarian adaptiveness. She is a member of the HIFA working group on Library and Information Services:

<http://www.hifa.org/projects/library-and-information-services>

<http://www.hifa.org/support/members/alice>

a.obrecht AT alnap.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (88) Treatment of tuberculosis in complex emergencies - Scoping review vs systematic review

I was interested to see this citation and abstract. It raises the question of the place of 'scoping reviews' versus 'systematic reviews' (and indeed other review types such as 'rapid reviews' in the synthesis of humanitarian evidence. Unfortunately the full text is restricted access.

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.

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Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFADotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (88) What do we mean by evidence-informed humanitarian action? (2)

Hi Alice,

You rightly pointed out there is a widely accepted definition of evidence, namely: 'information that helps to prove or to disprove a specific proposition'.

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.

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'.

The implication is that when we talk of an evidence-based approach to humanitarian action (or 'evidence-informed humanitarian action') we are talking about this approach that is analogous to evidence-based medicine and that seeks to appraise and synthesise all available evidence through systematic review.

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.

I'll stop there as I'm at risk of becoming pedantic (if I'm not already!). I hope perhaps our colleagues at Evidence Aid - or others - may be able to clarify this question of What do we mean by evidence-informed humanitarian action?.

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (89) Recurrent failings of medical humanitarianism: intractable, ignored, or just exaggerated?

Dear HIFA colleagues,

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

DOI: [http://dx.doi.org/10.1016/S0140-6736\(17\)31277-1](http://dx.doi.org/10.1016/S0140-6736(17)31277-1)

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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.

Best wishes, Neil

From: "Claire Allen, UK" <callen@evidenceaid.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (90) What do we mean by evidence-informed humanitarian action? (3)

Good morning everyone -

I am forwarding this e-mail written by the Evidence Aid Director, Jeroen Jansen, as a response to Neil's question, "Is there an agreed definition of 'evidence-informed humanitarian action'?"

Response from JJ:

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.

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.

Best,

Jeroen Jansen (JJ)

Director Evidence Aid

Email: jjansen@evidenceaid.org <<mailto:jjansen@evidenceaid.org>> |

Website: [evidenceaid.org](http://website.evidenceaid.org) <<http://website.evidenceaid.org>> | Twitter: @EvidenceAid

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (91) What do we mean by evidence-informed humanitarian action? (4)

Many thanks to Claire Allen and Jeroen Jansen for the comment on evidence-informed humanitarian action.

Jeroen raises the question of whether we should in fact be talking of evidence-based humanitarian action, and that the humanitarian sector can learn a lot from evidence-based medicine.

In 2005 Paul Glasziou noted: 'It is clearly time to change "evidence based medicine" to "evidence informed practice." Although "EBMs" 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/>

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.

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.

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

Coordinator, HIFA Project on Evidence-Informed Policy and Practice

<http://www.hifa.org/projects/evidence-informed-policy-and-practice>

From: "Chris Zielinski, UK" <chris@chriszielinski.com>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (92) What do we mean by evidence-informed humanitarian action? (5)

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.

Best,
Chris

Chris Zielinski

chris@chriszielinski.com

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

From: "Alice Obrecht" <a.obrecht@alnap.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (93) What do we mean by evidence-informed humanitarian action? (6)

Hi Neil,

I think we have an interesting debate here!

You 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!).

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.

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.

Best wishes,
Alice

HIFA profile: Alice Obrecht is a research fellow at ALNAP (Active Learning Network for Accountability and Performance in Humanitarian Action), London, UK. She works on several ALNAP research projects, including those related to evidence-driven humanitarian action, innovation, and humanitarian adaptiveness. She is a member of the HIFA working group on Library and Information Services:

<http://www.hifa.org/projects/library-and-information-services>

<http://www.hifa.org/support/members/alice>

a.obrecht AT alnap.org _

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (94) What do we mean by evidence-informed humanitarian action? (7)

Hi Alice,

"I think we have an interesting debate here!" Yes indeed!

"You 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!)."

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).

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

From: "Jamie Guth, Switzerland" <guthj@who.int>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (95) What do we mean by evidence-informed humanitarian action? (8)

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.

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.

Best,
Jamie

HIFA profile: Jamie Guth is a global public health specialist in communications, advocacy and research uptake, training researchers to write policy issues and briefs and plan for dissemination from the very beginning of research. She has conducted research in methods to communicate research evidence for policy-makers, showing how video interviews and scenes can be powerful dissemination tools and provide credibility and context. She provides services through Global Health Connections [<https://www.linkedin.com/in/jamieguth/>], working with numerous organizations and partners. 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. <http://www.hifa.org/projects/evidence-informed-policy-and-practice>
<http://www.hifa.org/support/members/jamie>
guth.jamie AT gmail.com

From: "Chris Zielinski, UK" <chris@chriszielinski.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (96) What do we mean by evidence-informed humanitarian action? (9)

As Jamie's example strongly suggests, information/evidence in a book or journal is only half of the story - we need research AND its integration into practice. It may not be particularly important what we call it, but sometimes it's hard to get change if we keep on using the old terminology.

Best,
Chris

Chris Zielinski
chris@chriszielinski.com
From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (97) What do we mean by evidence-informed humanitarian action? (11)

Dear all,

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>

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)
<http://www.hifa.org/projects/library-and-information-services>

Coordinator, HIFA Project on Evidence-Informed Policy and Practice
<http://www.hifa.org/projects/evidence-informed-policy-and-practice>

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (98) What do we mean by evidence-informed humanitarian action? (12)

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.

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.

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'.

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'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."

A last thought: 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.

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

Coordinator, HIFA Project on Evidence-Informed Policy and Practice

<http://www.hifa.org/projects/evidence-informed-policy-and-practice>

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From: "Charles Dhewa, Zimbabwe" <charles@knowledgetransafrica.com>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Humanitarian Evidence (99) What do we mean by evidence-informed humanitarian action? (13)

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.

Waving from a new Zimbabwe,

Charles Dhewa
Chief Executive Officer
Knowledge Transfer Africa (KTA)
Harare City Council Community Services Building,
Mbare Agriculture Market
Harare, Zimbabwe
Tel: +263-4-669228
Mobile: +263 774 430 309 / 772 137 717/712 737 430
Email: charles@knowledgetransafrica.com
charlesdhewa7@gmail.com
dhewac@yahoo.co.uk
Website: www.knowledgetransafrica.com / www.emkambo.co.zw
Skype: charles.dhewa

HIFA profile: Charles Dhewa is the Chief Executive Officer of Knowledge Transfer Africa (Pvt) Ltd based in Harare, Zimbabwe.

<http://www.hifa.org/people/country-representatives>

<http://www.hifa.org/support/members/charles>

dhewac@yahoo.co.uk

From: "swinfencharitabletrust@btinternet.com"
<swinfencharitabletrust@btinternet.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (100) FAO Charles Dhewa - Swinfen
Charitable Trust - Telemedicine

Dear Mr Dhewa,

Please note that www.swinfencharitabletrust.org

Provides Telemedicine Links for hospitals , doctors and nurses working in the developing world.

This is a charitable service, free of charge.

We would be delighted to provide these links to hospitals and medical staff in Zimbabwe.

Yours,
Swinfen.

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Humanitarian Evidence (101) What do we mean by
evidence-informed humanitarian action? (14)

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.

Joseph Ana.