Conversation between Michael Clarke (Co-Founder of Evidence Aid) and Stephanie Wykstra (GiveWell) on October 26, 2012

Summary: GiveWell spoke with Prof. Clarke to learn more about Evidence Aid as well as Prof. Clarke's view on how funding could best be directed to the Cochrane Collaboration (since he was formerly the Director of the UK Cochrane Center).

Key points:

- Evidence Aid's primary aim is improving access to systematic reviews on interventions relevant to health outcomes in disaster relief settings. It would use further funding to produce further prioritized reviews in this area.
- Evidence Aid expects to spend £20-40k per review.
- In general, apart from funding to Evidence Aid, Prof. Clarke recommends funding for Cochrane infrastructure – for instance, to provide resources for staff who would be able to support Cochrane authors – or, for donors who want particular review topics covered, funding for commissioning prioritized reviews.

Note: This is a set of summary notes compiled by GiveWell in order to give an overview of the major points made by Prof. Clarke in conversation.

Evidence Aid

Evidence Aid was formed after the Indian Ocean tsunami of 2004 when Mike Clarke and others realized there is a great, unmet need for timely access to systematic reviews of interventions relevant to disaster relief settings.

The group's primary aim will be improving access to systematic reviews on health outcomes in disaster settings, including the preparation and maintenance of these reviews. It will also focus on communication with disaster relief experts for input on which potential reviews are most important, on which interventions are feasible in the field and on disseminating results of reviews so that their findings can be used. A third aim is to locate areas in which there are gaps in the existing research and promote the production of research in these areas.

Evidence Aid is connected with the Cochrane Collaboration and has received funding from Cochrane's Steering Group in the past.

Differences between interventions in disaster and non-disaster settings:

Interventions in the context of disaster relief differ from interventions in ordinary settings in a number of ways. In disaster settings:

1. Relief workers often won't have the facilities to implement the interventions as they would normally be implemented. For example, they may not have access to some medicines, or may not be able to refrigerate medicines.
2. The number of people who need to be treated is much higher than usual.

3. It may not be possible to treat the injured people in a timely fashion.

For these reasons, many existing Cochrane reviews may not be immediately applicable to disaster settings and may need to be contextualized for their relevance to disaster relief settings. In some cases the existing reviews may be straightforwardly applicable and in others not at all so.

Incorporation of feedback

Evidence Aid will make an effort to identify the needs of decision makers who work on disaster relief. It will solicit feedback from practicing doctors, nurses and other health practitioners, evidence experts and non-governmental organizations.

In October 2012, Evidence Aid is hosting a meeting to confer with Doctors Without Borders, the Center for Disease Control, The World Health Organization and the United Nations and many other agencies.

Focus on outcomes

Cochrane Reviews focus on healthcare interventions, but Evidence Aid will be looking more broadly at interventions and actions that are not necessarily health interventions but which may nevertheless affect health outcomes in disaster settings. For example, Evidence Aid will be looking at the effectiveness of engineering projects to provide replacement shelter and projects to prevent clean water from being contaminated.

Types of evidence

It's not feasible to run a randomized trial of the effectiveness of some of the different ways of responding to an earthquake, both for ethical and for logistical reasons. Evidence Aid is open to considering a broader range of studies than randomized trials. At the same time, Evidence Aid will want to make sure that the studies that it does use provide evidence of some robustness and to encourage the conduct of randomized trials where these would be possible.

Funding situation

Evidence Aid currently has an annual budget of about £75,000. In the long run, it is hoping to receive £2-3 million pounds from a large funder for a 5-year grant to hire six or seven people. At the moment, it is looking for smaller donations of amounts up to between £100,000- £200,000. Each donation of this size could be used to hire a reasonably skilled staff member for two years.

Funding would help Evidence Aid produce reviews more quickly. A recently published Cochrane Review on electric fans in heat waves took nine months to do (without funding) and would have taken three months with funding.

Evidence Aid expects to spend £20-40k per review. Reviews in this area tend to be less expensive because there is sometimes less relevant evidence.

Data

There is a paucity of reliable data about the outcomes of disasters. For example, the ranges of estimates given for the number of people whose limbs were broken in the Haiti earthquake and for the number of people left homeless by the Pakistan earthquake are very large (spanning factors of 30 for the latter). There is a need for robust data on disasters. One idea is to make a list of ten outcomes or indicators that should be collected from every disaster. These numbers are needed to determine what supplies are needed in disaster settings and the health areas that are in most need of evidence and new research. Evidence Aid is hoping to help promote improvements in data collection in disasters.

Ideas for funding Cochrane optimally

One could fund Cochrane's infrastructure (such as the US Cochrane Center). Cochrane has a global budget of about £18 million for infrastructure and the infrastructure leverages about £100 million (through volunteer efforts), so supporting the infrastructure is leveraged substantially. One could also direct funding to reviews on particular topics, which would then get prioritized and sped up. If one is cause agnostic, then funding the infrastructure seems more impactful than funding reviews on particular topics.

Another possibility would be to fund dedicated staff to routinely work on stalled reviews in order to speed them along. This could result in reviews being completed much faster than they would otherwise would be. In the past, a Cochrane entity in New Zealand ran a pilot project with a staff member of this type to update reviews. The person to speak to about the pilot project is Cindy Farquhar, who is the director of the Branch in New Zealand.

It's hard for a single person to serve the function of speeding up reviews in all areas covered by the Cochrane Collaboration because its scope covers all of health. A way of dealing with this problem would be to hire temporary contractors with subject matter expertise to work on speeding along individual reviews.

The need for support for infrastructure by geographical region

It's important that the authors of Cochrane Reviews have immediate access to technical support. If a Cochrane Review author runs into a stumbling block because he or she is likely busy with other projects, there's a tendency for the review to get stalled for a long time. If authors have immediate support then they can immediately overcome the stumbling block and so the review is less likely to be stalled. In order for authors to have immediate support (i.e., over the phone or active email), the support staff must be in the same time zone as the author.

Support by the same geographical region is also important because authors often find it easier to communicate with support staff in their native language, particularly when the required support is technical (e.g. meta-analysis support).