

## What helps? What harms? Based on what evidence?

John Eyers on the difficulty some disciplines seem to have in presenting their evidence



In my article on public health in the May issue of *Africa Health* ([http://www.africa-health.com/articles/may\\_2012/Library%20page.pdf](http://www.africa-health.com/articles/may_2012/Library%20page.pdf)), I alluded to the success of public health's multidisciplinary approach to improving the health of populations. This set me thinking that the resources of other disciplines which contribute to health perhaps could be better advertised and disseminated. A recent review paper in the open-access journal *Globalization and Health* which described Africa's chronic disease burden called for multidisciplinary models of research to improve interventions.<sup>1</sup> Of course some commentators have long shown the importance of social and economic aspects of disease and health in all areas of the world, most notably Sir Michael Marmot,<sup>2</sup> and this has been taken up by the WHO with its Commission on Social Determinants of Health ([http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)).

I recently attended the Campbell Collaboration's annual colloquium in Copenhagen. The Campbell Collaboration (<http://www.campbellcollaboration.org>) is a sister organisation to the older and more-established Cochrane Collaboration (<http://www.cochrane.org>), which publishes systematic reviews in health in the Cochrane Library ([www.cochranelibrary.com](http://www.cochranelibrary.com) – available free to most low-income countries through Hinari (<http://www.who.int/hinari/eligibility/en>) or Evidence Aid ([www.evidenceaid.org](http://www.evidenceaid.org)). Founded in 2000, the Campbell Collaboration's remit (summarised as *What helps?, What harms?, Based on what evidence?*) is to encourage well-informed decisions by preparing, maintaining, and disseminating systematic reviews in four areas – education, crime and justice, social welfare, and international development. Many of the reviews are directly health-related and look at the problems of development from a multi-dimensional viewpoint. Campbell reviews do not necessarily adhere rigidly to the mantra of only reviewing quantitative studies, but will often review qualitative studies more often used in the social sciences, which is

now beginning to be accepted generally in systematic reviews. All reviews are published in the Campbell Library and are free to all to download (<http://www.campbellcollaboration.org/library.php>). The Collaboration's International Development Co-ordinating Group commissions reviews of social and economic development interventions – including health and nutrition, social protection, education – to improve quality of life for people in low and middle income countries, and actively encourage authors from Africa to contribute (for whom funding and editorial support are available).

Another interesting source of information in this area is the International Initiative for Impact Evaluation (3ie), which publishes reviews on what works and why in development, and what does not. 3ie provides three types of publication – policy briefs, systematic reviews, and impact evaluations which can be searched as three separate databases or as one; nearly 400 documents are listed in the area of health, nutrition and population alone (<http://www.3ieimpact.org/en/evidence>). Like Campbell Collaboration, 3ie encourages reviews from authors in Africa and will provide funding and support where necessary.

Finally, the UK Department for International Development's Research for Development Database (R4D) (<http://www.dfid.gov.uk/r4d/Default.aspx>) provides access to over 30 000 development projects and publications which can be searched by subject, country, and organisation. Subjects include health (over 6000 entries for this alone), food and nutrition, water and sanitation, humanitarian emergencies, as well as agriculture, education, social change, and economic growth.

These are a small fraction of the initiatives now taking place to bring together different disciplines that, working together, can make a difference to health and well-being. The blurring of the demarcations between the interested disciplines in all areas of health – and a growing acceptance of each discipline's role – can only lead to improvements in the health of the poor and disadvantaged, and evidence from the Campbell and Cochrane Collaborations seems to prove it!

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As a member of HIFA2015 (<http://www.hifa2015.org/>), John Eyers believes one of the biggest challenges for improved health in less-developed countries is ensuring that equal access to appropriate and evidence-based health information is made available to all.

### References

1. de-Graft Aikins, A. et al. Tackling Africa's chronic disease burden: from the local to the global. *Globalization and Health* 2010; 6: 5 (doi: 10.1186/1744-8603-6-5).
2. Marmot M. 2005. Social determinants of health inequalities. *Lancet* 2005; 365: 1099–1104 (doi:10.1016/S0140-6736(05)71146-6).