

The Cochrane Collaboration's response to the aftermath of the tsunami

The devastating tsunami that followed the earthquake on 26 December 2004, killed more than 280,000 people, displaced more than one million and affected the lives of five million more. It has been described as the greatest natural disaster in living memory and led to unprecedented media coverage, followed by a worldwide outpouring of empathy, and the delivery and pledging of financial, development and healthcare aid. In the weeks and months since the disaster, The Cochrane



Collaboration has been helping by providing and highlighting evidence of relevance to agencies and people making decisions about health care: **Evidence Aid**. Evidence Aid brings together reliable and relevant information on the effects of relevant healthcare interventions. It will hopefully help the survivors of the tsunami to receive the best care, and so recover as soon as possible.

The BMJ welcomed this initiative recently. On 23 April 2005, Lynn Eaton wrote "People called in to help in health emergencies, such as the recent tsunami in Asia, will be able to get comprehensive up to date evidence based information, from a single source, on best treatments and approaches to handle such a crisis, thanks to the latest measures by The Cochrane Collaboration".

The Cochrane Collaboration is the world's largest organisation dedicated to the production of up-to-date assessments of the effects of health care. It does this through the preparation and periodic updating of systematic reviews of research studies. More than 12,000 people, in nearly 100 countries, are involved in this work. Nearly 2500 **Cochrane reviews** of the effects of different healthcare interventions have been produced in the last 10 years. Several of these are potentially relevant to the healthcare needs that arose after the tsunami, and also to the needs that arise from other natural disasters and health emergencies.



Cochrane reviews are published in full in **The Cochrane Library**, which is available through subscription (www.thecochranelibrary.org). Shortly after the tsunami, The Cochrane Collaboration and the publishers of The Cochrane Library, Wiley, agreed to make The Cochrane Library on Wiley InterScience freely available to people in Indonesia, Sri Lanka, India, Thailand, Maldives, Malaysia, Myanmar (Burma), Bangladesh, Somalia, Kenya, Tanzania and the Seychelles until July 2005.

There has been a concerted effort to respond to the tsunami by many people within The Cochrane Collaboration since 26 December. People in the affected countries helped to compile a list of priority topics for healthcare decision-makers, relevant Cochrane reviews were identified and, where these are available, special summaries, called **Evidence Updates**, are being prepared. These concise summaries are being made available, free of charge, on the Internet through the Evidence Aid section on The Cochrane Collaboration's website (www.cochrane.org).

Evidence Aid will provide a unique resource for people making policy decisions about the types of health care to provide, as well as people who are planning, providing and receiving health care in circumstances such as those caused by the tsunami. Although the evidence relates mainly to the effects of interventions assessed in Cochrane reviews, links to other sources are included if an up-to-date Cochrane review is not yet available.

Specially prepared evidence summaries on the prevention and treatment of major infectious diseases such as cholera and malaria are available, as are summaries relating to managing diarrhoea, and treating people with injuries. One of the most severe health consequences of the disaster may be the psychological damage suffered by survivors and people who are caring for them. Evidence Aid will also cover this important aspect of health care.

For example, Evidence Aid draws attention to a Cochrane review of a strategy commonly used after traumatic events: brief 'debriefing' to reduce immediate psychological distress, as well as to prevent the subsequent development of psychological disorders, notably Post Traumatic Stress Disorder (PTSD). The review shows that this strategy is unlikely to be helpful and may even be harmful and cause an *increase* in PTSD. After the tsunami, many teams of well-meaning people rushed to the Nagapattinam district in India, one of the worst hit areas of Tamil Nadu, the state with the largest number of casualties from the tsunami in that country, offering brief debriefing to survivors in each village, and then rushing on to the next of the 93 tsunami-affected villages in the district.



Prathap Tharyan (pictured), Professor of Psychiatry at the Christian Medical College in Vellore and Co-ordinator of the South Asian Cochrane Network was part of a team summoned by the government of Tamil Nadu to provide psychosocial support. They found the relevant Cochrane review, and urged that this type of single session debriefing should not be provided. This message was

incorporated into the content of counsellor training workshops, along with evidence for interventions supported by the results of systematic reviews and other high quality research.

Evidence Aid should make it easier for those coping in the aftermath of a future disaster or other healthcare emergency to use interventions that will be of benefit and will save lives. It aims to provide quick access to reliable information to show which interventions work, which don't work, and which might be harmful. However, many challenges remain. Not least, that of the list of more than 200 topics thought relevant to health care after a disaster such as the tsunami, an up to date systematic review is available for only a quarter. And, of these reviews, not all have conclusions that can guide practice now, due to the lack of relevant good quality research studies. Hopefully, one of the lasting legacies of the tsunami will be to identify ways to fill these gaps so that people making future decisions about the provision and use of health care will have good quality evidence to help them make decisions. Then, perhaps, the resilience of children will be matched by the resilience of the evidence.

