WADEM Section:
Disaster Metrics - Disaster Health Evaluation

Steering Group

Prof. Frank Archer (Australia) (Co-Chair) 1, 4
Prof. Marv Birnbaum (USA) (Co-Chair) (Chair, WADEM Board of Directors) 1, 2
Prof. Sam Stratton (USA) (Editor-in-Chief, PDM) 1, 2
Mr. Graeme McColl (NZ) (WADEM Vice President, Communities of Practice) 1, 2, 3
Ms. Ingrid Brooks (Australia) 1, 4, 5
Dr. Rowena Christiansen (Australia) 1, 2, 4, 6, 8
Mr. John Coleman (NZ) 1, 4, 5
Mr. Joe Cuthbertson (Australia) 1, 3, 7
A/Prof. Virginia Plummer (Australia) 1, 4, 5, 6
Dr. Caroline Spencer (Australia) 1, 3
Ms. Diana Wong (Australia) 1, 4, 5

1. WADEM member
2. WADEM Officer and/or Board member
3. Council Member, Oceania Chapter
4. Member, Oceania Chapter
5. Member WADEM Nursing Section
6. Member, WADEM Mass Gatherings Section
7. Vice-Chair, WADEM EMS Section
8. Member, WADEM EMS Section

25 February 2015
Introduction:

At the 18th WCDEM in Manchester there were two, one-hour workshops conducted as open meetings aimed at harnessing the views of the diverse WADEM membership to examine if there was interest in establishing a WADEM Section on “(Health) Disaster Evaluation Methodologies” (however-so-known). And, if so, what might such a Section look like? These first formative meetings were attended by a total of approximately 60 Congress participants who strongly supported the proposal. Following the Manchester Congress, the WADEM Executive Officer, Andrew Lavelle, circulated a call for Expressions of Interest in the propose Section to all WADEM members.

Subsequently, 43 WADEM Members, representing 13 countries, submitted a written expression of Interest in joining this new Section, including all the Section Steering Group.

Following the Manchester Congress, the Steering Group, meeting electronically, developed a draft proposal which was circulated a number of times and amended in preparation for submission to the WADEM Board. For administrative reasons, further development of this proposal was delayed during 2014 and resumed only in December 2014. The Steering Group finalised the proposal and forward the necessary documentation to the WADEM Officer Group for its meeting on 29th January 2015, and then for the WADEM Board meeting on 18th February, 2015. Both bodies approved the new Section which became operational on 18th February, 2015.

Background and the Challenge:

Sam Stratton, Editor-in-Chief, PDM, in his Editorial of June 2012, noted “a persistent challenge in disaster medical research and evaluation has been a lack of adherence to defined standards for collecting and reporting of data.” He reviewed three recent, complementary Templates aimed at addressing this challenge. He recommended that “disaster medical professionals should be familiar with these works”, and that “disaster researchers and evaluators adopt as appropriate for their specific data” these three Templates, emphasising the expectation that “future disaster medical response research will adopt these Guidelines and Templates”. The Editor-in-Chief concluded his editorial with a clear editorial policy statement, “it is the intent of the Editorial Staff that, when appropriate, future Prehospital and Disaster Medicine publications of disaster and acute medical response papers will use the standardised reporting methods outlined in this editorial”.

Since that time:

- **Fattah** and colleagues (2013) reported on a thorough systematic review of the literature which identified 10 similar templates. **Fattah** and **colleagues** in the same Norwegian-based team, later published a consensus based template for reporting of pre-hospital major incident medical management. (2014). Their template is now web-based, open access and attracting Major Incident Reports. Four completed reports have been added to the registry in the short time since it opened.


- **Evidence Aid** undertook and reported on an international study ‘Prioritization of Themes and Research Questions for Health Outcomes in Natural Disasters, Humanitarian Crises or Other Major Healthcare Emergencies’ (2013).


- **Mike Clarke**, Claire Allen, Frank Archer, Diana Wong, Anneli Eriksson and Jyotsna Puri co-authored a 3ie Working Paper on ‘What Evidence is Available and What is Required, in Humanitarian Assistance?’ (2014)

Most recently, Birnbaum and colleagues, with due acknowledgement to earlier co-authors and processes (2003) published, as a Special Report, the revised and updated Disaster Research/Evaluation Frameworks, Part 1: An Overview, as an update to the 2003 version, with further updates to be published in subsequent issues of PDM and made freely available through the open access capacity of PDM . (2014)

This was accompanied by an updated editorial from the PDM Editor-in-Chief, Sam Stratton (2014)

Of interest is that diverse methodologies are emerging for undertaking and reporting on research and/or evaluations of health disaster events. The diversity is likely to increase as authors seek clarity and direction. While a small number of individuals and institutions may have the capacity to develop, trial and implement validated methods, others in the field do not have this capacity, yet do have expertise and interests in contributing to or using emerging valid methodologies in undertaking and reporting rigorous post disaster evaluations. Further, there is great potential to collaborate in undertaking such evaluations, in sharing methodological experiences and in collectively contributing to further developing these Standards and Guidelines with experience to systematically build the science of disaster health. The Humanitarian sector in particular has accumulated many years of evaluation experience and thoughtful reflection on methodologies, specifically, most recently, on the place of ‘Impact evaluations’ in this sector.

The sessions at the Manchester Congress successfully harnessed the views of the diverse WADEM membership and strongly supported the proposal. Evaluation is the next challenge for disaster health and WADEM.

WADEM Sections:

Sections provide a focal point for WADEM communities of practice and draw together members with a common interest in a relevant field or discipline. The WADEM Vice President - Communities of Practice is responsible for providing support to the Chairs of WADEM Sections. Sections are approved and established by the WADEM Board of Directors.

Current WADEM Sections include:

- Nursing Section
- Osteopathic Physician Section
- Psychosocial section
- Mass Gatherings Section (Formed during 2013)
- Emergency Medical Response Section (Formed during 2014)

Given the cross cutting nature of disaster health evaluation, the Steering Group suggests that all WADEM Sections, Chapters and PDM should have a nominee in the ongoing Section governance structure to facilitate two-way communication between this new Section and members of the various WADEM internal entities. This will be achieved by a WADEM Evaluation Liaison Group, chaired by the Section deputy Chair, a member of the three person Section Executive.

Potential benefits of a WADEM Section on ‘Disaster Metrics - Disaster Health Evaluation’

The WADEM co-sponsored Health Disaster Management Guidelines for Evaluation and Research were launched in Melbourne at the 2003 Congress and have been the focus of many short courses in a number of countries since that time. On one hand, the 2003 Guidelines and Templates, and the subsequent 'reporting structure' (Kulling, 2010) were ahead of their time. The core of the conceptual framework is frequently referenced in peer reviewed papers in scholarly journals and in higher degree research theses but they are rarely used as the methodological framework
for disaster research and evaluations. The Guidelines are not well known and are not 'owned' by WADEM, although they included WADEM leadership in their development. Sadly, they have not reached their maximum potential to add to the science of disaster health. Recently, a second approach to reporting medical responses to disasters was published using the “Utstein” label (March 2012). A WADEM Section on this theme allows and respects diversity amongst scholars, creates a framework and an environment for constructive dialogue on an international perspective, produces a deliverable which would be 'owned' and marketed by WADEM, and facilitates continuity between Congresses. "Evaluation" is the next 'mountain' for disaster health professionals to climb.

On the other hand, there are only a few reports which have used the Guidelines as the methodological framework for disaster research and evaluations. Three unpublished literature reviews of their use confirm this assertion. (Wong, Personal communication, 2013) In 2015, the real issue is how can researchers and evaluators be encouraged to use a standardised approach to undertaking, and reporting, health disaster research and evaluations? WADEM provides an appropriate forum to consider and examine this issue and provide leadership into the future. To some degree, this is a logical extension to the Targeted Agenda Program (TAP) on health impact assessments held at the WADEM Amsterdam Congress in 2007, and later published in PDM. (2008) It is also consistent with the PDM editorial by Sam Stratton in mid-2012. This current proposal also draws on two International Round-tables held in Melbourne over 2009-11. Is it time for Guidelines AND Standards? Should there be multiple Standards and Guidelines to reflect the complexity and emerging practices of undertaking and reporting health disaster research and evaluations? Notionally this would represent a 'Disaster Health Evaluation Taxonomy' of disaster health evaluation methodologies from case studies and case series at one end, to impact evaluations which include a measure of causality at the other end of the evaluation continuum. The updated Guidelines being published in PDM by Birnbaum, Daily, O’Rourke and Loretti, the overview of which was published in 2014, may well provide a sustainable core of this taxonomy.

The recent endorsement of a Mass Gatherings Section in WADEM breaks from the recent trend of Sections being Professional Discipline Groups to return to Sections as "Communities of Practice or Fields of Interest Groups". One of the strengths of the Cochrane Collaboration is their entities that focus on "Methodologies" and which then provide leadership to others wishing to undertake Cochrane reviews. The Cochrane Collaboration’s methodologies entities if applied to WADEM’s interests could be seen as an exemplar in how to provide methodological guidelines to interested persons and groups.

This new WADEM Section provides WADEM with a vehicle to interact with: ALNAP and their evaluation directions; the WHO and the Global Health Cluster; the UNOCHA, the UNISDR and other entities within the UN Evaluation Group (UNEG); 3ie; Evidence Aid and the National Library of Medicine’s Disaster Information Management Research Centre, as well as other various entities in both the national disaster context and the humanitarian sector all of which are gathering momentum and structure in this activity. There are multiple repositories of disaster related evaluations in the international literature and at least eleven sets of Standards and Guidelines for undertaking and/or reporting disaster evaluations. (Wong, Personal communication, 2013)

Given the global nature of disaster health evaluation, the Steering Group suggests that WADEM should seek to include non-members as active contributors to the Section, and hence to WADEM. This would be a departure from normal WADEM practice. The Steering Group believes that it is in the best interest of WADEM, our related organisations and the community we collectively serve to build into the Section’s governance structure and operations external nominees to facilitate two-way communication between this new Section and members of the global disaster evaluation and general evaluation communities. This will be achieved by a WADEM Evaluation Reference Group, chaired by the Section Chair, a member of the three person Section Executive.

Global interest in disaster health evaluation is awakening and it is up to WADEM to demonstrate leadership and facilitate and support these initiatives.
Such a WADEM Section could additionally:

- facilitate collaboration of health disaster evaluations;
- reduce unnecessary duplication of evaluations;
- target specific evaluations for specified objectives;
- foster ‘evaluation teams’ to undertake disaster evaluations at short notice;
- provide training in undertaking disaster evaluations;
- facilitate a repository of such evaluations as is currently undertaken by the Kamedo Group in Sweden;
- review and update associated standards, guidelines, templates and reporting structures with experience and as new methodologies emerge.;
- as in the Cochrane exemplar, progressively consider methodological standards for evaluation activities to advance the Science of Disaster Health; and
- include representation covering all WHO Regions and the international evaluation community.

Most importantly, this new WADEM Section has the potential to contribute to the systematic advancement of the Science of Disaster Health.

**An international imperative**

Sufficient stimulus for the new Section comes from the combination of the previously cited studies which report on the: status, or lack of, the evidence-base for humanitarian actions; gaps and priorities for research and evaluations in this discipline; and, suggested guidelines, methodologies, reporting templates and repositories for improving disaster health evaluations. However, a recent event has made this Section an international imperative:

- **United Nations General Assembly Adopts Resolution "Capacity building for the evaluation of development activities at the country-level"**

  For the first time, a stand-alone UN General Assembly Resolution, titled "Capacity building for the evaluation of activities at the country-level" was adopted by the United Nations General Assembly through general consensus and cross-regional support of forty-two countries on 19 December 2014. This resolution was first presented and adopted by the UN General Assembly Second Committee on 13 November 2014.

  The resolution text submitted to the General Assembly is available [here](#). The official final General Assembly Resolution (A/RES/69/237) will be published soon on the UN Website.

  The resolution emphasizes the importance of building capacities for the evaluation of development activities at the country level. The value added of this resolution is that it changes the business-as-usual approach. It allows for interaction and cooperation amongst all the relevant partners, including those of the UN System, the national and international stakeholders, to coordinate efforts to further strengthen the Member States.

  (Source: UN News Centre, 31 Dec 2014)

- **International Year of Evaluation and Lighting of the Evaluation Torch**

  The UN has declared 2015 as the “International Year of Evaluation”. This is a historic time, when a renewed and stronger commitment between Member States, [UNEG](#) and [EvalPartners](#) has been declared. All partners have started to work hand-in-hand to advocate for stronger evaluation functions at the UN and for enhanced national evaluation capacities, in order to prepare for the implementation of the new sustainable development agenda 2016-2030. This also follows the updating and renewal the Hyogo Framework for Action on Disaster Risk Reduction and Resilience Capacity Building to be held in Japan in March 2015.
The Evaluation Torch (below) will be symbolically passed onto other international and national evaluation partners during many evaluation events in 2015, the first of which will be the Indian Evaluation Week in New Delhi in January 2015. (Source: amended from UN News Centre, 18 December 2014)

The Steering Group has written to the UNEG asking if it were appropriate and feasible to have the ‘Evaluation Torch’ as a feature at the Cape Town Congress to coincide with the re-launch of the WADEM Evaluation Guidelines and the launch of the new WADEM Section on Disaster Metrics: Disaster Health Evaluation.

![UN International Year of Evaluation – Evaluation Torch](image)

**EvalPartners**

One of the bodies listed in the UN statements above is reference to [EvalPartners](#). The link to this group identifies a wide range of evaluation bodies from national evaluation associations to NGOs who are collaborating on this global initiative. The Steering Group is seeking information from EvalPartners regarding criteria for membership and responsibilities of membership, and, if appropriate, will seeking to have WADEM formally join EvalPartners through the new WADEM Section.

**International evaluation Conference – Melbourne 5 - 9 September, 2015**

This [International Conference](#) will feature the International Year of Evaluation. This is a wonderful opportunity for WADEM to contribute to the scientific program. The Section Steering Group will submit an abstract for consideration in the scientific program and will contact the Conference organisers to discuss the possibility of a WADEM–led session on ‘disaster health evaluation’.
Section organisational chart:

- **WADEM Membership**
- **Section Membership**
- **WADEM Evaluation Liaison Group** (Provides link with each WADEM Section, Chapter & PDM):
  - Nursing
  - Psycho social
  - Osteopathic Physicians
  - Mass gatherings
  - EMS
  - Oceania Chapter
  - PDM
- **WADEM Board**
- **WADEM Secretariat**

**Section Committee:**
- Section Members elect:
  - Officers/Executive (3):
    - Chair
    - Chair-elect
    - Secretary
    - Immediate past chair (ex officio)
  - 3 Members-at-Large
- Section executive to appoint additional Members-at-Large to ensure each WHO Region is represented on Section Committee
- Section executive to appoint WADEM Evaluation Fellow
- WADEM VP CofP (ex officio executive member)

**WADEM Evaluation Reference Group** (Outside WADEM):
- ALNAP
- Evidence Aid
- 3ie
- UNEG
- WHO Geneva
- etc

**WHO Regions:**
- Africa
- Americas
- South-East Asia
- Europe
- Eastern Mediterranean
- Western Pacific

- Liaises with one Chief Investigator from each of the Section sponsored evaluation projects
Governance and Interim Rules of the Section (Adapted from rules of EMS Section):

This new WADEM Section will initially be led by the Steering Group as listed until six months after the Cape Town WADEM Congress when elections for the executive group & committee will be undertaken. The Steering Group are responsible to the WADEM Vice-President (Communities of Practice) to ensure that an open election process is conducted by October, 2015. In the interim, the Steering Group will guide the Section and guarantee that the new Section will report to the WADEM Board of Directors quarterly.

The by-laws of WADEM shall serve as the rules of the Section except with the following additions:

- All WADEM Members are eligible for membership of the Section;
- Election of the executive and three committee members of the Section shall be determined by the Section members, utilising internet voting every two years post the initial election on establishment of the Section;
- The Section executive shall consist of:
  - Chair (who will also Chair the WADEM Evaluation Reference Group)
  - Chair-elect (who will be Section Deputy Chair, and Chair the WADEM Evaluation Liaison Group)
  - Secretary/Treasurer
  - Immediate Past Chair (ex officio)
  - WADEM Vice President, Communities of Practice (ex officio)
- The Section committee will consist of:
  - Three Committee Members-at-Large (elected by the members of the Section)
  - Co-opted Regional Committee members, with full voting rights, appointed by Section Executive to ensure at least one committee member (excluding the Section executive) from each WHO region (as has recently been done by the WADEM Nursing Section):
    - Regions:
      - Africa
      - Americas
      - South-East Asia
      - Europe
      - Eastern Mediterranean
      - Western Pacific
  - WADEM Evaluation Fellow, with full voting rights, appointed by Section Executive, who will liaise with one Chief Investigator from each of the Section sponsored evaluation projects
- The Committee shall have the power to co-opt Specialist Committee members who have special skills or interests desirable for contribution to the sections objectives. Such co-opted members will be limited to four and will hold voting rights.
- The Executive Committee members shall hold a position for a two-year term of office with the possibility of serving two additional terms in the same Executive position. However, they may move to other executive positions or Committee Members-at-large without restriction. Committee Members-at-large are elected for a two year term but may be re-elected without restriction. Co-opted Regional Committee members will be appointed for a two year term and may be reappointed without restriction if no other Committee members-at-large are elected by the Section membership to the respective region.
- Section meetings may be held electronically or in person at WCDEM.
Two innovative proposals are offered to the WADEM Board for its support and approval:

- Since evaluation is a cross-cutting activity within WADEM, one nominee of each of the other WADEM Chapters, Sections, and PDM will form the **WADEM Evaluation Liaison Group**, as an internal WADEM Group to link WADEM entities, to be chaired by the Section Chair Elect / Deputy Chair:
  - Nominee of the WADEM Nursing Section
  - Nominee of the WADEM Osteopathic Physician Section
  - Nominee of the WADEM Psychosocial Section
  - Nominee of the WADEM Mass Gatherings Section
  - Nominee of the WADEM EMS Section
  - Nominee of the Oceania Chapter
  - Nominee of the editor-in-Chief, PDM

- A “**WADEM Evaluation Reference Group**” of individuals and Groups outside the WADEM membership who could bring expertise and a proven track record to this new Section, and hence to WADEM, and, who could be influenced by this new Section. The Reference Group will be chaired by the Section Chair. Such Reference Group members could include, but not be limited to:
  - ALNAP
  - Evidence Aid
  - 3ie
  - IFRC
  - UNEG
  - WHO Geneva

The Steering Group will consult with and further define both the (Internal) Liaison Group and the (External) Reference Group within the Rules and Constitution of this Section, consistent with the WADEM By-Laws, for approval by the WADEM Board. In the interim, approaches to potential Liaison Group and Reference Group members will be made on behalf of the Section through the WADEM Vice-President (Communities of Practice).

Care will need to be exercised to ensure that this organisational structure doesn’t become too complex or onerous on the Section or on WADEM. The internal liaison group can be well managed through the WADEM VP CofP and WADEM Officer Group with little additional requirements to their normal operations. The external reference group will require nurturing and good communication channels – however, the effective functioning of this Group this Group is deemed essential to the success of the Section.

### The interim arrangements:

- **The WADEM Officer Group** and the **WADEM Board** approved the new Section at their meetings on 29th January, 2015, and 18th February, 2015, respectively.

- **All WADEM members will be advised of the new Section** and a call for confirmation and new members of the Section will be made through the following:
  - the WADEM Executive Officer will advise all WADEM members of the new Section;
  - the Steering Group will seek to have the proposal published in PDM with the Cape Town Congress;
  - the Steering Group will also arrange with Congress organisers to have a second formative meeting for the Section during the Cape Town Congress; and
  - Inclusion of the Section on the WADEM web site.

- The Steering Group will update and circulate the **Section membership list**.

- As noted above, the **Steering Group** will guide the new Section until October 2015.
• **One Section Co-chair (MB)** in association with the WADEM VP CoP will establish the initial WADEM Evaluation Liaison Group.

• **The other Co-chair (FA)** in association with the WADEM VP CoP will establish the initial WADEM Evaluation Reference Group. Frank has personal links with ALNAP, Evidence Aid, 3ie and WHO Geneva.

• **The initial WADEM Evaluation Fellow** will be one of the Steering Group, Ms Diana Wong, who is a current PhD Scholar in the field of Disaster Evaluation at Monash University. Diana attended the ALNAP Annual Meeting in Washington in 2013, has been a co-investigator on an international disaster evaluation project with Evidence Aid and 3ie during 2013/4, and, was a keynote speaker at the 2014 Asia Pacific Conference on Disaster Medicine held in Tokyo, where Diana also participated in a 2-day Workshop on the updated Guidelines. Diana has requested assistance from the Section members with two surveys which will assist both her doctoral studies and the future directions of the Section (these are listed below).

• **The Steering Group will host a second formative meeting during the Cape Town Congress which will:**
  - Be an open meeting for WADEM members and others interested in the Section, to promote the Section and seek members for the Section, and provide an updated membership list;
  - Review the Section Rules;
  - Discuss the election process for the ongoing Section Executive and Committee (Note: the Steering Group believe that it will be too early to have a fair and inclusive election process before or at the Cape Town Congress and that it would be in the interests of WADEM and the Section to use this period to promote the new Section, seek members and then provide all Section members with the opportunity to nominate for the Section executive and committee in an electronic election to be held before October 2015. Having the elections at the Cape Town Congress would disadvantage Section members not in attendance at the Congress;  
  - Seek input on possible participants to be approached for inclusion in the WADEM Evaluation Reference Group;
  - Discuss how WADEM and the Section can effectively and efficiently promote the updated WADEM Research/evaluation Guidelines;
  - Discuss possible resources to support the Section secretariat;
  - Seek support requested by Diana Wong for two initial surveys as a part of her doctoral program and which will inform not only her doctoral program but also the future direction of the Section, namely:
    - *Survey of Section members to define a priority list of activities for the new Section,* to be subsequently published in PDM; and
    - *Survey of Section members to identify Barriers (Inhibitors/Challenges) and Solutions (Facilitators/Opportunities) to evaluation studies in the disaster and emergency setting,* to be subsequently published in PDM

• The Steering Group, with the assistance of the WADEM Co-ordinator, Andrew Lavelle, will put in place the process for the **initial Section elections to occur before October, 2015**, and will prepare Quarterly reports to the WADEM Board through the WADEM VP CoP.

**Cape Town Congress**

The program for the [Cape Town Congress](#) includes three early morning sessions (7.15 – 8.15 am) on the Research and Evaluation theme: National Library of Medicine Workshop (Wednesday); Evidence Aid Workshop (Thursday); and the Second Formative Meeting of this new Section on Disaster Metrics (Friday). In addition, there are a number of papers being presented at the Congress reporting on research relating to this theme. All Congress participants with an interest in research and evaluation are invited to join these Workshops and the Section meeting.

**Further information**

Initially, the Section secretariat will be based at the Monash University Injury Research Institute, a WHO Collaboration Centre on Violence and Injury, and the home of the Monash University Disaster Resilience Initiative.
Until the Cape Town Congress, please contact Frank Archer at frank.archer@monash.edu or the WADEM International Office at Andrew Lavelle - alavelle@wadem.org.

25th February 2015