

Organizational Development

## Why Science Matters in International Aid

How the Belgian Red Cross is using scientific evidence to make its services more effective—and cost-effective.

By Philippe Vandekerckhove & Olga Krasnoukhova | Oct. 19, 2015

Guidelines for humanitarian aid are still largely based on tradition rather than on a careful assessment of available evidence. As a result, the effectiveness of many commonly used interventions is often unproven or at least unclear. For instance, it's now common for organizations to provide disaster survivors with psychosocial support after taking the traditional steps to guarantee their physical safety. But our recent research revealed that there is no experimental or observational scientific evidence for the effectiveness of current psychosocial interventions, and therefore no solid foundation on which to build best practices.

In our own work at the Belgian Red Cross (BRC), we use scientific evidence to test most of our paramedical and humanitarian activities, and to tackle many aspects of our internal guidelines systematically. Moreover, applying concepts from health economics to consider the cost-effectiveness of interventions has helped us focus on interventions that deliver maximum impact with the resources at our disposal.

We are among the first humanitarian aid organizations to apply an evidence-based approach to all domains of our activities, including pre-hospital stages of medical and social care, and local and international humanitarian relief. This approach involves supplementing scientific evidence with practical experience, expert opinion, and local knowledge, and tailoring it to the target group's preferences and available resources. Systematic use of scientific evidence as a basis is crucial here; by drawing on data, we can avoid subjectivity and ensure effectiveness.

When it came to developing our own first-aid manual, for example, we found that recommendations in the classic first aid manuals differed starkly—even between neighboring European countries—and decided to start with our own research. We also prioritized first aid research because training first-responders is an extremely cost-effective intervention; it's among the most neglected low-cost

opportunities in middle- and low-income countries. In collaboration with a team of European specialists in 2006, BRC led the initiative to subject traditional first-aid guidelines to scientific scrutiny and harmonize them, ultimately producing evidence-based first-aid guidelines. We've since produced guidelines tailored for 55 different countries (including India, and countries in Africa and Europe), and our goal now is to create a global directive of evidence-based guidelines that we update every five years to ensure that first responders always use the best and most up-to-date techniques. These efforts allow other Red Cross and Red Crescent societies, as well as other aid organizations to focus on teaching rather than developing unique content country by country. Organizations like the World Health Organization (WHO) and Médecins Sans Frontières (MSF) have also been developing evidence-based guidelines on other health interventions, similarly benefitting others in the field.

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We've embedded this evidence-based approach in a broader overhaul of the way we work, incorporating the following three components:

1. *A focused strategic plan* that contains concrete objectives and action points, and links to key performance indicators (KPIs). A focused strategic plan is essential to business organizations, but it's even more important for nonprofits like ours, as it ensures that we hold onto our strategic direction and avoid entangling ourselves in actions that aren't in line with our core mission. KPIs help us measure our results.
2. *Specialization* in four selected domains: first-aid education and hygiene promotion, disaster preparedness, blood donors, and blood platelets (a component of blood that helps stop bleeding in injuries). This has allowed us to move away from providing "commodity services" for which many alternatives exist. In the past, for instance, we competed with many other European Red Cross societies for grants to deliver general services (such as development aid in Africa), but in the last few years we've successfully obtained several grants on evidence-based first-aid projects, because we were the only realistic contenders.
3. *Research and development* in our core activities. This has involved: 1) operational development aimed at improving existing procedures, such as satisfaction surveys on first-aid education, or evaluation of water and sanitation programs); 2) applied research, such as first-aid guideline development, or systematic reviews on water and sanitation issues; and 3) basic scientific research aimed at generating data and knowledge, such as study on retention of first-aid skills or laboratory research on blood platelet functionality.

Focusing on these components has helped BRC move to a *higher level of output and outcome*. For instance, one of the concrete objectives formulated in our strategic plan is to promote and enhance the self-reliance and resilience of people in our country. We do so by teaching state-of-the-art, evidence-based first-aid techniques tailored to different target groups (such as adults working in sport settings) and through our Train-the-Trainer programs. The number of people in Belgium learning first-aid techniques through our courses is growing every year—a good indication that our efforts are enhancing community resilience.

Our approach has also generated a series of beneficial side effects:

- By investing in research (both basic and applied), BRC fuels knowledge development and *builds on its know-how*. The accumulated knowledge gives us the potential and visibility to function as a center of expertise capable of producing recommendations to policy bodies. We make our research findings publicly available by publishing articles in peer-reviewed scientific journals, thus engaging in external *knowledge dissemination*.
- A scientific approach to our activities leads to better recognition, resulting in *more and better funding options*. Being able to show impact and effectiveness attracts potential donors and funding organizations, and thus determines the amount of incoming funding. This, in turn, translates into the amount of direct aid we can provide. Our research activities have also led to inventions and intellectual property rights, creating *additional sources* of income.
- By engaging in research, BRC attracts more and better-trained staff members, who have a technical or scientific background; they rely on data rather than opinion, and understand how to translate hypotheses into workable plans. This gives us the right balance between a holistic approach (“big goals”) and an analytical plan to achieve this. Thus, our innovation strategy has also introduced a beneficial change of culture within the organization.

## Idealism and professionalism—a marriage of reason

Aid organizations are often built on ideals and ideologies, and run on goodwill and good intentions. While these are necessary components, they are far from sufficient to develop an efficient and well-run organization that has real impact in its chosen domains. In addition to idealism as a driving force, the current context requires modern management (with its emphasis on efficiency and focus) and a scientific approach (with its emphasis on effectiveness) to achieve the ultimate goal of maximum impact with the resources available (cost-effectiveness). Systematic use of scientific practice helps our organization to define and assess effectiveness; it helps translate our soft goals into measurable targets and gives us clear indications that what we do has an impact. This approach

may also be beneficial to other aid organizations to take on a qualitatively different approach to providing aid services, and could ultimately help the sector better serve in its humanitarian mission.

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