Webinar Transcript for:

Up to standard? The role of evidence in the Sphere Standards revision process

3.5m squared per crisis-affected person. 15 litres of water per person, per day. These indicators, part of the Sphere Standards, are used around the world every day by humanitarians. But how are standards of quality established? Are they based on evidence? Why does it matter?

Now undergoing their third revision, the Sphere Standards have become the most internationally recognised set of standards for humanitarian response, and those using them assume they have been decided based on the best available facts and evidence. For our fifth webinar in the Bridging the Evidence Gap series, join ALNAP and key actors in the Sphere revision process to discuss the sources behind the standards and discuss the gaps in evidence for informing quality standards.

Speakers

Chair: Alice Obrecht, Research Fellow, ALNAP

Panellist: Aninia Nadig, Advocacy and Networking Management, Sphere Project

Panellist: Kit Dyer, WASH Chapter Lead, Norwegian Church Aid

Panellist: Severine Frison, Médecins Sans Frontières (MSF)

Panellist: Judith Harvie, Health Chapter Lead, International Medical Corps

(92 minutes)

Alice Obrecht (AO): Hello, and welcome to Bridging the Evidence Gap. I'm Alice Obrecht, I'm a Research Fellow at ALNAP. 15 litres of water per person, per day. 3.5 metres squared per crisis affected person. These indicators are well known to humanitarian field workers, and are used worldwide every day to define the minimum standard of quality for humanitarian action, but where do they come from, and were they based on formal evidence? And, importantly, should that matter? These are the questions we aim to explore today on our fifth episode of the Bridging the Evidence Gap series, entitled Up to standard: The role of evidence in the Sphere Standard revision process. Today, we are delighted to be focusing on the Sphere Handbook, which is one of the most widely respected institutions in the humanitarian system. The first edition of the Sphere Handbook launched in 2000,

and the Sphere Standards are one of the oldest and most widely known and internationally recognised set of standards for humanitarian response today. They've undergone three revisions, and are considered by many in the sector to be synonymous with quality. The Sphere Standards, as many are now-, are aware, are now being revised for a forth time, with the new handbook expected in 2018. So, the last edition of the Sphere Standards was produced in 2011, and a lot has changed in the humanitarian system since that last edition. In particular, there's been a huge increase in research and evidence production in humanitarian action. So, what we're going to be talking about today is what does this mean, what does this new research and evidence production mean for the new Sphere Standards? Does this increased focus and increased activity in research and evidence offer a benefit to the Sphere Standards? Is it a burden? And how are the chapter leads grappling with it?

I'd like to note a few points at the outset. The first key point for this webinar today is that we really want to focus specifically on these issues of evidence, and the use of evidence to inform the Sphere revision. So, what that means is that we will not be providing detailed background to the Sphere Standards themselves, or to the broader process, the very, you know, intensive consultation process that's been going on for the Sphere revision. If you're interested in finding more background, or general information on the Sphere revision process, you can click on the links that are being provided to you in the chat box at the moment, or just look at the Sphere website, where you'll find all the details you could ever want, including the current draft of the new handbook. A second housekeeping point is that, as usual, if you've participated in one of our previous webinars, you'll know that we really like to hear from you throughout the webinar, using the chat box on the right-hand side of your screen, and please submit questions to our panellists on the right-hand side, which we will be getting to in the last half hour to 45 minutes of the webinar today.

I'm going to walk through a kind of general overview of what we're going to do today, and the plan for the webinar, and while I do so, I want to put up our survey question, to find out from you, in the room, how important do you think this issue is for Sphere? So, how important do you think it is for the Sphere standards, the indicators and the thresholds, to be based on high quality evidence? You can give us your thoughts now, and while you do so, I just want to give a brief overview to the plan for this afternoon. So, first we're going to be hearing from Aninia Nadig on the overview of the Sphere revision process, where it's at to date, and really what are the broader issues that Sphere's looking at, in terms of evidence and context, and how they're trying to address the new evidence base in the Sphere revision, and how they're also trying to address issues around contextualisation in the revision. So,

Aninia's going to give us the broad picture of Sphere across all of the chapters, and for the entire revision. We're then going to delve a bit deeper into two specific chapters. So, for that, we are delighted to be joined by Kit Dyer, who is going to be talking to us about the WASH Chapter, and Jude Harvie, who will be talking to us about the Health Chapter. And then finally, we're going to hear from a quasi-academic, I only say quasi-academic, because Severine Frison is both an academic and a practitioner, and she's currently working on more of the practitioner side of things at MSF, at the Epicentre for MSF, but Severine has a PhD, and she's recently authored a-, co-authored a gap mapping piece, mapping the evidence against the 2011 Sphere Standards, so the most recent edition of the Sphere Standards, and she'll be talking about some of the lessons learned, and the findings coming out of that important piece of work.

We have a really good line-up, a number of different perspectives who are going to be talking about the interactions between producers of evidence and users of evidence for the Sphere Standards revision, and to kind of guide us in that, we're going to close the survey and see what the results are, what people think, and maybe we can see if minds are changed by the end of the day. So, findings, I think will becoming up. Great. So, very important. Good. 5% - not a priority. Very interesting. I hope the people who wrote 'not a priority,' and, 'I don't know,' can add questions and comments in the chat box so we can bring those perspectives in during the discussion. But before we get to that, we're first going to turn to our presentations.

First up, we have Aninia Nadig. As I mentioned, Aninia is joining us from the Sphere Project, from the Sphere headquarters. Aninia is in charge of advocacy and network management for Sphere, which has her currently very busy with the handbook revision process, so we really appreciate that she's been able to make the time to join us here today, and give us this overview. Before joining Sphere, Aninia's had extensive experience across several countries and with different organisations, working on issues related to internal displacement, refugees and migration. So, over to you, Aninia, to give us an overview of where Sphere is at in this revision process, and how you're looking at these issues of evidence at the moment. Thank you very much.

Aninia Nadig (AN): Thank you, Alice. Hello everybody. So, I'm going to really run you very quickly through a few slides. I could talk for hours about the revision, obviously, I'm happy to talk with you also afterwards, if you want to call or write, that's no problem. Is it time to revise? Standards need a certain shelf life, and at some point, there is enough-, there has been enough changes out there in the

sector that we really do need to revise and this slide simply shows that Sphere has been around for a while, it has been well used, and we're looking forward to the next revision. What are the drivers for change? Mostly, it's this understanding that urban crises are becoming more prevalent, and we need to adapt the guidance in the handbook so that it can be used in various contexts, ranging from urban to rural to camp settings to protracted situations. This focus on context is much stronger, hopefully, this time in the next handbook. Then, we also all know that cash has become a modality of choice for some, for many, increasingly so, and Sphere needs to reflect that in the way it presents choices of modality and-, and articulates those for the handbook users, without necessarily going into cash standards, but understanding that that modality is there, and there's a certain way of thinking through your choice of modality, which is that focus on analysis, which we're also including. Then, clearly, the Core Humanitarian Standards will replace the current Sphere Core Standards. That is a big change that needs to be integrated, and it allows us to adopt a fresh focus on accountability, which is quite welcome.

Then, we also realised there's increasingly the need to address a diverse userbase for the handbook, which points to this idea of localisation. This is-, this means that we have different groups that we address, but it also means that the handbook itself must become more accessible, in terms of language, in terms of size, so that it can be more easily translatable and so forth. There's the idea of having a relatively short paper version and a longer online version, in different formats, as well. In terms of themes that we integrate in the handbook this time, the chapter authors and thematic experts, those are the people who actually run and nurture this revision, the thematic experts cover quite a range of themes, which we have grouped into four, yes, groups, so that it's-, we can handle all the input. One group is on inclusion, which covers all the people, persons with disabilities, gender and children. One group focuses on specific vulnerabilities, notably GBV, child protection, psychosocial support and HIV. We have a group that works on environmental impact, DRR, climate change adaptation. And then there are certain specific modalities and contexts, civ-mil, urban, protracted settings, and cash transfers, as I have mentioned before.

We have developed draft one in February/March, and draft one has been out for consultation for quite a while, from mid-April to the end of June, and we've received feedback in three ways, for the online, on the drafts themselves, with a survey on very specific questions that the authors had asked, and in-person consultations worldwide. Quite a few of those, around 75 to 80 in-person consultations. And we are now starting to look at the feedback, integrating that, turning the still relatively 'drafty'

draft one into, hopefully, something more coherent, a draft two, which we will send out for a validation round in October and November. And since we're talking about evidence today, I wanted to mention that if you were one of those who provided feedback, you will have seen that we invited your comments, but we also invited supporting documents or evidence or links that you could provide, to support your comment to the handbook.

Very briefly, the Humanitarian Charter is not being revised. That's important to notice. And we keep some-, a number of core principles for Sphere, which is the focus on dignity, on people-centred approach, focus on evidence, to which I'll come back, and I would say that the Sphere Handbook has been evidence based also, in the past, and the focus on collaboration, on an inclusive consultative process, to-, to come up with-, to develop the next handbook. The big changes are, again, the Core Humanitarian Standards replacing the Core Standards. Parts of the Core Humanitarian Standard are being-, are open for review. Not all. The commitments themselves remain unchanged, for the time being. The focus on accessibility and the clearer tracking of decision-making, that is something that the outside world may not necessarily see during the process, but which will have an impact, in the end, on how we can present the-, the next handbook. We are working with the authors much more on tracking the decisions that they're making, the changes that they're making to the draft, and we are working on an evidence repository which will be available after the-, or along with, or shortly after the publishing of the-, the launch of the handbook. Those two elements will allow us to be much clearer about why certain changes in the handbook have been made, why other things may have remained unchanged, so that's our, in a nutshell, our contribution to really making evidence more visible for the next-, for this round. We are also looking at a clearer structure of the standards themselves, which I'll go into in a minute, and guidance that is more closely linked to the actions and the indicators. I will look at that with you in just a second.

This is the new standard structure as we propose it, and I don't want to go into too much detail. The point is, though, that the indicators, and what we-, in this scheme, in this table, we still call it thresholds, but we'll probably move towards the term 'minimum requirements'. With separating indicators and minimum requirements, we will hopefully lead people, practitioners, towards contextualising the indicators they choose. Currently, you have indicators that have the number of 15 litres per person per day, for example, in the indicator itself, which makes-, which gives the impression that those 15 litres are what you need to absolutely strive for. When we have thresholds or minimum requirements with a bit more text around, we can explain better how to contextualise each indicator,

and the indicator itself will talk about adequate amounts of water, but we'll go into that in more detail, I believe. Key actions will be accompanied by important text that pertains directly to those key actions, which will then alleviate, also, the guidance note section, because we felt that guidance notes often are not read, although it's a really rich and very interesting part of the handbook. We also have suggested this table, which we would find in the introduction, which leads you through all the questions you need to ask, in order to contextualise and to develop your response.

Very briefly, I am running out of time here, the updates per chapter, the Introduction Chapter is much richer, much more robust, focusing on contextualising, analysis and the cross-cutting themes. The Core Humanitarian Standards has had a minimal first rewrite, and is being revised now quite heavily, in the guidance notes, mostly. Protection Principles have more or less remained the same, but have become sharper and will be linked to the ICRC Protection Standards, which are right now being finalised. WASH is-, the interesting part there is that they have two new sections proposed, where they link WASH with Health, and WASH and Nutrition. I believe that is quite welcome. Food Security and Nutrition, there it's interesting to notice that the cash and voucher standard has been taken out, as well as the supply chain management standard, not because those issues are not important, but because we want to make them applicable to the entire handbook, so we don't-, we want to take them out of Food Security where they have been a bit hidden. Shelter, Settlement, there, the non-food items turn into household items, and we have a new standard on housing, land and property rights, and for the Health Chapter, there's stronger focus on preparedness, there's a lot of learning from the Ebola response that went into there, and we have a new standard on palliative care proposed.

That is it from me, for the moment, thank you.

AO: Great, thank you so much, Aninia. Just a quick follow up question for you, before we move on to Kit and Jude. Aninia, you mentioned that you've been asking, alongside the consultation inputs that you're receiving, that people also provide supporting documents. I recognise that the consultation period has only just ended on the 30th of June, so it's very early days and you're probably still sifting through what I can only imagine is, you know, mountains of emails, if you can have mountains of emails, of inputs here. But just from what you've been able to see thus far, have you found that you've received a lot of supporting documents? Or that it's more of a trend of providing inputs but without

supporting documents? If you can just comment on generally what you've seen across the consultation thus far.

AN: There are not mountains of supporting documents, but I-, I see that people, where they didn't have-, there are some, obviously, but where people didn't have anything to-, any documents to provide, at least they-, they were-, they explained why they wanted to make this comment, and that's already a bit of, you know, that goes a long-, that goes some way towards providing evidence. They go a bit further than to just say, 'Well, I think this is good,' or, 'This is bad.' They say why, which helps. And there is some-, there is some evidence, yes.

AO: Fantastic, great, and that links to what you were saying about the evidence repository, and increasing the transparency of those changes, which is fantastic, so I'm sure we can get into more of that in the Q&A. But thank you very much for a really thorough but concise overview of where the standard revision is at. We're now going to delve a bit deeper into WASH, and then the Health Chapter, so I'm going to introduce the next two speakers together. Kit Dyer is a WASH Advisor with Norwegian Church Aid, based in Norway. Before joining the NCA, Kit worked for UNICEF for about ten years, between 2006 and 2015, in a variety of regional and country level humanitarian WASH posts. Kit is the WASH Chapter Coordinator, and will be talking to us about what have been the key issues in the revision for the WASH Chapter, and how she's been approaching the combination of input of expert consultation with other inputs, such as independent studies or evaluations. And then we'll hear, on the same topics, but for the Health Chapter, from Jude Harvie. Jude is a UK based doctor who spent several years working in emergency humanitarian action across a wide range of continents, as well as organisations, in both natural disaster and conflict settings. Some of the organisations that Jude has worked for in her career include the International Medical Corps, MSF Holland, ICRC, WHO and the Global Health Cluster. So, again, we're delighted to have both of these Chapter Coordinators with us, and we'll start off by hearing from Kit on the WASH Chapter. Over to you, Kit.

Kit Dyer (KD): Thank you very much. I'll just see if the technology works. I'll just see if the technology works. Ah, come on. Work. Thank you. Right. So, thank you. I just wanted to say that I am not the only WASH Chapter Coordinator, I have a colleague from Oxfam, Jenny Lamb, who is working with me on this. What I wanted to show today was just three slides. One to show you what the new structure looks like, a little bit about where we've been led to create new standards, and perhaps rejig the

existing standards. I wanted to go a little bit more detailed on the two new standards, and then ask-, answer a couple of the questions that we've been asked to answer.

First of all, we were instructed, or we were given instructions, I should say, at the start of the process, to try and keep the chapter as slim as possible. We have to admit, we kind of ignored that a little bit, in that we've now created two new, what we would call, sub-domains. So, the structure will look familiar, to those of us who are familiar with the old structure, in that we had sub-domains looking at water supply, hygiene, excreta management, drainage, vector control and solid waste management, but there are some new things. One of the new things is a new, initial standard, looking at WASH as a coherent package, meaning that the things we've learnt in the last couple of decades, both in development and humanitarian work, is that if you only concentrate on one element of WASH, you won't get the impacts you're looking for, particularly the health impacts. The two new sub-domains, at the other end, are in response to the things that we've been involved in, in the last couple of years, notably the Ebola response, but also other health outbreak kind of responses, and also, I guess, you would call a food insecurity, famine, protracted crisis kind of response, where WASH has a role to support the nutrition sector. I would just say that these two new sub-domains are not looking at WASH in Nutrition, per se, or WASH in Health, per se, but WASH as a support function to a nutrition response, and WASH as a support function to a health outbreak.

The things that we've seen in the last few years, in particular, have helped us to develop those two new sub-domains. The other big change that you'll see once you get into the detail of the-, of the new standard, or the proposed new standard, is we've taken on board a lot of the work that's been done quite recently, looking at risk assessment and risk management. Many of us in the sector are familiar with the Water Safety Planning concept, and we've tried to apply something similar to the way that the water supply sub-domain is structured. You can see the same kind of thinking applies to the other sub-domains as well, particularly excreta management and solid waste management, where you look at the whole chain of the sub-domain, if you like, from input through to final treatment and disposal.

The second piece I wanted to look at is, so, these two new sub-domains, and as a result, three new standards, as I said, the reason we've included them is because we've seen, in these quite specific responses, a role for WASH. It's not necessarily the lead role, we would certainly say in a health outbreak, for example, Ebola, WASH has a significant role to play, but we're not a lead, if you like. We're there to make sure that we support what happens in the other sectors. So, one of the key

reasons why we're looking to do that is because we're quite sure that WASH has a potential to undermine the other outcomes and impacts. If we focus on WASH on its own, we may be missing or damaging the health impact, for example, or a nutrition impact. We also know there's a lot of programming intersections, particularly around the community mobilisation aspects of WASH, Nutrition and Health, so we're trying to find ways to work with that synergy, if you like.

Also, we decided that a standard for WASH in a nutrition response is required because (? 27.13) underlying determinant of poor nutrition outcomes. We know that from development, we see the same in humanitarian, as well. So, to cut to the chase on the questions that we were asked, we-, we know, for a fact, that when we look at the WASH Chapter, and I know this will be a question we talk about in a little bit more detail later, that there are gaps in our evidence base for our indicators and targets, depending on how we decide to define evidence, I guess. What we've tried to do is to broaden our scope in how we try and find that evidence, and I will talk to that a little bit later, I think, as part of our discussion. A key issue for us was a bit of a-, not a tension, but somehow trying to keep in mind that at the same time as trying to contextualise the indicators and targets, they have to be universally applicable. That was one of the instructions that we were given, and we agreed to, we recognised that we're now working in a much broader set of contexts, and that for Sphere to be a useful tool, it needs to be applicable in those different contexts. I like to use the example that it's got to be as applicable in the Central African Republic as it would be in Ukraine, with two very different contexts. So, how do we structure our indicators, and-, and targets, or minimum requirements, at the same time as trying, in that universality sphere, I guess, at the same time trying to get people to contextualise it?

This is something we've struggled with, and as a result, we've tried to pull from our peer review group. We did get quite good feedback, also, from the consultation process, and I'll touch on a little bit of some of the evidence that was presented to us, a little bit further on, but also, in our review group, we tried to go as broad as possible, to find people who have worked in all these different types of contexts, and to see how we could try and suit both those needs of contextualisation and universality. We will be running a couple more webinars next week, this is a bit of a plug, for WASH, we will be running a couple more webinars next week, and we're hoping to focus, for one of those webinars, very much on evidence. Evidence, at an academic level, but also evidence, I guess, at a practitioner level. That's the big picture from us from WASH, if you've got some questions, please hold on to them, there will definitely be opportunities later on. Thank you very much, and I'll hand it back to ALNAP.

AO: Great, thank you so much, Kit. Just a really quick follow up question, to support your plug. If people are interested in participating in that webinar series next week, or particularly the one around evidence, how can they best get involved?

KD: *[Laughter]* I hadn't really thought about that before I opened my mouth, I guess. We will be working with Sphere, perhaps, to advertise it on their-, at the Sphere website, I think that might be the easiest way to do it. But I think, at the moment, we're looking at Wednesday/Thursday next week, I forget which one, and we're also trying to cover the whole world, by having one in the morning, and one in the afternoon.

AO: Oh, great, so you've solved the problem that we always have this one where it's, you know, can we pick people at their maximal sleepiness time? You know, people in the evening, people in the early morning. So, great. Fantastic, so, people can check out the Sphere website, which has been provided to them already in the chat box, I think, for follow up. Great, without further ado, we're going to switch over to Health, and hear from Jude Harvie.

Jude Harvie (JH): Okay? Right, wonderful. Okay, so, I'm going to do my best not to duplicate what Kit and Aninia have already said. Yes, I am one of three Health Chapter authors, as well, but this is kind of pulling together what we've all been working through. So, the key issues in revision. Number one, we are looking at the-, well, the surveys that were done on how the handbook's actually used. So, just being mindful of the fact that there was a bit of a, kind of, burden of cross referencing, which was maybe meaning that-, that some bits were being potentially missed in implementation. Also, that people aren't cross referencing between chapters, necessarily, and that the standards are often approached as being standalone. So, trying to make sure that we're not missing important points within that, as we're laying out the standards. As Aninia said, there is a new palliative care standard, which is an interesting one from an evidence point of view, because palliative care is relatively new in lots of settings. It's-, the research across the world is limited, and transferability of research and evidence is quite limited, so that's a bit of an interesting one. Communicable disease outbreak, we're using-, we're trying to have the standards as-, that could be implemented as a humanitarian emergency itself, not just as a consequence of another emergency, and as Aninia said, that it's Ebola that really springs to mind with that.

In terms of the protracted crises, there's obviously lots to think about, but the key areas there really are non-communicable diseases, which is-, is massive, but exactly, you know, looking at what exactly

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that means, and then long-term lack of access to healthcare, and there is so much work going on with this at the moment, from implementers and in the academic sector, as well, looking at how-, you know, how this should work in crises, or how this could work in crises. Resilience and preparedness, obviously, within Health, the health systems is the obvious section for this. The-, with the Sphere Standards being used by some governments to put together resilience strategies, there's a few, sort of, case studies and reports of how it's worked, since the previous edition, that we're using, and then also within specific standards. So, avoiding treatment interruption in non-communicable diseases and HIV, and others, looking at systems that exist for that. The sexual and reproductive health, the number of standards has increased, you will see, and that's to bring it into line with the MISP guidance structure and indicators. And then the health systems is still undergoing another round of reviews, looking at the design and presentation of the standards, including indicators, and exactly how they work. So, that's-, that's a kind of rough overview, it's not exhaustive by any means.

Moving on to combining expert opinion and other evidence. As is, sort of, well known, the Health Chapter and the Health Sector has a bit of an easier-, a bit of an easier time when it comes to this. There is huge amounts of overlap between expert opinion and evidence, just because of the way the Health Sector, and particularly the medical sector, work. However, in terms of the expert opinion, it often has a good evidence base. This comes from case studies, cohort studies, longitudinal studies. The peer review groups, we're very happy to share where that expert opinion was coming from, and to an extent, also, in the wider review process. However, it is quite sector dependent. So, for example, the very, I've called them kind of clinical specialities, so thinking about trauma, really, and you have some very good randomised control trials, cohort studies, often coming from the military, that can be extrapolated and implemented in a humanitarian setting, you know, that's very high quality evidence, versus the more public health sector driven fields that-, that rely more on epidemiological data. And actually, you would get multiple experts, then, interpreting the same study in different ways, which was interesting. Reviewers have often referred to awareness of evidence from studies, but challenges with implementation, so that's, you know, the very ground level things, but also applicability and universality, as Kit said. What we have also tried to work with the experts on is the origins of the practice. That's, you know, where did it come from? Was it older guidance? Was it donor policy? Often, it's government specific guidance that either has to be implemented, or used to have to be implemented.

Looking at the review of evidence, we have been finding the current evidence, and that's evidence reviews, as well, and taking that back to operational agencies, the academic sector, the private sector, donors, and independent consultants, just to look and get, you know, multiple sets of eyes on a-, on a study, just to see, you know, what the opinions were on individual studies. There is an amount, of course, of working backwards, and that's, you know, from current Sphere Standards, from the Humanitarian Health Evidence Review, and from-, from work from Evidence Aid and Tropical School and multiple others. And similarly, with existing guidance documents, that as-, a few, by coincidence, are going under review this year, so just working with their reviewers, as well, to see what they have in terms of evidence, to look at their interpretation of the evidence. What we are also trying to do, and you know, to put this out to reviewers, is using published guidance to get indicators, and one of the examples of this is the WHO EMT Guidance, using their indicators.

Something else that we have stumbled across, and has been mentioned in multiple consultations, is the-, is the-, the Better Than Nothing approach. So, actually, where you maybe have a cohort study, or a, you know, potentially, a randomised control trial, that says that something is, 'This is exactly how you do it, or this is the percentage to what should be achieved,' and then actually, in consultations, it comes up with a, 'Well, if we can't achieve this, should we be doing this at all?' And that's something that we've been very mindful of, when trying to work out, you know, what an actual minimum standard is, and then, as Aninia said, the difference between minimum standards and thresholds, and then what we can put in, in what will replace the guidance notes, as well.

I'll just talk-, well, no, in fact. I will talk briefly about challenges, and I know a lot of these will come up later. So, number one, there is huge amounts of health data out there that hasn't necessarily been compiled or collated, that could be formed to, even if it's crude evidence, it might be evidence that exists. The issues with contextualisation, which we will discuss later. The issues with operational feasibility, separate from contextualisation, as well. The emerging fields such as palliative care, there are limited measurable indicators available in non-humanitarian settings, let alone humanitarian settings, so, and then also this-, this issue of a minimum standard, or having some kind of a target, and how Sphere should act-, how Sphere could work to make that, kind of, a responsible use of that number, that does end up in the box. But also, indicators that look at quality and appropriateness, which are very important, and the fields that, for health, that spring into mind, are GBV and mental health, but that would extend across all of health, and working with peer review groups, working with people across the sector, in how to make sure the indicators that exist, exist for that, can be used.

Yes, that's a brief summary of that, and I know there'll be more-, more discussion later. Thank you.

AO: Great, thank you so much, Jude, really, really interesting and definitely want to go more into that Better Than Nothing issue that you were talking about, because it raises a lot of questions about, you know, who's driving the production of this evidence? Is it actually answering the kinds of questions that practitioners have? Before we get to that, I'm going to introduce Severine Frison, who is the nutritional-, or a nutritional epidemiologist, I'm sure they have more than one, at Epicentre, which is the MSF research centre in Paris. Before joining Epicentre, Severine has worked both in the humanitarian aid sector, as well as in academia. So, she worked for five years in Africa and Asia, with a variety of humanitarian organisations, including WFP, Action Against Hunger, and UNICEF, and spent four years, recently, at the London School of Hygiene and Tropical Medicine, where she was the co-author, alongside Karl Blanchet and others, of the recent paper on mapping evidence against the 2011 Sphere Standards, as well as a new article that has just been published last month, in The Lancet, on evidence and public health interventions in humanitarian crises. So, we're going to hear from Severine on what these studies, this research that she has carried out, have to say about the-, the mapping or the overlap between evidence, and the 2011 Sphere Handbook. Over to you, Severine.

Severine Frison (SF): Thank you, Alice. I'll be presenting a piece of work I did last year with Karl Blanchet, at the London School of Hygiene and Tropical Medicine (LSTM), looking at evidence supporting the Sphere Standards. So, as a bit of background, there's been an increased shift and an increased willingness to have more evidence-based interventions and humanitarian action, and as part of that, the London School of Hygiene and Tropical Medicine has been collaborating with Enhancing Learning and Research for Humanitarian Assistance (Elrha) since 2013. So, back then, Elrha commissioned the London School of Hygiene and Tropical Medicine a review that addresses the evidence on health intervention in humanitarian crisis, and that's the piece that was just recently published in The Lancet, as Alice mentioned. Moving on to what's happening now, so as-, as the Sphere Project is embarking now on the fourth revision of the handbook, Elrha and LSHTM, in collaboration with the Sphere Handbook, the Sphere Project, excuse me, have been working together to look at how much evidence there is that is supporting the Sphere Standards, in order to inform, as well, as possible, the fourth revision of the Sphere Handbook. So, this study was part of a wider project, where we did a survey looking at the use and the knowledge of the Sphere Handbook, expert interviews, and the classification of interviews as-, using the SMART criteria. The SMART criteria stand for specific, measurable, attainable, relevant and timebound. But, today, I'm presenting specifically on the

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evidence bit. So, the objective was to review evidence generated by the LSHTM review, and identify studies that could support the Sphere Standards and indicators. To do so, we assessed and matched all the studies from the LSHTM review, to see whether we could support any of the standards and indicators from three different chapters, and these were Water, Sanitation and Hygiene, so WASH, Food Security and Nutrition, and Health Action. And for the Health Action Chapter, we only focused on the essential health services, and we did not include health systems.

The LSHTM review included six studies in WASH, 77 in Nutrition, and 236 studies on Health Action. As you can tell, on this table, in this table, there are very few of these studies that actually provided evidence for the Sphere Standards and indicators. The WASH Chapter from the Sphere Handbook contains 13 minimum standards, and 58 indicators, and out of the six studies that were included in the review from the London School, four studies support three indicators and three standards. All of these studies actually show statistically significant association between intervention and the health outcome. All of these studies were (? 45.43) as health outcome. Although these studies provided some evidence towards these indicators, they didn't fully support the indicators. What I mean by that is that, for example, we had a study showing the positive impact on health outcome, so on diarrhoea, of providing buckets, but that study did not specify the size of the bucket, or the number of buckets.

Moving on to the Food Security and Nutrition Chapter, that one contained-, it contained, in 2011, 18 minimum standards and 63 indicators, and out of the 77 studies on Nutrition included in the review, eight provided evidence to seven indicators and five of the standards. Then, yes, out of these eight studies, seven of them were showing statistically significant associations between the intervention and the health outcome. Similarly to the WASH studies, supporting the indicators, they only supported part of the indicator and not necessarily the full specification of the indicators. Moving on, now, to Health Action, that contained 17 minimum standards and 38 indicators, and that's, again, only looking at essential health services, out of the 236 studies included in the review, 21 supported, to some extent, four indicators and three standards from the Health Action Chapter. Out of these 21 studies, 12 measured statistically significant associations between the intervention and the health outcome. So, as you can see here, we had four indicators in the Health Action that had some form of evidence from these 21 studies, and out of these four, two of them, for example, were indicators on coverage of vaccine-, of specific vaccines. And to give you an idea of the kind of evidence that we found for these indicators in particular, we found evidence that was looking at the benefit of vaccination campaigns as a whole, but without going into the details of the coverage to be reached. So, we did

included these studies as providing some form of evidence for these indicators, although they didn't specify, entirely, again, the indicator from the Sphere Project-, the Sphere Handbook, sorry.

So, now moving on to the key recommendations, as we saw, there is limited evidence from the literature review from 2013 that actually support the standards and indicators, but one thing that I think is important is to be more transparent as to where these standards come from, how were they formulated, what were they based around? And I think they should be linked to peer reviewed studies, guidelines, other documents. It doesn't necessarily have to be peer reviewed publications, it doesn't necessarily have to be RCTs, or anything like that. I think expert consensus, I think key recommendations from expert meetings, and even sometimes common sense, can be good sources, but I think it's good to be clear as to what are the sources for these standards and indicators. And then, finally, we do believe that it's probably better to define priority standards, and fewer priority standards per topic, and really well define them, really fully explain the sources, and possibly, for the other standards and indicators where it's not possible to have the same kind of level of information and evidence behind, maybe have them more as principles, or a guidance note, but maybe not as indicators or standards.

That's all from me, thank you very much.

AO: Great, thank you so much, Severine, really interesting. Just a quick follow up question for you to clarify, it sounds like, in your study, you found some pretty significant gaps in the connection between the evidence base and then the Sphere Standards. Were there any examples you've found where the evidence available, or the studies that you looked at, were actually in direct contradiction to a standard that was-, or an indicator that was stated in the handbook? Or was it really a matter of, kind of, gaps that you were identifying?

SF: No, yes, it was really more about gaps, and yes, lack of-, of linked-, links to other-, I mean, there are a lot of annexes and guidance notes and all that, but it was more, yes, a gap of-, of evidence.

AO: Okay, and just coming in with one more quick follow up question that's coming in from online, from one of our participants, was why you decided not to include other systematic reviews, such as reviews from Cochrane? You were using or including only, kind of, original studies themselves, if I understand that question correctly, and not including other syntheses. So can you explain, perhaps, that decision?

SF: Oh, that was decided between only Elrha and DFID, the Wellcome Trust, because that review was done for DFID, the Wellcome Trust, and so that's a decision and a discussion that unfortunately I wasn't part of. I was only in charge of-, sorry, I think I've got confused. Are we talking about the review from the LSHTM, or this piece of work? We're only talking-, we only reviewed from the LSHTM, because the team I was working with, we had been part of that review, so it was the easiest thing to do with the time limits that we had.

AO: Right, right.

SF: But as I think I mentioned briefly in the introduction, that this work was complemented by expert interviews and then a survey, and that indicator classification, and part what we did with the interviewing experts is also asking and compiling all the references, in terms of guidelines, reviews and all the main documents that they find as crucial. And so we did look at that, as well, but not in the particular study that I was presenting today. That was included more in the other bits. I'm not sure I'm answering your question.

AO: Great, thank you so much. No, you are, absolutely. That's really clear, and so important that you included the-, that expert consultation angle, or that additional component, in the report. Thank you so much. So, I think, you know, we've all used the word 'evidence' quite a lot already today, but different people have different understandings of what that means. So, just as an initial question to get the ball rolling on our discussion, I wanted to turn back to our four panellists and ask, you know, what does evidence mean to you? So we'll start with Aninia. When you use that term, what does that mean to you? You were talking about how the Sphere Standards have always been based on evidence, so how would you understand that-, that term?

AN: Yes, thank you, Alice. Evidence is, for Sphere, the, you know, the information and the facts that are available to-, to help us state-, to make a statement, no? And for Sphere, evidence can have various forms, and there's not necessarily a ranking among different levels of evidence. For example, there is the research and controlled studies, you know, very much with a systematic methodology behind, then there's expert opinion, there's best practice, by practitioners, and why we can say that those various elements are 'evidence' is because the way we-, the way Sphere develops standards is in this participatory and transparent way, where people are asked what works for them and what doesn't, and why? And, I mean, some-, it's true that also with other standards handbooks, you will see that at some point, you need to start from somewhere, and there's also this notion of common sense that is

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quite strong within Sphere, and with other standards, and you will see that standards, set of standards when they start out, may have a, really, a best educated guess as a start, and then as the standards live, and are revised, and new feedback comes in, some of those guesses are consolidated and confirmed, and others need to be revised and adjusted. Maybe I'll stop there.

AO: Great. That's great. Perfect. And turning to Kit and Jude, maybe, is there anything that you would want to add or build on, from Aninia's, you know, description of how Sphere thinks about evidence? Starting with you, Kit.

KD: Yes, I've just been thinking about that. I think in the WASH sector, as a whole, it's a little bit of a mix between best practice, if you like, or 'good enough' practice, or expert opinion kind of all lumped together, and what's practical. A couple of people have used the term 'common sense', and I think common sense is grounded in what actually works. I also think there's a bit of an element that they've become somewhat self-sustaining, and it links to what Aninia just said about, they were established in the original version of the handbook, or even before, as a guidance rule of thumb that a couple of agencies thought worked well together, or a couple of people thought worked well, in their particular context, and as the contexts have grown, and as the sector has grown, and as we've ended up in more and more different places, they've kind of taken on a life of their own, and one of the things that we've been trying to do in this particular exercise is to ground them in something that's a little bit more than that, let's say. That's what I would add to what Aninia's already said.

AO: Great, thanks so much. And Jude?

JH: Yes, so not huge amounts to add, because I think that they've- , they've pretty much got it covered, but I think it's just to do with, yes, that for me, it's making sure that information, whatever that is, is kind of collected in such a way that we can be confident that what we're doing, or what we're putting in a set of standards, is achieving what we think it's achieving, whether that's through, as you say, common sense, or through to an RCT, but it's just making-, being-, calling it evidence, to give ourselves enough confidence that we're doing the right things.

AO: Great, and Severine, does your perspective, having worked at LSHTM for a few years, and having done this academic study, does that give you a different perspective on evidence? Or would you broadly agree with what's been said?

SF: So, I mean, what I was presenting today, for example, it was based on-, it was scientific evidence, and of course, in my conclusion, as you saw, I do agree with Aninia, and with Kit and Jude, that, you know, expert opinion, common sense, I forgot to mention common sense, but they're two things that can also be very valid, are also important things. In my vocabulary, I don't necessarily call that evidence, but it's important not to separate the different types of sources for information, otherwise people would just rank them and think that one is better than the other. So, I understand that they would want to call it all evidence. But yes, no, I agree broadly, but it's true that what I was talking about was more scientific evidence.

AO: Great, great, really helpful there, I thnk we got a good spectrum of perspectives, but at the same time, you know, we're kind of on the same page there, and we all care, it sounds like, across all of the definitions that you've mentioned, there is a concern, ultimately, that whatever this is, you know, good enough practice, expert opinion, scientific evidence, that it needs to be relevant and accurate, in order to inform the Sphere Standards. We wanted to build on that question, and connect this to a question we've received on the Q&A, and by the way, I should take the opportunity to mention to other attendees on the webinar, please use the questions box to submit your question, and we can post it to our panellists. Oliver Hoffman, from Johanniter International Assistance, has been posing the question, what evidence are you looking for with the Sphere Standards? And he's specifically wanting to understand, are you talking about evidence for standards, or evidence for the indicators? So, maybe there's a question there about the terminology. I know, Aninia, you went a bit quickly through the new structure, but maybe you could clarify which element there you are looking for evidence for, and just a reflection, here, that it seems that, you know, the Sphere Handbook, it covers such a wide variety of issues. So, there's a wide variety of sectors, from Food Security to Protection to Health, and then also, you're looking at different areas, so some of your comments in the presentations have been talking about supporting systems, while others are about, you know, direct implementation at a project level. So, maybe some reflection from Aninia and then Kit and then Severine on whether or not we need different types of evidence, that are addressing these different areas, or is there one sort of evidence that's good for all? So, maybe taking that question about what exactly-, what kind of evidence are you looking for? Is it for standards or indicators, and what's the difference there? And, do you think you can just use one kind of type of evidence for all of that? So, going to you first, Aninia.

AN: Yes, thank you. We are looking at evidence for the indicators, mostly. The standards are an expression of rights, the way Sphere is conceived, and are quite-, are organised in a qualitative way, expressing a right, sort of, outcome, and the indicators really are where we need to explain this-, this notion of minimum requirement, and minimum indicator, and it-, it all runs around the idea that, to establish a safe environment for people who have been displaced, hit by disaster, for them to survive with a certain amount of dignity, and their health situation not deteriorating. That is the notion of evidence there. And, clearly, different, as we have said before, different sectors have different approaches to evidence. The Health Sector is much more prone to working with scientific evidence. It also depends on how new or established a certain area, sector, you know, theme is, and what I, actually, I just remembered the Child Protection Minimum Standards, when they were first published, someone said, 'Well, some of those indicators were actually really, you know, a best guess,' but the fact that they have been written down and become visible, in a more structured way, in a set of standards, that visibility allowed people, then, to start reflecting on those indicators, and realise, well, do they work? Do they not? And with the next revision, there was a much more informed discussion on the usability and feasibility of a certain indicator, than had that information never made it into the handbook in the first place. So, there must be different levels of certainty and confidence with which you can describe and support an indicator over time. Yes.

AO: Great. Really interesting, and that goes back to what Jude was talking about, with the Better Than Nothing approach, you know, that we basically need to get this minimum standard, so even without an existing evidence base, what can we try and reach for? Great. Jude, do you have any thoughts on this question?

JH: Yes. I think we do, as Aninia said, that it's, looking for the evidence for the indicators is very important, but there are still parts of-, parts of health that still do require some evidence for the actual action, too, and whether that's action or that's mode of delivery, as well, that's still something that we're looking for in parts of health, as well as the indicators themselves. It's not huge things, but yes, but it's important. So just thinking about use of vouchers, for example, in health there's so much discussion, there's some quite, sort of, passionate discussion about it, you know, causing more harm than good in certain contexts, and I think, also, another thing that potentially comes into the actions rather than the indicators, too, is some of the cost effectiveness and health prioritisation, which does form part of the section. So, the bulk of it is the indicators, but there are also these actions, which

predominantly relate to mode of delivery rather than actual intervention, but yes. So, that's how we're approaching it, and that's how we're approaching looking for evidence generally.

AO: Great, really helpful. So, indicators and actions, which kind of speaks to the classical, you know, evidence on implementation side. That's really interesting. We're going to move to Kit, actually, and pick up on one of the points, Kit, that came up in your presentation, but also in Severine's presentation. So, we saw in Severine's presentation that one of the areas where the number of studies available to map to the Sphere Standards was lowest, and I think we-, you know, WASH is a sector where this has been kind of the reputation for WASH for a while, that the evidence base is considered a bit low. As a recent example of this, the humanitarian evidence programme, which was a joint initiative between Oxfam and the Feinstein Centre at Tufts University, they carried out a number of systematic reviews, and the systematic review for WASH revealed 15,000, or over 15,000 articles on WASH, but only 47 of those 15,000 met the quality criteria to be included as an evidence base to inform the WASH sector. So, given that this formal evidence base, and I think we're putting through the link to that publication, for people who are interested in following up on that, on that study, given that the formal evidence base for WASH is lacking, I wanted to ask you where else you've been looking to find empirical support for your chapter standards. Youv'e mentioned the webinar next week, maybe you could talk a bit more about other resources that you, and your chapter co-author, have been looking to draw on. And speaking of your co-author, Jenny Lamb is with us in the chat box, and I just want to read out something that she's typed here, because I think it pertains to this question, and might connect to what you have to say on the topic, Kit.

Jenny has been saying that, you know, the WASH Sector, and the WASH Chapter, in the approach to evidence, needs to move away from a numbers focused approach. The evidence is too much about numbers in WASH, and not enough about the 'so what?' We need efforts to look at meaningful measurement of our outcomes, outputs, activities, etc., that provide us with better intangible evidence. So, Kit, maybe if you can reflect on how you've been trying to move away from numbers to looking at these meaningful measurements of outcomes, outputs and activities, and what does that mean for you, in terms of where you have to look for those references, given that the formal evidence base has been so weak?

KD: Yes, I was actually just chatting to Jenny offline, as well, and I think there's a couple of different areas (? 01.08.10-01.08.11) use evidence to make the-, the standard, in and of itself, a lot stronger.

And one of those things is, we actually did take a look at the standards themselves, Aninia's right, they are an expression of human right, and we were trying to look for existing programmes and practices and activities that, I guess, strengthen that right. So, that is exactly why we have these two new sub-domains, looking at WASH in a health response and WASH in a nutrition response. We probably have to find a better word for that. At the same time, when-, Aninia has talked about, also, that those minimum requirements are a red flag, if you like. So, in a different context, what's-, what's the evidence to show us that we need to be doing something? And historically, we've settled on those quantitative, yes, that's the right way around, quantitative indicators of number of litres of water per person, per day, and buckets, and distances, and all of that kind of stuff, and we're trying to lift that discussion so that we're looking at the outcome, if you like. I think Jenny used the 'so what?' or somebody else used the 'so what?' question. So what if we don't provide what we've said we'd provide? Is the outcome actually going to be different? And I guess, very much for us, the concept of what is evidence, it-, as has been rightly pointed out, there are very few randomised control trials, or, as Severine's word, scientific, well studied pieces of evidence that allow us to pick those numbers. They're the ones we've used for a very long time.

We're trying to shake that (? 01.10.13), we're trying to make sure that anything we put in there is useful for people to be able to say, 'Okay, so we've got a problem here.' And that's kind of where they initially came from anyway. I mean, 15 litres per person per day, it's very hard to live with any sort of dignity on 15 litres of water for a day. So, what's the consequence for that? If, and taking that down to the field level, it's to say, 'Okay, if you choose to use that number in your context, what are the consequences of that? Can you actually reach that number, for starters? Or is there another way that you want to be looking at it?' And in this sense, we're trying to force people back to the standard, to say, 'What are you actually trying to do here?' and in this case, we're trying to ensure that people have access to an appropriate, adequate, safe amount of water for their needs, and make sure that-, that the context (? 01.11.12) what that number might be. We will-, we had a long debate about whether we keep the numbers. We probably will keep the numbers in some sort of shape, but they won't be that simple one number. It'll certainly be looking at broadening the context to say that, 'Okay, if you're in this kind of a context, this is a number where you might like to start the discussion, but you're going to have to have the discussion.' We also recognise that the numbers are extremely useful for people who are, perhaps, working in really remote places, who don't have access to a lot of resources from their agency, or from national platforms, or from national governments, and it's useful for them to be able to have something that they can start thinking about, 'How am I going to plan this?' So, in that

sense, we're looking at numbers as being contextualised, in terms of a minimum requirement, but we're also looking to have a planning aspect to that number.

We are looking for that kind of discussion in a really broad group of people. One of the problems that we've faced, over and over, in any of the big forums for WASH, is it's the same people keep turning up, who are brilliant, they're fantastic, and they add a lot of value to the discussions, but we've been trying to reach out. So, we forcefully went looking for other people who work in the sector. People that we don't normally meet face to face with, on a regular basis. So, we went to local government actors, particularly urban local government actors. We went to the private sector. We've definitely brought the academics into the discussion, and that's part of what we'll be doing a lot more of in the coming, I guess, weeks and-, hopefully weeks, to try and strengthen what's already in there. We recognise it's a little weak to start with, we were hoping to have it stronger to start with, but I think we've (? 01.13.12) very strongly on the-, on the standard, to start with, and now we're trying to, sort of, flesh that out a little bit. That's it.

AO: Great. No, really, really interesting, and as Aninia, I think, said earlier, we could talk about this all day. I think what is really striking, especially from your comments, is how you're really trying to get people to engage with the standards in such a way that, you know, evidence is everyone's responsibility, right? They have to intellectually engage with these standards when they implement it, rather than implementing it as if it's a recipe book, and I think it just reminds us all that we all have a responsibility to play in making sure that everything is fit to context, and that we have the right information and learning from that context, that's informing the implementation. So, really interesting. Jude, I want to turn to you. We were going to talk about contexts later, but in the interest of time, I'll kind of combine this question with the context issue. We were talking about how when the Health Sector, in your presentation you were mentioning how there's quite a lot of data out there, so there's a lot of studies, so we wanted to hear from you how easy it's been, or how difficult it's been, to get accessible summaries and syntheses of that data and of that research, and maybe if you could also touch on that contextualisation issue that you briefly mentioned in your presentation, what references are you using to guide you in contextualising the health indicators?

JH: Okay. So, it has been relatively easy to get hold of studies and synthesised-, well, sort of, synthesised data. So, from the evidence from Tropical School, from various other bodies that are pulling information and studies together. A bit of a limitation lies in that they exist, if, you know, they

might be a case study, they might be a report of a certain response, but it doesn't necessarily help an implementer on its transferability and its applicability, and actually, where it sits within the-, within the current body of evidence. So, that's something that having various, you know, various groups, and Severine, certainly, trying to-, trying to help implementers and say, 'Well, this is-,' you know, 'This was a good quality study. This wasn't a good quality study,' and then actually, also working, I suppose, across the sector, to suggest more studies that need to be done, and modalities for that, as well. And yes, that then definitely falls into the question of contextualisation. There is-, there is so much variation in the opinion, I suppose, on the contextualisation. Some experts will say, 'Absolutely, this is the only way to manage this kind of an outbreak, irrespective of context,' and then, you know, talking about the same disease, others will say, 'Absolutely no.' We have been working with local actors, and we've done this in various ways. So, going out to-, for consultation in various emergencies across the world. Also looking at, kind of, retrospective analyses of emergencies that have already happened. And again, even within emergencies, you know, working within the same area, there is a very different-, you know, people suggest very different indicators, and very different minimum standards, which is very interesting.

Often, local actors will say, 'Well, we are using government guidance, we are using existing specific guidance.' So, you know, when it comes to cholera, there is the MSF guidance and WHO guidance that already exists, so they will say, well, then, that will form-, that will form the indicator. Or if there's government guidance, then that is what exists, as well. So, coming up with-, as Kit said, coming up with a number will be difficult, but actually then it's to do with a kind of, a safety-, a very much a minimum, and then making sure that within the text, within the document, and within how it's presented, just making sure that that doesn't mean that local actors, implementers, whoever, can't then look at it and go, 'Well, do you know what? We can-, we can do better,' or, 'We already have good local evidence for this that we will use as our-,' not necessarily as a, well, no, as their own minimum, rather than the overall minimum. So making it a very, kind of, you know, minimum of safety, and to, to ensure accountability, I suppose, in some ways, as well.

AO: Great, thanks so much. I want to turn to Severine, we've talked about the role of expert, or common sense, knowledge, in shaping the Sphere Standards. You also mentioned that you agree that practitioner expertise is important. Can you talk about how this might be combined with scientific evidence, and how to tell if practitioner expertise is of sufficient quality? And I guess a provocative-, a more provocative way of putting this is if practitioner expertise is enough then why do we need any

scientific evidence at all? Or how do we know when we need to actually fill a gap with new RCTs, or a new study, and how do we know when we can really on the existing common sense knowledge and practice that's out there? So, over to you, Severine.

SF: Thanks, Alice. That's a tough one. But yes, I think that it's-, it's important, really, to try not to have this scale of what is best evidence and what-, what counts more than other things, because otherwise, as we talked before, things like common sense, or expert opinion, will not be valued, and the indicators that are supported by that kind of information will be seen as less important than indicators that are supported by scientific evidence. I also believe that a lot of expert consensus comes from, obviously, their experience, and a lot of the time that experience is based on intervention and studies and scientific evidence, but not necessarily in a humanitarian context. I know that for my field, nutrition, there's a lot of really important findings and studies that have been proven to work, or interventions that have been proven to work well, but not necessarily in a humanitarian setting. And from these studies, then the experts actually decided what could be a minimum, or in a more emergency context. So, you know, like, expert consensus, it also depends on what was their discussion, of course. I'm not sure I'm answering your question, but it's a bit difficult to-, to answer that.

AO: No, that's perfect, great, thank you so much. I think it also connects to this issue of how the humanitarian research landscape has been changing, and whether or not it's actually changed enough, in terms of the production of research, and of evidence. So, I want to put this question, first, to Aninia, and then perhaps, if we have time, back to you, Severine, but we might have to move to our last question before the end. But Aninia, as an end user of research, because the Sphere Standards really are end users of research and evidence, how do you think that landscape needs to change, to provide more accessible yet rigorous studies for such important, practitioner-led initiatives, like the Sphere Standards?

AN: Well, what comes to mind is that, you mentioned before, well, what's the-, what's the research for? What's the evidence for? And what I am hoping that Sphere can contribute this time around, with the revision, and with this idea of an evidence repository, is to do better, and more visibly, what it actually has done before, already, which is also to indicate gaps in evidence. The guidance notes have always been, also, the place where we could note that a certain indicator is maybe based on a bit more shaky ground than other indicators, and those-, indicating those, showing those gaps in evidence, be that-, be that scientific evidence or simply expert opinion, or best practice, that can be a place for-,

for academics to go and say, 'Oh, I want to do a useful study, what's the question, what is there-, what is out there that needs an answer, and how can I contribute?' And then, so that would be one contribution that Sphere could make, by simply providing a clearer explanation of what evidence its indicators and actions are based. Yes.

AO: Great. Great, and Severine, maybe in just one minute or less, what, quickly, do you think academics can do to fix these gaps?

SF: I think that there's been more and more of what I find will probably help, is collaborations between NGOs and universities. I'm not saying that this was not existing before, but I think even NGOs like Action Against Hunger, of course MSF, with Epicentre and all these research centres, but there's more and more, I believe, collaborations between practitioners and in developing research questions together, and then, of course, running the research piece together and learning from each other. I think that's a really good way for the-, forward, I mean, sorry, so yes, maybe more of that.

AO: Great, great, more partnerships, we always like that, more collaborations. Good. So, we're nearing the end of the session, it went very quickly, that's because it's very interesting, and I would encourage people to follow up with the panellists for more questions, or for follow up on anything we've discussed today. But just to, kind of, close out, I want to go back to each of our four panellists and read out a question that's been submitted to us by Jeroen Jansen, who's the Director of Evidence Aid. Evidence Aid organised a consultation on the Sphere Standards, so we're posting the link to that consultation document now, and Jeroen asked, kind of, a broad horizons question. What should the long-term strategy towards a more evidence based approach for the Sphere Handbook look like, and what steps does it entail that we can take now? So, I'd like to hear from the panellists, what do you think this looks like for the future, and what steps can people who are listening to this webinar take to support this? I'd also kind of add at the end there, if you want to comment, you know, do you think it actually matters? This is a question we posed at the very beginning of the webinar, you know, does it matter that the Sphere Standards, you know, have an evidence based approach? Is it relevant to the NGOs and the other humanitarian organisations that use them? So, taking any part of those questions that you choose, we'll go to Aninia first.

AN: Yes, thank you. Where does-, where does the evidence discussion go? I don't know, but I know that the-, the simple fact that we're talking about evidence is already a step forward, and that it's not completely evident anymore that everybody thinks they know what evidence actually means. So, we

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need to unpack that term and we need to unpack what it means, and what it can contribute to humanitarian practice, and Evidence Aid has been quite, you know, also instrumental with that. And again, I think-, I think the transparency around evidence is the way to go, being very clear what we base our assumptions on, so that we can then build on that, as I've said before, indicating the gaps, and then moving from there. So, I think that's what-, that's one way where we can go. Yes.

AO: Great, and over to you, Severine. Your thoughts on what this long-term strategy might look like, what steps does it entail that people can take now?

SF: What Aninia just said, obviously, is-, is very relevant, and very good. I don't know that I have exactly something to contribute to that, but I'll take the opportunity of being able to speak to just add something that I wanted to say earlier, about this whole idea of adding indicators so that we talk about them, and so that they are included as minimum standards, although we don't really have enough information on them, and I think that one thing that would be important today, and that would probably make this whole process of having a more evidence based Sphere Handbook is probably, as I tried to say in the presentation, reduce the number of priority standards, and indicators, to having really strong, fewer indicators, and then more-, more things in the principles and the guidance notes, and of course, include them in the Sphere Handbook, and maybe as we go, and as we know more about-, about these different issues, then they can become indicators later on, once we know where they come from and how to measure them. Because I think an indicator that is not measurable, or attainable, will not really make things easy. Sorry I didn't quite, exactly, answer your question, but I just wanted to say that.

AO: No, that's great, that's perfect. So, quality over quantity. Great, so, Jude, final remarks from you?

JH: As Aninia mentioned earlier on, the addition of the outcome indicator, I think, is quite important for-, in terms of the evidence base, and making sure that we are doing the right thing, and if we're not, what-, you know, what needs to be changed. I think the outcome indicator doesn't necessarily need to be measured by every single NGO, every single, you know, local actor, but I think that is something that the academic community can work quite closely with Sphere, and with NGOs, and other agencies, to make sure that ultimately this-, the outcome indicator does somehow end up being measured or quantified in some way. Because I think, just having that, again, as a starting point, to make us think about what we're doing, for now is, actually, it's very important.

AO: Great, and final word from you, Kit? Thoughts on the future, and if and why evidence might still be relevant for the Sphere Standards.

KD: Yes. It's interesting, we find ourselves at this nexus point, if you like, where the academics are coming to the practitioners, and those of us who were practitioners, I guess, and now sit in head offices, we're all kind of coming together anyway. It's-, it's happening, we're seeing a lot of it, so those steps that we need to bring robust evidence to the table and across the broader range of contexts, the call to do that is pretty strong in our sector, possibly because we're coming from such a weak base. So, that's kind of happening, and I'm not entirely sure whether it's something that Sphere is driving, necessarily, but perhaps benefiting from. I think Sphere, as a project, if you like, over the last several, well, years, decades, has driven us towards that professionalisation, and I think by having something that we can look for, by having a framework by which we can actually measure whether we're doing what we set out to do, and whether what we're doing is having the right kind of impact on people who are affected, that discussion is definitely-, I think it's going down the right path, and that this process is helping us to have that. I definitely liked bringing in the issue of attainability, into the discussion, and that's something that's rally been troubling us as a sector, because it's been so much around these numbers, I guess, whereas the numbers really aren't the important thing. It's about that framework to accountability that's the important piece of it.

AO: Great. It's always good to end with a call to accountability, or not to accountability, so, fantastic. It just leaves me to thank everyone who's joined us this afternoon online, and of course, to our fantastic panel, really appreciate the time and the thoughts, and we look forward to-, to following up online and in the future, as we see the Sphere Handbook getting rolled out in 2018. So, thank you very much, and have a great day.

END OF TRANSCRIPT