

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



LSHTM Research Online

Roberts, B; Blanchet, K; (2018) Implementing sexual and reproductive health care in humanitarian crises - Authors' reply. *Lancet*, 391 (10132). p. 1771. ISSN 0140-6736 DOI: [https://doi.org/10.1016/S0140-6736\(18\)30750-5](https://doi.org/10.1016/S0140-6736(18)30750-5)

Downloaded from: <http://researchonline.lshtm.ac.uk/4647706/>

DOI: [https://doi.org/10.1016/S0140-6736\(18\)30750-5](https://doi.org/10.1016/S0140-6736(18)30750-5)

Usage Guidelines:

Please refer to usage guidelines at <https://researchonline.lshtm.ac.uk/policies.html> or alternatively contact researchonline@lshtm.ac.uk.

Available under license: <http://creativecommons.org/licenses/by-nc-nd/2.5/>

<https://researchonline.lshtm.ac.uk>

Title: The need for greater use of existing evidence in humanitarian response.

Authors: Bayard Roberts^{1*} and Karl Blanchet ¹

¹ London School of Hygiene and Tropical Medicine, 15-17 Tavistock Place, London, WC1H 9SH. United Kingdom.

*** Corresponding author. Bayard Roberts. Bayard.roberts@lshtm.ac.uk**

Word count: 361

In response to our paper calling for more rigorous research on health interventions in humanitarian settings,¹ we very much welcome the letter by Chynoweth *et al.* that raises the important issue that humanitarian health actors can also fail to *apply* existing evidence, particularly in regards to sexual and reproductive health.² Chynoweth note there are proven examples of effective interventions for family planning, neonatal health and sexual violence that the humanitarian community still fail to adequately deliver.

What may explain this failure to use existing evidence? In our paper we note a number of reasons why the humanitarian sector has been slow to meaningfully evaluate interventions and some of these reasons also apply to the uptake of existing evidence. A fundamental cause is the lack of awareness of available evidence among many humanitarian actors, and a preference for instead relying on usual practice and “gut instinct”. Changing this requires a cultural shift within humanitarian organisations, including building skills and capacity to better identify, analyse, interpret and apply evidence (particularly from epidemiological and economic data).

The failure of the humanitarian community to adequately use evidence also suggests researchers are failing to effectively communicate their findings or that they are conducting research of limited relevance to humanitarian actors. This requires academic institutions to better understand the needs of operational agencies and decision-makers, their perceptions on the use of evidence, and to provide more relevant and timely evidence. There are some initiatives seeking to promote humanitarian and academic research collaborations such as the RECAP project and these should be strongly encouraged.³⁻⁵ Improved open access digital platforms are also required to better share information, data and evidence amongst the various actors of the humanitarian system.

The failure to sufficiently use evidence-based interventions also highlights weaknesses in humanitarian governance. Donors should use greater incentives and sanctions to require the humanitarian agencies they fund to use evidence-based approaches. Similarly, United Nations agencies responsible for coordinating humanitarian response and setting normative standards

should apply and enforce evidence-based approaches. The use of evidence should not be seen as a luxury in humanitarian settings, but as an essential means of improving humanitarian responses and as a core part of humanitarian accountability.

References

1. Blanchet K, Ramesh A, Frison S, et al. Evidence on public health interventions in humanitarian crises. *Lancet* 2017; **390**(10109): 2287-96.
2. Chynoweth S, Amsalu R, Casey S, McGinn T. Application of the Evidence Base for Sexual and Reproductive Health in Humanitarian Crises. *Lancet* 2018.
3. RECAP: Helping to improve humanitarian response. 2018. <https://www.lshtm.ac.uk/recap> (accessed 6 March 2018).
4. ALNAP. 2018. <https://www.alnap.org> (accessed 6 March 2018).
5. Evidence Aid. 2018. <http://www.evidenceaid.org> (accessed 6 March 2018).