MSF Luxembourg
Operational Research

2016 Annual Report
Summary
**INTEGRATE OPERATIONAL RESEARCH WITHIN FIELD PROJECTS**

Operational research and medical data support visits were conducted in various countries including Egypt, Sierra Leone, Serbia, Italy, Greece, Liberia, Pakistan, Lebanon and Haiti.

**CONDUCTING AND PUBLISHING RESEARCH**

Publications are an important scientific indicator of successful study completion and reporting. There were **126** OCB-supported publications in 2016 (Figure 1). Types of articles included perspectives and viewpoints, original research and short reports. Publications involved **17** thematic areas (Figure 2).
FIGURE 1: TREND IN YEARLY PUBLICATIONS
Peer reviewed scientific publications «MSF - Brussels» 1994 - 2016

FIGURE 2: DIVERSITY OF PUBLICATIONS IN 2016 (N=126)

<table>
<thead>
<tr>
<th>Topic</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB/MDR - TB</td>
<td>20%</td>
</tr>
<tr>
<td>Ebola</td>
<td>16%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>11%</td>
</tr>
<tr>
<td>HIV/TB co-infection</td>
<td>7%</td>
</tr>
<tr>
<td>Humanitarian emergencies</td>
<td>6%</td>
</tr>
<tr>
<td>Surgery, Anaesthesia</td>
<td>6%</td>
</tr>
<tr>
<td>NCD</td>
<td>6%</td>
</tr>
<tr>
<td>Sexual/Reproductive health</td>
<td>5%</td>
</tr>
<tr>
<td>Malaria</td>
<td>5%</td>
</tr>
<tr>
<td>Refugee crisis</td>
<td>4%</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td>4%</td>
</tr>
<tr>
<td>Operational research</td>
<td>4%</td>
</tr>
<tr>
<td>Rational drug use</td>
<td>2%</td>
</tr>
<tr>
<td>Water, Hygiene, Sanitation</td>
<td>2%</td>
</tr>
<tr>
<td>Mental health</td>
<td>1%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>1%</td>
</tr>
<tr>
<td>Health systems</td>
<td>1%</td>
</tr>
</tbody>
</table>
Pushed by ongoing conflicts and pulled by the desire for a better life, over one million migrants/refugees transited Balkan countries to Europe during 2015 and early 2016. To curb this influx, European countries instituted restrictive migration policies including building of razor-wire border fences and stringent border closures.

We conducted operational research in Serbia to better understand the extent and types of violence faced by migrants/refugees.

Of 992 migrants/refugees seen in MSF mental health clinics, 14% were vulnerable including unaccompanied minors and pregnant women.

The most frequent mental health symptoms/signs included anxiety and post-traumatic stress syndrome. Of all patients, 27% had experienced violent events during their journey and 22% had signs of physical trauma. Two-thirds of this violence was perpetrated by State authorities including those in Europe. An increasing trend in reported violent events was observed at MSF mental health clinics (Figure 3).

In conclusion there is “a crisis of protection and humane treatment” which needs to change towards one that respects international human rights and refugee law.
DISSEMINATION OF OPERATIONAL RESEARCH

Dissemination of operational research was done in several ways including: OR Days (Brussels, India and Zimbabwe); LuxOR newsletters and lay summaries of recent publications. OR Days continue to enhance the perceived value of research within MSF. Presentations from 2016 are available online at orday.msf.lu and through the MSF Field Research website. All OCB publications are now accessible on hand-held devices.

A “MSF Kiosque Application” allows access using iPads, iPhones or Androids. The MSF Field Research website (www.fieldresearch.msf.org) continued to archive MSF-authored publications from the entire MSF movement. Since 2010, there were over one million cumulative downloads around the world. This is encouraging as it shows global interest in research done by MSF and indirectly indicates that we are addressing important knowledge gaps.

FIGURE 3: TREND IN MIGRANT/REFUGEE ARRIVALS AND VIOLENT EVENTS /100 consultations in Serbia in relation to Balkan border closures (2015-2016)

Closures:
- Austria & Hungary
- Hungary & Croatia
- Slovenia & Croatia

Number of arrivals
Violent events/100 consultations
Arrivals

Violent events/100 consultations

Oct Nov Dec Jan Feb Mar Apr May Jun

Closures:
- Austria & Hungary
- Hungary & Serbia

Balkan countries allow entry only to Syrians and Iraqis.
EU-Turkey deal initiated

Closures:
- Austria & Sloveni
- Slovenia & Croatia

Balkan countries allow entry only to Syrians and Iraqis.
EU-Turkey deal initiated
SUSTAINABLE RESEARCH CAPACITY DEVELOPMENT (THE SORT-IT PROGRAM)

The operational research training programme developed by MSF-Luxembourg and partners in 2009 has been adopted by the World Health Organisation (WHO) and is now branded as Structured Operational Research and Training Initiative (SORT IT). Under the leadership of WHO, it has been scaled-up globally. By December 31st 2016, a cumulative total of 467 participants completed SORT IT courses in 85 countries, demonstrating the catalyst effect of this model of training. Of 33 completed courses attended by 375 participants, 339 (90%) completed all milestones with a total of 485 papers submitted to peer-review journals, of which 288 (75%) were in press or published by the end of 2016.

In 2016, key SORT IT achievements included: implementation at country level (India, Kenya and Pakistan, Myanmar); malaria elimination in Southern Africa; use of qualitative research methods; creation of distance learning modules and crossing the English Language publication barrier through publications in multiple languages including Russian, Spanish and Portuguese. The SORT IT teaching materials are now available in an open-access manner through or.msf.lu.

SORT IT participants also benefit from the Tropical-Education Network for continuing education including contributing towards a Masters in Public Health (MPH) and/or PhD opportunities from several European universities (e.g. Universities of Bergen, Nijmegen and Amsterdam).

FOCUS

Ebola, operational research capacity building and health systems recovery
Of particular importance in 2016 were the thematic SORT IT focused on Ebola and health systems in Liberia and Sierra Leone.

The 2014/2015 Ebola outbreak which principally affected West Africa was by far, the largest, most prolonged and devastating outbreak in history. Sierra Leone and Liberia were the most affected with about 25,000 cases and 9,000 Ebola related deaths - the highest ever recorded!

The health care systems in these countries were already dilapidated due to decades of civil war and the Ebola outbreak accentuated the situation. The health systems were left on the verge of crumbling and more susceptible to new outbreaks. Alas, the media cameras retreated and so too the attention of the international community.

As a concerted effort with Ministries of Health, the World Health Organisation, The International Union Against Tuberculosis and Lung Disease (The Union) and MSF, 16 operational research studies were led by district health officers from these countries. SORT IT aimed to:

a) build country-level capacity in assessing the detrimental effect of the Ebola outbreak on health care;
b) use the findings to advocate and guide efforts towards health systems recovery.

ASSESSING THE INFLUENCE OF OR ON POLICY AND PRACTICE

Resource investment by MSF is largely dedicated “upstream”, for generating evidence - until the publication milestone. There has been little or no investment “downstream” - beyond the publication milestone - which makes assessment of policy and practice change a challenge. With a view to changing this paradigm, a number of steps have been taken. They include: a) introduction of a policy and practice advisor in LuxOR; b) linkage with the Manson Unit in London to introduce a Research Impact Monitoring Tool (REMIT); c) linkage with Vital Strategies USA to introduce a dedicated and “stand-alone” module on how to write policy briefs and foster policy and practice change.

PROMOTING THE COLLECTION AND USE OF MEDICAL DATA

Extra support was given to medical data systems for the subjects of torture, sexual violence, mental health, migrants and hospital care and the development of the EpiData software with colleagues from The TB Union continued. Validation of epidemiologist profiles and closer collaboration with the epi pool is also on course.

OTHER ACTIVITIES

Fundraising activities were initiated and targeted foundations and philanthropic groups in Luxembourg. 2016 also marked the 30th birthday of MSF Luxembourg and various activities were undertaken by the team to highlight its role in operational research. LuxOR has also been nominated to the highest advisory groups on operational research including at the World Health Organisation. This allows us to influence international guidelines and perspectives on global health.
PROSPECTS FOR 2017

Looking forward, we plan to continue improving organization and communications between team members in various parts of the world. The role of the Program Officer in building a cohesive team approach will be vital. A pool of competent human resources will also be built to facilitate “gap filling” when needed.

While continuing to conduct research, LuxOR will improve its focus on moving research into policy and practice. This will be done by introducing metrics, resources and skills needed to measure and foster translation of generated evidence into policy and practice. Collaboration with others stakeholders (Vital Strategies, The TB Union, WHO, and EVIPNet) will be enhanced to maximize synergies. Ways for promoting the collection and use of medical data and sustaining an epidemiology and operational research support pool, including research alumni will also be explored.

Where possible, we will collaborate with other MSF units and international partners to maximize synergies in operational research, advocacy and funding.

Finally, we will strive to activate the Luxembourg MSF Foundation to serve as a complimentary structure to boost sustainable capacity building, networking and humanitarian reflection based on evidence from operational research.

Photo cover:
A syrian woman spoke to MSF from behind the barbed wire and fence surrounding the Samos island hotspot that has been turned into a detention centre for asylum seekers.
© Mohammad Ghannam/MSF