MSF OPERATIONAL RESEARCH (OR) aims to improve medical programs in low- and middle-income countries. The research is designed to help bridge the gap between science and practice, and engage health professionals to find context adapted solutions for their patients.

LuxOR – Luxembourg Operational Research - coordinates field research projects and OR training courses and provides support for other documentation activities and routine data collection. The unit is linked to MSF Brussels operational centre (OCB), but collaborates with other sections and health institutions. Its team of researchers are based in several countries, including MSF’s missions worldwide. The unit is funded by Médecins Sans Frontières, and governed by its Board of Administration.

I. EBOLA - RELATED OR ACTIVITIES

Several members of the OR unit and a number of trained alumni of the OR training were made available to MSF missions and other NGOs in Guinea, Liberia, Sierra Leone and the Democratic Republic of Congo.

Furthermore, the OR unit supported the MSF emergency unit in the following areas: coordination of the OCB OR agenda, data support, support for scientific presentations at various events and publication of journal articles on Ebola. This unprecedented utilization of in-house OR capacity encouragingly paves the way for future epidemics and emergencies.

II. ADVOCACY AND INTERNATIONAL RECOGNITION OF OR

For the first time, the scientific advisory group to the European Parliament granted MSF and its partners the opportunity to address EU Parliamentarians on the importance of OR and the need to begin OR-dedicated funding within the European Union. An article was published in the Lancet Global Health entitled “Calling on Europe to support OR in low-income and middle income countries”, press releases were published by MSF, The Union and the WHO, and this campaign continues.
III. SCIENTIFIC PUBLICATIONS

OCB-supported publication outputs reached a record-breaking 120 peer-reviewed articles with diversification into 14 thematic areas (fig.1 and fig.2). Nineteen of these included publication support to collaborating Ministries of health and NGO’s.

LuxOR firmly promotes the principle of open access within the publication industry. Online open access journal publications aim to ensure that knowledge is freely accessible in a timely manner so that it can be used to improve people’s health, particularly those in low- and middle-income countries.

We have practiced what we preached with 75% of all OCB articles published in open access journals in 2014.

* Most of the OR-related publications are viewpoints which essentially serve to improve the visibility of OR as a useful science for resource-limited settings.

** A considerable proportion of TB papers come from SORT IT courses.
IV. RESEARCH DISSEMINATION AND COMMUNICATION

Dissemination was achieved through a number of channels including: peer-reviewed publications, the annual OR Day in Brussels, conferences, the MSF Field Research website, the LuxOR newsletter and press releases.

The international MSF Field Research website (www.fieldresearch.msf.org) continued to archive MSF-authored publications from over 100 journals and 35 publishing houses, and to make them available free-of-charge. In 2014, the monthly downloads of 18,000 almost doubled those of 2013.

V. OR TRAINING (the SORT-IT program)

The OR training was launched in 2009 in partnership with the Union and partners and today belong to a global partnership called SORT-IT (Structured OR Training Initiative). OR courses were scaled up to 70 countries in 2014 (including Europe, Asia, Africa, South Pacific and Latin America).

The course develops skills of programme staff to conduct and publish operational research. Participants are supported by experienced OR fellows and submit a paper to a scientific journal in order to complete the training.

Course participants benefit from the Tropical-Education network for education in International Health (which can lead to obtaining a Master of Public Health or PhD from European universities). Importantly, OR courses serve to increase OR capacity in areas where major gaps in medical data collection and documentation are identified, resulting in more relevant OR being conducted, improved health interventions and ultimately, more lives saved.

Cumulatively, for the 20 completed courses attended by 236 participants, 190 (81%) successfully completed their training. A total of 224 papers have been submitted to peer-reviewed journals of which 197 (88%) were in press or published by the end of 2014. This course is unique in that it includes non-MSF participants, thereby fostering diversity of thinking and new ideas and helping to build partnerships and advocacy. An independent evaluation of SORT-IT conducted by Technopolis for the Union in 2014, and including MSF and partners, highlighted the unique and added value of this initiative (http://bit.ly/1CUleBe )
VI. RESEARCH IMPACT

Although publications are vital for enhancing dissemination of MSF’s work and supporting advocacy, the ultimate value of OR is its impact on policy and practice. An early assessment of publications between 2009 and 2012 showed that 74% of OR studies had a direct impact on program implementation. A similar assessment involving participants of SORT IT courses showed that over 60% continued with research activities after course completion and received strong institutional support. The first SORT IT course in Kazakhstan was organized in two languages (Russian and English), opening up the training for Russian-speaking health professionals. For the first time, we were also able to publish in dual languages (English and Russian) – in the Public Health Action journal. Both initiatives help pave the way for future French and Spanish courses and publications.

EXAMPLE 1

OR made a difference for pregnant Ebola patients and survivors and for MSF clinical management of such patients. New information from the 2014/2015 epidemic showed that if a pregnant woman survives Ebola, her amniotic fluid remains Ebola positive even after her blood is negative, even a month after her discharge. This means that persons assisting in childbirth are exposed to a high risk of infection without proper protection. MSF adapted case management protocols for pregnant women accordingly: pregnant Ebola patients and survivors are offered several choices, including termination of pregnancy, accommodation in the Ebola case management centre EMC until her delivery or, if she wishes to go home, MSF will remain in daily contact and organize her transfer back in the EMC when she is in labour.

EXAMPLE 2

In 2014, MSF programs for survivors of sexual violence (SV) benefitted from operational research. A study was carried out in SV programs in both a conflict area and a post-conflict area in DRC, describing the respective patient characteristics, patterns of sexual violence and effective health promotion. The findings for each area contributed to a different model of care for SV patients in other countries. In Zimbabwe, the social component (social protection, reunion of the patient with the family) has been further developed. The research carried out in the post-conflict area underlined that as many of the young victims children are abused by a known person(family, neighbours...), the social component is extremely important for the patient’s recovery. In Egypt, MSF admits many patients having suffered SV or torture (including male victims), and has adapted its program to develop social and psychological support and follow up of the patient including male survivors.
VII. MEDICAL ACTIVITY REPORT

The sixth edition of the annual OCB Medical Activity Report (2014) was published with coordination and support provided by the OR unit.

VIII. OR FELLOWSHIPS

An OR fellowship program has existed since 2011 and the current pool of MSF fellows has increased to nine in 2014. A fellow’s role is to support development of innovative approaches and ideas within programs, support field implementation of OR and contribute to critical reflection on data, program orientation and the impact of MSF interventions. Since 2011, the cumulative outputs of the nine fellows included 347 research projects with 188 published or in press.

IX. LOOKING AHEAD FOR 2015

We will continue to foster the utilisation of OR as a science which searches for interventions, strategies, and tools that improve program performance and the care we offer in our missions. Project visits will be undertaken to understand program constraints and generate relevant OR questions.

We will continue to actively diversify the OR portfolio in line with MSF operational prospects. This will be achieved by: using regional epidemiologists, OR alumni and fellows to provide decentralized support to countries; develop SORT-IT courses to build OR capacity in thematic areas and in francophone Africa.

Decentralized dissemination of OR findings will be enhanced by expanding the successful OCB OR Day to Asia and Africa.

Career opportunities for MSF OR fellows will be explored through links to universities to offer a PhD and the possibility of WHO fellowships.

Finally, efforts continue to explore using the pre-existing MSF-Luxembourg Foundation to host the capacity building activities.

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