

Panel Discussion: Assessing and Improving the Impact of MSF's Research

Chair: Philipp du Cros, MSF, London, UK

Panellists: Dermot Maher (Wellcome Trust), Manica Balasegaram (MSF Access Campaign), Virginia Barbour (PLOS Medicine), Helen Bygrave (South African Medical Unit, MSF)

The panel discussion will be informed by the results of an online questionnaire sent to researchers in MSF earlier this year.

How and why does MSF's research have impact?

Louise Bishop, Sarah Venis (MSF, London, UK)

Aim

The aim of the questionnaire was to gather thoughts and opinion on the impact of MSF research. Impact was defined as “effects on practice in the field, on clinical or laboratory guidelines, or on national or international programmes or policies”.

Findings

The most successful, high-impact MSF research:	Barriers to MSF research having impact include:
<ul style="list-style-type: none">• Is rooted in the resource limited settings in which MSF works and has (often unique) experience• Documents and facilitates change through innovation (new treatments or models of care) and implementation (e.g. in novel populations or locations)	<ul style="list-style-type: none">• A lack of understanding of the importance and relevance of research to clinical care• Strategic and resource issues: lack of capacity, no sustained focus or planning for the longer term, problems with internal organisation and coordination, high staff turnover, skills gaps at both HQ and project level
<ul style="list-style-type: none">• Uses collaboration and partnerships in carrying out the research and in communicating findings	<ul style="list-style-type: none">• Lack of engagement and collaboration with: policymakers and MoHs; research institutes, endemic country academics, and research networks; local people; internal MSF networks
<ul style="list-style-type: none">• Is integrated with advocacy	<ul style="list-style-type: none">• No link to advocacy; not having a plan/aim for how to achieve wider impact after publication
<ul style="list-style-type: none">• Recognises that quality (e.g. clinical trials, systematic reviews) is important, but also timeliness	<ul style="list-style-type: none">• Insufficient quality in study design and execution (lack of rigour, ethics review, randomisation, or controls; poor protocols/methodology or reproducibility)
<ul style="list-style-type: none">• Has a well-defined research question that addresses a perceived need	<ul style="list-style-type: none">• A tendency to document what was done, rather than asking a specific question

MSF studies mentioned most commonly as having impact

NECT trial –development of new drug treatment for sleeping sickness¹

Community based antiretroviral therapy support groups in Mozambique²

Malaria ACT (artemisinin combination therapy) trials³

Free ART (antiretroviral therapy) for improving adherence in Kenya⁴

Cotrimoxazole preventative therapy in patients with TB and HIV⁵

Nurse management of HAART in Lesotho⁶

TB diagnostics⁷

How to improve the impact of MSF's research

Strategic level

- A strong internal commitment to research (for example by disseminating research findings and implementing them in all relevant MSF projects, through regular monitoring and evaluation, and by documenting and learning from impact), as well as financially, and in increasing staff capacity through training, especially for project staff.
- A research strategy would be beneficial in identifying and prioritising gaps and needs; this would need an integrated overview of research across MSF, accessible to all.

Individual research projects

- The impact of research needs to be considered at the planning stage, with a timeline that includes a post-publication plan for dissemination and advocacy.
- Studies should be well-designed, and have a focused research question.
- At an early stage, research should engage with external collaborators (policymakers, academic institutions, and national governments), as well as internally (both between project/HQ and across sections).

¹ Lancet 2009, 374:56-64.

² J Acquir Immune Defic Syndr 2011, 56(2):e39-44

³ PLoS Med 2008, 5(8) e169

⁴ T Roy Soc Trop Med H 2008, 102, 288—293

⁵ BMC Public Health 2011, 11:593

⁶ J Int AIDS Soc 2009, 12 (1):23

⁷ Lancet 2011, 377(9776):1495-505