Snapshot – MSF Scientific Day 2013

Watch the presentations: online here (until end August). View the posters: online here

The 2013 MSF Scientific Day continued the trend of improvement in the quality of research presented from across all MSF sections – aided greatly by our Editorial Reviewers drawn from across MSF, Epicentre, the Access Campaign, PLOS Medicine and Biomedcentral.

It had a global audience of around 2000 people. As well as almost 300 people in the auditorium, 1700 computers logged on in 92 countries. We had 1100 Twitter mentions from 45 countries (“Streaming from Kenya @ the Dadaab Refugee camp”) reaching 8million cumulative Twitter followers. The online audience were active participants, asking questions put directly to presenters.

Some online thoughts: From @LancetGH “Shocked silence in the room as Jane Grieg describes effects of a devastating lead poisoning outbreak in Zamfara, Nigeria”; “I'm so impressed with the livestream - if only similar was freely available for many other conferences”; “Excellent day with an extremely high quality of presentations and research carried out in the field.”

And, tellingly: “It seems people around the globe express huge interest in such event. Can we organize it on regular basis?” Well, yes we can - the event has run since 2004, but as this comment shows, only with the online version are we reaching people in the countries where MSF does much of its work – sponsorship by PLOS Medicine and BioMed Central allowed us to do this for no extra cost.

The highlight for many was the keynote speaker Hans Rosling who entertained, challenged MSF to base decisions on sound evidence (“use Excel not Word”) and climbed on a table. With the showmanship came serious messages. Lindsay Kobayashi in her PLOS Public Health perspectives blog and Sarah Kessler (Lifebox) give more detail – here are just a couple of Hans’ points:

1. If you respond to a humanitarian crisis and want to do research, you need extra resources.
2. If, as a humanitarian response, you do something perfectly, you have taken a resource away from somewhere else. Listen to the people who are affected and give them what they need, rather than aiming to be the “perfect” aid worker. You will never do it, and you don’t want to leave a place in a situation where your intervention is not sustainable.

But most of the challenges for MSF came from the MSF presenters themselves. As Philipp du Cros (Head of Manson Unit, MSF UK) noted in his round-up of the day, the overall challenge is to see how MSF can work towards answers (and present these at the next Sci Day) to questions such as:

How can we ensure that proven evidence swiftly results in MSF programmatic change? (Martin de Smet flagged the long time-lag in many MSF projects to switch from ineffective malaria treatments to those endorsed by WHO in 2011)

Are elderly people ignored in MSF emergency responses and what would it involve to adapt our responses? (Philipp du Cros highlighted unexpectedly high mortality rates in people over 50 years old in refugee camps in South Sudan)
Should MSF take over water and sanitation activities in responding to hepatitis E outbreaks and/or consider vaccination campaigns? (Ruby Siddiqui analysed the factors underlying a two-peak epidemic in refugee camps in South Sudan)

Can MSF use the benefits shown in the TB blog to expand the blog in TB or in other diseases? (Shona Horter presented qualitative research on the experience of the TB&Me bloggers)

These questions fed into discussions around the impact of MSF research. MSF has published over 1000 papers, with variable uptake (discussed by Jean Liu of Altmetrics). Are we asking the questions most relevant for our patients? And how do we know whether our response has been effective? At the end of a panel discussion on these issues, the audience voted:

**What is the most important next step in improving research systems in MSF?**

1. Identify and prioritise research gaps and needs in order to develop an MSF-wide research strategy (44%)
2. Deliver training for (particularly field) staff in research techniques (13%)
3. Increase internal funding and recruit skilled staff for strategic programmes (10%)
4. Forge stronger links with external collaborators both academic and Ministry of Health (33%)

**What is the most important next step in improving research impact in MSF?**

1. Systematically document and record the impact of MSF research (21%)
2. Make sure all MSF research is freely accessible to everyone, by publishing in open access journals (39%)
3. Require all research proposals to have a post-publication plan for dissemination and advocacy (30%)
4. Match researchers to people with advocacy expertise within MSF (10%)

**Impact** was important to many attendees: "I was very surprised at how much evidenced research and tools/techniques are generated by MSF core work. This needs to be better understood and leveraged"; "Very interesting to hear when/where/how MSF research has led to policy changes and/or improved outcomes"; PLOS Medicine summed up the impact panel with: “publish open access, measure article-level impact, share & publish your data pic.twitter.com/GAhDjImXUu”.

One of the most graphic demonstrations of impact came in Estrella Lasry’s presentation on malaria chemoprophylaxis, where she showed how the intervention had emptied a usually overflowing hospital ward, delighting the audience: "The photo of empty malaria beds was the highlight of the session! Well done!"

And the honesty of a presentation on a medical error reporting system initiated in MSF by Leslie Shanks drew a lot of praise: “Very good; I like very much to see MSF that reflective and self-critical”

The MSF Scientific day aims to inspire MSF to do better research but also to ensure that we ask relevant questions and seek to answer them reliably. Most importantly when MSF does research the answers should lead to better treatment, programmes and policies, which ultimately result in more lives saved – fundamentally, our research must have impact.