Approaches to the Use of Research Knowledge in Policy and Practice during the Syrian Refugee Crisis

Médecins Sans Frontières approach in transferring research knowledge to policy and practice during the Syrian refugee Crisis

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Opening Remarks

This research is in the context of internally driven **quality improvement exercise**

MSF granted permission to present information in a way that did not disclose individual's identity

Background - Introduction 1

Efforts to bridge the gaps between research, practice and policymaking – what some have called **knowledge translation (KT)** -- have become an essential contributor to health policy and system change (Lavis et al. 2006)

Background - Introduction 2

Many gaps have been identified in the research literature about such efforts, including a lack of research on the **barriers** to and **facilitators** of different KT interventions (Ellen at el., 2013), on the benefits, harms and cost-effectiveness of KT interventions (Lavis, 2009; Panisset et al., 2012), and on which intervention elements are key in which contexts (Ellen et al., 2013)

Background - Introduction 3

- Over a thousand systematic reviews have examined the effectiveness of strategies to support **evidence-informed practice** (Wilson et al. 2013)

- And a systematic review of 124 observational studies has identified the factors that need to be addressed by strategies to support **evidence-informed policymaking** (Catallo et al. 2013)

- Existing resources (i.e., systematic reviews) can be mobilized with **sufficient speed** to address the **timeliness** of research evidence availability directed toward making it easier for public policymakers to make decisions in the midst of an urgent decision-making process (Lavis, 2016)

Background - Context 1

Over

4 Million

refugees have fled the conflict in Syria, with the majority now residing in Turkey, Lebanon, Jordan, Iraq, and Egypt

→ Providing essential healthcare has become a significant undertaking

→ The scarcity of available resources makes it essential that resource allocation is based on **research evidence** to maximize the health outcomes of vulnerable populations

→ Efforts to **support** the use of research evidence in decision-making have become an important component of how organizations address crisis
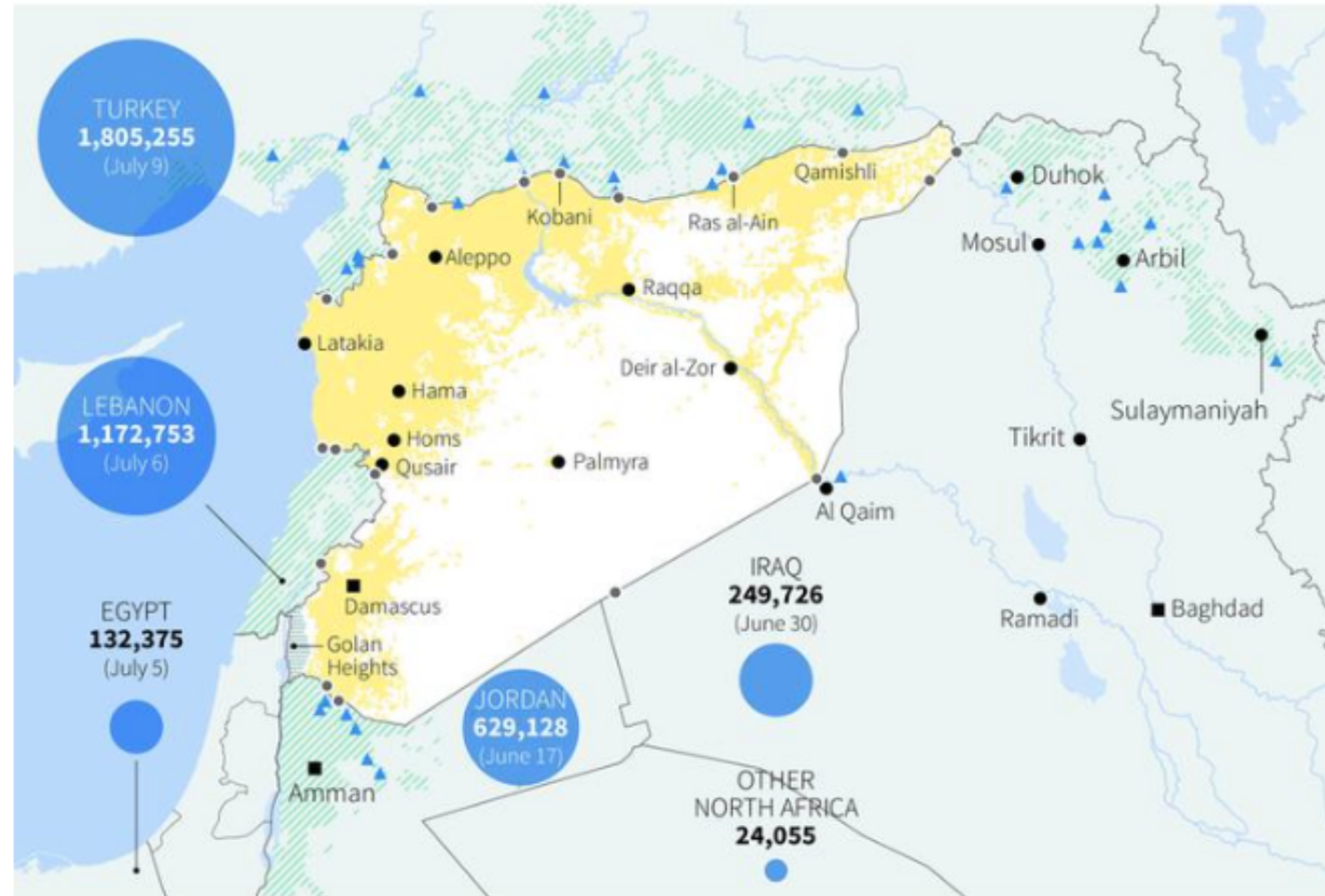
Background Context 2

Syrian refugee crisis

Egypt, Iraq, Jordan, Lebanon and Turkey are hosting more than four million Syrian refugees, according to the latest UN High Commissioner for Refugees (UNHCR) data.

SYRIAN REFUGEES IN NEIGHBOURING COUNTRIES

- Area of refugee concentration
- ▲ Refugee camp
- Main areas of conflict and displacement
- • Border crossing

TURKEY
1,805,255
(July 9)

LEBANON
1,172,753
(July 6)

EGYPT
132,375
(July 5)

JORDAN
629,128
(June 17)

IRAQ
249,726
(June 30)

OTHER NORTH AFRICA
24,055

Qamishli · Duhok
Kobani · Ras al-Ain
Aleppo · Mosul · Arbil
· Raqqa
· Latakia
Deir al-Zor · Sulaymaniyah
· Hama · Tikrit
· Homs
· Qusair · Palmyra
Al Qaim
Damascus · Ramadi · Baghdad
Golan Heights
Amman

Sources: UN High Commissioner for Refugees (UNHCR); U.S. Department of State's Humanitarian Information Unit.

C. Inton; W. Foo, 16/07/2015

REUTERS

Background - What is the problem?

The challenge of delivering evidence informed medical and humanitarian interventions can be broadly described under three main themes:

1. the production of research evidence in crisis situations is **challenging**; and

2. in crisis situations, there is a **gap** on how to best utilize research evidence to inform decision making in the field; and

3. there is a need to examine **organizational capacity** for more evidence-informed decision making

Background - Research Questions

1. What are some of **MSF's approaches** to supporting evidence informed decision-making in healthcare delivery for the Syrian refugees?

2. What are some of the **barriers** and **facilitators** to using these approaches in delivering healthcare during the Syrian refugee crisis?

Methods

Literature review on non-governmental organizations (NGO) use of research evidence to inform decision making in healthcare delivery and then particularly in crisis situations

Key informant interviews
- In-depth semi-structured key informant interviews
- Purposive sampling was used to select participants for the interviews to achieve a balance between medical, non-medical, heads of mission, operations, and researchers at MSF
- Interviews were transcribed and categorized into main themes
- Interim analysis was shared with interview participants

Results - Interviewees

9 Participants

2 Researcher

5 Senior Management

2 Head of Mission
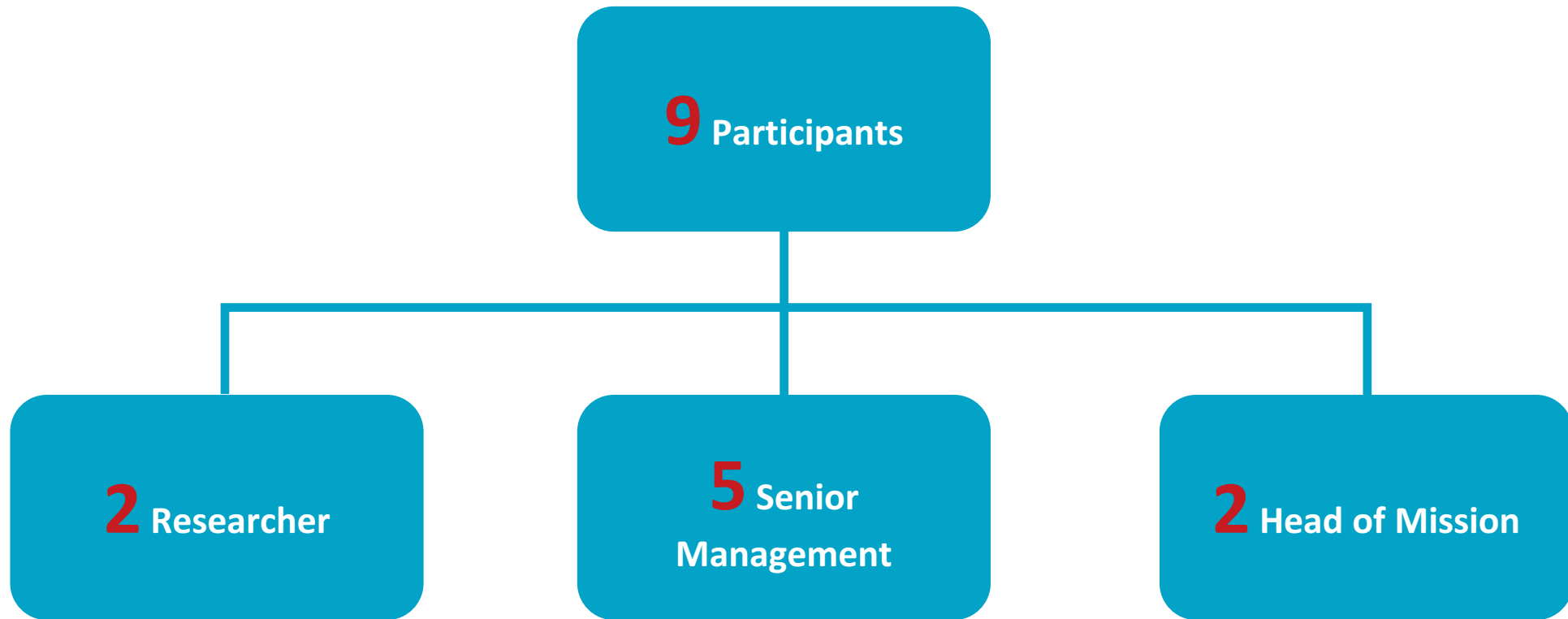
Results: MSF's approach to supporting evidence-informed decision-making

1. **Research evidence is utilized in medical and humanitarian aid interventions but not in health systems strengthening**
   - MSF adherence to evidence-based practice is **much higher** for medical interventions than in humanitarian aid interventions
   - Delivery of humanitarian aid interventions at MSF relies on **past experience** and **personal intuition**
   - Subsequent evaluation of supporting evidence-informed decision-making at the health systems level is needed

2. **Balancing the systematic use of research evidence and personal intuition/experience**
   - MSF employs a **selective process** in using research evidence
   - General tendency by some key stakeholders within the organization to **resist** the use of research evidence

Results: Facilitators to MSF's use of research evidence in decision-making

1. **MSF operational staff periodically engaged in field visits identifying major knowledge gaps**
   - *"Field trips allow for a critical look into what is happening in projects to formulate clear research questions and to come back to the field with more research evidence to improve current situations"* (mission program responsible)

2. **MSF uses surveys to assess and identify research gaps in the field**
   - Findings from survey help structure operational needs
   - Through the use of surveys, MSF was able to identify **NCD's** as a main health concern for many of Syrian refugees

Results: Facilitators to MSF's use of research evidence in decision-making

3. **MSF position as an emergency aid provider in crisis situations**
   - MSF is both a **user** and a **generator** of research evidence
   - An example of this is: NCD management among the Syrian refugees in Jordan

4. **MSF efforts to connect all relevant research to operational needs and decision-making process**
   - Send researchers to **field missions** to identify key knowledge gaps, and return to HQ to conduct research that serves the purpose of **operational needs**

Results: Barriers to using research evidence in decision-making

1. **Lack of a receptive climate for research remains a barrier to the utilization of research knowledge in decision-making**
   - Research knowledge is seen by some stakeholders as belonging to the academic world and therefore has **little relevancy** to humanitarian aid sector

2. **No clear collaborative efforts among the five distinct operational centers to generate and exchange research knowledge to inform decision-making**
   - Some of MSF operational centers have the **capacity to generate and utilize** research evidence due to the presence of a research unit within their centers (i.e., Geneva, Brussels, Amsterdam, etc.) while others don't

Results: Barriers to using research evidence in decision-making

3. **Stakeholders assertion that new contexts need new evidence**
   - A pressing challenge MSF faces is in new contexts where MSF **does not have previous knowledge or experience**
   - Identifying which elements of the research evidence are successful while being **context specific**

4. **Lack of a formalized process for field staff to acquire research evidence**
   - Headquarters is placed in a position where it is responsible to **identify** knowledge gaps, **synthesizing** research evidence and **providing** it to field mission
   - Two heads of missions did state that often their attempts to acquire research evidence goes **unanswered** by HQA formalized process put in place with a clear outline of **how and to whom** field mission staff can request research evidence from would circumvent this barrier

Implications for policy & practice - Recommendations

1. **Developing infrastructure - Develop, implement, and strengthen** infrastructure to support the conduct and the use of research within MSF with clear creation of roles

   - **Implementation consideration:**
     - **Providing financial support** to hire formally trained junior and senior researchers producing easily accessible evidence briefs to key stakeholders
     - Dedicated research units should **strengthen awareness** within the organization of clear points of contact regarding whom to turn to in order to acquire, assess, adapt and apply research evidence in decision-making processes
     - Creation of a **formalized rapid response research unit** at headquarters level

Rapid Response Research Unit
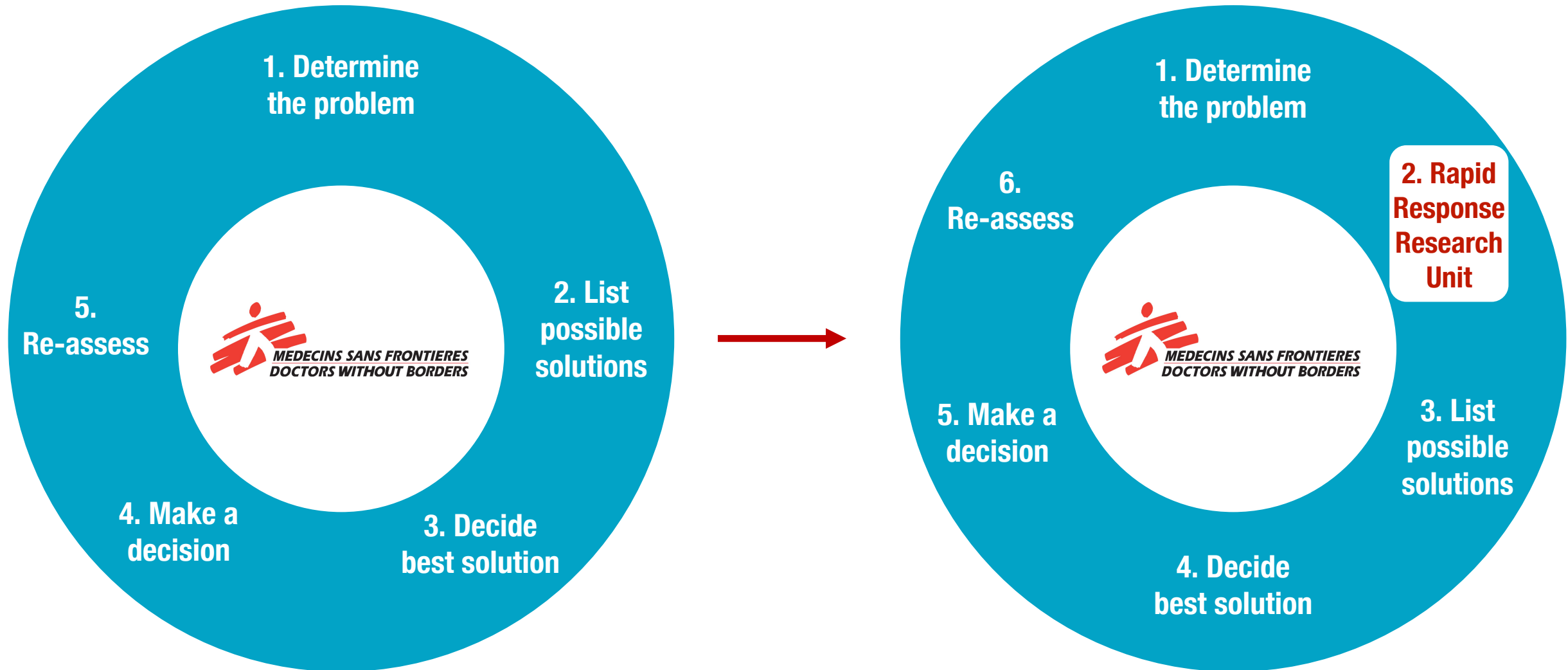
Implications for policy & practice - Key Recommendations

2. **Conducting research -** **Ensure that research knowledge generated by MSF research units is directly linked to operational needs**

- **Implementation consideration:**
  - All outputs generated by research units or individuals carrying out research within MSF must be realized into practice with **clear linkage** of research evidence to operational decision-making
  - Continuing the **support needed** (financially and logistically) to send researchers from HQ to field missions

Implications for policy & practice - Key Recommendations

3. **Sharing research-** MSF can **take advantage** of its unique position of being one of the few medical aid organization specializing in the emergency phase of humanitarian disasters and share the knowledge gathered, synthesized, and adopted in the field with others

    - **Implementation consideration:**
        - This requires a formalized process that **gathers** research knowledge in the field, **packages** it appropriately, and **disseminates** it through effective channels to key stakeholders

Implications for policy & practice - Key Recommendations

4. **Using research - Strengthen** field mission staff to **identify** knowledge gaps and to **request** and **use** research to address knowledge gap accordingly

- **Implementation consideration:**
  - Enabling field mission staff to enrol in **training programs** to learn the value behind evidence informed decision-making and methods of retrieving and using evidence
  - It is crucial that training workshop are designed **collaboratively** with the respective HQ research unit, operations, and field mission staff in order to adequately address the knowledge gaps and ensure practical application of research into decision-making in the field

Strengths & Limitations

Strengths

First study of its type done as an integrated KT where it was completed in close partnership with the ultimate users (MSF) and where MSF was engaged with all steps of the process
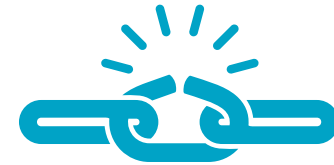
Limitations

Study did not include participants from other operational centers (Brussels, Amsterdam, Barcelona, Paris)

Implications for Future research

- Proposing to complete **three studies** that will transform our understanding of how research evidence is used by major organizations in crisis situations and the transfer of research knowledge to policy and practice

  - How can the barriers to and facilitators of 'real time' KT in crisis situations in LMICs be understood – based on the available research literature -- in relation to each other and what do these relations mean for the design of KT strategies?
  - How do the barriers to and facilitators of 'real time' KT, and their relations, as identified in study 1, manifest themselves in crisis situations in LMICs?
  - What are the effects of a pilot KT strategy in a crisis zone?

- Developing a **conceptual framework** surrounding the barriers and facilitators of 'real time' KT in crisis situations in LMICs

Concluding Remarks

"We **can't** work in the same way we used to 10 to 20 years ago, back then we were only 50 people now we are 250 people so you can really work in an ad-hoc manner when you are 50 people but it becomes **much more difficult** when you are 250"

(MSF, director adj. operations)

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