



Research in humanitarian interventions

What makes it both the same and different?

The experience of Epicentre

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A not so obvious alliance

- « By definition » the context of humanitarian action
 - requires first rapid intervention
 - constrains scientific research
 - is unpredictable
- However providing basic services leaves some space for research
- Interpretation of results may be challenging (e.g. frequent question of the comparison group)





Also true in stable settings

- The distinction between emergency and non emergency settings less pertinent with respect to care delivery
- The environment is not always easier
 - Other constraints apply when running care programs (political, funding, resources, structures)
 - e.g.: HIV/AIDS in Eastern Africa, DR-TB in the Caucasus
- Research in stable settings also rely on interventions and methods developed in the North





Medicine and research in humanitarian contexts

- Research activities must find their place
- Need for a mutual understanding of respective constraints
- Both are possible provided they are adapted to the context
 - Similar to school medicine, emergency medicine, mountain medicine etc.; meaning specific diseases dealt with specific means in a specific environment with specific « operational » questions to address
- Both are possible provided they are not considered and implemented as merely a copy-paste of the way this is done in European settings





Why is research necessary?

- Situations of high morbidity and mortality
- Scarcity of means in all aspects of care (prevention, diagnostic, treatment)
- Health system differences
- Social and cultural differences
- Specific lessons must be learnt as evidence base is weak and knowledge needed for further operational and medical decision-making





Some examples from our experience

- Inpatients vs outpatients strategies in large scale nutritional programs
- Monitoring the introduction of ART and DR-TB drugs
- Feasibility of diagnostic methods in TB, development of psychological screening scale
- Comparison of treatment efficacy of antimalarial drugs
- Tetanos vaccine out of the cold chain, cholera vaccine effectiveness in outbreaks





Where can research be done?

- Everywhere, but each context brings specific constraints
- Within population at large scale
- Within care programs
- In health structures
- In dedicated research centers





The field constraints

- The funding race
- The social demand
- The security issues
- The environmental aspects
- The HR factor
- The time constraints
- The language barrier
- The information gap
- The care delivery
- The access to care





Ongoing unsolved questions on the current paradigm

- R&D priorities
- Access to research funding limited to restricted groups
- The scope of the research (neglected topics)
- Adhering to GCP in humanitarian contexts
- The glorification of publications





Conclusion

- There is no research question that can't be handled
- But you must make compromises imposed by the context
- There is a distinction between « academic exercise » and « operational research »
- Building evidence does not rely on a unique set of methods
- Questions about the side-effects of the current funding paradigm through grant application

