EDITORIAL

Operational research: getting it done and making a difference

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<http://dx.doi.org/10.5588/pha.12.0005>

Although The Union has been involved for years with operational research, it is in the last three years that we have collectively tried to think about what we are doing, how we can get the work done and how we can make a difference. In this regard, we have had a strong, enduring, productive and happy partnership with the Médecins Sans Frontières (MSF) Operational Research Centre in Brussels, with whom we share a joint vision and strategy. It is worthwhile repeating our agreed definition of operational research, which is 'research into strategies, interventions, tools or knowledge that can enhance the quality, coverage, effectiveness and performance of health systems and programmes so that better care is delivered to patients and communities'.^{1,2}

One of our key strategies is to ensure that we build local capacity in the low- and middle-income countries in which we work. Our operational research courses and their modular structure have been described previously.^{2,3} Participants who are selected for our courses learn the principles of operational research while they take through a project from design to data collection to analysis, to paper writing and submission to a peer-reviewed journal. Experienced and reliable mentorship is needed and provided for this journey, and we are convinced about the effectiveness of this approach. In the three courses completed to date, we have trained 34 participants (doctors, nurses, paramedical officers, monitoring and evaluation officers) from Asia, Africa and Latin America, and seen 27 of their papers published in a variety of peer-reviewed journals. We have five other courses being implemented, with a total of 60 participants, and are confident that most will achieve their milestones and deliver the goods.

We have learnt a lot along the way. We encourage our trained participants to become facilitators, and many have taken up this challenge in our subsequent courses or in courses that they have initiated and implemented locally in their own countries. We have realised the importance of a critical mass of staff, and our decisions about whom to select for our courses are strategic as well as based on merit and potential. We have learnt the meaning of the expression 'data rich, information poor'. In many programmes or health settings from which our participants come, there is often a mass of data routinely collected over the years which is gathering dust and never used. Many of our research projects are designed around asking pertinent questions about these data sets. This is a win-win situation: the data are turned into useful knowledge, and gradual

recognition is given to the concept that such data can provide information about how health care is delivered and can be changed. We have developed a sound understanding of ethics and operational research, and have redesigned our ethics application forms to relate better to retrospective data collection studies. We believe passionately in the published paper as a hard, measurable indicator that a research project has been taken through to completion and is of an acceptable standard.⁴ Furthermore, if we want our research to influence international or national policy, it has to be published because policy, strategy and guidance statements are increasingly evidence-based.

We still have much to learn. ID Rusen summed it up well in an editorial in the *International Journal of Tuberculosis and Lung Disease* when he stated that 'we need to do operational research on operational research'.⁵ We have changed the structure of our courses so that the first two modules on designing a research project and developing an electronic data capture instrument are done back-to-back instead of 2 months apart; we are about to implement this newly designed course, and it should save money and be more efficient. We need a robust, simple system of regularly keeping track of all the people we have trained so that we can measure whether research activities continue long after the trainings have finished. We are working on implementing this. We need to be able to measure in a standardised way whether the research has influenced policy and practice, and guidance on how to do this has just been published.⁶ What we need to do now is implement this in the field.

The seed that we planted back in 2009 has grown into a tree. That tree and its branches continue to grow. However, like all plants, it needs nourishment without which it will wither and die. For operational research, this means international interest, support and funding. Through thick and thin, we must ensure that this happens and that operational research continues to be performed and serves its real purpose of finding health solutions for the poor.

References

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