

MSF OPERATIONAL RESEARCH DAY



22th June 2012



OR Day 2012: Steering committee

Meinie Nicolai

Bertrand Draguez

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Tom Ellman

Carol Metcalf

Rafael van Den Bergh

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Sophie Guillaumie

Göran Svedin

Dear friends,

It is an honour to welcome you to our first Operational Research Day in the OCB!

Our research is not about fundamental research, we hardly are ever involved in clinical trials or even case-control studies, but with our work we have a unique position in the world, treating often very vulnerable patients in the most isolated places.

In those isolated regions we are confronted with a tension between offering the best level of care and the technical possibilities available. Our research is often about adapting tools to the circumstances in which we work and to the needs of the people, trying to give care in emergency situations within the shortest delay possible on the one hand and on the other hand treating diseases and conditions which are often neglected by the pharmaceutical industry and policy-makers.

Next to our commitment to care for people in danger we also engaged ourselves to constantly improve the level of care patients and victims of crises in the future.

Improving our action implies testing and innovating to find the best possible care and tools adapted to the circumstances in which we work.

In order to influence other agencies and decision-makers to allow the provision of the best care possible, we need sound data on our field work, write these up correctly and get them published and shared with others. It would be short-sighted to keep all our experiences to ourselves.

Today we will listen to field experiences in dealing with questions as: can we reduce maternal mortality in resource-poor settings, how can we improve diagnosis of tuberculosis and is it correct to treat all fevers as malaria as some national protocols dictate. Populations are more and more mobile, crossing borders to flee violence and poverty. How will an aids patient look for care?

I do hope we collectively can learn from these experiences and stimulate you to document well what you are doing, so that you not only treat the patients in your project but that you can try to influence others in and outside MSF, and make sure that they learn from your successes and failures.

Meinie Nicolai

MSF OPERATIONAL RESEARCH DAY

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MSF OPERATIONAL RESEARCH DAY

09.00 OPENING REMARKS

Meinie Nicolai

09.15 Slot 1: Maternal / Child health and nutrition

Chairs: Fabienne Richard / Sven Gudmund Hinderaker

Plumpy Nut - How acceptable is it for malnourished pregnant & lactating women in a Slum setting in Bangladesh?

Engy Ali

Is there a way forward to reduce maternal mortality in Africa? The MSF experience in Burundi.

Katie Harries

Malaria detection in relation to fever among malnourished children in Ethiopia -

Have we got it right?

Mohamed Khogali

Is Mid Upper Arm Circumference (MUAC) sufficient for admitting children for nutritional rehabilitation in an urban slum in Dhaka, Bangladesh?

Zubair Shams

10.45 COFFEE

11.00 Slot 2: Hospitals and Surgery

Chairs: Jean Claude Schmit

Are prescriptions for malaria and Lower Respiratory Tract Infection rational in an MSF referral hospital in rural Sierra Leone?

Marjolein De Bruycker

Making a real difference for women with Obstetric fistulas in Burundi – a neglected disease in Africa.

Aristide Bishinga

Emergency surgical interventions in a conflict in Ivory Coast: who are the patients and what are their needs?

Miguel Trelles

Integrating a neonatal care package within a district hospital setting in Burundi – How well are we doing?

Isabelle Zuniga

13.30 Slot 3: HIV and TB

Chairs: Lut Lynen / Anthony D. Harries

Impact of Xpert® MTB/RIF on diagnosis of tuberculosis (TB) in African sites.

Peter Saranchuk

Making quality diagnostics available: Validation of finger-prick dried blood spots (DBS) for HIV viral load monitoring in a decentralized programme in Thyolo District, Malawi.

Laura Treviño

Outcomes and challenges of treating HIV, drug-resistant tuberculosis (DRTB) co-infected patients in a large urban slum setting in Mumbai, India.

Joanna Lodomirska

Model of care for the provision of cross-border antiretroviral therapy to migrant Zimbabwean farm-workers in Musina, South Africa. *Gilles van Cutsem*

15.00 TEA

15.15 Slot 4: Neglected Field Research

Chairs: Marleen Boelaert / Paul Hunter

Lassa fever – a neglected disease in Africa – who are the patients and what are their outcomes in an MSF referral hospital in rural Sierra Leone.

Amine Dahmane

Is there a relation between village water supply and length of stay in nutrition rehabilitation programs: a study from Niger.

Peter Maes

Sexual violence in post conflict Liberia.

Is the package of care we offer adequate?

Eva Deplecker

Is operational research delivering the goods?

Assessing the impact of OR on policy and practice.

Rony Zachariah

16.45 CLOSING *Bertrand Draguez*

17.00 RECEPTION

18.00 OPENING OF THE MSF OCB Gathering / MSF Belgium AGM

Engy Ali, Rony Zachariah, Zubair Shams, Tajmary Akter, Marcel Manzi, Lieven Vernaevae Petra Alders, Jenny Soderberg, Flavio Salio, Malik Allaouna, Bertrand Draguez, Pascal Delchelvarie, Anthony D. Harries.

Médecins Sans Frontières, Medical department (Operational research); Brussels Operational Centre, Luxembourg, Médecins Sans Frontières, Kamrangirchar, Dhaka, Bangladesh; International Union against Tuberculosis and Lung disease, Paris, France (Centre for operational research); London School of Hygiene and Tropical Medicine.

Oral presentations

MOTHER AND CHILD HEALTH

1. Plumpy'Nut: how acceptable is it for community based nutritional rehabilitation of pregnant and lactating women in a slum setting in Bangladesh?

This study was conducted in the Kamrangirchar slum setting in Dhaka, Bangladesh in order to assess the acceptability of Plumpy'nut® (PPN) – a Ready to Use Therapeutic Food (RUTF) – among malnourished pregnant and lactating women. As PPN was developed for Africa, peanuts are an important component of the mixture. However, peanuts are not part of the staple diet in South Asia and while offering PPN, many women complained of its taste and smell and that they found it difficult to digest.

Due to concerns that acceptability issues might influence adherence, it was felt necessary to conduct a deeper investigation on acceptability issues.

The aim of this study was to assess the acceptability of Plumpy'nut among malnourished pregnant and lactating women living in the slums of Urban Dhaka, Bangladesh.

2. Reducing high maternal mortality in Africa: The MSF experience from rural Burundi

Since a number of years, Médecins Sans Frontières has been working in rural Burundi where Maternal Mortality rates are among the highest in the world. The two main challenges that are causal to such high rates are the lack of geographic access to high quality emergency obstetric care services and the lack of geographic access.

MSF tackled these two challenges by: i) setting up a central Emergency Obstetric and Gynaecology reference centre (CURGO) for referral of complicated obstetric and gynaecology cases from health centers and ii) establishing an ambulance and communication system for the transfer of complicated to CURGO.

Taylor-Smith K, Van den Bergh R, Zachariah R, Manzi M, Reid T, Nicolai M, De Plecker E, Lambert V, Encinas L, Goetghebuer S, Pottier R, Lopez C, Christaens B, Ndelema B, Manirampa J, Kabangu A, Harries AD.

Médecins Sans Frontières - Brussels Operational Centre; Ministry of Health, Burundi, Kabezi district; International Union against TB and Lung Disease (centre for operational research); London School of Hygiene and Tropical Medicine.

The aim of this study is to report on the “model of care” and its impact on maternal mortality in a rural district setting

M. Khogali., R.Zachariah, A.Keiluhu, K. van den Brande, K. Tayler-Smith, L. Ayada, D. Jima, S.G. Hinderaker, A.D Harries.

Médecins Sans Frontières, University of Bergen, Centre for International Health. Ministry of Health, Ethiopia. International Union Against Tuberculosis and Lung Diseases (Center for operational research). London School of Hygiene and Tropical Medicine.

3. Malaria detection in relation to fever among malnourished children in Ethiopia. Have we got it right?

In response to a nutritional emergency in Ethiopia, MSF set up 48 nutritional centers in southern Ethiopia. This area is also endemic for malaria and the combination of malaria and malnutrition adds to morbidity and mortality of vulnerable children. In order to rationalize use of Artemisinin based anti-malarial treatment, MSF routinely used rapid malaria diagnostic tests (RDTs) for the detection of malaria. The Ethiopian guidelines however only recommended RDT testing among children with fever and thus might have excluded malaria infected children who did not have fever at the time of presentation.

The aim of this study was to determine a) the frequency of temperature recording under routine conditions b) the proportion of malnourished children with and without fever who had Plasmodium falciparum malaria c) the association between malaria and grades of malnutrition

4. Is Mid Upper Arm Circumference sufficient for admitting children for nutritional rehabilitation in an urban slum in Dhaka, Bangladesh?

Screening and admission of children less than 5 years of age with severe acute malnutrition (SAM) had been classically based on simultaneous measurements of Mid Upper Arm Circumference (MUAC) and weight (wt) for height (ht) (WHZ).

The World Health Organization (WHO) now recommends that community based nutritional programs in developing countries should only use a *single* measurement tool (MUAC) for case-detection and admission of children with SAM.

As WHZ and MUAC thresholds for SAM have minimal degrees of overlap, there is a real concern that the current WHO recommendation for community screening of SAM using MUAC alone would miss a proportion of children who might still be at high risk of death.

The aim of this study was to provide information on the safety and acceptability of the use of such a MUAC cut-off as a single measurement tool for case-finding and admission into the nutritional program in a slum setting in Bangladesh.

Shams Z, Engy A, Zachariah R, Vernaev L, Alders P, Soderberg J, Salio F, Manzi M, Allaouna M, Draguez B, Delchevalerie P, A D. Harries.

Médecins Sans Frontières, Brussels operational centre; Kamrangirchar nutritional program, Bangladesh; International Union against TB and Lung Disease (Center for operational research); London School of Hygiene and Tropical Medicine, London.

HOSPITALS AND SURGERY

I. Zuniga, R. Van Den Bergh, B. Ndelema, D. Bulckaert, D. Van Laeken, D. Mesia, M. Manzi, R. Pottier, V. Lambert, Bertrand C,S. Goetghebeur, E. Deplecker, M. Nicolai, R. Zachariah, T. Reid, A.D. Harries.

Médecins Sans Frontières, Medical department (Operational research); Brussels Operational Centre, Luxembourg, Ministry of Health, Burundi; International Union against Tuberculosis and Lung disease, Paris, France (Centre for operational research); London School of Hygiene and Tropical Medicine.

1. Offering a neonatal care package in a district hospital setting in rural Burundi – How well are we doing?

In Burundi, Médecins Sans Frontières has been working in Bujumbura Rural Province where maternal mortality rates are among the highest in the world. Neonatal mortality rates too are extremely high and in 2009, MSF opened a neonatal unit linked to an existing referral centre for obstetric emergencies (CURGO). Standardized monitoring of data was introduced and allows description for the first time of neonatal characteristics and outcomes of an integrated neonatology unit at district hospital level in sub-Saharan Africa

The aim of this study is to describe a) the feasibility of offering neonatal care in a rural district setting and b) the characteristics and outcomes of neonates offered care in the unit.

2. Are prescriptions for malaria and lower respiratory tract infection rational in an MSF hospital in Sierra Leone?

Non-rational use of medicines is a widespread wasteful and harmful global problem. It may have serious consequences in terms of patient outcome, adverse drug reactions, increasing antimicrobial resistance and wasted resources. Use of standard treatment guidelines may pose a solution to this challenge, but low rates of adherence to such guidelines have been reported in multiple settings in the developing world.

This aim of this study was to assess the level of adherence to standard treatment guidelines in prescribing anti-infective medication for paediatric inpatients admitted for selected diseases in an MSF rural referral hospital in Sierra Leone, and to examine the associations of such adherence with hospital outcomes of these inpatients.

M. De Bruycker, R. Van den Bergh, A. Dahmane, M. Khogali, T. Reid, B. Schiavetti, Y. Nzomukunda, P. Alders, M. Allaouna, S. Satyarayanan, D. Enarson, R. Zachariah, Catherine Cloquet, Samuel Kamara.

Médecins Sans Frontières, OCB, Operational Centre Brussels; Ministry of Health Sierra Leone; International Union against TB and Lung Disease (Center for Operational research), Paris, France; London School of Hygiene and Tropical Medicine.

A. Bishinga, K. Tayler-Smith, R. Zachariah, M. Manzi, W. van den Boogaard, A. Vandeborne, B. Christaens, G. Sinabajije, R. Pottier, M. Trelles, T. Reid, E. De Plecker, V. Lambert, Bertrand C, L. Encinas, S. Goetghebuer, M. Nicolai, A.D. Harries.

Médecins sans Frontières, Burundi Ministry of Health, International Union against Tuberculosis and Lung Disease (Center for operational research), London School of Hygiene and Tropical Medicine.

3. Making a real difference for people with Obstetric fistulas – a neglected disease in Africa

In Burundi, the incidence rate of obstetric fistula (a neglected disease in Africa) is high and estimated to occur in 0.2-0.5% of all deliveries. Despite this relatively high incidence, there is limited national capacity for identifying and managing obstetric fistulae. In 2010, Médecins Sans Frontières (MSF) began working in Gitega province in Burundi, with the aim of reducing maternal morbidity related to obstetric fistula. The MSF model of care for obstetric fistula goes beyond just the technical act of surgical repair – it utilises a holistic approach to promote medical, physical and psychosocial recovery

The aim of this study is to document this holistic model of care for managing obstetric fistula, including the package of interventions, the lessons learnt and the patient outcomes.

4. Emergency surgical intervention in 2011 in Ivory Coast: who are the patients and what are their needs?

In 2011, MSF conducted an emergency response in the post-electoral conflict in Ivory Coast, West Africa. This response consisted of a surgical component as well as emergency stabilization units. Data on emergency department (ED) and surgical case burden were routinely collected over the course of the intervention, showing that in circumstances of conflict, a considerable proportion of cases being seen by MSF are non-trauma cases.

The aim of this study is to describe the profile of cases seen in the ED, the surgical morbidity burden and pattern and the profile of operated cases and their outcomes during conflict intervention.

Miguel Trelles, Rosa Crestani,
Marie-Christine Ferir, Rafael Van den Bergh,
Amine Dahmane, Engy Ali, Rony Zachariah.

Médecins Sans Frontières,
Operational Centre Brussels.

HIV AND TB

Peter Saranchuk, Munyaradzi Dhodho, Elkin Bermudez, Walter Kizito, Ruggero Giuliani, Stephen van den Broucke, Marc Biot, Helen Bygrave, Emmanuel Fajardo.

Médecins Sans Frontières, South African Medical Unit; Médecins Sans Frontières, Zimbabwe; Médecins Sans Frontières, Mozambique; Médecins Sans Frontières, Kenya; and Médecins Sans Frontières, South Africa.

1. Impact of Xpert® MTB/RIF on diagnosis of TB in African sites

This presentation will focus on the implementation of a new TB diagnostic (called 'Xpert MTB/RIF', also known as 'GeneXpert') in 2011 in seven sites supported by OCB, namely Kenya (1), Mozambique (2), South Africa (2), and Zimbabwe (2).

This presentation will describe the background, challenges with implementation of this new test, and early outcomes, including the impact on detection of 'smear-negative' TB and drug-resistant TB (DR-TB).

2. Making quality diagnostics available: Validation of finger-prick dried blood spots (DBS) for HIV viral load monitoring in a decentralised programme in Thyolo District, Malawi

Among HIV-infected patients on antiretroviral therapy (ART), an elevated plasma viral load is the best indicator of treatment failure. MSF is assisting with implementing viral load monitoring among patients on ART in Thyolo District, Malawi. At peripheral clinics, the feasibility of implementing viral load monitoring is constrained by having insufficient clinical staff to draw blood, and difficulty in transporting specimens to the district laboratory. These challenges could be addressed by using dried blood spots (DBS) instead of plasma to measure viral load.

This presentation will report on the results of a recent field validation study to compare viral load measured in plasma (the standard), DBS of finger-prick blood, and DBS of venous blood.

Laura Treviño, Isabella Panunzi, Pieter Pannus, Carol Metcalf, Emmanuel Fajardo, Tom Ellman, Reuben Mwenda, Zengani Chirwa.

Médecins Sans Frontières, Malawi; Médecins Sans Frontières, South African Medical Unit; Thyolo District Health Office; AIDS Unit, Malawi Ministry of Health.

Joanna Ladamirska, Petros Isaakidis,
Homa Mansoor, Hanna Kaskinen.

Médecins Sans Frontières, India.

3. Outcomes and challenges of treating HIV-DRTB co-infected patients in a large urban slum setting in Mumbai, India

The Mumbai HIV project has been providing care and treatment to some of the most neglected and most medically complicated HIV patients in India since 2006. In 2007 the project started providing treatment to HIV/DR-TB co-infected patients; treatment for drug-resistant TB became available in the public sector in Mumbai only 4 years later. The clinic is an established centre of excellence in the city and has been gaining visibility, especially after operational research activities were fully integrated into the programme (presence in regional and international conferences and meetings, abstract presentations, publications in medical journals, collaboration with the national TB and AIDS programmes).

This presentation will highlight the achievements and challenges of this small but influential programme and will include information on outcomes to date.

4. Model of care for the provision of cross-border antiretroviral therapy to migrant Zimbabwean farm-workers in Musina, South Africa

The Musina project, located in Limpopo Province, South Africa, adjacent to the border with Zimbabwe, has been providing primary health care in the area around Musina since 2007. In the last quarter of 2010, the project started providing decentralised antiretroviral therapy (ART) services to farm workers. HIV testing, assessment of eligibility for ART, and ART initiation, are done in the community by a mobile clinic which visits six farms. As most of the farm workers are Zimbabwean seasonal migrants, who sometimes return to Zimbabwe for periods of several months, the project has had to devise innovative strategies to ensure continuity of care for migrants taking ART, and to contend with differences in ART formulations and health service records on either side of the border between South Africa and Zimbabwe.

Gilles van Cutsem, Tambudzai Matambo, Helen Bygrave, Christine Mwongera, Lynne Wilkinson, Carol Metcalf, Katherine Hilderbrand, Robert Sirwali.

Médecins Sans Frontières, South Africa;
Médecins Sans Frontières, South African
Medical Unit; Limpopo Department of Health,
South Africa.

This presentation will focus on the model of care that has been developed to provide ART services to cross-border migrants, and will include information on outcomes to date.

NEGLECTED FIELD RESEARCH

Amine Dahmane, Rony Zachariah, Rafael Van den Bergh, Tony Reid, Yvonne Nzomukunda, Malik Allouna, Petra Alders, Michel Van Herp, Richard Souya, Samuel Stevens, Dr A.P. Koroma, Sven Hinderaker, Vic Arendt, Jean-Claude Schmit, AD Harries.

Médecins Sans Frontières, Brussels Operational Centre; Ministry of Health and Sanitation – Sierra Leone: Center for International Health, University of Bergen; National Service for Infectious Diseases, Centre Hospitalier de Luxembourg and Laboratory of Retrovirology; Public Research Center for Health (CRP-Santé), Luxembourg; Centre for Operational research in low and middle income countries –The Union, Paris; London School of Hygiene and Tropical Medicine, London.

1. Lassa fever – a neglected disease in Africa - who are the patients and what are their outcomes in a rural hospital in Sierra Leone

Lassa fever is an acute viral infection caused by the Lassa virus, endemic in what has become known as the Lassa fever belt in countries in western Africa (Nigeria, Sierra Leone, Guinea and Liberia).

Médecins Sans Frontières runs a 200 bed secondary level referral hospital (the Gondama Referral Centre – GRC) in Bo district in Sierra Leone, which faces sporadic outbreaks of Lassa fever. Since August 2011, a total of 84 cases of Lassa fever have been diagnosed in the GRC hospital with an overall case fatality rate of 50%.

The aim of this study was to describe the characteristics, management and outcomes of children and women with suspected or confirmed Lassa fever in an MSF referral hospital in Bo, Sierra Leone and to address the weakness of the current diagnostic algorithms.

2. Is there a relation between village water supply and length of stay in nutrition programs in Niger?

In the Sahel region of Africa, where MSF is faced with famine and droughts, there has been an increasing move away from therapeutic (inpatient) centres towards ambulatory therapeutic feeding for moderate and severe malnutrition in children. The rationale of this approach is that the home environment is increasingly recognized as an important factor in achieving good programme results. However, infections acquired in the home setting, including water-borne diseases, may significantly delay weight gain in feeding programmes.

The aim of this study was to examine the relationship between adequacy of community water supply and the length of stay of children in a therapeutic feeding program in Niger.

Maes P., Dorion C., Hunter P., Roure C.,
Delchevalerie P., Van den Bergh R., Reid T.

Médecins Sans Frontières – Operational
Centre Brussels, Médecins Sans Frontières
– Operational Centre Barcelona, Norwich
School of Medicine – University of East
Anglia.

Katie Tayler-Smith, Rony Zachariah, Sven Hinderaker, Marcel Manzi, Eva De Plecker, Pieter Van Wolvelaer, Tatiana Gil, Stephan Goetghebuer, Helga Ritter, Luke Bawo, Charlyn Davis-Worzi.

Médecins SanS Frontières, Medical department (Operational Research and sexual reproductive health), Brussels Operational Centre, Luxembourg; Medecins Sans Frontieres, Monrovia, Liberia; Ministry of Health and Social Welfare, Monrovia, Liberia.

3. Sexual violence in post conflict Liberia. Is the package of care we offer adequate?

During the 14 years of civil conflict in Liberia, unprecedented levels of sexual violence (SV) were suffered by civilians. Despite the end of the war in 2003, anecdotal reports suggest that unusually high rates of sexual violence have continued, especially against women and children.

Since 2003, Médecins Sans Frontières (MSF) has been offering comprehensive care to hundreds of survivors of sexual violence in the country's capital, Monrovia.

The aim of this study was to describe a) the characteristics of SV survivors and the pattern of SV, b) the medical consequences and management, and c) how the current approach could be better adapted to meet survivors' needs.

4. Is operational research delivering the goods? Assessing the impact of OR on policy and practice

Operational research in low-income countries has a key role in filling the gap between what we know from research and what to do with that knowledge – the so-called implementation gap or “know-do” gap. Use of resources for research which finally does not tangibly produce outputs and affect policies and practices is ineffective and wasteful, especially in settings where resources are scarce and disease burden high. In a recent Lancet article we proposed how to measure if operational research was delivering the expected goods and how to assess the success for operational research so that OR improves health systems and is beneficial to communities

The aim of this study is to apply the proposed measures to MSF-OCB research and determine the outputs of operational research.

Zachariah R, Van den Bergh R, Ford N, Maher D, Bissell K, Van den Boogard W, Reid T, Castro KG, Draguez B, Von Schreeb J, Chakaya. J, Atun R, Lienhardt C, Enarson DA, Harries A.D.

Médecins SanS Frontières, Operational Centre Brussels, Medical department, Operations research unit; MSF- Luxembourg, Luxembourg; Médecins SanS Frontières, Access to Medicines Unit, Geneva, Switzerland; Medical Research Council/Uganda Virus Research Institute Uganda Research Unit on AIDS; International Union against Tuberculosis and Lung Disease, Centre for Operational Research, Paris, France; Department of Molecular and Cellular interaction, Flemish Institute of Biotechnology, Brussels, Belgium; Institute of Tropical Medicine, Department of Microbiology, Antwerp, Belgium; Centers for Disease Control and Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention Division of Tuberculosis Elimination, Atlanta, USA; Department of Public Health, Division of Global Health (IHCAR), Karolinska institute, Stockholm, Sweden; Ministry of Health, Kenya and Kenya Medical Research Institute, Tuberculosis research and control, Nairobi, Kenya; Global Fund to Fight HIV/TB and Malaria, Geneva, Switzerland, Imperial college, London.

MSF OPERATIONAL RESEARCH DAY

1. Patient adherence clubs: A new model of care to reinforce long-term retention in care on antiretroviral therapy

Miguel Ángel Luque-Fernández, Gilles van Cutsem, Eric Goemaere, Katherine Hildebrand, Michael Schomaker, Nompumelelo Mantangana, Shaheed Mathee, Vuyiseka Dubula, Andrew Boulle
 Centre for Infectious Disease Epidemiology and Research, University of Cape Town, South Africa; Médecins Sans Frontières, Cape Town, South Africa; Médecins Sans Frontières, South African Medical Unit, Cape Town, South Africa; Médecins Sans Frontières, Khayelitsha, South Africa; Provincial Government of the Western Cape, Cape Town, South Africa; Treatment Action Campaign, Cape Town, South Africa

2. Stability of CD4 levels in blood specimens stored in BD Vacutainer® CD4 Stabilization Tubes in Buhera District, Zimbabwe

Elton Mbofana, Emmanuel Fajardo, Steven van den Broucke, Sandra Simons, Charlotte van Vyve, Carol Metcalf, Helen Bygrave, Misheck Kuhudzayi

Médecins sans Frontières, Murambinda, Zimbabwe; Médecins Sans Frontières, South African Medical Unit, Cape Town, South Africa; Médecins Sans Frontières, Harare, Zimbabwe, Ministry of Health and Child Welfare, Buhera District, Zimbabwe

3. Suspected failure to first-line antiretroviral therapy among HIV-positive patients in Thyolo, Malawi: Delays in identification, evaluation, and response despite availability of viral load testing

Rebecca M. Coulborn, Isabella Panunzi, Andrew Mtilalila, George Khanyizira, Rumours Lumala, Kingsley Mbewa, Richard Chidakwani
 Médecins Sans Frontières, Thyolo, Malawi; Ministry of Health, Thyolo District, Malawi

4. Decentralised treatment for drug-resistant TB in Khayelitsha: Improved case detection and community impact

Jennifer Hughes, Helen Cox, Cheryl McDermid, Virginia Azevedo, Johnny Daniels, Gilles van Cutsem

Médecins Sans Frontières, Khayelitsha, South Africa; Burnett Institute, Monash University, Melbourne, Australia; Médecins Sans Frontières, Cape Town South Africa; University of Cape Town, Cape Town, South Africa; City of Cape Town Department of Health, Cape Town, South Africa

5. Default from drug-resistant TB treatment in Khayelitsha: risk factors and impact of long treatment duration

Helen Cox, Busisiwe Beko, Johnny Daniels, Andiswa Vazi, Jennifer Hughes
 Burnett Institute, Monash University, Melbourne, Australia; Médecins Sans Frontières, Khayelitsha, South Africa

6. Identifying and overcoming barriers to TB/HIV service integration at primary care in Khayelitsha, South Africa

Rebecca Welfare, Gabriela Patten, Peter Saranchuk, Virginia de Azevedo, David Coetzee, Nompumelelo Mantangana, Gilles van Cutsem, Daniela Garone

Médecins Sans Frontières, Khayelitsha, South Africa; City of Cape Town Department of Health, Cape Town, South Africa; University of Cape Town, Cape Town, South Africa; Provincial Government of the Western Cape, Cape Town, South Africa

7. Community ART groups support ART access and retention among HIV-positive dependent children in rural Tete, Mozambique

T Decroo, V Mondlane, N Dos Santos, S Dezembro, H Miro, C das Dores, L Cumba, D Remartinez, B Têfer

Médecins Sans Frontières, Tete, Mozambique; Ministry of Health, Tete, Mozambique; Médecins Sans Frontières, Maputo, Mozambique

8. Expert patients and AIDS: From field operational experience to national roll-out of community adherence support groups in Mozambique

Aleny Couto, Baltazar Candrinho, Marc Biot, Jacob Maikere, Elkin Hernan Bermudez-Aza, Joseph Lara, Kebba Jobarteh, Tom Decroo

Ministry of Health, Maputo, Mozambique; Ministry of Health, Tete, Mozambique; Médecins Sans Frontières, Brussels, Belgium; Médecins Sans Frontières, Maputo, Mozambique; Centers for Disease Control and Prevention, Maputo, Mozambique; Médecins Sans Frontières, Tete, Mozambique

9. Adverse events among HIV/MDR-TB co-infected patients receiving antiretroviral and second line anti-TB treatment in Mumbai, India

Petros Isaakidis, Bhanumati Varghese, Homa Mansoor, Helen Cox, Joanna Ladomirska, Peter Saranchuk, Samsuddin Khan, Esdras Da Silva, Zarir Udwadia, Giovanni Sotgiu, Chiara Montaldo, Tony Reid
Médecins Sans Frontières, Mumbai, India; Médecins Sans Frontières, Cape Town, South Africa; Monash University, Melbourne, Australia; PD Hinduja National Hospital and Medical Research Centre Mumbai, India; Epidemiology and Medical Statistics Unit, Department of Biomedical Sciences, University of Sassari, Italy; Médecins Sans Frontières, Operational Research Unit, Brussels, Belgium

10. Decentralisation of TB diagnostics in Thyolo District, Malawi

E Diggle, B Isake, G Khanyizira, E Goba, S Matewera, L Triviño Duran, P Saranchuck, C Metcalf

Médecins Sans Frontières, Thyolo, Malawi; Ministry of Health, Thyolo, Malawi; South African Medical Unit, Médecins Sans Frontières, Cape Town, South Africa

11. Teleradiology improves diagnosis of tuberculosis in Thyolo District Hospital, Malawi

Rebecca M Coulborn, Isabella Panunzi, Saskia Spijker, William E Brant, Rumours Lumala, Cara S Kosack, Michael Murowa

Médecins Sans Frontières, Thyolo, Malawi; Médecins Sans Frontières Diagnostic Network, Amsterdam, The Netherlands; Department of Radiology, University of Virginia, Virginia, USA; Ministry of Health, Thyolo, Malawi

12. Constructive integration: Changes in uptake and outcomes of general reproductive health services during scaling-up of ART and PMTCT in Thyolo District, Malawi

T Van den Akker, M Bemelmans, E Diggle, S Scheffer, A Akkeson, N Jemu, N Ford, J Shea

Médecins Sans Frontières, Thyolo, Malawi; EMGO Institute for Health and Care Research, VU University, Amsterdam, Netherlands; University of Cape Town, Cape Town, South Africa; Advocacy and Analysis Unit, Médecins Sans Frontières, Brussels, Belgium; Ministry of Health, District Health Office, Thyolo, Malawi; Médecins Sans Frontières, Access Campaign, Geneva, Switzerland

13. Reducing high mortality in rural Africa : MSF experience in Lubutu, Democratic Republic of Congo (DRC)

Rony Zachariah, Tony Reid, Khogali M, Meinie Nicolai, Marcel Manzi, Lambert V, C Bertrand, Echinas L, Grummens T, Draguez B, Van Herp M.

Médecins Sans Frontières, Brussels Operational centre (Operational Research), MSF DRC Mission, Brussels Operational centre (Operations department), International Union Against Tuberculosis and Lung Disease.

14. Implementation of a “Triage Score system” in an Emergency Room in Timergara, Pakistan

Mohammed Dalwai, Katie Tayler-Smith, Estelle Spoel, Jean-Paul Jemmy, Jacob Maikéré, Michele Twomey, Rony Zachariah, Catherine Van overloop.

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15. Plumpy nut acceptability for severe malnutrition in pregnant women in an urban slum setting in Bangladesh

Engy Ali, Rony Zachariah, Zubair Shams, Tajmary Akter, Marcel Manzi, Lieven Vernaeve Petra Alders, Jenny Soderberg, Flavio Salio, Malik Allaouna, Bertrand Draguez, Pascal Delchelvarie, Anthony. D. Harries.

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16. Telemedicine – practicing “medicine without borders” in conflict torn Somalia

Zachariah.R, Bienvenue.B, Ayada.L, Marcel.M, Maalim.A, Ali. E., Jemmy J.P, Ibrahim.A, Said.I, Hassan.A, Abdulrahman.F, Abdulrahman.O, Bseiso J, Amin.H (, Michalski D, Oberreit. J, Draguez.B, Stokes.C, Reid .T, Harries A.D

Médecins Sans Frontières, Brussels Operational centre (Operational Research), Somalia Mission coordination, Nairobi, Kenya, Medecins sans Frontieres, Brussels Operational centre (Operations department), Guir'el Hospital (Médecins Sans Frontieres),

Galgadud, Somalia., Centre for Operational Research, International Union Against Tuberculosis and Lung Disease, Paris, France, London School of Hygiene and Tropical Medicine, Keppel Street, London, UK

17. A new innovative model of operational research training – the approach, outputs and added value

Zachariah R, Reid T, Sven G Hinderakar, S. Srinath, K. Bissel Van den Bergh R, K. Tayler-Smith, Manzi M, Kizito W, Khogali M, Draguez B, v, Amine Dahmane, Enarson D. A, Harries A. D.

Médecins Sans Frontières, Operational Centre Brussels, Medical department, Operations research unit; MSF- Luxembourg, Luxembourg; Medecins sans Frontieres; International Union against Tuberculosis and Lung Disease, Centre for Operational Research, Paris, France;), University of Bergen, Norway, University of Auckland.

18. Biodegradable Plastic bag excreta disposal in an emergency setting – the Haiti field experience

Coloni F, Van Den Bergh R, Sittaro F, Giandonato S, Loots G, Maes P

Médecins Sans Frontières, Operational Centre Brussels, Operations research unit MSF- Luxembourg, Luxembourg.

19. Is Mid Upper Arm Circumference sufficient for admitting children for nutritional rehabilitation in an urban slum in Dhaka, Bangladesh?

Zubair Shams, Ali Engy, R Zachariah, Lieven Vernaeve, Alders P, Soderberg J, Salio F, Manzi M Allaouna M, Draguez B, Delchevalerie P, A D. Harries.

Médecins Sans Frontières, Brussels
Operational centre; Kamrangirchar nutritional program, Bangladesh; International Union Against TB and Lung Disease (Center for operational research); London school of Hygiene and Tropical medicine, London

20. Making a real difference for people with Obstetric fistulas – a neglected disease in Africa

A. Bishinga, K. Tayler-Smith, R. Zachariah, M. Manzi, W. van den Boogaard, A. Vandeborne, B. Christaens, G. Sinabajije, R. Pottier, M. Trelles, T. Reid, E. De Plecker, V. Lambert, Bertrand C, L. Encinas, S. Goetghebuer, M. Nicolai, A.D. Harries.

Médecins sans Frontières, Burundi Ministry of Health, International Union against Tuberculosis and Lung Disease (Center for operational research), London School of Hygiene and Tropical Medicine.

21. Rationing HIV treatment in real life: Funding shortfall causes a widening, deadly treatment gap in Democratic Republic of Congo (DRC).

Corine Benazeh, Mamady Camara, Mit Philips, Kerstin Akerfeldt, Catherine Van Overloop, Thierry Dethier.

Médecins Sans Frontières, OCB Kinshasa, DRC; Médecins Sans Frontières Analysis & Advocacy Unit, Brussels, Belgium; Médecins Sans Frontières, Stockholm, Sweden.

22. STAR Awards- The effects of a non-monetary team based incentive system on staff performance in a high HIV prevalence setting, Malawi

Nabila Saddiq Tayub, Mariëlle Bemelmans, Mit Philips, Katharina Hermann, Beatrice Mwangomba.

Médecins sans Frontières OCB Malawi Mission, Blantyre, Malawi; Thyolo District Health Office, Blantyre, Malawi; Institute of Tropical Medicine, Antwerp, Belgium; Médecins sans Frontières, Analysis & Advocacy Unit, OCB, Brussels, Brussels, Belgium.

23. The question of adequate utilization rates for outpatient and inpatient activities in DRC for planning and resource allocation: a lack of standards?

Dominique Lambert, Mit Philips, Frederique Ponsar.

Médecins Sans Frontières, Kinshasa, DRC; Médecins Sans Frontières, Analysis & Advocacy Unit, Brussels, Belgium.

24. Lessons learned from an organization-wide policy change within an international non-governmental organisation: Process and issues linked to the removal of user fees within MSF supported health services.

Mit Philips, Frédérique Ponsar, Seco Gerard
Médecins Sans Frontières, Analysis & Advocacy Unit, Brussels, Belgium.

25. Simulation of running cost needs for a rural district hospital in DRC: based on real life cost data, collected during post-conflict restart of health services in the District Hospital of Lubutu.

Guillaume Jouquet, Frederique Ponsar, Catherine Vanoverloop, Mit Philips
MSF-OCB Lubutu, DRC, Independent consultant, MSF-OCB Kinshasa, DRC, MSF Analysis and Advocacy Unit, Brussels, Belgium.

26. Countries forced to delayed or rationed implementation of WHO treatment guidelines due to funding shortfall

Marielle Bemelmans, Mit Philips, Shelagh Woods, Fasil Teseira, Mari-Carmen Viñoles, Kerstin Akerfeldt, Sharonann Lynch.

Médecins Sans Frontières, Analysis and Advocacy Unit, Brussels, Belgium; Médecins Sans Frontières, Harare, Zimbabwe; Médecins Sans Frontières, Blantyre, Malawi; Médecins Sans Frontières, Stockholm, Sweden; Médecins Sans Frontières, Access Campaign for Essential Medicines, New York.

27. Health system strengthening through HIV/AIDS-programming in Thyolo district, Malawi

M. Bemelmans, A. Likaka, A. Akesson, E. Diggle, D. Namate, K. Hermann, M. Philips, C. Metcaif, N. Ford, T. van den Akker.

Médecins Sans Frontières, Thyolo, Malawi; Médecins Sans Frontières, Health Policy & Advocacy, Brussels, Belgium; District Health Office, Ministry of Health, Thyolo, Malawi; Ministry of Health, Lilongwe, Malawi; Institute of Tropical Medicine (ITM), Antwerp, Belgium; Médecins Sans Frontières, Cape-Town, South Africa; Médecins Sans Frontières, Access Campaign, Geneva, Switzerland; EMGO Institute for Health and Care Research, VU University Medical Centre, Amsterdam, Netherlands.

28. Cost per patient analysis shows economy of scale gains through increased uptake of general and malaria services under abolition of all fees for children under five and pregnant women at health centre level in Mali.

Frédérique Ponsar, Guillaume Jouquet, Seco Gerard, Mit Philips, Michel Van Herp

Médecins Sans Frontières, Brussels, Belgium.

29. Consequences of backtracking on international funding commitments for HIV treatment in several African countries

M. Philips, S. Rens, S. Lynch, R. Leray, K. Akerfeldt, E. Mac Lean.

Médecins Sans Frontières, Analysis and Advocacy Unit, Brussels, Belgium; Médecins Sans Frontières, Campaign for Access to Essential Medicines, Geneva, Switzerland; Médecins Sans Frontières, Programme Unit, Stockholm, Swede; Médecins Sans Frontières New York, United States.

30. Obstacles to adequate responses to Measles outbreaks in post-conflict contexts: interpretation differences, conflicting priorities with coverage objectives and health systems support in DRC.

Sophie Duterme, Marie-Eve Burny, Sylvaine Lonlas-Mayele, Mit Philips.

Médecins Sans Frontières, Kinshasa, Democratic Republic of the Congo; Médecins Sans Frontières, Brussels, Belgium; Médecins Sans Frontières, Analysis and Advocacy Unit, Brussels, Belgium.

CHAIRS

Meinie Nicolai first worked with MSF in 1992, as a supervising nurse in Liberia. She has since gained a decade of field experience in Angola, the Democratic Republic of the Congo, Ethiopia, Rwanda, Somalia and South Sudan. Meinie returned to the Netherlands to coordinate the national network on sexual and reproductive health and AIDS between 2002 and 2003, but her involvement with MSF continued as she became a board member of the Belgian association. In 2004, Meinie became director of operations in the Brussels office until she was elected president of MSF Belgium and of MSF's operational directorate in Brussels in October 2010.

Bertrand Draguez graduated as a medical doctor from Louvain Catholic University. He started working with MSF as a practitioner in East Timor, and continued gaining experience as a doctor and then a Field Coordinator in Angola, South Sudan and Afghanistan. From 2002 until 2004, he was Medical Coordinator for projects in RDC and then in Ivory Coast. He became Medical Polyvalent for missions in Rwanda, Burundi, DRC and CAR. Since 2008, he is the Medical Director of the OCB.

Jean-Claude Schmit is a medical doctor specialized in infectious diseases at the national service for infectious diseases in Luxembourg. He is in charge of the Laboratory of Retrovirology at the Public Research Center for Health in Luxembourg, which collaborated with the operational research unit at MSF on the early diagnosis of HIV infection with children born to HIV positive mothers. In 2007, Jean-Claude became the CEO of the Center. He also participated in public health studies in Luxembourg in the field of viral infections in the population of chronic drug users. He has authored more than 80 scientific publications and over 200 presentations at conferences.

Since 2012, he is the President of the MSF Luxembourg association.

Anthony David Harries is Senior Advisor at the International Union against Tuberculosis and Lung Disease in France and an honorary professor at the London School of Hygiene and Tropical Medicine in the UK.

He is a physician and a registered specialist in the United Kingdom in infectious diseases and tropical medicine. He spent over 20 years

living and working in sub-Saharan Africa, starting in North-east Nigeria in 1983 and moving to Malawi in 1986 where he was consecutively Consultant Physician, Foundation Professor of Medicine at the new medical school in Blantyre, National Advisor to the Malawi Tuberculosis Control Programme and National Advisor in HIV care and treatment in the Ministry of Health. In 2008, he returned to UK to his current position.

Paul Hunter has been Professor of Health Protection at the University of East Anglia School of Medicine, Health Policy and Practice since 2001. He graduated in medicine from Manchester University in 1979 and went on to specialize in medical microbiology, becoming a Member of the Royal College of Pathologists in 1985 and a Fellow in 1995. In 1999 he also became a Member (now Fellow) of the Faculty of Public Health of the Royal College of Physicians. He is also honorary consultant medical microbiologist within the Norfolk and Norwich University Hospital. Professor Hunter sits on several national and international expert committees and is an editor of the Journal of Water and Health. His main

research interests are in the epidemiology of infectious diseases, especially those that are food or waterborne. He has had recent and ongoing studies in Hungary, Spain, South Africa, Puerto Rico and Saudi Arabia and Vietnam. Professor Hunter has published over 180 peer-reviewed articles in the scientific literature, six books and over 20 chapters in books.

Fabienne Richard is a registered midwife who specialized in tropical medicine and public health (MSc). She has 10 years' experience as clinical midwife, a field experience of 5 years in developing countries (Afghanistan, Burkina Faso, Kenya, Liberia, Somalia, Sri Lanka). She joined the Department of Public Health of the Institute of Tropical Medicine in Antwerp in 1999. Her field of research is maternal health, access to health care and quality of care. She coordinated the project AQ-UASOU (Amélioration de la Qualité et de l'Accès aux Soins Obstétricaux d'Urgence) in Ouagadougou, Burkina Faso. She coordinated the writing of a monograph on financial barriers to obstetric care. She is involved in the new FP7-EU project FEM Health (2011-2013), assessing the impact of fee exemption on maternal health in West Africa and Morocco. She has just completed her PhD on equitable access to quality C-section in Africa. She is a female genital mutilation (FGM) expert midwife and is involved in FGM research

and clinical guidelines writing for the Ministry of Health in Belgium.

Lut Lynen graduated as a medical doctor in 1985 from the Catholic University of Leuven. Between 1986 and 1992 she worked for MSF Belgium in Chad, Sudan and Guinea. In 1997 she became a specialist in Internal Medicine at the University of Antwerp (ITM).

She worked for the ITM in Cambodia from 1999-2002, and in 2003 she joined the HIV team at the ITM in Antwerp, as the head of the overseas unit, responsible for HIV research projects abroad. During this time she developed and coordinated the Short Course on Antiretroviral Therapy (SCART) and the Telemedicine distant support service for HIV physicians in the field. Her field of interest is AIDS care in resource-limited settings, in particular HIV co-infections and Opportunistic Infections. She is a member of the WHO guideline development group on Opportunistic Infections and the author of the MSF AIDS care guidelines.

In July 2011 she became the head of the department of Clinical Sciences, and in November 2011 the head of the Unit Infectious Diseases & HIV/AIDS.

Marleen Boelart is a public health epidemiologist who worked with Médecins Sans Frontières (MSF) from 1986 onwards and joined

the Institute of Tropical Medicine (ITM) in Antwerp, Belgium in 1994. Her research concentrates on control of tropical infectious diseases, mainly leishmaniasis and sleeping sickness. She evaluated among others the clinical benefit of rapid diagnostics for kala-azar treatment and the efficacy of impregnated bednets for kala-azar control. She lectures epidemiology and biostatistics in various courses of ITM and is director of the MPH in Disease Control. She coordinates two programs for institutional collaboration, one in the Democratic Republic of Congo, and one in Nepal.

Sven Gudmund Hinderaker is graduated from Medical school in Bergen in 1988. He worked as a physician for 6 years in Haydom Lutheran Hospital in Tanzania. During this time he started collaborating with the Centre for International Health (CIH) at Bergen University in Norway, and after some time started a study on outcomes of pregnancies in this rural area in Tanzania, and finished a PhD with this research in 2004. Since 2000 he is working partly at the CIH as a researcher, lecturer and supervisor, and partly with the Union as a consultant for TB programmes and a child pneumonia programme. He facilitates OR courses since 2009. Since 2010 he is working at the CIH as part-time associate professor and since 2012 as a professor.

SPEAKERS

Rony Zachariah is a Medical doctor with post graduate qualifications in Pediatrics, Tropical Medicine and International health. He started working with MSF and gained large experience in conflict and developing contexts.

He is one of the pioneers of the development of operational research in MSF, and heads operational research in the OCB. He also contributed considerably to develop and promote the science of operational research on a global level.

He has authored and co-authored over 130 scientific publications in operational research and holds a PhD in operational research.

Peter Saranchuk is a medical doctor. He joined MSF in 2002 after doing clinical work in Canada for a number of years. He worked in HIV-TB projects in Africa (DRC, South Africa, Lesotho and China), before joining OCB's South African Medical Unit (SAMU) in 2010 to serve as a TB-HIV technical advisor. A major focus of his work has been to support improvements in diagnosis of tuberculosis (TB) in people living with HIV, plus drug-resistant TB (DRTB).

Laura Treviño Duran, registered nurse, is a medical doctor with a Masters in International Relations. She has been working for MSF since 2006. She recently took up the position of Medical Coordinator of MSF Brussels' mission in Malawi, after serving as the Medical Focal Point of the mission's Thyolo project for two years. She has previously done missions in Zambia, Uganda and Lesotho.

Joanna Ladamirska is a registered nurse. She has been working for MSF since 1999. Since joining MSF, she has worked in diverse projects (including primary and secondary health care, nutrition, vaccination, HIV, and emergency interventions) in Burundi, Angola, Indonesia, Ivory Coast, Darfur, South Sudan, Chad, and Peru. Since 2009 she has been the Medical Coordinator of MSF Brussels' mission in India, coordinating 3 projects: mobile clinics in a conflict zone in Chhattisgarh; a hospital for a neglected population in a post-conflict zone, in Mon, Nagaland; and an HIV/drug-resistant TB (DRTB) project in Mumbai. She has also taken part in several emergency responses in the country.

Gilles Van Cutsem is the Medical Coordinator for MSF in South Africa and Lesotho and an Honorary Research Associate at the Centre for Infectious Disease Epidemiology and Research at the University of Cape Town. A medical doctor and epidemiologist, he has been working with MSF since 1998, in South Sudan, Angola, Mozambique, and since 2003 in South Africa, mostly in the Khayelitsha project. His interests include implementation and operational research, particularly of pragmatic strategies to reduce TB and HIV related mortality and morbidity and maternal and child mortality, as well as advocacy to reduce health inequities.

Engy Ali trained as an intensive care physician in Egypt. She obtained her Masters in Public Health at the University of Leeds. Since 2011, she has been working with MSF as a Mobile Implementation Officer for operational research. She has been supporting operational research studies on malaria in Mali, telemedicine in Somalia and nutrition in Bangladesh.

Katherine Harries Following six years of working as a hospital physiotherapist in the National Health Service in London, I spent some time in Bangladesh working as a physio with an NGO called Centre for the Rehabilitation of the Paralyzed. This prompted my interest in international health and development and as such I returned to London to undertake a Masters in Public Health for Developing Countries. Thereafter I joined the MSF Operational Research (OR) Unit in Brussels, and have now been with the unit since 2008, working in an OR support and documentation position.

Zubair Shams has a post graduation degree in public health. He joined HIV/AIDS project with German Development Cooperation (GIZ), as the supportive supervisor for the baseline survey in divisional urban areas in Bangladesh. As a health advisor he provided technical support to the local government to establish a disease surveillance system of urban health. He completed the epidemiology course at the London School of Hygiene and Tropical Medicine. He joined the MSF-OCB nutritional project in Kamrangirchar slum, Bangladesh, in early 2011, where he is mainly responsible for the implementation of operational research and medical data management for nutrition and primary health care in the project. He is currently completing the MSF-Union operational research course in Luxembourg.

Isabelle Zuniga started working with MSF in 2005 as a Pediatrician in Ivory Coast. Subsequently, she coordinated pediatric HIV/AIDS activities across several projects in Mozambique. From 2009-20011, as Pediatric Mobile Implementing Officer, she supported childhood programs in multiple counties, including the Democratic Republic of Congo, Niger, the Central African Republic, Haiti, Zimbabwe, and Kenya. She has been working as pediatric advisor for MSF OCB since June 2011.

Marjolein de Bruycker, pharmacist, studied pharmacy at the University of Leuven (1998-2003) and Tropical Medicine at the Institute of Tropical Medicine in Antwerp (2004). She has worked for Pharmaciens Sans Frontières in Kenya/South Sudan as field pharmacist, providing technical and managerial support to different NGO partners. Since 2007, Marjolein works for MSF OCB, first as mission pharmacist in North Sudan, and RDC, and currently in the Medical Department in Brussels. Since May 2010 she is based in Brussels working as operational pharmacist, providing among others support in the operational implementation of pharmaceutical policies and the promotion of rational use of drugs.

Aristide Bishinga is a medical doctor. He is currently working in the MSF obstetric fistula project in Burundi. He is enrolled in the MSF –Union OR course in Kenya.

Miguel Trelles finished medical school in Ukraine in 1990 (Odessa University of Medicine) and started working in Peru with the medical social service first, later as a general practitioner in a health centre. He did a specialization in Anesthesia and Reanimation until 1997, and worked in Peru as a MD anesthesiologist. After obtaining a PhD degree in anesthesia, he was appointed as Director of a Referral Hospital in the Peruvian central Andes (city of Huancavelica). In 2002 he finished a Master course in Public Health at Antwerp Institute of Tropical Medicine. In 2006 he began to volunteer with MSF. He has been in different missions: South Sudan, DR Congo, Burundi, and in 2008 he was appointed as the coordinator for surgical activities in OCB.

Eva de Plecker is a midwife. In 2008, she finished the International Course on Planning and Management of Reproductive Health Programmes, Prince Leopold Institute of Tropical Medicine in Antwerp. She started working for MSF in 2004, as a midwife in Rwanda, Ethiopia, Papua (Indonesia), Zimbabwe, RDC, and Haiti. From 2010 - 2011 she has worked as sexual and reproductive health support and currently is advisor for sexual and reproductive health at OCB.

Peter Maes has been working with MSF since 1991 in a variety of projects in Europe, Russia, South-east Asia and Sub Saharan Africa. He is a qualified agricultural engineer holding an

additional masters degree in water resources engineering. Over the years he completed his education with certified training on sculpture, mechanics, vector control, epidemiology and management.

He has been member of the emergency pool and is currently coordinator of the water, hygiene and sanitation unit in the MSF-OCB medical department. He is since 2006 the leader of the water, hygiene and sanitation working group of MSF.

Amine Dahmane, MD, graduated in tropical medicine and emergency medicine in Belgium. He worked as a physician in Belgium and joined MSF in 2003. Up to 2010, he worked as a doctor, medical coordinator and head of mission in several countries including Cambodia, Burkina Faso, China, and Ukraine. Since 2011, he is part of Luxor, the OCB operational research unit, as Program officer. He is enrolled in the MSF – Union OR course in Kenya.

Mohammed Khogali, MD, MPH-DC, joined MSF in March 2009 as an epidemiologist in the Sierra Leone mission. He spent the last two years working as an epidemiologist for MSF OCB in Ethiopia. He successfully completed the Union-MSF operational research training course in Paris, and has facilitated the course in Luxembourg and in Kenya. He was appointed as an operational research fellow in September 2011.

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