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EDITORIAL

Crossing the divide: expanding the scope of operational research in *Public Health Action*

Rony Zachariah,[1] Johan van Griensven[2]

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Public Health Action (PHA) was launched over a year ago, with a notable goal of becoming a home for operational research originating from low- and middle-income countries, and to become a vehicle for disseminating research that will provide health solutions for poor and vulnerable populations.

Making health systems work for such groups is bound to face challenges, and there is a need to show what works and what does not, and to find solutions. Paradoxically, it is here, where a culture of inquiry is essential, that research capacity is most lacking.

This issue of *PHA* covers a number of operational research studies that focus on childhood nutrition and child and maternal mortality. These studies were conducted by young researchers trained through operational research courses run by the International Union Against Tuberculosis and Lung Disease and Médecins Sans Frontières,[1] some of whom are publishing for the first time. These papers are unique in that they originate from conflict and slum settings. We welcome such submissions because they cross the traditional geographic divide of where research comes from, thus expanding the diversity of *PHA*.

Two papers touch on chronic childhood undernutrition, a relatively neglected area of research. The studies by Ali et al.[2] and Shams et al.[3] look at operational issues related to anthropometric measurements in a slum setting in Dhaka, Bangladesh. The study from Ali et al. shows that World Health Organization growth charts[4] used as the basis for determining proxy heights for age are inappropriate in contexts of prevalent stunting. It would exclude one in ten vulnerable children from nutritional assessments, and underestimate malnutrition prevalence in nutritional surveys. There is thus a need to adapt existing charts to national settings.

Similarly, the study by Shams et al. shows that, among children presenting to primary care facilities, there was four times more severe chronic malnutrition compared to severe acute malnutrition. The message here is that existing guidelines for malnutrition should also include severe chronic malnutrition, and that tackling it will need to go beyond routine practice, to thinking outside the box.

The studies by van den Boogaard et al.[5] and Tamura et al.[6] address child and maternal mortality in Africa, a continent where there is inadequate progress towards achieving Millennium Development Goals 4 and 5. van den Boogaard et al. assess paediatric in-patient mortality (an indicator of quality of care) in a large cohort of under-five children in eight hospitals in Africa, and show that while mortality rates were within acceptable limits, new ways to implement and/or adapt care packages to address neonatal care and sepsis are needed. Finally, Tamura et al. add to the literature on severe maternal morbidity and mortality in conflict and post-conflict countries, highlighting the role of a referral service in improving access in addition to providing emergency obstetric care at hospitals.

The encouraging overall message of these papers is that health care services can be offered and improved in conflict and deprived settings. In the quest to achieve universal health coverage, implementation and operational research will need to be embraced so that vulnerable populations are not left out.

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AFFILIATIONS
1 Médecins Sans Frontières, Operational Centre Brussels, Medical Department, Operations Research Unit, MSF–Luxembourg, Luxembourg
2 Institute of Tropical Medicine, Antwerp, Belgium

CORRESPONDENCE
e-mail: zachariah@internet.lu

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