1. WHAT IS THE CLINICAL CASE REPORTING INITIATIVE?

1.1. An exercise in medical knowledge management

The Clinical Case Reporting Initiative grew out of a knowledge management needs assessment conducted by MSF Operational Center Geneva. This exercise showed clearly that MSF is losing considerable medical knowledge from the field, because lessons learned in challenging case management are not systematically recorded or shared with communities of practice both within and outside of the organization. This loss is further impacted by significant staff turnover. In a survey conducted with staff members, these lost opportunities to retain important practical knowledge were seen to affect primarily quality of care and patient safety, but also to lead to redundancies in medical investigation.

Beyond MSF, it has been well established that fewer scientific papers are published from "developing" countries compared to "industrialized" countries even in areas – such as tropical medicine – where the former bear the greatest burden of disease. In 2004-2006 a series of articles took a closer look at this gap and suggested that authors from low- and middle-income countries fear rejection, have insufficient writing skills, and overall lack incentive to engage in science [2-6]. Since then, other studies have shown also that scientists from "developing countries" are poorly represented on editorial boards of prestigious journals and suffer a higher peer rejection rate of the papers they submit [7-11].

Box 1: Democratization of evidence is needed

"Worldwide, health professionals are taught standards of care established in high-income countries, where access to diagnostic instruments, medications, and staff is assumed. In more precarious settings, evidence-based protocols may have little relevance to real clinical practice. The lack of resources needed to follow standard protocols can result in patients being therapeutically abandoned. Clinicians are left to improvise in potentially dangerous ways, and the associated frustration contributes to professional brain drain."

Chowdhury S, Laux T, Morse M, Jenks A, Stonington S, Jain Y. NEJM. 2019 Oct 17: 381:1501-5. Democratizing Evidence Production. A 51-Year-Old Man with Sudden Onset of Dense Hemiparesis. NEJM October 17, 2019. DOI: 10.1056/NEJMp1907988.

But what does this mean in practice? For one, it means that a clinician in a low-resource setting faced with a non-routine case will easily find published evidence from high-resource settings, but evidence which is not necessarily applicable to his/her context. Second, it means that valuable insights for clinical practice in poorly resourced areas are largely invisible, because they rarely get published. Third it points to non-English speakers/readers as being at the greatest disadvantage for accessing and contributing to the published literature. Last but not least, it means that important evidence that can inform policy decisions and help future patients is being overlooked.

1.2. Origins of the Clinical Case Reporting Initiative

The CCRI was launched in 2018 in the first instance as a collaboration with a specialized journal, Oxford Medical Case Reports. This open access journal, published by Oxford University Press (OUP) since 2014, immediately understood the potential of including case reports from Humanitarian and Resource Limited Settings (HLRS) as a very practical means of sharing lessons from the field with a wide audience. The same year, a collaboration agreement was signed between MSF and OUP and in 2019 the first MSF-authored publications appeared in the journal.

It quickly became evident that encouraging our staff to publish case reports of medical or public health relevance and providing them with editorial support, was not enough. Much of our staff – both international and national – have not been exposed to scientific research as such, and thus lack the skills to structure and draft quality papers for publication, such as a case report. As a result, the CCRI has developed a training programme in scientific writing which is growing steadily and will be increasingly open to non-MSF staff as well as our own personnel.

Though not necessarily the *easiest*, the case report/series is the *simplest* form of medical research in that it is purely observational and descriptive, can be conducted in a limited period of time, does not require other technical skills such as statistics, and importantly does not entail expensive research budgets or elevated open access publication fees.

1.3. Aims and objectives of the Clinical Case Reporting Initiative

The overall aim of the CCRI is to become a multi-partner stand-alone programme helping clinicians working in HRLS – wherever they may be – to acquire basic research and scientific writing skills and to publish open access high quality case reports/series as well as other studies that may arise as a result.

The specific objectives of the CCRI in 2020-2021 include:

Partnering with other interested parties: the CCRI is keen to link up with other global health actors

Face-to-face workshops: the CCRI runs two annual workshops in Africa and hopes for the number to grow across the globe.

Internet webinars: a series of webinars will be developed in the course of 2020

Mentorship programme: the CCRI in collaboration with the MSF Telemedicine Platform is planning a programme to help "young authors" by linking them up to more experienced peers who can assist them in manuscript writing.

Special calls for papers: in addition to spontaneous submissions, the CCRI is addressing identified gaps and will be publicizing special calls for papers.

For updated information and news on all these topics, please go to the CCRI webpage: http://evaluation.msf.org/