

Department of Infectious Diseases, Bern University Hospital (GW) and Institute of Social and Preventive Medicine, University of Bern, 3012 Bern, Switzerland (GW, ME); Department of Infectious Diseases, Dakar University Hospital at Fann, Dakar, Senegal (GW); Département de Dermatologie et Infectiologie, UFR des Sciences Médicales, Université Félix Houphouët Boigny, Abidjan, Côte d'Ivoire (PAC); Department of Epidemiology and Biostatistics, University at Albany, State University of New York, Rensselaer, NY, USA (MHK); Department of Medicine, Makerere University College of Health Sciences, Kampala, Uganda (PO); and Centre for Infectious Diseases Epidemiology and Research, University of Cape Town, Cape Town, South Africa (ME)

- 1 García-Tardón N, Gresnigt TM, Fofanah AB, Grobusch MP. Hepatitis B and C in Tonkolili Province, Sierra Leone. *Lancet* 2017; **390**: 1485.
- 2 Azevedo TC, Zwahlen M, Rauch A, Egger M, Wandeler G. Hepatitis C in HIV-infected individuals: a systematic review and meta-analysis of estimated prevalence in Africa. *J Int AIDS Soc* 2016; **19**: 20711.
- 3 WHO. Guidelines on hepatitis B and C testing—policy brief. Geneva: World Health Organization, 2016. <http://apps.who.int/iris/bitstream/10665/251330/1/WHO-HIV-2016.23-eng.pdf?ua=1> (accessed Jan 11, 2018).
- 4 Coffie PA, Egger M, Vinikoor MJ, et al. Trends in hepatitis B virus testing practices and management in HIV clinics across sub-Saharan Africa. *BMC Infect Dis* 2017; **17** (suppl 1): 706.
- 5 Jaquet A, Wandeler G, Tine J, et al. Prevention and care of hepatitis B in Senegal; awareness and attitudes of medical practitioners. *Am J Trop Med Hyg* 2017; **97**: 389–95.
- 6 Egger M, Ekouevi DK, Williams C, et al. Cohort profile: the International Epidemiological Databases to Evaluate AIDS (IeDEA) in sub-Saharan Africa. *Int J Epidemiol* 2012; **41**: 1256–64.

## Ensuring value in health-related research

Funders of health-related research agree that although considerable research of high value exists, loss of any research because it asks the wrong questions, is poorly designed, is not published, or the reports are unusable is unacceptable.

International initiatives working to reducing waste in clinical research include the AllTrials Campaign,<sup>1</sup> which calls for all past and present clinical trials to be registered, and their full methods and summary results reported; the EQUATOR (Enhancing the QUALity and Transparency Of health

### Panel: Ensuring Value in Research Funders' Collaboration and Development Forum meeting consensus statement

As organisations that fund health-related research, represent funders, or set funding policy, we believe that we have a responsibility not just to seek to advance knowledge, but also to advance the practices of health-related research and research funding. Therefore, we commit to working together and with our respective research communities to share current and develop new approaches to increase the value of health-related research. We commit to transparency in this process, including evaluating our progress and the impact of our efforts. This will contribute to improvement in the health and lives of all peoples, everywhere.

Along with other relevant activity in the wider research landscape (eg, the REWARD statement), we understand that as funders we will maximise the value of research we fund when: we set justifiable research priorities; we require robust research design, conduct and analysis; we seek to ensure that research regulation and management are proportionate to risks; and we seek to ensure that complete information on research methods and findings from studies is accessible and usable.

Increasing value will require collaborative efforts among funders, regulators, commercial organisations, publishers, editors, researchers, research organisations, research users, and others.

Research) Network,<sup>2</sup> which develops and hosts reporting guidelines and runs courses on better reporting; and the Evidence-Based Research Network,<sup>3</sup> which advocates no new studies are funded without a systematic review of existing evidence, and efficient production, update, and dissemination of systematic reviews.

The *Lancet's* REWARD (REduce research Waste And Reward Diligence) Campaign<sup>4</sup> invites everyone involved in research to critically examine how they work to reduce waste and maximise efficiency. REWARD is relevant for funders of health research because it captures the proposed recommendations for action to increase value and reduce waste in biomedical and public health research identified in a 2014 *Lancet* Series<sup>5–9</sup> that looked at the sources of waste and inefficiency first highlighted by Iain Chalmers and Paul Glasziou in 2009.<sup>10</sup>

Although, as funders of health-related research, we are striving to improve the value of the funds invested in the research we commission, deliver, publish, and implement, a survey<sup>11</sup> shows we can do better. International funders interested in exchanging ideas prompted by recommendations made

in the 2014 *Lancet* Series are coming together at meetings instigated by the National Institute for Health Research (UK), the Patient-Centered Outcomes Research Institute (USA), and the Netherlands Organisation for Health Research and Development. At these meetings, our goal is to provide explicit examples to help funders with their priorities and actions to maximise research value.

We meet twice a year, and the June, 2017, Ensuring Value in Research Funders' Collaboration and Development Forum meeting culminated in our consensus statement (panel). Our statement specifically covers health-related research: clinical, public health, and health services delivery research. Although we believe this statement is relevant and interesting to other areas—eg, pre-clinical research, this is not our focus.

Our statement confirms our commitment to work together and with our respective research communities to share current, and develop new, approaches to reduce waste and increase the value of research. The resolve behind this statement is not a final solution to the problem of wasted research—it is just the start.

The Forum also has guiding principles that underpin our consensus statement; how we realise the principles will be different for different funders. We know what we need to do to meet some of them, and so the Forum is an opportunity to share good practice. However, other principles have no clear solutions, so the Forum will allow us to exchange ideas about the work we still have to do to maximise the quality and reporting of research evidence. We intend to publish the principles and examples of how different funders meet them.

Health and Care Research Wales is hosting the spring, 2018, meeting of the Forum in Cardiff, UK. Plans for the meeting include a workshop on funder practices to ensure robust research design, conduct, and analysis.

We declare no competing interests. We hope other organisations want to be involved in the Forum, so if you would like any further information about our work, or if your organisation is interested in joining the Forum, please contact [addingvalueinresearch@nih.ac.uk](mailto:addingvalueinresearch@nih.ac.uk).

Fay Chinnery, Kelly M Dunham,  
Barbara van der Linden,  
\*Matthew Westmore, Evelyn Whitlock  
[matthew.westmore@nih.ac.uk](mailto:matthew.westmore@nih.ac.uk)

Wessex Institute (FC) and National Institutes of Health Research Evaluation, Trials and Studies Coordinating Centre (MW), University of Southampton, University of Southampton Science Park, Southampton, SO16 7NS, UK; Patient-Centered Outcomes Research Institute, Washington, DC, USA (KMD, EW); and Netherlands Organisation for Health Research and Development, The Hague, Netherlands (BvdL)

- 1 AllTrials Campaign. 2014. <http://www.alltrials.net/> (accessed July 5, 2017).
- 2 The EQUATOR Network. 2008. <http://www.equator-network.org/> (accessed July 5, 2017).
- 3 The Evidence-Based Research Network. 2014. <http://ebrnetwork.org/> (accessed July 5, 2017).
- 4 The Lancet REWARD Campaign. 2015. [www.thelancet.com/campaigns/efficiency](http://www.thelancet.com/campaigns/efficiency) (accessed June 1, 2017).
- 5 Chalmers I, Bracken MB, Djulbegovic B, et al. How to increase value and reduce waste when research priorities are set. *Lancet* 2014; **383**: 156–65.
- 6 Chan A-W, Song F, Vickers A, et al. Increasing value and reducing waste: addressing inaccessible research. *Lancet* 2014; **383**: 257–66.
- 7 Glasziou P, Altman DG, Bossuyt P, et al. Reducing waste from incomplete or unusable reports of biomedical research. *Lancet* 2014; **383**: 267–76.

- 8 Ioannidis JPA, Greenland S, Hlatky MA, et al. Increasing value and reducing waste in research design, conduct, and analysis. *Lancet* 2014; **383**: 166–75.
- 9 Salman RA-S, Beller E, Kagan J, et al. Increasing value and reducing waste in biomedical research regulation and management. *Lancet* 2014; **383**: 176–85.
- 10 Chalmers I, Glasziou P. Avoidable waste in the production and reporting of research evidence. *Lancet* 2009; **374**: 86–89.
- 11 Nasser M, Clarke M, Chalmers I, et al. What are funders doing to minimise waste in research? *Lancet* 2017; **389**: 1006–07.

## Foley catheterisation versus oral misoprostol to induce labour

The INFORM study (Aug 12, 2017, p 669)<sup>1</sup> investigated Foley catheterisation versus oral misoprostol in women with hypertension who were scheduled for induction of labour. The authors report a statistically significant lower rate of vaginal delivery within 24 h among women induced via Foley catheterisation, and conclude that oral misoprostol is more effective than Foley catheterisation.

I question if their primary outcome, vaginal delivery within 24 h, is appropriate. Although induction of labour aims to establish vaginal delivery, there is usually no reason to do so within 24 h. Speeding up the delivery potentially jeopardises the safety of the baby, or, as Dwight Rouse stated allegorically, “driving 100 miles per hour may get you home from work a bit earlier, but is usually not a good idea.”<sup>2</sup> Indeed, neonatal death (2% vs 1%), admission to special-care nursery (9.3% vs 6.4%), 5-min Apgar score less than 7 (2.0% vs 0.3%), and caesarean section for abnormal fetal heart rate (33.1% vs 26.5%) all occur less frequently after Foley catheter induction;<sup>1</sup> however, a sample size of 600 women leaves the study underpowered to detect relevant differences.

Furthermore, remarkably, almost every woman who was undelivered at 24 h had a caesarean section.

In a similar study, we found that continuing induction for 2 or 3 days resulted in the proportion of vaginal deliveries being higher than 80%.<sup>3</sup>

Induction of labour is a very frequent intervention and well powered studies are not very difficult to do. In the interest of safety, such studies should be done before informing clinical practice that induction of labour with oral misoprostol is the way to go.

I declare no competing interests.

Ben W Mol  
[ben.mol@adelaide.edu.au](mailto:ben.mol@adelaide.edu.au)

School of Paediatrics and Reproductive Health,  
The Robinson Institute, University of Adelaide,  
SA 5000 Australia

- 1 Mundle S, Bracken H, Khedekar V, et al. Foley catheterisation versus oral misoprostol for induction of labour in hypertensive women in India (INFORM): a multicentre, open-label, randomised controlled trial. *Lancet* 2017; **390**: 669–80.
- 2 Rouse DJ. The misoprostol vaginal insert: déjà vu all over again. *Obstet Gynecol* 2013; **122**: 193–94.
- 3 Ten Eikelder ML, Oude Rengerink K, Jozwiak M, et al. Induction of labour at term with oral misoprostol versus a Foley catheter (PROBAAT-II): a multicentre randomised controlled non-inferiority trial. *Lancet* 2016; **387**: 1619–28.

## Author's reply

I thank Ben Mol for his thoughtful comments about our research.<sup>1</sup> He is concerned that 24 h is too short a cutoff time for vaginal birth, and that we should have continued the induction process with the Foley catheter before resorting to caesarean section. We would usually agree with him, but our study was done in a very different setting to his Dutch study.<sup>2</sup> In Europe, outcomes of induced labour are so good that the procedure is often performed for weak indications to prevent adverse outcomes; hence, the proportion of Dutch pregnancies that are induced is around 15%.<sup>3</sup> By contrast, our study was of hypertensive women in an underfunded Indian Government hospital in which there are few facilities for the monitoring of mother or baby. Induction rates in India are only about 4% overall (and less in government institutions) and the procedure is reserved for women



Narinder Nandu/Stringer/Getty Images