Research for Health and Conflict (R4HC-MENA)

Minutes of Meeting of the Joint Meeting of the Executive Board & International Advisory Board held on

Tuesday September 4th and Wednesday September 5th, 2018

London, UK

<u>R4HC Executive Board Members present:</u> Richard Sullivan (Chair) [RS]; Preeti Patel [PP]; Hanna Kienzler [HK]; Wyn Bowen [WB]; Richard Harding [RH]; Matthew Moran [MMo]; Fouad M. Fouad [FF]; Ghassan Abu-Sittah [GA]; Adam Coutts [AC]; Kai Ruggieri [KR]; Simon Deakin [SD]; Tezer Kutluk [TK]; Omar Shamieh [OS]; Weeam Hammoudeh [WH]; Brad Robinson [BR]; Marilyne Menassa [MMe]; Ping Guo [PG]; Rima Abdul-Khalek [RA]; Nancy Tamimi [NT]; Andreas Papamichail [AP]; Karim Ekzayez [KE]; Tomas Folke [TF]; Nassim El-Achi [NA]; Alessandro Massazza [AM]; Francis Ruiz [FR]; Miqdad Asaria [MA]; Sharif Ismail [SI]

<u>R4HC International Advisory Board members present:</u> James Watt [JW]; Sanchia Aranda [SA]; Rana Khatib [RK]; Mohammed Tarawneh [MT]; Bülent Altun [BA]; Jocelyn DeJong [JD]; Wendy Matcham [WM]

<u>In attendance:</u> Shadi Saleh [SS]; Kamal Badr [KB]; Can Özen [CO]; Susannah Colville [SC]; Nicola Buckley [NB]; Patrick Spaven [PS]

<u>Apologies were received from:</u> Rita Giacaman [RG]; Sophie Witter [SW];

Day 1		
Item	Discussion	Action
1 Introductions	1.1. Members of IAB from Sydney, Jordan, Palestine, Turkey, and Lebanon introduced themselves. IAB Members present at this joint meeting in order to gather further material for Stage Review report, due in to UKRI on 14 September. The IAB will meet on its own to draft their report on Day 2. 1.2. RS noted investigator changes including the departure of Omar Dewachi to take up a new appointment at Rutgers in USA. AUB are seeking to retain his involvement in R4HC as a consultant. New members from Imperial College were also welcomed to the meeting. 1.3. A number of other staff, from AUB, Middle East Technical University, Imperial and Cambridge (CSAP) were also welcomed to the meeting. Ribih El Chimm and Helen Verdeli (Columbia – partners with Cambridge - to be invited to attend future meetings.	NA

		1.4. RS noted this joint meeting would not be business as usual: this is a critical junction to reflect and report to IAB and UKRI. Also opportunity to discuss future strategies.	

2.	Risk Register	2.1 Update on IRB approvals for the programme:
		   2.1.1 RH/OS confirmed that IRB at KHCC is in process for palliative care work
		   2.1.2 Other partners are working on seeking appropriate IRB approvals at their respective institutions
		2.2 SA suggested adding an additional risk to the register detailing the strategy to mitigate against partnership breakdowns arising if serious issues arise in working relationships between partners.
		2.3 Members were informed that the circulated version of the risk register would be submitted to UKRI as part of the stage review documentation
			BR to update risk register to reflect IRB developments and also include steps to address issues arising within partnership working

3.	Developing an R4HC Data Management Plan	3.1. We have now identified an R4HC member from each partner institution to take a lead on data management issues.
		3.2. Discussion proceeded and points were noted regarding the generation *and use* of personal data, with particular reference to (i) regional issues and (ii) areas affected by conflict
		   3.2.1. It was noted that the denial of the capacity to generate data is part of the silencing associated with some conflicts – data subjugation
		   3.2.2. KR noted that people are reluctant to impart their personal data because of unforeseen usage(s) of it
		3.3. It was reported that Kristen has done some initial background work pulling together information about data management and handling within each of the countries involved in R4HC: a comprehensive overview and policy is being developed for the next Executive meeting in December 2018.
			BR to work with Kristen and nominated R4HC leads to further develop an R4HC data management policy for tabling at December Executive Board meeting.

4.	R4HC communications & Launch events	4.1 BR talked about – and briefly demonstrated – the new R4HC website (r4hc-mena.org) which is now live. Members were thanked for their contributions so far and asked to continue to send content to Kristen. R4HC members	**All R4HC members** to continue to send content for the website to Kristen.

		would be asked to write entries for the R4HC blog on a rotating basis. 4.2 Noted that the UK launch of R4HC is now confirmed for **23 Nov 2018** at the British Academy in London; MENA region launch of R4HC is still to be confirmed, likely first quarter of 2019.	
5.	Budget & Financial Issues / Reporting	5.1. BR reported that discussions with several partners are ongoing regarding staffing changes and also proposed variations to activities. 5.2. BR has contacted all partners, where necessary, to obtain supplementary information about expenditure for the stage review reporting. 5.3. Work within KCL to refine reporting requirements to UKRI and increase system efficiency is ongoing	NA
6.	CSAP Fellowships Programme	6.1. NB reported to members that several R4HC Policy Fellows are now confirmed to attend for 1 week in Cambridge & London during October 2018. Details of individual sessions still being finalised, to include sessions with academic, practitioner and government officials. 6.2. One of the nominated fellows, MT briefly described how he expected to benefit from participation in the programme. 6.3. A full evaluation will be conducted by CSAP 6.4. Funding for a further cohort of Policy Fellows in autumn 2019 is actively being sought at present. Aim is to 'hold on to' Policy Fellows and integrate them into the R4HC programme.	NA

7.	Regional Update – [RS]	7.1. RS reported on substantial match-funding from UICC for a portfolio of R4HC activities at the upcoming conference in Kuala Lumpur
		7.2. Live funding proposals:
		    7.2.1 A number of proposals for the ELRHA r2hc funding call are actively being developed, with NGO partners (deadline 3 Dec 2018)
		    7.2.2 Birzeit & KCL are developing a significant proposal for the UK MRC in response to the Global Mental Health call (deadline 2 Oct 2018 EoIs)
			All R4HC members to consider potential MENA region applicants for the British Academy Global Professorships call.
			
			All R4HC members to bring information about funding and new initiatives to report at future meetings.

	7.3 Upcoming Events:
	    7.3.1 The first GHI Global Health Forum at AUB on 1-2 Nov 2018. RS confirmed participant; other R4HC participation likely
	    7.3.2 Noted that the upcoming Lancet – AUB International conference on Health & Armed Conflict scheduled for 6-8 Nov 2018 has been postponed
	7.4 RS highlighted the **British Academy Global Professorships** funding call for proposals. Call announced early Dec, with closing date likely in March 2019. Members asked to consider potential applicants.	

Conflict & Health Workstream (PP , MMe, KE, AP, RA, NA)		
8. Context	8.1. noted potential new contribution from Prof Badr (AUB). – academic output to influence policy e.g. UN ERW / Conflict & Tobacco 8.2. continuing development of needs assessment and conceptual framework; content and material for research capacity building in fragile context – how can we use these? 8.3. Individual *and* institutional levels must both be major foci, including for an M&E framework 8.4. Methods for C&H to come out of the ongoing literature review 8.5. *Conflict medicine:* how do we tap into medical training? iBSc – conflict & health	How to get more people involved in thinking about this?
9. Achievements	9.1. Exemplar for research capacity building – AMR proposal development – to be written up for publication 9.2. Writing workshops; mixed methods capacity building 9.3. More practical understanding and approach developing – what is available, how to access, good and bad points; UK and MENA capacity 9.4. Understanding the political/biopolitical implications of the research / data generation 9.5. Guidance for funders on C&H programmes – lack of publicly available datasets	AMR proposal development to be written up as a publication case-study

10.	Immediate Reflections (RS)	10.1. Still not clear how to build 'conflict medicine' - i.e. research into medical aspects of conflict- beyond cancer and mental health 10.2. Still need to clarify participation from other partners – beyond KCL and AUB – in this workstream. 10.3. Mentoring research associates at AUB and other MENA region partners? How can we best achieve this?	**All R4HC members** to consider new inputs into C&H workstream + mentoring of research associates from across the programme
Mental Health Workstream (HK, WH, KR, TF)			
11.	Context	11.1. Major program with two parts: Mental Health – Palestine and Mental Health – Lebanon 11.2. Training protocols – research capacity in UK – training program in IPT in the UK. WHO recommended approach 11.3. How data is presented – want core information and deep understanding 11.4. Broader public health – challenges of data collection, stewardship and access. 11.5. Depression care pathway ongoing 11.6. How to present research to policy makers? Cross over with economics nudge unit and political economy?	NA
12.	Achievements & Issues	12.1. Training of trainers by Columbia university in Lebanon. Training the first line service plus research on training approaches – evaluation methodologies (evidence mental health in the region). Interest for this training was much higher than could be accommodated. 12.2. Language issues: balancing up language requirements and course content 12.3. How to involve the team in Turkey? (Tezer) 12.4. We need to take direction from the MoH: how to define research questions and avoid imposition of lens 12.5. There are major issues with providing MH care in Jordan. 12.6. Training Needs Assessment for Mental Health Research in War and Conflict completed with all organizations working in mental health in the West Bank between February and May 2018; Report completed and published on R4HC and BZU websites - findings used in designing training courses	**Tezer Kutluk** to take forward ideas for working in this area with colleagues at Hacettepe

	12.7. Intensive interdisciplinary training courses in Research Methods for Mental Health in War and Conflict conducted at Birzeit, July 2018. Course curriculum completed, over 28 participants trained, evaluation completed Publication 12.8. New publication: Collier, J., & Kienzler, H. (2018). Barriers to cardiovascular disease secondary prevention care in the West Bank, Palestine–a health professional perspective. Conflict and health, 12(1), 27.	

Political Economy of Health (FF, AC, MA)		
13. Context	13.1. Complexity of political economy in health compared to e.g. securitisation and sectarianism 13.2. Crucial importance of linkage with key stakeholders – ministries, NGO's 13.3. Mapping current courses and seminar series on PEoH (Cambridge) 13.4. Issues around exactly what people understand as 'research capacity building' in the PEoH domain. 13.5. Target: building centres of excellence for health economics: HTA, CUA, macroeconomic analysis (existing strengths in these areas at Imperial College..) 13.6. Technocratic vs Foundational	NA
14. Achievements & Issues	14.1. Good spread of academic outputs in year 1, despite significant issues with IRB processes (AUB) 14.2. How do we integrate PEoH into public health courses? There is a major lack of depth in this area across the region 14.3. Difficult concept of what exactly PEoH is: we need a better articulation *and* greater integration with other R4HC workstreams. 14.4. Difficulties in recruiting postdoc researchers in AUB *and* Cambridge	**PEoH team** to continue to refine parameters of their work; Hiring of appropriate postdoc researchers is now urgent

Cancer & Palliative Care in Conflict (OS, RH, RS, GA, TK)		
15. Context	15.1. Important to identify exactly what kinds of courses should best be funded to realise real capacity building: master's courses? Link to doctoral studies and substantive posts 15.2. Funding for master's study at KCL – significant difficulties in finding this;	**OS & RH** to clarify funding arrangements for brining Jordanian students to study at KCL.

		15.3. the Newton fund is one possibility to fund master's courses in Jordan (nb not Lebanon) 15.4. Questions about the appropriateness of funding diploma/certificate level study: only master's level courses lead to real research capacity? 15.5. Need to keep focussed on research as a means to improve patient outcomes	
16.	Achievements	16.1. GA talked about the breast cancer in Gaza project that he has been leading. SA commented that the patient voice is a really important and unique aspect of this case study. 16.2. The possibility of using this Gaza project as a case study within the PEoH domain was briefly discussed. 16.3. Also the work FF doing on cancer care for Syrian refugees at AUB was highlighted as another possible point of synergy with the PEoH domain.	NA
Cross-cutting work (WB, MMo)			
17.	Context	17.1. A brief presentation was given providing an overview of OSINT work that has been done at KCL and that can potentially inform the development of courses in data collection and usage within the Global health domain. 17.2. Potential for linkages with existing online course provision at KCL were briefly discussed, along with challenges associated with developing blended learning courses.	**WB & MMo** to continue the development of bespoke online courses and OSINT projects
18.	Sustainability of R4HC-MENA beyond 2021	18.1. TK facilitated a discussion to consider possibilities to diversify the funding based for R4HC activities. Suggestions included: 18.1.2. The Canadian IDRC are opening an office in Amman shortly: could be excellent opportunity 18.1.3. Grand Challenges Canada – very generous in terms of what they will consider as 'matched funding' 18.1.4. NIHK awards – early career funding 18.1.5. Wellcome Trust – AMR proposal re-submit; OSINT work 18.1.6. NCI/NIH, CDC. NORAD 18.2. RS noted the great range of programs already being developed and / or applied for.	**All R4HC members** to bring suggestions for new sources of funding to future Exec meetings. **RS & BR** to draft content for an R4HC brochure in time for UK Launch event

| | 18.3. RS suggested we should be proactive about ad hominum fellowships for faculty in R4HC
 18.4. Need to consider how best to build strategy for support – general and also domain specific e.g. cancer, MH, e.g. refugee focus
 18.5. Need to write both academic paper and brochure for funding AND outreach | |

Day 2		
Item	Discussion	Action
1 Reflections on Day 1 (RS)	1.1. RS noted 2 new monographs recently published by R4HC investigators: 1.1.1.Ghassan Abu-Sittah: <u>Reconstructing the War Injured Patient</u> 1.1.2.Kai Ruggieri – <u>Behavioural Insights in Public Policy</u> 1.2. How are we going to engage R4HC affiliates? BR to seek recommendations for key individuals in relevant organisations 1.3. BR to compile and update a master list of all R4HC funding applications 1.4. Workstream presentations were, on the whole, far more coherent compared to last EB. Some workstreams are very mature, some are still in the foundational stage. 1.5. **Conflict & Health workstream** 1.5.1. Major axis is KCL-AUB building on respective conflict & health training and conflict medicine with growing engagement with Hacettepe. 1.5.2. Diverse range of methods and conceptual frameworks - medicine to concepts - BUT one framework suggested as being useful for all work-streams to demonstrate impact on individual and institutional level 1.5.3. *I. **Explain C&H and CM, refugee program** Surgery-trauma; ID – (AMR HIV); renal; oncology; counterfeit medicines.* 1.5.4. *II.**Population narrative – refugee health** Conceptual framework – defined by partners in AUB… ecology of war; war wounded*	**BR** to seek recommendations for R4HC affiliate appointments **BR** to compile list of R4HC funding applications **RS / BR** to arrange for colleagues at Columbia to attend future EB meetings **RS** to begin to scope out the outlines of an R4HC 'position paper' for submission to an appropriate journal

1.5.5. ***Conflict & humanitarian medicine into the medical curriculum**** - is this part of KCL (AUB target)

1.6. **Political Economy of Health workstream**

1.6.1. Very protean by definition. No capacity for this discipline exists in MENA. In unpacking this we are seeing capacity building here through technocratic and foundational lens. Technocratic through Imperial College about delivering courses and TtT in microeconomics etc; latter main goal – a single hub for PEoH in ME.

1.6.2. Note that this domain will be unique for MENA and should be integrated into cancer / MH, as well as with certain aspects of C & H.

1.7. **Mental Health workstream**

1.7.1. Two parts to this work-package focused in Palestine and Lebanon with expansion to Hacettepe. Need to invite leader of GMH Lab at Columbia – Lenna Verdeli - to future meetings.

1.7.2. Different approaches but note that MH research is a very orphan domain in MENA so more this can be expanded the better.

1.7.3. JD noted that there are some faculty in FHS at AUB doing work on population-based studies – community based; ***Severe mental disorders in conflict ecosystem***

1.8. **Palliative Care & Cancer**

1.8.1. Rapid expansion of palliative care in Jordan and also (with Hacettepe) within childhood cancers. Discussion around what level builds capacity – probably need to better review and articulate this.

1.8.2. Cancer has broad program focused on masterclasses and developing cancer in conflict modules to be added into master's degrees. Major program in Gaza as a way for changing practise and outcomes through research.

		1.9. **Cross-cutting work** 1.9.1.Good to learn about methods from security studies being drawn into a new part of the workstream: we need to look at possibilities of senior faculty and research associates to come to KCL to integrate this into their own work. 1.10. We need to write, within the programme, a joint paper which is essentially a *position paper:* we must start conceptualising the work that we – as a collective – are doing. RH commented that he submitted a paper to a journal doing exactly this kind of thing. 1.11. What is the link between the different workstreams? Can we articulate *why* the domains are included and *how* they are linked together. Why is our capacity building different from that undertaken by others?	
2	Theory of Change Workshop	2.1. PS introduced the group to the 'Theory of Change' framework. Generated some discussion as to its relative value as a mechanism for articulating our collective work; views were aired about its usefulness vs. vs. potential for overstating the ability of researchers to 'effect change' 2.2. PS re-iterated its use as a tool to build understanding among stakeholders around the completed, agreed framework 2.3. PS also noted the inherent value of the intellectual development of our programme that will grow out of our articulation and revision of the ToC as we go along. 2.4. RS re-stated that it is a requirement of UKRI as one of the stage review documents 2.5. PS and RS shared a draft ToC with the group; much discussion and debate ensued resulting in revisions and a generally agreed framework to be submitted to UKRI	**PS, BR and RS** to finalise R4HC-MENA ToC document for submission to UKRI as part of Stage Review document pack

3	Workstream forward look – years 2-4	3.1. **Conflict & Health**
		    3.1.1. Research Associates Group: mentoring and career development
		    3.1.2. Utilising partners for discrete projects: conceptual and field work
			MH workstream members to continue to develop training offering, including online course

	3.1.3. Integration of with the research agenda of NGOs: helping to build research capacity of MSF, ICRC, etc.
	3.1.4. Conflict medicine outputs?
	3.1.5. Interdisciplinary global health methodologies: n=300 doctoral training programmes. Joint supervision of students and also joint programmes.
	3.1.6. Regional centres of excellence
	3.1.7. Women leaders in Conflict & Health initiative; formal study of gender balance in research activity
	3.1.8. Need to better articulate conflict and health *and* conflict medicine; EM and crisis management in Jordan
	
	3.2. **Mental Health**
	   3.2.1. RE: training; taking a cohort approach: first cohort feedback – needed more specific training e.g. NVivo, presentation of data. Follow up with them
	   3.2.2. On-line course(s) for Gaza – how to link this?
	   3.2.3. Greater supervision of cohorts that are trained needs to be planned
	   3.2.4. How can be best ensure coherency and integration between the 2 strands of the current MH workstream *and* with Turkey and Jordan?
	   3.2.5. We need to better articulate the capacity strengthening that is taking / could take place *in the UK*
	3.3. **Palliative & Cancer Care**
	   3.3.1. We need to avoid setting up false expectations about what is feasible
	   3.3.2. GA posited the idea of articulating 3 models:
	      3.3.2.1. KHCC – longstanding refugee cancer treatment
	      3.3.2.2. AUB – spill over of refugee cancer treatment alongside treatment of local Lebanese population
	      3.3.2.3. GAZA – hermetically sealed situation for cancer treatment.
		PEoH workstream members to work up a conceptual starting point for the foundational PEoH work within R4HC

		3.3.2.4. Possibility to use each of these models as *case studies* to understand the range of challenges inherent in treating cancer in conflict settings.
		3.3.2.5. GA asked whether it might be sensible to let the above case studies dictate the nature of the PEoH work…? "Follow the story".. FF replied that one still needed the tools to be able to 'follow the story' – to understand and to analyse the issues that are foregrounded
		
		3.4. **Political Economy of Health**
		3.4.1. Not yet capacity to do political economy research in any of the 3 institutions within R4HC where it is proposed
		3.4.2. HK asked whether a comprehensive literature review could inform the creation of a conceptual standpoint from which to start, with foci in
		    3.4.2.1. Economics
		    3.4.2.2. Anthropology
		    3.4.2.3. Political Analysis
		    3.4.2.4. Sociology
		3.4.3. Workstream leaders are asked to do exactly this: a literature review, analysis and develop a 'way forward' in terms of how PEoH is conceptualised *and* embedded within the other workstreams. To be presented at Ankara meeting in December.
		3.4.4. Work towards a 'hub' for PEoH in the MENA region.	

4	Parallel sessions	4.1. Meetings were held comprising
		    4.1.1. R4HC-MENA research associates
		    4.1.2. R4HC-MENA investigators
		    4.1.3. R4HC-MENA international advisory board members
			NA

5	Final Wrap-up	5.1. The meeting concluded with some final remarks from RS and JW.	NA