Conflict and Health Workstream

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Executive Board, London 4-5 September 2018
Background, context, development of workstream

- Conflict and Health programme at KCL & Conflict Medicine Programme at AUB GHI
- Courses at KCL, AUB at undergraduate and postgraduate level (interdisciplinary)
- Writing for academic journals (policy impact at UN)
  - World Health Organisation’s Framework Convention on Tobacco Control in Geneva to discuss implementation of tobacco control in emergency contexts during the next Conference of Parties in 2019 based on papers published by CHRG
- Research Affiliates with Conflict and Health Research Group
There is limited literature on using evaluation frameworks for capacity building in settings of prolonged conflict despite its importance. Bidirectional bridging between researchers and practitioners on the frontline.

The framework:
- Comprehensive based on literature review of CB frameworks
- Adapted to the conflict context based on empirical work
- General (applicable to other interventions)
Overview of achievements

- Multidisciplinary team - social scientists, anthropologists, global health, medicine and epidemiology
- Mentoring of Post-docs/Research Associates with Writing Workshops
- Publications (Lit reviews, conceptual framework, expert opinion data)
  - The role of public health information in assistance to populations living in opposition and contested areas of Syria, 2012-2014, Conflict and Health, December 2017
  - Small and light arms violence reduction as a public health measure: the case of Libya, Conflict and Health, July 2018
- Case study (AMR consortium paper in progress)
- Grant applications under review (Gates, R2HC)
- Conferences & Presentations
  - Health in Contemporary Conflict, Global Health Day, Crick Institute, December 2017
  - Non-communicable diseases: prevention and management in contemporary crisis and conflict zones, Royal Society of Medicine, January 2018
  - Towards Healthy Arab Societies: Promoting Maternal and Reproductive Health, Saint Joseph University, Beirut, September 2018
  - Global Health Forum, GHI, AUB, November 2018
- Women Leaders in Conflict and Health Initiative
- Knowledge Transfer: Expert recommendations on Securitization of aid by the UK and the impact on the Red Cross – an exchange on challenges, opportunities, threats for ICRC, May 2018.
- Expert opinion consultation meetings on HRCB and key informant interviews (ethical approval preparations in progress)
Writing Workshop at AUB
Challenges – What didn’t work? What wasn’t addressed? Where could things have been done differently in Year 1?

• Slow recruitment process at KCL

• Communication – regular skype calls with teams, research associate groups

• Better social media engagement and training?

• Transparency around duplication of efforts (across workstreams and between partners)

• Gender (representation on workstream)

• Being more inclusive to other partners and better communication between regional partners
Immediate aims & objectives for Year 2

Mentoring of Research Associates Group

- Methods training
- Journal writing
- Proposal development
- Peer-review
- Career development reviews

Dissemination of current work

- R4HC-MENA meeting at Birzeit October 2018 to launch Women Leaders in Conflict and Health Initiative
- Global Health Forum at AUB Nov 2018
  - Workshop of Big Data
- Health and Armed Conflict Conference at AUB (TBC)
- CUGH Conference Chicago March 2019
- KCL/Royal Society of Medicine Conference March 2019
- Conceptual framework and case study paper publication
Overview of longer-term deliverables in Years 3-4

• Online and face-to-face courses in research methods for conflict and health
• Developing networks in Libya, Yemen, Somalia, Sudan, Egypt
• Doctoral training programme (with Global Health Institute at KCL)?
• Joint supervision of research associates
• South-south collaboration for research capacity building
• Regional centres of excellence for Conflict & Health Research
• Global Conflict and Health Working Group
Potential Risks and Blockages

- War and Insecurity
- Building capacity in stable areas vs. risker areas?
- Gender
- Staff attrition, brain drain...
- Language Barriers
- Travel and Visa Restrictions
- Lack of success in funding applications