



## Research for Health and Conflict (R4HC-MENA)

### Informal Notes from R4HC Research Working Day and Minutes of the Executive Board Meeting held on

Wednesday 12<sup>th</sup> December and Thursday 13<sup>th</sup> December 2018

Ankara, Turkey

R4HC Executive Board Members present: Richard Sullivan (Chair) [RS]; Preeti Patel [PP]; Hanna Kienzler [HK]; Richard Harding [RH]; Tezer Kutluk [TK]; Omar Shamieh [OS]; Weeam Hammoudeh [WH]; Brad Robinson [BR]; Marilyn Menassa [MMe]; Ping Guo [PG]; Rima Abdul-Khalek [RA]; Nancy Tamimi [NT]; Andreas Papamichail [AP]; Abdulkarim Ekzayez [AE]; Tomas Folke [TF]; Nassim El-Achi [NA]; Kristen Meagher [KM]; Cosette Maiky [CM]; Fahad Ahmed [FA]; Rita Giacaman [RG]

R4HC International Advisory Board members present: James Watt [JW]; Bülent Altun [BA]

In attendance: Cengiz Kilic [CK]; Şevkat Bahar Özvarış [SO]; Houssam Al-Nahashs [HA]; Burça Aydın [BAy]; Meltem Şengelen [MS]; Erman Ataş [EA]; Selin Polatel [SP]; Sema Yurduşen [SY]; Edip Kaya [EK]; Ozge Karadag Caman [OK]; Gamze Aktuna [GA]; Hakan Tüzün [HT]; Mustafa Cemaloğlu [MC]

Apologies were received from: Wyn Bowen [WB]; Matthew Moran [MMo]; Fouad M. Fouad [FF]; Ghassan Abu-Sittah [GA]; Adam Coutts [AC]; Kai Ruggeri [KR]

Day 1 – Notes from the R4HC Research Working Day		
Item	Discussion	Action
1 Welcome speeches from TK, RS and JW	1.1 RS reflected on the past year and the Stage Gate Review. As we move into year 2 we need to focus on sustainability and how to expand networks and core infrastructure.	
2 Roundtable introductions		
3 Regional Updates	<p><b>Turkey [TK]</b></p> <p>3.1 Focus on cancer and mental health (CK) and conflict &amp; health (SO). Work is also being undertaken on palliative care with PG, RH and OS.</p> <p>3.2 Main updates – see PowerPoint presentation</p> <p>3.3 Refugee work: currently looking to create data using refugee populations in Syria, Afghanistan and Iraq to assist current and future refugee populations in Turkey.</p> <p>3.4 Cancer Control Course for Oncologists – the first Cancer Control Plan in Turkey was in</p>	



	<p>2008, however, oncologists in Turkey are overloaded with work and are unaware of how they can contribute to cancer control, hence the introduction of this course.</p> <p>3.5 Palliative Care – need to increase awareness through current work plan project in collaboration with the teams at KHCC (OS) and KCL (RH, PG, RS). Phase one with children has been submitted to the KCL ethics committee. It will be submitted to the Hacettepe ethics committee in mid-December.</p> <p><b>Palestine:</b> [HK and WH] – see PowerPoint presentation</p> <p>3.6 The mental health workstream in Palestine has established interdisciplinary capacity building through longstanding relationships.</p> <p>3.7 Research and training meetings have been ongoing.</p> <p>3.8 Two publications ongoing.</p> <p>3.9 Online course development: manual on online course development developed; the content will now be developed and delivered from October 2019.</p> <p>3.10 Delivering training online: not the ideal platform, however, given the travel restrictions in the area, this is the best way to expand the availability of courses.</p> <p>3.11 Research Methods for Mental Health in War and Conflict Course: four successive qualitative and quantitative methods workshops conducted. This will be further developed in Year 2.</p> <p><b>Lebanon:</b> [MM]</p> <p>3.13 See PowerPoint presentation.</p> <p><b>Jordan:</b> [OS]</p> <p>3.15 CPCCC at KHCC – approvals obtained and 3 staff hired. Four teams within CPCCC to be solidified next 2-3 months and begin collaboration with partners in the region on R4HC.</p> <p>3.16 Palliative care needs assessment – in the process of analysing interviews, to be completed in 2-3 months.</p>	
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	<p><b>Wider MENA:</b> [RS]</p> <p>3.17 There are a lot of different programmes that people are working on which we need to find further information about.</p> <p>3.18 Migration research and global health: this is very topical and migration research opportunities and funding opportunities will increase. Where does R4HC fit in with this? Need to think more about IDPs and refugees in unique settings.</p> <p>3.19 Moving forward with AMR/infectious diseases; this is going to be a big area in conflict zones moving forward.</p> <p>3.20 NCDs are moving off the political radar and into global health more generically. WHO focuses on infectious diseases. The new director of WHO EMRO – OS knows, to contact.</p> <p>3.21 Important global health security issues: cholera, polio (Pakistan and Afghanistan).</p> <p>3.22 Discussed vaccination programmes and social media: wider impact on global health campaigns and possible opportunities here.</p> <p>3.23 Europe: France is looking to put more money into global health in francophone countries – to explore the AUB and French university relationships. Germany: looking more now at global health.</p> <p>3.24 Global: Afghanistan expansion in global health. South Sudan – mostly civil military.</p> <p>3.25 GCRF funding: slowing down considerably, we need to focus on the different GCRF streams. Also to look at what MSF and GHI are doing; war zone surgeons course.</p>	<p><b>3.17 Action:</b> All R4HC members and workstream leads to feed back information regarding various programme affiliations to <b>KM</b>.</p> <p><b>3.18 Action:</b> Migration on the next EB agenda in March 2019 [<b>RS and BR</b>]</p> <p><b>3.20 Action:</b> Re-engaging: WHO EMRO new DG [<b>OS and RS</b>]; LSHTM and UCL [<b>AE and RS</b>]; French universities through AUB [<b>MM and RS</b>].</p>
<p>4 Update on proposals for new areas of work</p>	<p><b>Presentations:</b></p> <p>4.1 Professor Şevkat Bahar Özvarış - Hacettepe University Research and Implementation Centre on Women’s Issues: Strengthening Access to Sexual and Reproductive Health and Sexual and Gender Based Violence Services for Syrian and Other Refugees through Women and Girl Safe Spaces (WGSS)/Women Health Counselling Units Project (see PowerPoint presentation).</p>	





	<p>4.2 Professor Cengiz Kiliç – Mental Health Profile of Syrian Refugees in Turkey: An Epidemiological Study (see PowerPoint presentation).</p> <p>4.3 Dr Houssam Alnahas from the Union of Medical Care and Relief Organisations (UOSSM), R4HC Co-Investigator Dr Preeti Patel and R4HC Research Associate Dr Abdulkarim Ekzayez: R2HC health and humanitarian crisis proposal looking at the effectiveness of Mobile Health Clinics (MHCs) in Syria. MHCs focus on primary health care accessibility, surgery, gynaecology services. Importance of the project – going beyond academic framework and working with NGOs in the region to create further capacity building. (See PowerPoint presentation)</p> <p>4.4 Professor Rita Giacaman: mental health in adolescents in the Occupied Palestinian Territories. This project focuses on understanding how trauma affects adolescents over the life course. It entails conducting qualitative then quantitative research investigating the effects exposure to trauma during adolescence in adulthood - retrospectively, and among adolescents. In the process, we will be developing another metric, another item for the suffering domain: violation of human rights. This will be the fifth measure developed for the suffering domain which we posit can lead to negative subjective and objective health status. We call these the invisible traumas of war: humiliation, human insecurity, deprivation and uncertainty, and in the near future we hope, violations of human rights.</p> <p><b>Q&amp;A Session:</b></p> <p>4.5 Methodologies: we need to pull together the various methodologies within R4HC.</p>	<p><b>4.5 Action:</b> R2HC has put a call out for this - postdoc group to work on this <b>[PP and postdoc group]</b></p>
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	<p>4.6 How will 'Mental Health Profile of Syrian Refugees in Turkey: An Epidemiological Study' structure its study and disentangling different types of trauma? Collecting data that is cross sectional [CK]. While some aspects were viewed differently from psychosocial and biomedical views, it was emphasised that it is important to disagree because much of the literature disagrees too.</p>	<p><b>4.6 Action:</b> understanding of 'spiritual' suffering, a potential area to work on. Various ideas and perspectives to be included; public health, clinical, social context [<b>Mental Health workstream</b>]</p> <p><b>Action:</b> Mental Health workstream meeting prior to Exec Board meeting in March 2019 to develop a framework [<b>HK/CK</b>]</p>
<p>5 Informal working groups and Paediatric study training.</p>		

<p align="center"><b>Day Two – Formal Executive Board Meeting</b></p>		
<p>1 Apologies, Minutes &amp; Matters Arising</p>	<p>1.1 Minutes: HK asked to include BZU achievements – HK to email BR to include</p> <p>1.2 BR – risk register, live doc we keep at KCL which reflects risks associated with programme</p> <p>1.3 Data management: Development phase with aim to convene a working group virtually.</p> <p>1.4 British Academy call for global professorships – aim of call to fund scholars outside of UK to come to the UK, deadline beginning of March and deadline of 11 Jan for KCL, a 1 page expression of interest required: aimed at mid career academics with a track record of publishing, 4 years in the UK.</p> <p>1.5 R4HC position paper to submit to a journal, which</p>	<p><b>1.1 Action:</b> HK to email BR with minute amendments.</p> <p><b>1.2 Action:</b> full version of risk register in Amman EB [<b>BR</b>]</p> <p><b>1.3 Action:</b> Data management and sharing proposal and framework drafted for Amman EB [<b>KM and BR</b>]</p> <p><b>1.5 Action:</b> R4HC position paper – <b>RH</b> to share similar position</p>





	<p>RH has said he had done some similar position papers which RH will share. PP journal of public health has a special issue for this, deadline unsure (PP to forward to everyone), if not by then then definitely follow up by March</p> <p>1.6 Communications between partners– PP suggested virtual skypes between workstreams every 4-6 weeks.</p> <p>1.7 Women in global health: PP – working towards mentoring initiative, creating profiles of women in research, gathering info from major funders, putting together a piece for a journal and also include some activities.</p>	<p>paper. <b>PP</b> to forward journal of public health issue for position papers.</p> <p><b>1.6 Action:</b> Monthly virtual partner institution meetings implemented [<b>KM</b>]</p> <p><b>1.7 Action:</b> <b>WLGH</b> - mentoring initiative, creating profiles of women in research, gathering info from major funders, putting together a piece for a journal and also include some activities. [<b>PP, KM, SO</b>]</p>
<p>2 Feedback from groups and reflections from day 1</p>	<p>2.1 <b>Mental Health workstream</b></p> <p>2.1.1. Members recognized that they explore mental health in conflict through different approaches and put emphasis on different aspects. It was decided to perceive this as a strength as it allows members to learn from one another.</p> <p>2.1.2. Members also agreed that we should work toward a common project over time. A topic that all were passionate about was to investigate refugee</p>	<p><b>2.1 Actions:</b></p> <ul style="list-style-type: none"> <li>• Mailing list [<b>KM and HK</b>]</li> <li>• Folder/platform to share published trainings, and how they might work in diff contexts [<b>KM and HK</b>]</li> <li>• Zoom meeting before next EB to share findings and thinking about adopting a small framework that allows for difference [<b>HK</b>].</li> <li>• Sharing emerging results and developing platforms to continue sharing, rather than initiating a joint project straightaway.</li> </ul> <p><b>2.1.2 Action:</b> continued exchange on this topic, search for funding opportunities, development of framework [<b>All</b>]</p>





	<p>experiences across various host countries and their effect on mental health and wellbeing as well as other health outcomes.</p> <p>2.1.1 FA – let’s incorporate biomedical and psychosocial elements to find some common ground as we need social and mental health – R4HC provides a good forum for this.</p> <p><b>2.2 Conflict and health workstream</b></p> <p>2.2.1 Forced migration and health in conflict settings: discussed creating a comparative study including various countries but also a long way to go to create this, would like to create a shared group [SO]</p> <p>2.2.2 RG discussed further capacity building in the region, focusing on phds, postdocs and research questions in the region. Additional funding required.</p> <p>2.2.3 FA: in the post conflict regions need to look at people being displaced multiple times, capacity building to not have dependency on external aid, eg. Afghanistan. PP: this is great feedback, the literature and partnerships built around Afghanistan partnerships would feed in really well to this programme and maybe something we need to look at.</p>	<p><b>2.2.1 Action:</b> Migration and Health shared group [SO]</p> <p><b>2.2.3 Action:</b> follow up with AUB and Simon Deakin around international working group which maps ongoing activities and future partnerships esp Afghanistan [RS and AE]</p>
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	<p><b>2.3 Palliative Care</b></p> <p>2.3.1 RH – 23 interviews completed at KHCC, now launching next part of project with Turkey and KHCC looking at children with advanced cancer and works hand in hand with project RH doing in Africa, yesterday PG implemented a training session and talked through the ethics and protocol for the sites, can start concept mapping. (See PowerPoint presentation)</p> <p>2.3.2 TK: great session yesterday, maybe in a later stage look at refugee population in Turkey, though at the moment not practical to work with MoH, but what we can do is approach major state hospitals and uni hospitals in Turkey where majority of refugee population is and then maybe extend the project but we should start making an attempt to get some data. PP: probably a lot of scope here to collaborate with PeOH workstream around the data and analysing.</p>	
<p>3 Executive Board Core Activities</p>	<p>3.1 RG question <u>theory of change</u>. BR this is a requirement to the funder for the stage review.</p> <p>3.2 BR <u>stage review update</u>: 2 stage process – IAB report and R4HC docs including how the programme has operated; focusing on the arrangements put in place with our partners to ensure genuine shared</p>	





	<p>leadership and collaboration, financial oversight. UKRI has not found any issues of concern with our programme, some issues to address around delayed staffing issues and hiring. Ongoing reporting is much lighter: after Sept 2019 EB meeting, report put together and ongoing financial reporting.</p> <p>3.3 <u>Communications and engagement</u> – KM: updates include ongoing newsletter and website changes. Further work to be done on data management and sharing.</p> <p>3.4 <u>CSAP policy fellows</u> – BR: update on the attendees: we have secured an additional 60,000 GBP funding from UKRI to support Impact Acceleration Activities which will enable us to repeat the R4HC Policy Fellowship programme next autumn and plan to use some of this money to continue to integrate the policy fellows into the programme and treat them as a cohort who have an ongoing engagement with R4HC.</p> <p>3.4.1 BR – Nicola Buckley will be doing a full evaluation with AC and BR of the CSAP fellow programme.</p> <p>3.5 <u>Grants and Future funding</u></p> <p>3.5.1 R2hc submission and full proposals Syrian mobile health clinics and one at AUB. Find out in March.</p>	<p><b>3.3 Actions:</b> data management and sharing for EB in March [KM/BR/MM]</p> <p><b>3.4 Action:</b> brief outline of the process for nominations [BR]. Nicola Buckley to be invited to EB in March [BR].</p> <p><b>3.5 Action:</b> establish a repository of all proposals [BR and KM]</p>
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	<p>3.5.2 Application led by BZU to MRC in the UK</p> <p>3.5.3 KCL small proposal to ICRC city partnerships for more secure health care. Now until 1<sup>st</sup> may and then hopefully more funding to build on this</p> <p>3.5.4 Colleagues at KCL and MM led a proposal on OSINT and global health and in January pick this up again and resubmit to the Wellcome trust</p> <p>3.5.5 Active: working with a range of colleagues to build a proposal around AMR and aiming to submit something, possibly to Wellcome trust</p> <p>3.5.6 MM: AUB proposal to R2HC – looks at 2 diff ways to manage gun shot wounds, looking at MSF sights in their clinical mgmt. Aim is to have 2 research fellows come to AUB to do some training before they are deployed and then undertake retrospective data collection.</p> <p>3.5.7 Fogarty NIH call – case studies due in January</p> <p>3.5.8 RH – new GCRF funding, in Zimbabwe and Uganda.</p> <p>3.5.9 Hope in Conflict, Grand Challenges Canada – put in for a small amount of money</p> <p>3.6 <u>Publications</u></p> <p>3.6.1 AP has put together a list of major journals.</p>	<p><b>3.5.6 Action: PP</b> – R2hc not just UK lead. This is an annual call, needs to include ngo partners, PP lets start thinking about possible future partnerships for R2HC calls, the call comes out in June, EOIs July. R2HC info to go out to everyone, and link R2HC to our website [KM]</p> <p><b>3.5.7 Action: FF</b> to provide further detail on Fogarty NIH call.</p> <p><b>3.5.8 Action: RH</b> provide information on funding call.</p>
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	<p>3.6.2 RH: publications policies and contributing to R4HC.</p> <p>3.6.3 RG – look out for scam journals, BZU have a list. RG to share this. RG to send lists to KM to be shared with wider group, action.</p> <p>3.7 <u>Contracts and Finances</u></p> <p>3.7.1 Some documentation submitted to the stage review concerning finances. KCL colleagues also overseeing much of this and there have been no significant issues, BR expects to continue to be in touch with all partner institutions regarding this.</p> <p>3.7.2 TK: is it possible to make additional contracts? BR: yes, BR able to liaise with colleagues at KCL to make any amendments as per partner institutions required. There is a range of formalities required. Open to changes or amendments as required.</p>	<p><b>3.6.1 Action: AP and KM</b> to work on together and <b>KM</b> put on website.</p> <p><b>3.6.2 Action: RH</b> to share his policies on European grants (<b>PP</b> to follow up with this with <b>RH</b>, <b>BR</b> and <b>KM</b> to follow up).</p> <p><b>3.6.3 Action: RG</b> to share scam journals list with <b>KM</b> for wider distribution.</p>
<p>4 Parallel Sessions: R4HC Research Associates R4HC Research Investigators</p>	<p><u>4.1 R4HC Research Associates</u> Role of this group is to focus on cross cutting work, possible to propose workshops, collaborations, building career development and how individuals seek those opportunities</p> <p>4.1.1 Led by AC and PP. idea is to come to PP with any ideas, issues (work, issues with mentors)</p>	<p><b>4.1.1 Action:</b> 1-page career progression what do you want to develop over the next 3-4 years, and then revisiting this plan every 6 -12 months, either</p>



	<p>4.1.2 NE current paper</p> <p>4.1.3 AG – PP suggested some future teaching/workshop on building a foundational course of sorts.</p> <p>4.1.4 Women Leaders in Global Health and Conflict Initiative</p> <p>4.1.5 Communications: Slack suggested</p> <p>4.1.6 AP and AE collating various courses etc, Cosette will share his, and anyone else to share with.</p> <p>4.1.7 Grant Lewison – pulling together papers, scientometrics. Can he run a one day workshop?</p> <p>4.1.8 Methodological training: this is possible but still in the early stage, as some workstreams are still working on Needs assessments.</p> <p>4.1.9 Additional training for Research Associates at EBM's.</p> <p>4.1.10 AG is there a way to know what kind of training people are receiving? PP – this is why career development record is so</p>	<p>with the same mentor or with someone else <b>[All Research Associates]</b></p> <p><b>4.1.2 Action:</b> anyone with a background in epidemiology able to translate NE's current paper into Turkish?</p> <p><b>4.1.3 Action:</b> Follow up with AG about thoughts and outline on this <b>[AG, PP, KM]</b>.</p> <p><b>4.1.4 Action: PP and KM</b> discuss further and on agenda for March EB</p> <p><b>4.1.5 Action: KM</b> to follow up with Research Associates</p> <p><b>4.1.6 Action: AP and AE</b> to share collated courses with group. <b>CM</b> to also share courses she has collated. <b>KM</b> create space on website.</p> <p><b>4.1.7 Action: PP and AP</b> to follow up with Grant Lewison.</p> <p><b>4.1.9 Action:</b> At each EB plan a 2 hour session on training: methods for palliative care research (<b>PG</b>) and <b>CM</b> on mixed methodologies, and invite some humanitarian partners to sit in on this. <b>CM and PG</b> to communicate about this and <b>KM</b> in agenda.</p> <p><b>4.1.10 Action:</b> Training - <b>PG, PP, AG</b> to follow up with <b>KM</b> and how we can record and centralise this</p>
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	<p>impt because it is not built into the grant. AG – what if its ngos/external partnerships/beneficiaries? Such diff contexts and regions so there won't be any overlap of training from r4hc. PG – we have a training log at KCL. Can we standardise this?</p> <p>4.2 R4HC Research Investigators 4.2.1 R4HC Investigators discussed a range of issues, including a proposal by RH to develop and implement, as soon as possible, and certainly by the next EB in Amman, a standardised approach to acknowledging the R4HC 'scientific team' including all investigators and core research associates. The idea is that every paper that is authored /co-authored by an R4HC member includes the standardised acknowledgement text. This enables people searching publication databases, etc. to search both by author <b>*and*</b> by 'R4HC-MNEA'. It also, of course, serves to raise the visibility of R4HC more broadly, and significantly simplifies reporting on academic outputs to e.g. UKRI. It was agreed that this would be an excellent method for standardising the acknowledgement of the R4HC-MENA programme in all outputs in the future.</p>	<p><b>4.2.1 Action: BR &amp; RS</b> to draft the standardised acknowledgement text and circulate it to R4HC members for agreement and implementation by the next EB in Amman.</p>
<p>5. Major Thematic areas</p>	<p>5.1 <u>Political Economy of Health</u> 5.1.1 AG presentation [see attached]: Conceptual review – Peer review: Sharif leading this work and will share preliminary</p>	<p><b>5.1 Action:</b> PEoH workstream will reach out to every workstream and explore the interest and identify priorities to work on together <b>[AG]</b></p>





	<p>findings within the next 1-2 months. Capacity development approach: been ongoing for the past month. Activities identified – AG asked if these are too broad, and how we can coordinate with all workstreams.</p> <p>5.1.2 FF: how can we use this framework to implement cross cutting work? How do we integrate with the other workstreams around implementing the timeline (implementation timeline (indicative))</p> <p>5.1.3 CM: AUB update. HK - What is the exclusion/inclusion criteria for the research? CM – Sharif has done a lot, based on conceptual framework and whether it informs their questions. To clarify, just focusing on Lebanon.</p> <p><u>Cross-cutting work</u></p> <p>5.2 TK: open to collaborate with other groups, cancer control was an idea brought by RS at the beginning. Cancer control is a difficult topic, this will be discussed further next year.</p> <p>5.3 OS: RH, PG, OS and KHCC team working on palliative care, identified projects 1) NA for cancer patients of refugees 2) paediatrics at Hacettepe. Planning also IPOS tool, hoping to do in Arabic. Identifying students to go through Masters degrees. Ongoing training between sites.</p>	
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	<p>5.4 FA: bringing in policy fellows across institutions for capacity building for policy-relevant research in the MENA region.</p> <p>5.5 RH –looking to do some further work in BZU (and huge scope here for PeOH).</p> <p>5.6 NA: IRB submitted, scoping review and methods of breast cancer in conflict settings and we would like support from each partner in the region to assist regarding the context in each country and ensuring the work is correct. Looking to do Gaza workshop in January, if they can get access.</p> <p>5.7 PP: tobacco control policies in early post conflict zones and looking at lessons learned of countries.</p> <p><u>Conflict and Health Presentation</u> [AP and NE – see PowerPoint presentation]</p> <p>5.8 ICRC proposal, which is part of the postdoc capacity building.</p> <p>5.9 R2HC: mobile health units.</p> <p>5.10 Capacity strengthening of health research in conflict framework: hopefully submitted to journal by the next EB.</p> <p>5.10.1 PP anticipating implementing a stakeholder workshop with this framework (see slides).</p>	
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