Research for Health and Conflict (R4HC-MENA)  
Minutes of the Executive Board Meeting  
held on  
3rd and 4th September 2019, University of Cambridge

R4HC-MENA members present: Richard Sullivan (Chair) [RS]; Preeti Patel [PP]; Hanna Kienzler [HK]; Tezer Kutluk [TK]; Fouad M. Fouad [FF]; Omar Shamieh [OS]; Ghassan Abu-Sittah [GA]; Cengiz Kılıç [CK]; Şevkat Bahar Özvarış [SO]; Brad Robinson [BR]; Marilyne Menassa [MM]; Ping Guo [PG]; 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]; Weeam Hammoudeh [WH]; Adrian Gheorghe [AG]; Mona Jebril [MJ]; Sharif Ismail [SI]; Devorah Mukhertji [DM]; Adam Coutts [AC]; Richard Harding [RH]; Kai Ruggeri [KR]; Martin Bricknell [MB]; Nicola Buckley [NB] [CSaP]; Katie Cohen [KC] (CSaP); Sema Yurduşen [SY]; Özlem Şeyda Uluğ [OU]; Edip Kaya [EK]; Meltem Şengelen [MS]; Zahid Abdul Sater [ZS]

R4HC-MENA International Advisory Board Members present: James Watt [JW]; Sanchia Aranda [SA]; Rana Khatib [RK]; Jocelyn DeJong [JD]

Apologies were received from: Kalipso Chalkidou [KC]; Rita Giacaman [RG]; Lena Verdeli [LV]

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<th>Day 1</th>
<th>Item</th>
<th>Discussion</th>
<th>Action</th>
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<tr>
<td>1</td>
<td>Welcome</td>
<td>KR, SD, RS</td>
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| 2     | Workstream updates | 2.1 Conflict and Health – see presentation [NE, GA, PP]  
2.1.1 The C&H workstream highlights the importance of supporting mid-career researchers through its work.  
2.1.2 CW paper highlights critical issue in availability of strong data in a European language [GA]  
2.1.3 Advocacy within our own universities to introduce various courses like C&H course is important [RK].  
2.1.4 Suggestion that it could be useful to have people from other workstreams reviewing questions/research proposals/surveys to consider collective expertise and context appropriateness [ALL]  
2.2 Cancer and Palliative Care – see presentation [OS]  
Palliative care conference in October in Gaza (GA)  
2.2.1 It was noted that there needs to be improved methods for obtaining | 2.1.4 Cross workstream reviewing of questions/research proposals/surveys to consider collective expertise and context appropriateness [ALL] |
quantitative data collection from children [FA]

2.2.2 Translation: A further point was the importance of the accuracy of language. Suggestion to have joint analysis for improved understanding of any translation issues [FA, RS]. Back translation somewhat outdated, have to be sure questionnaires create same images in interviewee minds [CK]. Important to devout time to it so it’s not just relevant locally [FF].

2.2.3 Adapting cancer care guidelines in conflict-affected populations – see concept note

2.2.4 Access to care is extremely sensitive. Sensitivities within migrant groups when working with NGOs. Suggestion to further work together as a group on how we can establish methodologically guiding clinicians in difficult resource settings eg. cost effective [DM]

2.2.5 Formal and informal care - a link between Mental Health and Cancer workstreams to be further explored.

2.3 Mental Health - Online course development [NT] (see presentation)

2.3.1 Discussion around accreditation and ‘Micro credentialing framework’: building capacity through tangible outcomes on specific skills – possibility to do this through R4HC not just institutions [SA].

2.4 Mental Health: Lebanon - see presentation [KR, TF, LV]

2.5 Political Economy of Health [AG] – see presentation

2.5.1 Discussion: GA develop an economic toolkit of measuring whether providing specific health care for organisations to use [GA]

3 CSaP update

See presentation [NB]

3.1 Some R4HC members wanting a greater understanding on the impact of the programme. Meltem Şengelen explained the personal networks have been very important and had the opportunity to work closely with R4HC members on projects.

3.2 Suggestions to have a theme for each year.

2.2.2 Translation and language issues to be further discussed to determine a standard amongst the group [ALL] Opinion piece from AUB submitted to the Lancet to be circulated [MM]

2.2.3 Cancer Care guidelines – link between Cancer workstream and PEOH and Mental Health. These workstreams to further discuss [MH, PEOH, Cancer]

2.4 IPT study – long term partnership to be clarified by KR and LV

3. Policy fellows should be formally part of R4HC [RS/BR/NB]
| Page 3 | 4. Executive Board Core Activities | 4.1 Timeline reminder, 6 months extension to be confirmed. Funding difficult to determine given the current political landscape in the UK. Widening partnerships important [RS]  
4.2 Affiliates group and ad hoc groups eg Policy fellows, medical ethics.  
4.3 Women Leaders in Conflict & Health to become its own cross cutting group.  
4.4 Matters arising from March 2019 Exec Board  
4.5 Sensitivities in publishing and thinking about the impact of research  
   ➔ Discussion about what political sensitivities include: is it self-censorship of our work? Is it about not mentioning specific organisations in specific countries for example? Or is it about others using our research out of context?  
   ➔ Be mindful of what you write and working with others in countries when required, even if people are not authors but get others in the specific context to read your draft.  
   ➔ Sensitivities – use the term unintended consequences.  
   ➔ Engage policy fellows perspectives about how we are publishing research. Also engaging with policy makers/ministers etc prior to publishing so as not to surprise anyone [SA].  
   ➔ If any unintended consequences do arise, contact RS immediately.  
4.6 Stakeholder mapping  
4.7 Joint Paper - General awareness and impact  
4.8 Funding acknowledgement.  
4.9 Meta-synthesis of publications.  
4.10 Data management and sharing and authorship policy  
Discussions around who owns the data and issues with anonymising data, and archiving data. | 4.1 Widen partnerships for future funding [ALL]  
4.2 Invite NGO representatives and major funders representatives to Beirut EB in December and include in PEOH workshop [ALL] ASAP  
Embed affiliates within each workstream (not a separate group)  
Clarify group further and disseminate to R4HC members.  
Look at possible partners in other areas of conflict, especially in the MENA.  
4.4 Action points:  
➔ Integration with other major GCRF programmes  
➔ Improve cross workstream face to face meetings [ALL]  
4.5 Circulating pre drafts to reduce impact of political sensitivities and unintended consequences [ALL].  
4.6 To be completed by work stream and by country [ALL]  
4.7 **Joint Paper, led by RS, all to contribute **  
4.8 Full audit on this from two weeks of EB. KM send all logos and funding acknowledgement out again.  
4.9 Meta-synthesis of publications [RS/BR/KM]  
4.10 KM all to be re circulated |
## Day Two

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<th>5. Further workstream and country updates</th>
<th>5.1 Political Economy of Health presentation [FF]</th>
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<td>5.1.1 Book - has a special edition to a journal with a number of papers been considered as is a faster process. However, difficult to find a journal for this.</td>
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<td>5.1.2 Writing residency The Rockefeller Foundation Bellagio Center: deadline 15 November for 2021 residencies Brocher: call for proposals will be released in November</td>
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### 5.2 Hacettepe Team update (see presentation)

Cancer in refugees – conducting research and collecting data in collaboration with universities in the south of Turkey. Recently visited Konya with a large number of refugees.

### 5.3 Possibility to apply for a major grant to look on the ground about what it means for Syrians/Iraqis/Yemenis to go to Jordan/Lebanon and collect more empirical data. Need for work on therapeutic geographies. Two threads: cancer patients travelling across the region; war wounded travelling for surgery. Not just one sided, need to look at the deep change in the health systems which is more challenging to capture [RS/GA/FF]

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<th>6. Break out groups</th>
<th>6.1 Mental Health and Palliative Care 6.2 Cancer, conflict and health and political economy of health met to</th>
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Data archiving to be looked into further [RS/BR/KM]
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<th>6.2</th>
<th>Well developed concept note ‘Adapting cancer care guidelines in conflict-affected populations’ by December EB</th>
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<tr>
<td>7</td>
<td>General Exec Board action points</td>
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<tr>
<td>➔</td>
<td>recirculate IAB report to senior investigators [RS]</td>
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<td>Need to ensure we are communicating and communicating specific projects and the concepts [ALL]</td>
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<td>Mentoring faculty coming through and well mentored career path [Senior members]</td>
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<td>Timeline of major grants collated targeting migration, conflict, cancer</td>
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<td>Create a list of journal editors known to the group [ALL]</td>
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<td>Feedback all meetings/events/conference</td>
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<td>R4HC to look at publishing new concepts – part of the years 3 and 4 plan [ALL WORKSTREAMS]</td>
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<td>EB structure for December 2019 at AUB – half a day reporting on outcomes of studies at AUB, invite external affiliates (ICRC, MSF, STC), possibly an ethics session, therapeutic geographies planning, grant writing workshop, approach major funders to attend (regional reps? Wellcome, GCRF, Challenge leaders at GCRF). Look at R2HC webinars on grant writing – create a basic template.</td>
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Next R4HC EB meeting: 12th and 13th December American University of Beirut