



**Research for Health and Conflict (R4HC-MENA)
Minutes of the Executive Board Meeting
held on
Monday 25th and Tuesday 26th March 2019
Amman, Jordan**

R4HC-MENA Executive Board 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 Kilic [CK]; Şevkat Bahar Özvarış [SO]; Rita Giacaman [RG]; Kalipso Chalkidou [KC]; Brad Robinson [BR]; Marilyn Menassa [MM]; 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]; Weeam Hammoudeh [WH]; Adrian Gheorghe [AG]; Mona Jebriil [MJ]; Abdullatif Husseini [AH]; Shayma’a Turki [ST]; Sawsan Al-Ajarmeh [SA]; Ghadeer Al-Arja [GAa]; Sharif Ismail [SI]

R4HC-MENA International Advisory Board Members present: Mohammad Tarawneh [MT]

In attendance: Asem Mansour [AM] Gamze Aktuna [GA]; Sandra Willis [SW]; Bryan Cheng [BC]; Shaymaa Alwaheidi [SA]; Talaa Haddad [TH]; Sigrid Lupieri [SL]; Waleed Al-Rjoob [WR]; Abeer Al-Rabayah [AR]

Apologies were received from: Wyn Bowen [WB]; Matthew Moran [MMo]; Adam Coutts [AC]; Kai Ruggeri [KR]; Richard Harding [RH]

Day 1 –		
Item	Discussion	Action
1 Welcome speeches from KR, SD, RS	1.1 Formal welcome from OS and AM. Both discussed how R4HC helps to meet the various challenges and gaps in health care in the region and especially in Jordan and that the partnership is vital when many of the countries in the MENA region are affected by conflict and have limited resources to meet these challenges. 1.2 RS reflected on the solidarity among colleagues within R4HC.	
2 Roundtable introductions		
3 R4HC overview and setting the scene for 2019 – R4HC Co-Chairs.	3.1 RS gave an overview of the R4HC timeline. Next Exec Board meeting will be held in September 2019 at Cambridge. 3.2 Research Day(s) at KCL in early June. 3.3 RG discussed the importance of holding an Exec Board meeting in Palestine, while some may only be able to attend virtually. 3.4 Cross-cutting elements across the workstreams are becoming increasingly evident and important at this stage of the programme – an area we all need to focus on [RS]	3.1 Further details to be sent to all EB members regarding September EB and June Research Day [KM]

	<p>3.5 RG – publishing articles in the region to change narrative around high income countries dominating research.</p> <p>3.6 Thinking beyond the end of the programme: FF we need to think beyond the end of the programme, and any programmes we can think of that go beyond R4HC is vital. RS important to think about what the region brings to the world. RS we need to think about building faculty and further funding. FA – we need to include policy makers and external stakeholders further. RS – we need to do this more collectively, while we are interacting individually with external agencies we need to engage R4HC as part of this.</p> <p>3.7 RS – what meetings are we going to that we can meet at collectively?</p>	<p>3.6 RS – look at new partnerships and programmes, engaging new countries, and other major funded programmes.</p> <p>When engaging with external stakeholders, further engage R4HC. [ALL]</p> <p>3.7 Meetings that R4HC members can meet at [ALL]</p>
<p>4 Updates on new and emerging areas of work</p>	<p>4.1 Update on R4HC-MENA Policy Fellowship Programme [BR] - Finalised report from the Centre for Science and Policy (CSaP) at Cambridge received from Nicola Buckley, which will be shared. Brief overview: CSaP run a successful programme bringing policy makers to the UK to meet with British academics and policy makers for one week and then treat the participants as a cohort, including ongoing follow ups. Together with R4HC, CSaP designed a policy programme to explore translating academic research in to the policy making sphere and R4HC investigators nominated 9 people of which 7 attended. Now in the process of thinking about how this cohort can continue to interact with R4HC and build on these relationships – further ideas welcome. The programme will also run this year after securing further funding and will be undertaken more formally this year, with a call for expressions of interest. Dr Asem Mansour was one of the participants of the programme, who described the programme as a very rich experience, in which he was able to identify 3 main areas (palliative care in countries with limited resources; tobacco control and preventative actions; health technology) during the programme which was greatly beneficial to KHCC.</p> <p>4.2 Cancer and Palliative Care [FA and TK] Updates (see presentation)</p>	

	<p>Literature review focuses on Turkey only. Cancer control course [TK]. One idea is linking palliative care and PEOH workstreams in Turkey [FF and TK to discuss this afternoon]. Cancer oncology course – using this as an opportunity to implement a half day with R4HC.</p> <p>RS – further collab with Konya</p> <p>BC: there is going to be MH care integration in cancer and palliative care in Turkey? To be discussed in afternoon session.</p> <p>4.3 Health and conflict in refugees [SO and GA] See presentation for updates.</p> <p>Qualitative Research Methods in Conflict and Health Studies Course – 15-18 April 2019</p> <p>PhD: Refugee Uncertainty Scale.</p> <p>Study: Turkish health literacy for Syrian refugees living in Turkey</p> <p>4.4 Mental health of Syrian refugees in Turkey [CK] (see presentation)</p> <p>Psychological effects of war and refugee experience on Syrian refugees – longitudinal study. Mental Health in Syrian refugee studies within Turkey is being conducted across a number of Turkish institutions.</p> <p>4.6 Political Economy of Health in Conflict: Insights from Lebanon and Gaza [SI, CM, MJ, FF][see presentations]</p> <p>SI – this area is under theorised, so trying to bridge theoretical gaps with Political Economy Analyses. Crucially involve ground-up theory development. Discussed Guiding research questions for the PEAs.</p> <p>CM – progress made since December: decided to look more specifically at types of conflicts, focusing on govt and other stakeholders, focusing on political taxonomy. First draft to be circulated 31/3. Lebanon PEA report to be circulated early April.</p> <p>FF – Major output: book</p> <p>MJ – insights from literature review in Gaza. MJ looking to take a proxy outlook. RS asked about identity politics of health actors. Why is PEOH so undertheorised in the ME?</p> <p>4.5 Online course development [NT] (see presentation)</p> <p>The online course came as a result of the <i>Research Methods for Mental Health in War and Conflict</i> training. The course will focus on qualitative course</p>	<p>4.4 PP to link CK with academic at SOAS.</p>
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structure as it is a stronger product and will develop a quantitative course later [WH]. NT - this course can be run up to 3 times per year (150 participants), however, initial course as a pilot course will be smaller. Pre-course and post course assessment will be integrated into this course. Students will be encouraged to use their own data, and include follow up trainings possibly.

AP provided lessons learned – including set timelines for all students to continue at same pace and giving students the opportunity to engage through webinars. BC – possible to develop a platform for post course in which they can further discuss.

GA – discussed contextualising language and terminology and expanding throughout the region. AUB online course platform can be used as a template for much of this. MJ: access for Gaza participants? NT: online connection is not always required and have one month to complete. AE: Future Learn/Padelia project has a lot of experience ensuring access to courses for all refugees, possible to link.

4.6 Capacity Building Vision of Political Economy of Health in collaboration with R4HC-MENA workstreams [AG] (see presentation)

Reflections: Discussion around publishing strategies and ensuring the journal. AG Value in Health journal was by far most common journal, also the international journals like the Lancet hosted many of the publications. GA – would be interesting to compare AG’s findings with Rima’s findings and collaborate further on the dominant themes. Balancing leadership, gender balance. RS – possibly need a wider bibliometric group. AG – found evidence of capacity depletion, this is only a snapshot of what we’ve found, capacity has not always been an upward trend. RA – discussion on including author affiliations. BC – any plans to integrate health economic studies into current studies and clinical trials? GA – are there skills that can be given to people working in other disciplines to view research differently and undertake different research or courses directed at public health professionals. AG – there is some capacity always there, up to a point.



Day Two: Formal Executive Board Meeting

<p>1 Feedback from groups and reflections of Day 1</p>	<p>1.1 Political Economy of Health SI and AG – exploring ideas PAs and Health eco streams are in sync, open channels with all work streams and building on this over the next few months. FF – one of the issues is a mechanism within the workstream across countries, replicating the model that we are using in Lebanon to integrate Jordan and Turkey further, need a mechanism to continue this sort of discussion after this meeting and this needs to be across workstreams too as we are producing cross cutting work streams. What is missing is a mechanism to work across workstreams beyond this meeting. how do we keep this momentum going? Open for discussion: GA this needs to be product driven, need to agree on a paper for example between 2 workstreams and work forward from there, so identify cross cutting deliverables as soon as possible. RG – organise smaller meetings. PP – we have had successful meetings in London b/w PEOH, C&H and MH work streams and very useful, people presented work in progress and used Zoom, however, this was also challenging. Where possible establishing short meetings face to face. GA – creating shorter meetings in June, 2 day meeting for workstreams, with steering group for governance.</p> <p>CM – issue of sensitivities of taxonomy across the workstreams which we need to address collectively, issue of position of govts vs other stakeholders. SI – political sensitivity in our operating space, when we publish there is a risk this may create relationship issues with stakeholders in the wider global health system. RS – ensure we put a filter on our work, thinking about possible side effects, also ensuring if naming specific people or countries that they are allowed the opportunity.</p> <p>1.2 Mental Health CK: Cambridge-Colombia consortium provided many updates, their work in Lebanon where they are teaching nurses to screen patients. OS had asked if this model could be transferred to Jordan, there may be some possibilities here. CK discussed work in Turkey with Syrian refugees, CK would like to discuss this further with CM and FF. Starting to</p>	<p>1.1 Future meetings – cross workstream, smaller groups, face to face.</p> <p>1.1 Include issues around sensitivities in Publishing Policy</p>
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	<p>identify further stakeholders across the region to implement the outcomes within MH.</p> <p>1.1.1. WH: Bridging the divide b/w academia and policy, and playing a role of advocacy, maybe producing more understandable information and using this platform (R4HC) more widely in this respect.</p> <p>1.1.2. GA – reaching out to new units in Gaza when they start setting up their organisations in the early stages and implementing MH strategies. RS – operationally, we need to reach out individually on behalf of others, or if opportunities arise, let people know about R4HC.</p> <p>1.3 Conflict & Health NE – contacting people, our plan is to email all in meetings. Looking for a common project to prepare for and then write up for a GCRF call later in the year, plan to meet in late June in Turkey. Would like to involve funders, possibly Welcome Trust or GCRF. Doctoral training centre in the future. PP – we have papers in progress, mainly working with AUB and KCL, so would like to expand this and hope a mailing group will assist this. A doctoral training session in the region would be most useful – to be discussed with investigators this afternoon (RS).</p> <p>1.3.1 GA – important to try produce big picture papers i.e political economy of cancer, from data collection to delivery of care. Workshop on Cancer Registry.</p> <p>1.3.2 MJ – to generate impact, maybe producing films or documentaries in addition to publishing. PP – Sophie Harmen from Queen Mary is keen to produce films and Medical Aid films – action approaching and funding available.</p>	<p>1.2.2 RG to get in touch with PCRf and share this info with TF and BC.</p> <p>1.3.2 MJ and PP to further discuss filming possibilities.</p>
<p>2 Executive Board Core Activities</p>	<p>2.1 December Minutes: to be signed off 2nd April 2019.</p> <p>2.2 Data management and data sharing platform and Travel policy</p>	<p>2.1 KM to resend December minutes.</p> <p>2.2 Comments to be sent by 2/4</p>

	<p>2.3 Publishing template / open access arrangements</p> <p>BR and RS: Ensure everything in public domain has R4HC acknowledgement. Brief para to go into acknowledgements for publications and any further output.</p> <p>Open Access – at KCL some funding available to make publications open access. Possible at KCL to access some of these funds if publishers charge, so if you put in a publication arising out of this project please contact KM and BR to access possible funding.</p> <p>Authorship – RG: if first author is from LIMIC countries fees tend to be waived. FA: add framework for authorship. BC: declarations of conflict of interest. RG: first authorship with younger researchers, and paper publishing equitability. RG: if people don't contribute in any form, then not included as authors.</p> <p>2.4 Risk Register: Investigators are jointly liable for the risk register.</p> <p>BR the register still does not encapsulate the full list of risks and challenges associated with the programme. Concern with the gap of an investigator at AUB, which we are actively working on. Aside from that we have a full complement of people on the programme. Some of the risks are beyond our control, and some of this to do with lag and time of getting all contracts confirmed.</p> <p>RG: how will we meet the issue of regional instability? RG suggested changing methodologies when instability/events arise. RS: discussed an investigator in that place requests freezing funds.</p> <p>2.5 Translating research and work into policy. MJ: in addition to policy briefs, policy makers may not look for them, so is there a way to disseminate to policy makers maybe through workshops or organising meetings? GA suggested targeted policy briefs. RG some policy makers may not read info disseminated. We have found a contradiction between Academia and Development & Advocacy and influencing policy, so what is the best approach – working one on one with a major policy maker, discussing the findings and then letting the policy maker take the idea as their own. AE – Thinktanks may have a role to play</p>	<p>2.3 Circulated again [KM/BR]</p> <p>2.5 Action for September EB: focus on translating research and work into policy. Across workstreams identify the key players and who we would want to influence.</p> <p>Stakeholder Mapping: ongoing stakeholder mapping to include third</p>
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	<p>in this activity – disseminating info to policy makers. To be discussed among Investigators this afternoon. SW: establish policy briefs within workstreams, generating them in the language of policy makers and framing it to provide evidence behind the policy briefs, if policy makers want to read further. Reporting on SDGs etc, coming within that context and not too peripheral for policy makes.</p> <p>2.6 Theory of Change - research capacity strengthening conceptual framework</p> <p>Move to September EB</p> <p>2.7 Meetings & Events 2019</p> <ul style="list-style-type: none"> • Exec Board/IAB Joint meeting Cambridge 3-4 September – extra (third) day possible • Potential R4HC-MENA research event in London – June 2019 • Possible MENA region Launch event 	<p>sector and public and private.</p>
<p>3 Updates on deliverables and activities from R4HC-MENA core Workstream Areas</p>	<p>3.1 Cancer & Conflict Palliative Care – KHCC & Paediatrics OS (see presentation): CPCCC established 2018 as part of R4HC, first to be established in MENA. Qs: cancer patterns in conflict settings, how are we controlling the variables? this will be taken into consideration when building the protocol. AH – Palestine involvement in palliative care training or capacity building, this is an area we are looking at for further funding. OS – discussed board and accreditation for people wanting to establish palliative care board in the region, OS had approval from Jordan Medical board (request info from OS).</p> <p>3.1.1 Cancer & Conflict RA – scoping review findings [see presentation] GA – further input from others appreciated. RS – already a number of bibliometric reviews in cancer, using breast cancer as a specific focus. CM – issue of political sensitivity with the findings from this research, in that it may be informally disseminated to Lebanese stakeholders. RS and GA commented that this is considered in all outputs. RS – pulling altogether all bibliometric reviews on cancer.</p> <p>3.2 K2P Workshop [SA] Reflections on workshop: 3-day workshop hosted by K2P at AUB, <i>Strengthening the translation of</i></p>	

	<p><i>knowledge into policy and practice: Policy analysis, stakeholder engagement, and capacity-building.</i></p> <p>First day covered how we can effectively communicate with policy makers, not only to talk to them but also listen to them. Also discussed sensitivity issues with various people. Contacting media, whether to do this before or after discussing with policy makers. Workshop facilitators discussed Syrian refugee problem and NCDs, the concentration of refugee camps and issues, waste management problems. Day two specific workshops, Shayma'a focused on cancer.</p> <p>3.3 Mental Health: Lebanon [TF and BC] See slides attached.</p>	
<p>4 Final discussion</p>	<p>4.1 BC: all workstreams focus on capacity building, but not much discussion around brain drain and mechanisms to prevent this, as well as self-care for researchers and what we can do moving forward as a group. RS: part of original pitch was building capacity because it provides career paths for ppl in the region and addressing the research exploitation issues.</p> <p>4.2 RS: admin issues, any major issues with risk register and minutes. They will be signed off within one week. Email to BR and KM within next 7 days.</p> <p>4.3 Presentations will all be made available online so please send through.</p> <p>4.4 BR: research meeting 2-day event in June in London, one day will be an event led by the Conflict & Health Research Group at KCL, with assistance from R4HC, with panels and external speakers. The second day will be an R4HC research day (not an EB), people will be invited but no expectation to attend.</p>	<p>4.1 dedicated session on this major cross cutting aspect and establishing a review for this.</p>

Next R4HC EB meeting: Cambridge, United Kingdom, 3rd and 4th September 2019