Executive Summary

1. We have seen a major growth in academic faculty beyond that directly supported by the R4HC program. For example, Hacettepe now have 18 faculty focused on R4HC and Birzeit have expanded to include Weeam Hammoudeh (Assistant Professor), Abdullatif Husseini (Professor) and three Research Assistants.

2. Significant growth in research outputs in most areas over last year (+17% CAGR) with more multi-lateral authorship papers. Noted need to capture outputs, ensure funding acknowledgements, create greater research intelligence across R4HC community.

3. Two major hubs for conflict and health at King’s College London (KCL) and the American University of Beirut (AUB) (conflict medicine orientated) with Hacettepe are in development. Major hubs for cancer, palliative care and conflict established at the King Hussein Cancer Center (KHCC), Hacettepe and KCL. A major hub for understanding the mental health needs of populations in conflict-affected situations at Birzeit has been established.

4. Imperial College (IC), King Hussein Cancer Centre (KHCC) and AUB: Major intellectual hub around the political economy of health in conflict. Noted need to distinguish normative research capacity building on broad populations from those on vulnerable populations directly impacted by conflict e.g. refugees.

5. Dynamic tension between thematic connectivity and expansion of research activities, particularly with academic partners from Universities which do not have major endowments. (IAB: Noted that research agenda at times did not lead back to a conceptual coherence(s), and this needed to be addressed).

6. Co-operation around methodological rigour: apply knowledge to make a unique theoretical contribution. Critique of concepts and methods used in published literature in relation to their relevance, importance, and indeed, validity in the regional and local contexts. R4HC to promote development of new tools related to concepts related to health in war which go beyond a biomedical approach to understanding what happens to people in wars and conflicts.
7. Need to create an R4HC ‘Position paper’ which builds on the operational framework for change currently being developed from initial work on the R4HC theory of change: themes and different conceptual approaches. Common and different languages. Typology of conflict affected populations. Using conceptual frameworks to put paper together. (IAB: How specific items of work are connected into a greater whole. Also needed to ensure that research brought value added to the context – impacts policy and practice in meaningful way1).

8. Research that changes people, practice and policy. Need to apply a stronger lens to scrutinise outputs and engage beyond R4HC into iNGO et al (IAB: Teams uniquely placed to do comparative work beyond individual country and theme approaches).

9. Improved cross-cutting capacity interactions between workstreams, particularly political economy and palliative care. Mental health and cancer also increasing cross-workstream interactions as well as new joint workshops, including: workshop at Hacettepe convening the intensive short course “Qualitative Research Methods for Mental Health in War and Conflict” and program grant applications; Tobacco and Women’s Health UK-GCRF Cluster applications for September 2019: King Hussein Cancer Center, Amman, Jordan (KHCC)-Global Mental Health Lab, Columbia University, NYC (GMH) collaboration to enhance existing mental health services for distressed breast cancer patients at KHCC using Interpersonal Psychotherapy (IPT), an evidence-based therapy that has been used successfully in the region (Joint R4HC leads on this project: Shamieh [KHCC] & Verdeli [GMH]).

10. **R4HC partnership have six proposals** for further research funding either submitted or committed to development. For example, three cluster proposals for the next round of UK GCRF funding (Tobacco, Women’s Health and possibly, Healthcare Workers) and a European Research Council bid (AMR and War). Translation of capacity building into research grant proposals remains a weakness, however, this year has seen a more concerted effort to develop and submit proposals.

11. GMH – Ministry of Public Health (MOPH) Lebanon, in the Mental Health workstream have successfully completed an adoption study of IPT among Lebanese mental health practitioners in diverse settings, as well as implemented the IMPACT model (collaborative care platform) in Makhzoumi PHC.

12. **Data curation, sharing and management have now become a critical issue** which the executive board will need to continue to address, with a particular focus on securing agreement from amongst partners to make research data generated by the project available for secondary use beyond the end date of the current funding period.

13. **Gender equality** within the partnership is a key aim. A group led by Drs Kienzler, Hammoudeh, Patel, Mukherji et al are creating a Women Leaders in Health & Conflict program, launched in 2019.

14. Need to drive better and more equitable mentorship for mid-career faculty and mindset change from senior faculty to ensure equal opportunities across R4HC teaching faculty.

15. The UK-GCRF Cluster funding call has provided a great opportunity to expand and develop the partnership, the start of which we have seen this year with joint GCRF, R4HC and PRECISE program

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1 On follow up it was noted that it takes years to change policy. Second, it is not always true that one can influence policy by presenting information to policy makers. The main driver is politics. At other times, it is international aid which dictates policy and starved regional institution just follow what is asked for. Third, there is experience where we influence policy from the bottom upwards. Furthermore, there is an inherent contradiction between academia and development. In academia, one must credit work to yourself. In development, when one wants to influence policy, the opposite.
bids to technology translation call. Other developments, particularly in security sector capacity building (military ethics, stabilisation etc) and political economy, will provide a rich source of future bids.

16. We are delighted that Professor Rita Giacaman accepted an honorary Doctorate of Science from KCL, which she formally received in October 2019.

17. Need to create a database of who is engaging with whom and how? Ministries, iNGO, UN e.g. Birzeit with UN/Ministry (soft power / relationship building e.g. various NGOs and other universities, other research establishments).

18. Framework needed for capturing outputs that are non-publications, including a reportable taxonomy for R4HC.

19. Look at creating short films with eCancer.

20. Looking to the future, the issue with these hubs will be sustainability. What are UKRI priorities? How will this work? Conflict shapes disease and health systems; how will R4HC influence these knowledge transmissions?

21. Proactive engagement schedule required, e.g access to regional health director of MSF and ICRC.

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Joint Meeting of the R4HC-MENA Executive & International Advisory Board in Cambridge, UK – 3-4 September 2019
Conflict and Health Workstream

The conflict and health workstream has expanded rapidly, creating substantial additional capacity in the UK focused on ODA relevant, policy-focused research with R4HC funding leveraging KCL’s Conflict and Health Research group (CHRG). A joint KCL-AUB team were successful in winning a competitive award from the ICRC, studying the evidence on City Partnerships for More Secure Healthcare across violent and armed conflict urban settings (CHF39,385/GBP 31011,81). This saw 7 multidisciplinary researchers based at KCL and AUB conduct qualitative research for the study, write a report and academic papers. The findings were disseminated at KCL CHRG meeting (April 2019), External Roundtable at KCL (April 2019) and the Healthcare in Danger, Middle-East Regional Conference (June 2019), and will form the basis of future grants. The group has also been successful in obtaining a prestigious KCL LISS-DTP studentship award for CHRG affiliate Gemma Bowsher to begin a part-time PhD on Anti-Microbial Resistance and Conflict (GBP 60,000) supervised by Richard Sullivan and Preeti Patel. A very successful MSc Global Health Capstone Project with IRC and Primary Care International: NCD care for displaced people living in a camp setting in Uganda (FGD and KIIs with CHWs, camp managers, etc.) was delivered. Papers will be presented at the NCD Prevention in Crisis Settings Symposium, at KCL, June 2020 (in collaboration with IRC, Harvard, BMJ Global Health). In October 2019, the group hosted the Health Research in Syria Conference at KCL in collaboration with UOSSM. Members also attended the Women Leaders in Global Health Conference (November 2019). In Lebanon, R4HC has supported the newly created AUB-led Global Alliance on War, Conflict and Health, both on the founding board and with additional research analysis.

Conflict and Health have presented R4HC work at a number of meetings in 2019:

- City Partnerships for More Secure Healthcare across violent and armed conflict urban settings, Roundtable Meeting at KCL, 30 April 2019.
- Patel: Funding Landscape for RH in Conflict: Accelerating Women’s Health Agenda: Priorities and Opportunities through UN SDGs and AU Agenda 2063, 12 November 2018, Nairobi, Kenya.
The group have also produced a large number of papers and blogs:

- Diabetes in humanitarian crises: the Boston Declaration, The Lancet Diabetes & Endocrinology, published online June 06, 2019
- Ghassan Abu Sittah, Richard Sullivan et al. Armed conflicts and antimicrobial resistance: A deadly convergence, 2019, AMR Control
- Abla M. Sibai; Anthony Rizk; Adam P. Coutts; Ghinwa Monzer; Adel Daoud; Richard Sullivan; Bayard Roberts; Lokman I. Meho; Fouad M. Fouad; Jocelyn DeLong, North-South inequities in research collaboration in humanitarian and conflict contexts, Lancet, 2019
- R Wilson, A Sawas, R Sullivan Climate change as a threat multiplier in the Lake Chad Basin Region. Int Health (submitted)
- Ghassan Abu Sittah et al. Data Poverty and the Ecology of War (in prep)
- Shrum, L., Bowsher, G., Patel, P., Examining the concept of governance in post-conflict health from a qualitative perspective, in progress for submission to Conflict and Health.
- Bowsher, G et al, EHealth for Conflict: A Narrative Review of the Application of EHealth Technologies in Contemporary Conflict Settings, in progress for submission to BMJ Education and Practice. (in prep)
- Team led by Turkey. Developing “Refugee uncertainty scale” in adult Syrian refugees and describing the relationship between uncertainty and health status (in prep)
- Team led by Turkey. Health Literacy Scale for Literate Syrian adult refugees living in Turkey (in prep)
Looking forward, Conflict and Health will be developing a more specific mentoring program and specific joint deliverables. This will include developing an expanded Conflict and Health course at KCL (online course) and one at AUB; online training module “Research skills in Conflict Settings.” The group also hosted the Women Leaders in Conflict and Health Lecture Series Inaugural lecture by Prof Rita Giacaman (October 2019 – pictured right) and will, jointly with Hacettepe University, host a multi-site symposium (in London & Ankara) in June 2020. The group is further developing a themed issue on NCD Prevention in Crisis Settings, BMJ Global Health. Research projects include - Tobacco Control in Conflict for GCRF Clusters, with Linda Bauld (Edinburgh University); Developing and Submitting - proposal on Mobile Health Clinics in Syria and Ukraine; Joint Health Systems DFID, MRC, 2020 ; AUB led “Political capital of war wounds: The case of Iraqi war-wounded patients” administered at AUBMC (Dr Omar Dewachi (left) chairing spin off AMR and Conflict programme funded by UK’s MRC, currently under review as a €15 million grant with the European Research Council (ERC).
We have seen some outstanding momentum in this area. The bibliometric analysis of health economics outputs in R4HC focal countries is now complete. Online questionnaire of priorities for health economics capacity development in R4HC focal countries have been conducted. Capacity development strategy draft is complete, to be revised following the survey results and PEA preliminary findings; expected 2nd quarter 2020. There is a tailored capacity building plan in discussion with KHCC’s HTA team on cost-effectiveness modelling. An introduction to health economics workshop for public health researchers at Birzeit University was conducted 20-26 September 2019 and a further three-day workshop for R4HC Early Career Researchers from 8-10 December 2019 at KHCC. A Cancer Policy round table was also hosted by KHCC on 11 December 2019.

Other planned education / capacity building events include:

- Introductory health economics workshop
- Specialised/in-depth health economics workshops reflecting country-specific needs and workstream priorities 2020
- Using R for health economics workshop in Jordan at KHCC 2020

PEoH have presented R4HC work at a number of meetings over the last year:

- Leaving no one behind: health systems that deliver for all. Closing Plenary. 5th Global Symposium on Health Systems Research. Liverpool, UK 2018.
- Informal’ provision of Health Services for Syrian refugees in Lebanon. The 8th ACCESS Arab Health Summit. DC, USA 2018.
- Governance of Refugee Health. Council on Foreign Relations. NY, NY, USA.

The group will present an overview of its work during the first two years of the R4HC project and also outline an overarching conceptual framework for doing further work in the political economy of health in the MENA region at a major panel on day two of this year’s Consortium of Universities for Global Health annual conference in Washington DC in April 2020.
The group have also produced their first paper - Informal healthcare provision in Lebanon: an adaptive mechanism among displaced Syrian health professionals in a protracted crisis - Conflict and Health (https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-019-0229-6) with a number due out this year:

- Cancer Patients in Humanitarian Contexts: Case for a Political Economy (commentary) (ready to submit)
- The Health Sector in Lebanon: A Political Economy Analysis (3rd Draft in circulation)
- The impact of intertwined armed conflict and political instability on health systems: Lebanon as a case study (3rd Draft in circulation)
- The Political Economy of Health in Lebanon: the engagement of stakeholders in healthcare decision-making processes and outcomes (1st draft)
- Capacity building strategy for health economics in R4HC countries; will incorporate findings of bibliometric analysis and survey (target submission date December 2019)
- The economics of paediatric cancer in R4HC countries (target submission date December 2019)

Looking forward, PEoH is aiming to develop two seminal books - The Political Economy of Health in Humanitarian Settings: a book proposal (discussed during the Executive Board meetings in September and December 2019) and Evaluating the Political Economy of Cancer Care in Humanitarian Contexts (at concept note stage).

The group is also busy submitting and preparing new grant proposals, for example:

- NIHR HPSR Development Grant (submitted July 2019): “The political economy of health financing decisions in the context of health system shocks”
- Target NIHR HPSR open call September 2020 with multi-country study of priority-setting for health systems experiencing shocks

**Cancer and Palliative Care workstream**

There has been an exciting range of new activities and the continuation of ongoing projects for capacity building in cancer and palliative care across the MENA. This year saw the appointment of a new Co-PI from AUB – Dr Deborah Mukherji, who has driven the cancer work at pace.

The palliative care workstream includes a total of four studies aimed at improving palliative care for people with advanced cancer in Jordan and Turkey. These have been delivered well and on time. There have been regular palliative care project meetings in Jordan and Turkey with local clinical and research teams to review project progress and build local research capacity through research methods training. So far, the palliative care team have successfully delivered two study specific training sessions in Jordan and Turkey, and one advanced qualitative methods training in Jordan in 2019. Further project
meetings were conducted on 30 September and 1 October 2019 in Turkey with associated research related training.

KHCC has been rapidly expanding to meet the demand of increasing cancer patients in Jordan, additionally, an increasing number of patients from GCC countries and many underprivileged patients from conflict countries such as Palestine, Iraq, Syria, Yemen and Sudan. The new – and first of its kind in the MENA region – Center for Palliative and Cancer Care in Conflict (CPCCC) established at KHCC in 2017/2018, with initial core funding from the R4HC program, is at the heart of these efforts. KHCC has also recently obtained Magnet accreditation for nursing care and AHARRP accreditation for research.

Cancer and Palliative Care have presented R4HC work at a number of meetings over the last year, particularly on cancer care in forced migration settings:

- Union International cancer Control Global Cancer Summit, Malaysia, Oct 2018
- European Society for Medical Oncology Munich, Nov 2018
- Research Methods Workshop, Lonavia, India, March 2019
- European Society Radiotherpy, Milan, April 2019
- National Cancer Grid, India, May 2019
- American Society of Clinical Oncology, June, 2019

The scoping work led by AUB key informant interviews and a training needs assessment survey has led to understanding the challenges and barriers to cancer research in conflict settings (n=50) and the subsequent publication *High Cost Cancer Treatment across Borders in Conflict Zones: Experience of Iraqi Patients in Lebanon*. This data will inform the planned capacity-strengthening courses for development at AUB in collaboration with R4HC partners and the AUB Global Health Institute which has an established online e-learning platform.

The Initiative for Cancer Registration in the MENAT (ICRIM Workshop – planned for
mid-2020 at AUB), will assess the landscape of cancer registration in the MENAT region, discussing common challenges and capacity-building needs. The outcomes of this meeting will inform future capacity-strengthening initiatives and regional policy. Recent work by Dr. Mukherji and colleagues in ESMO Open Journal 2019, looking at female oncologists in the Middle East, is an excellent example of wider gender focus of R4HC.

The adult palliative care work has focused around research training workshops with local research and clinical teams in KHCC (16 August 2018). This provided ongoing support to the local research team during data collection of Phase I adult qualitative interviews via skype meetings (feedback on data quality and practical issues). Data collection which includes 70 interviews (50 patients and 20 caregivers) has been completed within 6 months as planned, and data analysis is ongoing. The Project Manager in Jordan, Sawsan Al Ajarmeh, has been trained by Dr. Ping Guo from KCL on how to manage and analyse qualitative data in NVivo. Analysis of death registry data between 2005 and 2015 in Jordan is ongoing and the team are still awaiting data from their Ministry of Health for 2016.

Two days training and a meeting at KHCC took place on 8 and 9 July 2019: (1) to cover topics on how to write a paper, outcome measures, how to analyse qualitative data, (2) to feedback adult interview findings and hold an item generation meeting with the local multidisciplinary team, (3) to plan for Phase II and Phase III, (4) to visit Ministry of Health and feedback death registration data, and (5) to discuss joint publications. (Professor Omar Shamieh- centre- with Iranian nurses at an R4HC sponsored palliative care training course in December 2019)
Other notable palliative care capacity building touchpoints this year include:

- Working with local research team on the development of Phase II and III cognitive interviews and psychometric testing of IPOS. Protocol and ethical applications for Phase II and III are in preparation.
- Paediatric qualitative interviews in Jordan and Turkey.
- Study training completed with local clinical and research teams from Turkey and Jordan on 12 December 2018.
- Two days training at Hacettepe University, Turkey on 30 September and 1 October 2019, mainly focusing on data feedback and research methods training.

Looking forward, the team will continue with its current programs, widening them out to other R4HC partners e.g. Palestine, as there is a new study to set up in Palestine examining political economics and outcomes of patients with advanced cancer. The team also visited Oman 14 - 15 August 2018 and met the Minister of Health, WHO representatives, and presented at the palliative care seminar to explore areas for collaboration.

The wider cancer program in collaboration with colleagues from the political economy work-stream have proposed a board focus on the political economy of cancer care in conflict-affected countries. One area of interest is the development of resource-stratified clinical guidelines for cancer care. Resource-stratified consensus recommendations for management of prostate cancer in the Middle East have been recently published by Mukherji et. al (World Journal of Urology 2019). Plans to submit for additional funding sources have been proposed to develop methodology for adapting cancer care guidelines in conflict-affected populations, formulate capacity-building initiatives for practitioners involved in diagnosis and treatment of cancer patients in conflict settings, and establishing tools to measure clinical and economic impact of resource-stratified guidelines for conflict-affected populations. The AUB team are also working on improving academic opportunities for female oncologists in the Middle East (networking and capacity-building initiatives). The KCL focus of cancer and conflict through the Institute of Cancer Policy will be through its MENA partners, and more widely into humanitarian and fragile settings in other parts of the world e.g. Sub-Saharan Africa. In this respect, recent funding from the Wellcome Trust to build surgical capacity in these settings and applications to build radiotherapy capacity (ongoing) provide a distinct focus for global cancer in the UK.

The group have also produced a significant number of papers, including:


AUB. Conflict-induced cross-border travel for cancer care in the Middle East (focus on financial toxicity of Iraqi patients seeking cancer care in Lebanon). *JGO* (submitted).


Authors to be confirmed. Information, communication and decision making in patients with advanced cancer and their caregivers in Jordan. (in prep)

Authors to be confirmed. Cultural adaptation of IPOS: findings from concept mapping and cognitive interviews. (in prep).


Understanding the palliative care outcomes of children and young people with advanced cancer in Jordan and Turkey: Children’s Palliative care Outcome Scale (C-POS) (in prep).

Cancer in Syrian Refugees in Turkey (in prep).

AUB. Scoping review on breast cancer research, completed and in preparation for submission.
The Birzeit-KCL team have continued their stellar work in capacity building and research, notably in training in qualitative and quantitative research focusing on mental health in conflict. Follow up training with the same cohort of students was conducted in January 2019, as their experience demonstrated that one short training is not sufficient. The team also delivered a condensed version of this methods training course to R4HC colleagues at Hacettepe university, Ankara, Turkey, in February 2019.

Next up came the development of an online course in qualitative and quantitative research on mental health in conflict, with the first implementation piloted to a limited cohort in February 2020. The online version of the course aims to reach people who cannot visit Birzeit University for training, including attendees from the Gaza Strip especially, but also the wider region. The team will be piloting the course with Gazans, adjusting and then launching the course to include all our partners in R4HC and beyond.

Continuing their qualitative research on uncertainty, this will be used to develop an instrument to investigate uncertainty quantitatively and its association with health outcomes in the coming years. Focusing on mentorship of Research Assistants: 3-4 will be mentored at BZU by Weeam Hammoudeh, depending on topic, and 2-3 at KCL with Hanna Kienzler. One Research Assistant from BZU is now planning to apply for PhD studies in the coming year, and another will be applying for Master studies. Research mentorship for project development, ethics application, data collection, and analysis for stakeholders in Palestinian Ministry of Health; the Palestinian Medical Relief Society; Treatment and Rehabilitation Centre for Victims of Torture has also been started.
The Birzeit team has also expanded into the political economy of health in conflict workstream in collaboration with leads from PEOH workstream at Imperial College. The team completed a 3-day training workshop in September 2019 in health economics, delivered by Adrian Gheorge from Imperial. They are also collaborating with Richard Harding and the wider palliative care team, including KHCC based staff, on radically new concepts around political determinants of health in conflict developed by the Birzeit group (see right).

Additional capacity building courses and activities include:

- “Qualitative Research Methods for Mental Health in War and Conflict” - Intensive course (15-18 April 2019) Hacettepe University. 29 Students.
- “Coding and Thematic Analysis”; cohort lecture as part of the course “Research for Mental Health in War and Conflict” at Birzeit University (February 2019).
- “Communicating research findings at academic conferences”; Birzeit University, (February 2019).
- “Linear and logistic regression: with focus on theoretical components and practical training in SPSS”; cohort lecture as part of the course “Research for Mental Health in War and Conflict” at Birzeit University (January 2019).
- “Publishing quantitative research findings”; cohort lecture as part of the course “Research for Mental Health in War and Conflict” at Birzeit University (October 2019).
- “Publishing qualitative research findings”; cohort lecture as part of the course “Research for Mental Health in War and Conflict” at Birzeit University (October 2019).
- Online Course “Research Methods for Mental Health in War and Conflict”:
  - Course material has been developed
  - Exercises, animations, and videos completed
  - Piloted in December 2019
  - Launched in February 2020
The group have also attended a number of conferences to present their work, including:

- Kienzler, H. “‘Mental health in all policies’: Necessity or illusion in conflict and post-conflict settings?” Health Research in Conflict and Complex Environments conference; Conflict and Health Research Group, KCL (June 2019).
- Kienzler, H. “The politics of mental health system reform in contexts of humanitarian emergencies. Toward a theory of ‘practice-based evidence’”; IPW Lectures; Department of Political Science, University of Vienna (June 2019).

Papers in preparation include:


Looking forward, the Birzeit-KCL team are looking to turn this outstanding work into new grants, in particular to secure funding for a mature program around West Bank enclaves as well as a program on the study of uncertainty and mental health, for which a great deal of pilot work has already been carried out. The group have also substantially enlarged their network with new partnerships with a Palestinian Global Network for Mental Health: advocacy; developing relevant frameworks; ethical and professional stance reflecting heterogeneity of Palestinians to foster mental health, dignity and social justice; networking (Weeam Hammoudeh on task force); engagement with the King’s Somaliland Partnership: Capacity Building - Research Methods in Mental Health in War and Conflict (two meetings: Hanna Kienzler and Nancy Tamimi), and lastly with Prof. Ann McNeil working on tobacco addiction to establish a joint project focusing on the intersection between tobacco use and mental health in war and conflict.

The Cambridge-GMH Lab, Columbia University (GMH), Ministry of Public Health (MoPH) Lebanon team has continued its highly impactful work this year. The teams have been expanding their local mental health capacity-building efforts in depression care for both Lebanese and displaced communities in Lebanon, as informed by the mid-point policy evaluation review of Lebanon MoPH’s 2015-2020 National Mental Health Strategy in response to the Syrian crisis. Interpersonal Psychotherapy (IPT), an evidence-based psychotherapy and a UNHCR and WHO-recommended first-line treatment for depression in conflict-affected and lower-income regions, is being successfully adopted among Lebanese mental health providers in diverse settings through the provision of a high
quality, sustainable and scalable training-of-trainers (TOT) model. Further, we continue to develop and articulate a mental health implementation model in Lebanon's primary care by piloting and evaluating the Improving Mood - Promoting Access to Collaborative Treatment (IMPACT) collaborative care platform in primary healthcare (PHC) setting, in collaboration with the Center for Advancing Integrated Mental Health Solutions (AIMS), University of Washington. Research capacity-building efforts in Dissemination, Implementation Science and Policy Research through certificate-based training workshops are also underway with various collaborators and new partnerships.

To date, in collaboration with Dr. Rabih El Chammay and his implementation team at the MoPH, the GMH lab has conducted two rounds of systematic training-of-trainers (TOT) in IPT, to build sustainable capacity in Lebanese mental health educators and providers of all relevant disciplines (psychologists, social workers, nurses, psychiatrists) on a national level. In the second phase of our capacity building efforts, the GMH Lab team also completed and evaluated the IMPACT collaborative care platform and 3-session Interpersonal Psychotherapy Counselling (IPC) in Makhzoumi Health Center, a PHC provider. Several consultants have made this agenda possible, including co-master-trainer of U.S. Department of Veteran Affairs' national IPT implementation project (Kathleen Clougherty, L.S.C.W.), and expert trainer of IMPACT collaborative care model (Amritha Bhat, M.D.). For both phases, outcomes were assessed at three levels: patients, providers and supervisors. 17 IPT providers successfully completed their training and attained competency as part of the first TOT and adopted IPT in their routine practice thereafter. Nine from among these IPT providers attained competency to become IPT-supervisors in the subsequent training. An additional 25 providers completed IPT provider-level training and achieved competency benchmarks as part of the first phase of the R4HC project. In both phases, a total of 76 patients (40% refugees) successfully completed IPT, out of which 72 improved (one referred to higher care, and three lost contact due to relocation). Preliminary results indicate significant improvement in depression, anxiety and PTSD symptoms and functioning among refugees and Lebanese patients.

These promising results serve as an evidence base to push scale-up and mainstream IPT in Lebanon. Currently, the GMH Lab are developing an IPT Training Institute with MOPH and partners, and developing IPT Training Modules with the American University of Beirut (AUB) Department of Psychiatry faculty for Lebanese mental health practitioners-in-training. In the coming year, we aim to recruit four trainee-providers from Lebanese universities to be trained as competent local master-trainers, eventually leading the IPT academic program in their universities. These efforts in research and service capacity building through academic programs will serve as a canvas for generating local research and sustained training of future IPT providers. To maximize the gains of the capacity building efforts, we also plan to create the Lebanon Society of Interpersonal Psychotherapy (LSIPT), an online collaborative platform, continuing education and supervision, and a clinical network for practitioners.
The team (including Cambridge lead Dr Kai Ruggeri, pictured right) have presented R4HC work at a two-part seminar series at the OECD on behavioural policy and well-being. These will directly become part of the tangible capacity-building outcomes in the Lebanon policy workshops in 2020, as the aim is to directly connect collaborators between the two sides. In particular, the group’s measurement tool (validating an Arabic version of the European Social Survey’s Well-Being questionnaire) for the primary data/work is ready and the pre-registration now complete, but there are delays in getting the data. The policy workshop is 80% with missing local data/analyses/insights to be added. Looking forward, the group aims to complete the full analyses of all data (behaviour, well-being) as early as possible, then conversion to academic paper (pre-registered) plus incorporation into 2020 policy workshops focused on (behavioural) insight -> (behavioural) policy using local data/insights. This will complement El Chammay editorial, specific to Lebanon. This will in turn link Lebanon collaborators to OECD collaborators for extended direct engagement. For the Cambridge team, this will be the year with the most tangible deliverables.

The GMH Lab has also submitted a Phase II NIHR Proposal with Dr. Peter Fonagy (UCL) and Dr. Rabih El Chammay (MOPH) on implementing IPT for perinatal depression in Lebanon and Kenya. The GMH Lab team has also expanded collaboration with the Cancer and Palliative Care workstream (Co-PI: Prof. Omar Shamieh) and proposed a feasibility study enhancing existing mental health services for cancer treatment and palliative care at the KHCC in Amman, Jordan via IPT.

Other planned capacity-building efforts include:

- Preparation Phase of Feasibility Pilot and Adaptation of IPT-G for maternal depression in Lebanon (January 2020).
- Policy Briefs on Collaborative Care in Community-Based Settings, and on Child and Adolescent Mental Health (December 2019).
- IPT-G for conflict and humanitarian training workshop in UK (Spring/Summer 2020).

Together, the group have also produced a number of papers, including:

- Scaling up of Interpersonal Psychotherapy for persons affected by the Syrian Crisis in Lebanon.
- Standardizing measurements for population well-being and mental health, provisionally accepted by Health and Quality of Life Outcomes.
- Nudging policymakers in Lebanon and the public in the UK, provisionally accepted by Evidence & Policy.
- Nudging and boosting choice, under review at Palgrave Communications.
- Pre-registered: Assessing behaviour and well-being among disadvantaged populations in Lebanon (https://osf.io/f2rck/).
R4HC has been delighted to also focus on capacity and capability funding in a number of additional key areas – Evidence to Policy and Building Capacity in Military Medical Ethics.

Evidence to Policy: R4HC-MENA International Policy Fellowship Program

R4HC core partner, the Centre for Science and Policy (CSaP) at the University of Cambridge, has built on its highly successful Policy Fellowship program and, with R4HC funding, initiated a new International Policy Fellowship Program. During the first year of the program, CSaP organised visits for 7 Policy Fellows from the MENA region to visit Cambridge and London during Autumn 2018 and engage with the R4HC MENA project. Policy Fellows included:

- Dr Ibrahim Bou-Orm, Consultant, Ministry of Public Health, Lebanon and PhD student
- Dr Hilda Harb, Head of Department of Statistics, Ministry of Public Health, Lebanon
- Nour Kik, Policy and Advocacy Coordinator, Ministry of Public Health, Lebanon
- Dr Samah Jabr, Head of Mental Health, Ministry of Health, Palestinian National Authority
- Dr Asem Mansour, Director, King Hussein Cancer Centre Jordan
- Rana Nashashibi, Director, Palestine Counselling Centre
- Dr Meltem Şengelen, Lecturer, Department of Public Health, Hacettepe University, Turkey

These 7 Policy Fellows had 173 meetings with researchers, policy makers and other experts in the UK throughout their busy programmes in the UK.

This first cohort have responsibilities including cancer care, mental health policy, and have interests in how health policies respond to the impact of conflict and migration in the region.

In general, their feedback was that the interdisciplinary nature of the researchers that the Policy Fellows met was valued: expertise was provided from varied fields including oncology, palliative care, mental health, health economics, sociology, political science and more. In addition, professionals in health, policy and consultancy met the Policy Fellows. Each Policy Fellow provided feedback via questionnaires and further conversations on how what they learned from their meetings might assist in their professional roles and indicated possibilities for collaboration.

The collaborations include Adam Coutts, Adrian Gheorghe and Sharif Ismail collaborating on research with Ibrahim Bou-Orm and Hilda Harb (Ministry of Public Health, Lebanon). Rana Nashashibi in Palestine has also requested the possibility of Tomas Folke travelling to assist with research in Palestine.

Generally, the logistical arrangements for travel and accommodation for the busy programmes worked well and all had orientation meetings with CSaP. The Policy Fellows who attended as a group (four attended in one week) generally had a more rounded programme in the UK, whereas those who had a week ‘on their own’ were less able to feel part of the R4HC programme, despite individual meetings. It was generally harder to find a wide range of expertise in the UK to help the Policy Fellows from Palestine, given the particular nature of the health, social and political issues there.
For 2019-20, we issued a call for applications for the second cohort of Policy Fellows. We received 8 applications and the selection panel selected 7.

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<th>Name</th>
<th>Position</th>
<th>Organization</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Mai Alkaila</td>
<td>Minister of Health</td>
<td>Palestinian National Authority</td>
<td>Palestine</td>
</tr>
<tr>
<td>Naser Almhawish</td>
<td>Surveillance Coordinator</td>
<td>Assistance Coordination Unit</td>
<td>Turkey</td>
</tr>
<tr>
<td>Dr Tasnim Atatrarah</td>
<td>Country preparedness and international health regulations officer / Coordinator of health emergency programme</td>
<td>World Health Organization</td>
<td>Palestine/Jordan/Turkey/Libya</td>
</tr>
<tr>
<td>Dr Mustafa Cemaloglu</td>
<td>Fellow, Pediatric Oncology and Haematology</td>
<td>Hacettepe University</td>
<td>Turkey</td>
</tr>
<tr>
<td>Dr Mohamed Hamze</td>
<td>Director</td>
<td>White Smile Organization</td>
<td>Turkey</td>
</tr>
<tr>
<td>Mouna Mayoufi</td>
<td>Health Coordinator</td>
<td>International Rescue Committee</td>
<td>Tunisia</td>
</tr>
<tr>
<td>Dr Khamis Elessi</td>
<td>Neurorehabilitation and pain Medicine consultant</td>
<td>Faculty of Medicine - Islamic University, Gaza city, Palestine</td>
<td>Palestine</td>
</tr>
</tbody>
</table>

Dr Mohammed Rasoul Tarawneh, Secretary General, High Health Council, Jordan will also visit as a Policy Fellow in Autumn 2019, having had to postpone his visit from 2018 due to illness.

Most visited during w/c 18 Nov, except Dr Mai Alkaila from the Palestinian National Authority, who visited w/c 21 Oct. CSaP researched relevant researchers in the R4HC project and beyond to meet the Policy Fellows.

Discussion at the R4HC Executive Board meeting suggested the following ideas to keep the Policy Fellows in touch and associated with the project, and to explore further what is possible by way of policy impacts as a result of the project. It was suggested that the R4HC Policy Fellows should be ‘part of’ the R4HC project and we should all think of which events they should be invited to, publications that can be shared with them and so on. The Policy Fellows are coming from different contexts, different organisations and at different levels of seniority, so we cannot see the Policy Fellowship as a straightforward route to influence policy. However, the value of peer learning was expressed, and the ability for Policy Fellows to share their contextual experiences. There may be ideas that could be shared from other Fellowship opportunities, eg. Chatham House Fellowships, such as requiring the Policy Fellows to produce one output from the connections they make.
Building Research into Military Medical Ethics: Developing a deck of playing cards for use by military personnel

The research team conducted interviews with a wide range of medical personnel and humanitarian workers in the UK and the MENA region (specifically Jordan and Egypt) to determine the most pressing areas of concern in medical ethics in crisis situations. This information was used to develop and test 52 questions, broken down into four areas (corresponding to card suits). It was very quickly evident that the idea of having a single crisis medical deck was not achievable as a) civilian NGOs were not content to use military related or themed questions, and b) although many of the issues of crisis medicine were generic, there was also sufficient difference between civilian and military audiences caused by culture, context and law to make it worth having a military and a civilian deck of cards. Initial effort has been focused on the military deck. The research team also compiled a compendium of the extant advice and guidance already in the public domain so it can be referred to in the support pages. The current open source information is plentiful and well-documented, however, it is not available in one place.

Feedback was sought from the same people originally contacted once the questions had been formulated and they distributed these out to their own networks to provide a rich, anonymous bank of feedback from practitioners using our questionnaires. The questions are also cross referenced and validated against the Violence Against Healthcare course and Ethical Principles of Health Care in Times of Armed Conflict and Other Emergencies and the team has been fostering links with both the International Committee for Military Medicine and the University of Geneva Healthcare in Danger project.

The physical pilot/beta deck of 52 cards plus jokers have now been created, each card containing a question and a QR link that takes the user to the website [https://militaryethics.uk/en/playing-cards/medical](https://militaryethics.uk/en/playing-cards/medical). More feedback is now being generated through the medical practitioner community and interest on social and professional networks. The physical cards are to be distributed amongst practitioner networks for additional validation and feedback.
For the next year the team will be:

- Responding to feedback and amending questions and guidance as required to build towards a settled 1st edition of questions.
- ICMM to trial 20 packs of cards at their September workshop to determine if they are potentially willing to endorse them, promote them and allow their own logo to be added to the cards.
- Collect case studies and additional support materials to add to the online resources linked to the cards.
- The cards are now being translated into Arabic so they can be validated in the MENA region in Arabic as well as English.
- A detailed quantitative survey will follow to collect data on attitudes and perceptions amongst the military medical community in Europe and the MENA region.
- Create/adapt a civilian deck, using existing data, for civilian NGOs. Trial, refine and publish.
- Write a journal article based on qualitative interview data from NGO and military medics on the recurring ethical challenges that they are faced with.
- Write up results of quantitative data gathered from follow up surveys in English and Arabic about how the tool is being used/perceived by practitioners.

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New Global Alliance on War, Conflict and Health: bringing together R4HC faculty (e.g. Prof Rita Giacaman, far left) with global scholars and advocates in conflict and health under chairmanship of The Lancet