R4HC-MENA Executive Board Meeting
12-13 December 2019
King Hussein Cancer Centre, Amman

R4HC-MENA members present: Richard Sullivan (Chair) [RS]; 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]; Nancy Tamimi [NT]; Nassim El-Achi [NA]; Kristen Meagher [KM]; Fahad Ahmed [FA]; Adrian Gheorghe [AG]; Mona Jebril [MJ]; Deborah Mukhertji [DM]; Richard Harding [RH]; Martin Bricknell [MB]; Özlem Şeyda Uluğ [OU]; Meltem Şengelen [MS]; Zahi Abdul Sater [ZS]; Hannes Jarke [HJ]; Sinem Aydın [SA]; Shayma'a Turki [ST]; Sandra Willis [SW]; Jasmin Lillian Diab [JD]; Waleed Al-Rjoob [WR]; Rita Giacaman [RG]; Ghadeer Alarjeh [GAl]; Amal Al-Omari [AO]

Apologies were received from: Preeti Patel [PP]; Hanna Kienzler [HK]; Abdulkarim Ekzayez [AE]; Kai Ruggeri [KR]; Weeam Hammoudeh [WH]; Adam Coutts [AC]

Day 1			
	Item	Discussion	Action
1	Welcome RS and OS		
2	Workstream updates	**2.1 Conflict & Health Workstream** Presentation by Nassim El-Achi & colleagues on *A conceptual framework for capacity strengthening of health research in conflict: the case of the Middle East and North Africa region* Discussion → key themes: ethics, capacity building measurements, and mentoring. • Importance of safe environments and security, strengthen research capacity (urgent need) and communication. Gender equity important. Feedback loop important to identify community needs [SO]. • Approaching funders with the framework – impact plan with framework required [RS and GA] • International nature of relationships and why these are important should be included in the framework. Think of how we overcome the barriers to actually implement this framework. [TK] • Possibility to expand on this to include Africa, not just ME [RS] • Framework very rich, but does not include the capacity strengthening for what - need clearer objectives [AG]. • From PEOH perspective, include a risk framework [MJ] • This paper will be incorporated with growing body of research – knowledge generation and Global South-North relations capacity building. We need to develop a conceptual framework building on these papers. [GA]	2.1.1 Framework to be incorporated in Theory of Change – KM and NE 2.1.2 Continue evolving the framework and empirically test: critique from the whole group to be fed back to NE and GA. 2.1.3 International bioethics Association has a bi-annual conference – Beirut in 2021, theme will be ethics in conflict. Initiate how we can contribute as a group [GA, RS, RG] 2.1.4 Framework made available online [KM]

	• Indicators are not there yet for the paper, it's not a how to – yet. • FA – how do we retain capacity, people leaving jobs etc. funding – need it for capacity building. Shouldn't just be relying on funding countries to implement capacity building funding. Mentoring/partnerships going beyond R4HC and it needs to be within the region, not just from outside.[FA] • Limited regional partnerships i.e south-south. Currently more north-south.[NE] • Capacity building always a main component, but this continues to be an issue, people move and change but there is no assessment of the capacity building. Need to develop a way to think about this systematically. [FF] • short, medium and long term measures of success eg. Phds, mscs, Co-I, etc needed [RH] • Need to think about capacity depletion as well. [AG] • Community of practice to be included, and how innovative can we be to reach out to others eg. Students. Inclusion of marginalised groups in the framework. [SW]	
3 Looking forward 2020 and beyond	**1. Emerging R4HC projects, trends & funding calls [RS]** • Extension possible from UKRI with no costs • R4HC-MENA labelled as an author – to be further discussed [RS] • Engagement plan of what is being done and moving forward - need to do more • Stakeholder mapping – more to be done • Emerging themes • Women's health - lots being done in Africa and SE Asia Discussion: • Critical to look at what is going to happen in the health sector in Lebanon given the current sit. Global context of insecurity in the region is becoming the context now [FF/GA]. We need to think about other conflict settings as we move through R4HC, thinking of more comparative work. Conflict, insecurity and fragile settings more broadly. [RS] • Health systems strengthening –how do we use frameworks developed when we don't	3.1 Upcoming conferences: HSR conference 2020 November, Abu Dhabi (AUB a partner) 3.2 Horizon 2020 3.3 NIM 3.4 Circulate all grants for 2020[RS/BR/KM] 3.5 Grant writing workshop 2020 – contributors: FF, BR, MM 3.6 Logos and acknowledgement to go on *everything*

		have health systems in the region, only fragmented health services? [RG] • Funding calls: need to fit the project exactly to the call, otherwise not worth submitting. Except for routine funding calls (NIHR, Wellcome Trust, ESRC) but need to engage with the funders. NIHR and ESRC receiving large amounts of funding from DFID and focus on co-lead from Global South and North and expect co-development of the grants to be evidenced [BR] • RS –when project and partnerships fail, keep applying and get as much input as possible from those on the committees and support others in the group with any connections. • GCRF cluster grants submitted – development grants to build the real grant.	
4	**Political Economy of Health Workstream [FF, JD, AG, MJ]**	4.1 JD – Country report on health sector in Lebanon– draft in final stages. Two supportive documents to be developed from these themes. New publication recently out, will build on this. Dissemination plan: (request power point) and activities. AG and JD [see powerpoint] MJ – Successful fieldwork in Gaza [see powerpoint] Discussion: Book – Target audience? FF wider public aim rather than strictly academic Discussion around inclusion and exclusions - region Research Ethics in the Arab Region	4.1.1 Workshop based on country reports to develop book and themes – possibly late summer [PEOH] 4.1.2 Write brief on the book and circulate for comment [FF/JD]
5	**Mental Health in Conflict Workstream** Presentation by Rita Giacaman on Political economy / enclavization and working towards developing/using measures other	5.1 Online course: to be launched in February. Nancy and Hanna writing up process of setting up. Already 19 signed up to start. [RG] 5.2 Still looking at an overarching theme to unite all the R4HC strands, PEOH is possibly it, but no clear definition of PEOH. Definition: *Relations of production constitutes the economic structure of society, the real foundation, on which rises a legal and political superstructure and to which'*	Working definition of PEOH Frozen and active conflicts literature review Incorporate all frameworks across R4HC workstreams to develop

than the standard measure to assess the effects of war & health, whether physical or mental health.	*correspond definite forms of social consciousness.* [RG] 5.2.1 relations of production and who owns the relations of production. 'Super structures': the infrastructure is the economy, where some own the means of production and others are laborers and the super structure, eg. the police, the family, the educational system, the religious institutions, all work to get people to consent to their subjugation. Think family and how women consent to their subjugation by men. Think how the educational system indoctrinates people to accept class relations. 5.2.2 Frozen conflicts and enclaves: Frozen – assume a conflict is over. Enclave – literally means a group of people living in a place surrounded by the government of another place – does not take into consideration time & space. Most of the lit talks about migration, but enclaves is exactly the opposite. How this political economic structure has an impact on services, access to a good life, to your home, to your community, to dignity to extend beyond to services eg. Education, health, palliative care. Then we can look at our framework which is centralised on suffering, uncertainty. Must incl a public health perspective and individuals who are healthy but their lives (stress uncertainty etc) can lead to sickness and disease (link to physical & MH). PEOH is at the heart of the framework – this is a paper we could work on, thinking about the impacts on people, who is the group(s) benefiting from our predicament as a region? Root cause. 5.2.3 Lit review on frozen conflict, fragility (and definitions), enclaves. Discussion → key themes: PEOH definition, learn more about frozen/active conflicts and enclavization and impact on health 5.3 We have multiple frameworks –pull all the frameworks together for a paper (and when applying for grants) [RS] 5.4 RG – we need to use same definition of PEOH. 5.5 Interface between MH and physical health – what is the vision for doing this?[RS] The	a paper and utilise when applying for grants.

	separation is an artificial separation [RG]. CK – TK & CK planning on undertaking a study on MH with refugees with cancer. FF – we use NCDs, but don't include chronic diseases, need to incl chronic diseases. 5.6 Impact of conflict and health and the measurements of this - needed for teaching purposes.[MB] 5.7 Framing of disease in the global umbrella and how diff this is in conflict. Need to create this in next 6 months***[RS] 5.8 frozen conflict and active conflict , its always mixed in the ME region and even now in Lebanon its frozen, frozen between 2 active conflicts (past and one hopefully not to come).[FF] 5.8.1 We need to do more reading on frozen, active, 'simmering' conflict. Frozen prominent in Eurasia, maybe we can find a way to fit this concept. Comparative situations impt and compare using subj and obj measures and resources avail to people and incl some socio eco conditions. [RG] 5.8.2 Need to be cautious using 'frozen' conflict, field of conflict is still emerging. Definitions conditioned and politically driven. [MJ] 5.9 Wounding and re-wounding – disabled by ongoing conflicts [GA] 5.9.1 incorporating measurements of disability and interventions. We need more research on the most marginalised groups in these contexts.[SW] 5.10 What is the concept of HEALTH in conflict? [FA] 5.10.1 CK – we have some measurements. Wars impact all MH and physical. 'Victim' psychology - how about the positive outcomes and some people grow as a result of traumas. Possibility to add an element of resilience. 5.10.2 Health – there are definitions, incl. wellbeing (WHO 5 work well, quality of life brief, distress measures, insecurity, uncertainty).	
6 Cancer Workstream AUB [ZS, DM]	6.1 Need for building evidence based research capacity for cancer in the MENA region. Training needs assessment article being drafted (see powerpoint).	6.2 ICRIM workshop - to be prior end of April if possible [AUB]

	6.2 Overarching ideas – review challenges, what capacity building activities are needed, then looking for further funding. Workshop focus (ICRIM) on policy. Discussion: Need to focus on accuracy of registries, and sex disaggregation.	
7 Therapeutic Geographies [AUB]	7.1 Background: A lot of previous mapping work has gone into this and other published works – involves access to care and looking at patients crossing borders. Utilising hubs and doctors at home destinations. Research component would be important to build on – why people choose to leave for health reasons and cancer care in other countries – FF suggests further research Qs on this tool. Discussion: 7.2 GA – wanting to replicate a similar tool for war wounded. RS - Mapping war wounds as mixed methods action and therapeutic geographies, their journey. 7.3 Focus on amputees in Gaza and to follow their lives from initial wounds and the follow on – we only know pieces, not the whole story [RG]. Need to follow the trauma pathway. Incorporating social inclusion and rehabilitation [SW]. Rehabilitation not just physical – rehab back into life eg. Education, health etc. [RG] 7.5 There are a number of various populations that this relates to, a lot of upcoming calls will be focusing on migration, so this fits within these remits. Incorporate end to end, including biosocial and biopsychological components. But v diff to the amputee populations in Gaza. Two distinct, but strong programmes [RS]. 7.6 Cancer thinking is all hierarchical from the ministries down, western centric, and this does not reflect what is happening on the ground – people crossing borders to access care [RS] 7.7 A lot of mapping going on around therapeutic geographies, but thinking major gaps on the ground is the gaps with the patients and what is practically useful for patients [DM] 7.8 Medical tourism is a global phenomenon, but therapeutic geo as a result of collapsed health systems is diff and the numbers are diff.	➔ Need to articulate a scoping plan ➔ assistance with funding opportunities from group ➔ Circulate a blank application plan - include budgets, time lines, partners, project or programme grants ➔ Timeline for getting therapeutic geo if its tied into a multi dimensional work package which could be taken to cancer funders (embed PEOH). ➔ Three possible projects within this: 1. political econ of cancer 2. Therapeutic geos 3. Afghanistan/Pakistan cancer and migration ➔ Possible funding calls: MRC grant in January MRC GH in context ➔ Ad hominum fellowships for individuals

	7.9 Country study – Lebanon, Turkey, Jordan. DM – within R4HC but also want to apply for further funding around this. This could be a great programme focusing on needs of patients, and can incorporate this into a bigger programme with research and capacity training [AO] MJ – Gaza amputees etc do manage to cross the borders at time. GA - the lack of movement is part of the geography. MJ – we can look at why they're not moving as part of this. RS – need to be careful about what we put into programmes, some components might need to be separately funded.	
8 Wrap up		8.1 Outline for meetings and conferences [RS/BR/KM] 8.2 Early January - Plan A and Plan B decision for ICRIM [RS/BR/AUB]

Day Two		
1. EB updates	1.1 No cost extension with UKRI – in discussions. 1.2 Data management – policy re-circulated and discussed. SharePoint available to store data. 1.3 Authorship – current R4HC acknowledgement discussed. RH raised possibility of acknowledging R4HC as an author: every paper has your authors + R4HC-MENA as an author, then in acknowledgement need everyone in the consortium. Can write to journals to get corrected in retrospect. This doesn't change anything, it doesn't mean R4HC is an author but recognises the consortium. 1.3.1 Statement of principles: highlight importance of appropriately crediting Research Associates/ECRs and that all named on the paper made a substantive contribution to the paper. 1.3.2 Open access: "where possible" research data generated available (UKRI), given nature of the work we are doing, this is just a statement of normative expectations and UKRI understands there are exclusions. 1.3.3 law in Turkey protecting data will be implemented in January - public availability is in conflict with the new law [TK] 1.3.4 Can UKRI access raw data? [MM] Only where raw data can be anonymised, but this is complex	1.1 UKRI no costs extension – further discussion in June EB [BR] 1.2 R4HC as an author – RS/BR/KM follow up and circulate 1.5 Risk register – to be circulated [BR]. 1.5.1 AUB team to write something for the funder on the current situation in Lebanon and impact on the project [AUB].

	and lots of caveats, as long as we have a rationale [BR]. RG – anonymise data in the context, so sharing must include the consent of those collecting data. Re-sharing data must be consented too. IRB/ethics approval governs all this. 1.3.5 "data is available from authors upon reasonable request" – statement for papers [RH] 1.4 Open access fees: R4HC money cannot be used where lead author is from the UK because KCL/Imperial/UC receive block grants, which can be applied for. However, for mixed economy its very unclear – UKRI has said they will do it on a case by case basis [BR]. If you write a really good argument through KCL, you can get the funds. Need to test case this in 2020 [RH]. 1.5 Risk register – to be circulated. AUB team to write something for the funder on the current situation in Lebanon and impact on the project. 1.6 CSaP update – fellowship useful to engage health bureaucrats eg. At MSF, IRC. Encourage high level decision makers to attend eg. Ministers of Health [RG]. UK Trauma people worth approaching for purposes of IRC and MSF [GA].	
2 Palliative care update [RH and OS]	2.1 Upcoming plans to extend palliative care work into Turkey (Feb 2020) and Palestine. Discussion: 2.2 Ethics – require parents consent, children assent, conduct interview meaningful for children so have to be very attuned. Balancing ethics – approval from KCL and then full board review from KHCC. Better to get approval from country where research being conducted, then take that approval to KCL or other. KHCC doesn't take approval from outside into consideration. 2.3 Strategic plan needed for the palliative care project, which we hope will come out of Feb meeting. 2.4 MSF have approached CPCCC for capacity building training in palliative care – this needs to be incl in strategic plan. RH in touch with AUB colleagues and open to have further colleagues involved.	Bioethics panel re palliative care for the 2021 conference in Beirut.
3 Hacettepe update	3.1 New team members 3.1.1 Difficulty obtaining data on refugees due to political environment [TK] 3.2 Conflict and Health [SO]: current study *Developing «Refugee Uncertainty Scale»*	Cancer control workshop 2020

	in Adult Syrian Refugees and Describing The Relationship Between Uncertainty and Health Status (PhD Thesis – Gamze Aktuna). February – March 2020: Selection and training of Arabic-speaking interviewers; 1-day preliminary pilot of interviewers; Pre-trial of the Arabic questionnaire and the first draft scale; Field Study (Validity-reliability study and descriptive research) March – August 2020: Analysis of results (Validity-reliability study and descriptive analysis); Final version of the *'Migrant Uncertainty Scale'* 3.3 Future study: pre-mature deaths due to NCDs among Syrian refugees living in Turkey 3.4 Mental Health [CK]: planned MH profile of Syrian Refugees in Turkey, an epidemiological study; psychological distress levels in mother of Syrian refugee children with cancer. Migration and MH workshop for ECRs February 20-21 Ankara. Potential areas of further research: 1) international partners for large-scale epidemiological study 2) assessment of positive change in refugees with war trauma. Discussions: 3.5 Publishing internationally - no committee to publish abroad except ethical project, publishing with Ministry then it has to go through the ministry for ministry funded research. 3.6 Translation problems with health literacy scale, Syrian medical students changed some of the words [SO]. RG shared Arabic definition of 'uncertainty' 3.7 Challenges obtaining data through governments in the region - this is something we should critique [RG]. 3.8 Suggestion re psychological distress levels in mother of Syrian refugee children with cancer –focusing research on carers, not solely mothers [MJ]. CK – we are planning to assess the main carer, predominantly mothers in Turkey.	
4 Cambridge and Columbia Update [HJ, SW]	4.1 Mental Health and Decision-Making in Lebanon preliminary findings:	

	- Multi-Dimensional Psychological Well-Being Scale has sufficient qualities for use in Arabic - We can now use those outcomes to link to the nuanced behavioural patterns as well as the moderators (i.e., trust, demographics) - Varied patterns for interventions indicate two tiers of interventions (not surprising) – more important is the clear framework for testing - Most critical within R4HC: The GMH-IPT work now has reference points at wider levels, both for mental health and behaviour/risk-taking [HJ] 4.2 SW – Interpersonal therapy (IPT): Who-recommended first line treatment for depression and other MH disorders. Three tier model: master trainers, trainee-supervisors, trainee-providers. 4.2.1 Developments for scaling up: capacity building – train local IPT master trainers in private and public Lebanese academic institutions – scheduled Spring 2020. MH Conference in Lebanon for specialised IPT application. Develop and launch Lebanese Society of Interpersonal Psychotherapy. Monograph of case studies on IPT adaption, training and use in Lebanon. Paper in preparation for Lancet and 2 policy briefs. (see presentation for future plans). Discussion: 4.3 How was the tool validated? [RG] IPSOS hired, collected data online and went in refugee camps [HJ] 4.4 Importance of incorporating translation and backtranslation. Issue raised at September 2019 EB - suggested to collectively write something on this*** issues of translation and back translation across various diversities in languages.	
5 Emerging project: Tobacco	5.1 Seed funding grant developed and looking at future relevant funding through Global Alliance for Chronic Diseases, MRC and NIHR [NT] Discussion: 5.2 this is an important topic – push for strong commitment to support Tobacco project(s) [DM]	

6 Research Ethics in Conflict settings	6.1 Background [RG] – past 3 years discussing how to develop ethics research training in the region that is contextually appropriate. AUB undertaking scoping review to see who is doing what, BZU will be developing web-based training on research ethics based on local guidelines. KHCC is undertaking ethical reviews for various groups. 6.2 Women Leaders in Conflict and Health seminar 10 December in Amman: Ethical challenges of conducting health research in complex environments and gender-related challenges - Establish a working group on ethical issues for conducting research in conflict with vulnerable populations - Host regional meeting with representatives from NGOs, academic institutions, government, service providers - Develop contextualised and flexible guidelines Discussion: 6.3 We need to prioritise the local communities, issue of dignity most important, incorporate English, Arabic and French [RG] 6.4 If your research will not impact communities/individuals in a positive way, then don't undertake the research at all. With anonymising data, you don't anonymise the groups, only the individuals [FA]. 6.5 Contextualised medical curricula – it is still from a northern medical curriculum. These sorts of things are what we need to address as a group. How much of this accumulative knowledge can we utilise to have an impact? [GA] 6.6 Research ethics approvals should not become a bottle neck to research. Ethics are universal but need to be contextualised. Ethical research has to be internalised [RG]. If we internalise ethics then we make a change, through our young researchers, not through ethics boards [DM/RG] Discussion about stigmatising communities through research and subsequently putting individuals at risk.	

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7 Conflict Medicine Certificate	7.1 Incorporating conflict medicine for medical graduates. Two parts: 1) theoretical component - introducing appropriate research methodology 2) practical application. This will be an online course and incorporate augmented reality. 14-month plan to develop and pilot the study. Cobranded AUB and KCL. Discussion: Can we expand across the region? Long term plan - train the trainers. Workshop planned around CME guidelines for this.	March/April meeting possible in Beirut – TBC early January.
	Dates for EB in June TBC.	