CRPH celebrates 5 years of research and regional collaboration with 3 new grants and a $1 million endowment from the Ford Foundation

On October 24, 2007 CRPH and FHS celebrated a generous $1 million endowment grant from the Ford Foundation and the Center’s fifth anniversary with a seminar and reception at the Faculty of Health Sciences. FHS Dean Huda Zurayk opened the program with a few words about CRPH which has come into its own as a vibrant scientific research unit. Thanks went to the Ford Foundation whose support for over 20 years has ensured sustainability and research productivity on regionally relevant public health issues within a social perspective of health. The $1 million endowment grant, to be matched by AUB by 2009, is a clear recognition of the achievements of FHS, contributing in equal part to the sustainability of CRPH, and to FHS graduate scholarships for regional students. President of AUB, John Waterbury stepped up to congratulate both FHS and CRPH on their achievements culminating in this welcome support from Ford.

Marwan Khawaja spoke of the achievements of the center since it was established in 2002. CRPH has succeeded in its mission to enhance the ability of its affiliates to do research by initiation and strengthening population and health research at AUB and by supporting interdisciplinary research at the intersection of population and health; by collaborating and networking with scholars from elsewhere in the region and by influencing policy regarding population and health issues here in Lebanon and elsewhere through dissemination and outreach. The ‘research working group’ concept which combines the efforts of AUB and non-AUB faculty and students, was developed in the first year and has born fruitful results. The Urban Health Group and the Changing Childbirth (CCCD) groups were among the first to emerge and represent different disciplines and interests at FHS, thus providing the space for diverse faculty and students to collaborate on new lines of research focusing on social dimensions of health. These groups have succeeded in institutionalizing cooperative scholarship on important issues at FHS the result of which has been ideas for proposals to support new research programs, courses, conferences and workshops.

To date, affiliates of CRPH have succeeded in securing major awards for 12 research projects. The Center has developed its computing lab, specialized population library and administrative support services. Faculty and students have access to nearly 60 national-level micro data files from the region housed in the Center’s database. Community outreach and regional networking currently inform colleagues and policy makers about CRPH’s research and outreach activities and a monthly seminar series has hosted over 40 known researchers and intellectuals to give talks about cutting edge research on population, health and socioeconomic issues in Lebanon, the region and beyond. The CRPH visiting fellows program has hosted a total of 19 researchers from the region and contributes to the Center’s efforts to strengthen research capacity and collaboration in the region.

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Professor Stephen Fawcett gave the keynote address on “Participatory Research for Improving Community Health.” Prof. Fawcett is Director of the WHO Collaborating Centre for Community Health and Development at the University of Kansas (KU). The presentation described the KU team’s scientific work in studying how collaborative efforts create conditions—changes in communities and systems—to improve population-level outcomes. It also described a health global resource for capacity building - the 7000 page internet-based Community Tool Box. The talk also noted areas of scientific and technical collaboration with the Faculty of Health Sciences; co-learning about community/youth empowerment in the AUB’s Youth Mental Health Project in the Burj al-Barajneh Camp, and cultural adaptation and translation of an Arabic version of the Community Tool Box as a capacity-building resource for the WHO Eastern Mediterranean Region.

Wellcome Trust awards Women’s Reproductive Health Working Group (UH-WRHG) a large grant to support mental health intervention study

The Wellcome Trust, UK, has awarded CRPH a grant of $410,406 for 3 years to support an intervention study on mental health and medically unexplained symptoms of gynecological morbidity among low-income women living in the suburbs of Beirut. The intervention study involves (1) conducting baseline and outcome data on mental health, demographic and reproductive history, socio-economic and behavioral risk factors as well as medical lab tests for infections, and (2) a community based 6-months long psycho-social intervention. The study is both multi-disciplinary and inter-disciplinary, bringing together faculty members from epidemiology, public health, medicine, sociology, demography, human behavior, and statistics, to work closely together thus integrating their perspectives and expertise. The intention is to bring these different disciplines together, with the aim of forging new insight and ways of looking at the issues surrounding women’s health. The study team includes 7 faculty members from the FHS - the Urban Health Women’s Reproductive Health Working Group (UH-WRHG) - Marwan Khawaja, Faysal El-Kak, Sami Ramia, Ziyad Mahfoud, Loulou Kobeissi, Rima Nakkash, and Huda Zurayk; Brigitte Khoury of the Faculty of Medicine’s Department of Psychiatry; and two faculty members at Bristol University in the UK—Ricardo Araya of the university’s Academic Unit on Psychiatry and Tim Peters of the Department of Community Based Medicine in collaboration with partners from the study community. As many other research activities sponsored by the Center, this study will be undertaken within the ethos of a holistic perception of health stretching well beyond the medical model. The study team will work within the framework that health constitutes a critical component of general well-being, achieved whilst maintaining human dignity. It emphasizes the social context of health and has several unique features. Chief among these are the multi-disciplinary character of the study team, and community partnership. Furthermore, the study is being undertaken in partnership with women and stakeholders from the community, yielding both conceptual and practical benefits. During the inception phase, the study was designed in collaboration with the communities, and a community advisory committee and a women’s committee have been active in the research process. This is an essential step in empowering these socially marginalized and disenfranchised urban communities to develop their own health priorities and mobilize action for change. The intervention consists of combined structured social support groups and progressive relaxing exercises designed to reduce anxiety and depression. The study will evaluate whether the intervention will decrease women’s depression and whether this decrease will in turn reduce women’s complaints of medically unexplained symptoms of gynecological morbidity. The intervention will be compared to usual care using a randomized controlled trial design.

Bedouin Health Project launched at CRPH

CRPH has just received a large grant of $326,627 from the European Commission to fund a project to improve access and quality of health care for Bedouins in Jordan and Lebanon. Launched at the Faculty of Health Sciences on September 10, 2007, this three-year project on Bedouin reproductive and child health is a collaborative one between CRPH and Oxford University’s Dawn Chatty, the deputy director of the Refugee Studies Center. Basic health provision for rural and pastoral peoples in the Middle East has been difficult to provide. The Bekaa Bedouins are descended from the Bedouin tribes of the Syrian Desert. They have a very high fertility rate (Suzanne E. Joseph, American Anthropologist 106(1):140-144; their estimated population is between twenty and twenty five thousand. They are mostly domicile pastoralists with the exception of seasonal internal migration. The Bedouin community uses the local health services (both private and public) available for the rural population. Using practitioner based action research and an actor-oriented methodology based
on all the stake holders views on health care delivery (policy makers, service providers, health personnel, Bedouin community) this project seeks to develop in partnership with local providers model interventions to improve access to, and quality of, reproductive health care.

The project is divided into two phases; the first year includes gathering data from the rural health centers and conducting interviews with all the stake holders in health care provision. The second phase involves preparing a report (in both Arabic and English) and carrying out dissemination workshops to share and discuss the findings with stakeholders in order to devise and pilot proper capacity building interventions.

Research Highlights

The policy environment encouraging C-section in Lebanon

Caesarean sections are essential in modern obstetrics as they reduce maternal and perinatal mortality in cases where women develop complications during pregnancy or delivery. However, C-section carries risks both for the newborn and the mother. During the last decades concerns have been raised about the increasing rates of C-section both in developed and developing countries, shedding light on unnecessary C-sections, i.e. with no clinical indications. Lebanon is one of the few countries in the Arab World where C-section rates are above the recommended 15% on the population level.

As part of the CCCC research program, some members of the Lebanon team undertook a qualitative study to understand the policy environment encouraging C-sections in Lebanon. In-depth interviews were held with 20 stakeholders, one group discussion with 10 obstetricians and 36 in-depth interviews with women who had undergone a C-section in the 4 months preceding the study.

The study showed that multiple factors are involved in shaping C-section practices mainly pointing to the lack of organizing bodies for health care services, the dominance of the private sector, physicians’ convenience and lack of accountability, marginalization of midwives in the hospitals, as well as women’s misconceptions about “painless” C-section deliveries. The authors recommend development of a national task force to instate and enforce standard practice guidelines and to encourage physician’s group practice to reduce the convenience of conducting C-sections for obstetricians. It is also recommended to raise women’s awareness about the risks of the C-sections and the long postpartum recovery period it entails, as well as to encourage midwives to organize and activate a professional representing scientific body.


When in doubt, ask the children...

Qualitative methods have been used more recently in planning for community interventions: they provide the means to give voice to community residents because they tend to be more sensitive to context and people’s meanings of health than quantitative methods. The multi-method approach combining qualitative and quantitative methods has led to developing better interventions for people, especially useful in listening to young people’s stories and collaborating with them in designing interventions to address their concerns.

A number of CRPH affiliates conducted a survey with adolescents 13 to 19 years of age in three urban communities of Beirut in 2003 to measure adolescents’ health status and risk behavior as well as family and community level information. This multidisciplinary research team looked at the data from the Palestinian refugee camp in Borj Barajneh. They held 6 group discussions with 41 youth drawn together into groups to help them understand the data from the youth perspectives. This unrestricted dialogue opened the floor for verifying the data at hand.

The analysis revealed interesting findings. According to the adolescents, many of the indicators did not adequately reflect their situation. For example, some of the behaviors might have been underreported, such as cigarette and argileh smoking (8.3% and 22.4% respectively). Accordingly to the children, many more adolescents smoke especially boys, and begin at a very early age and fear admitting cigarette smoking because of social undesirability and parental disapproval. Involvement in fights reported to be only 10% was also less reported than what it is in reality. Both boys and girls expressed their concerns about fights and described them with great detail and familiarity and emphasized how fighting affected their lives in the camp. A number of the participants reported witnessing violence at home, in schools, the community and their neighborhoods. Perhaps the number of responses affirming being involved in fights is less than what it really is because fights are common and are not considered unusual.

Some young people also use drugs and over the counter pain killers and cough syrup or alcohol to “forget problems” especially when adolescents have nobody to listen to at home or at school. Parents were described as very ‘traditional’ and sometimes unaware of their children’s needs. The youth acknowledged that parents themselves had too much stress to cope with, which had a bearing on their children. The physical premises and the educational atmosphere in their schools were more also of a source of stress, as the teachers’ unpleasant attitudes and behaviors towards their students were alarming and dropping out as was an important consequence to these behaviors. Other problems related to school included difficulty with the curriculum, the lack of parents’
involvement in school matters and adults’ encouragement of boys dropping out to work at an early age. However, the youth acknowledged some positive aspects of living in the camp such as the social support among residents as well as among friends.

Had we used only the survey to plan and prioritize for interventions, violence, smoking, mental health issues, family relations or problems at school would have been excluded from the list of priority issues that would have required intervention. The conclusions stemming from the survey results showed that smoking, and violent acts were not seriously high. Drug abuse and mental health issues were not covered. Mental health issues were later identified as a priority intervention issue targeting youth in the camp. The Youth Working Group

The Youth Mental Health Promotion Intervention: Steps forward…

In May 2007, the Youth Working Group of the Urban Health Study received a major three-year award from the Wellcome Trust for its study entitled: “Impact of a community based randomized controlled trial to improve mental health of Palestinian refugee youth”. Planning for the intervention implementation is in now full swing and several specific steps have already been undertaken, for example:

- An Arab Youth Mental Health scale has been developed. This combines state of the art surveys used with youth in previous mental health research with adjustments for the context and age of the young persons who will be participating in the intervention. The scale was developed through a four stage process which involved: review of the literature on mental health measures and community assessment of relevance of various measures used; focus groups with young persons aged 10-14 years to assess their understanding and context relevance of the items; consultation with 4 mental health specialist; and psychometric testing including internal consistency, and construct validity. Currently, a validation against clinical measures is underway and constitutes the last phase of validation of the instrument. Once determined to be valid, the instrument can be used to measure mental health in our project, but may also be useful in other projects.

- The development of intervention activities is in process. These activities are grounded in evidence based programs, but then are adapted and adjusted to the context of the Palestinian refugee camp. The forty–five sessions for young persons are almost complete. Work has also begun on activities for parents. A team of academicians and community members are working on this adaptation process. Adaptation has included changing examples, exploring appropriate images, developing activities that are more appropriate for specific objectives, etc. Once the adaptation is complete, a selected set of activities will be pre-tested to ensure that the timing allocated as well as the content is appropriate.

Development of the evaluation system has begun. This has included training on use of an online documentation system provided by the Community Tool Box www.ctb.ku.edu as well as a detailed plan for process evaluation. Tools for measuring intermediate outcomes have also been developed.

Youth have become organized to positively influence their community. A Palestinian Youth Coalition is now present in the camp. This youth group was supported in its inception by the community committee that has been planning this project since 2005. The youth are active and motivated for change. They requested and received training on planning, budgeting, and running meetings. They will assist as mentors in the intervention but also engage in activities beyond the scope of the intervention.

All the above would not have been possible without the cooperation and dedication of the community-academic-youth team.

The Community Youth Committee and Palestinian Youth Committee gather for one of their regular meetings to discuss phases of the Urban Health Youth Working Group intervention study.

Choices and Challenges in Changing Childbirth Research Group (CCCC)

The CCCC team convened a special panel at the international Women Deliver conference in London, October 18-20, 2007 entitled: Gaps in Childbirth Care in the Middle East: the Hidden Risks. This conference was a major event attended by 1800 participants from 109 countries attempting to galvanize world attention to questions of maternal health and the reduction of maternal mortality (one of the eight Millennium Development Goals). The panel, moderated by Hyam Bashour
from Syria, included presentations by Karima Khalil on facility practices for normal birth in Egypt; two critical appraisals of childbirth health care in Lebanon (by Faysal El Kak and Tamar Kabakian) and in Syria (by Hyam Bashour), a report on a needs assessment of childbirth care in a Palestinian government hospital (by Sahar Hassan) and a study by Hibah Osman in collaboration with Oona Campbell (who presented the study) which used drills for improving the quality of obstetric care in three hospitals in Beirut, Lebanon.

The CCCC Lebanon team participated in the Annual Meeting of Obstetrics and Gynecology of the Lebanese Society of Obstetrics and Gynecology from 1-3 November, 2007 in Beirut, Lebanon. Two sessions in the program were in collaboration with the CCCC: Hibah Osman co-chaired the session on “EBM in OBGYN: how to improve clinical practice?” Faysal El Kak presented in that session on “Initiative on Standards of Practice in Childbirth (ISOPIC): Towards better birth practices in Lebanon.” Jocelyn Dejong co-chaired the session on “Maternal Health in Crisis”. Tamar Kabakian-Khasholian presented in that session on “Effects of war on pregnancy care and outcome: a case of Lebanon.”

Following the meeting of the Scientific Steering Group of the CCCC research team in Beirut, May 2007 four proposals submitted were approved for Wellcome funding under an existing grant to the CRPH. These include 1) the effect of doctors’ training in interpersonal communication on women’s satisfaction at labor and delivery in Syria; 2) the effectiveness of postpartum interventions to facilitate the transition into motherhood in Lebanon; and 3) the impact of a postpartum going-home package in Egypt on postpartum maternal health-seeking behavior. A fourth proposal on the quality of life of Palestinian mothers in the postpartum in Palestine will combine quantitative and qualitative methods.

Professor Trudy Harpham presents a Seminar at CRPH “Urban health in developing countries: what do we know and where do we go?”

In 1978, the International Conference on Primary Health Care, formally put forth by WHO-UNICEF, met in Alma-Ata, Kazakhstan. “Health for All” was an expression of the need for “urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world…” Despite this declaration, the health sector is now considered the weakest at the municipal level.

This year marks the first time in history that the world is mainly urban: half the world’s population lives in urban regions. There is an urgent need to address the consequences of this dramatic growth and the lack of infrastructure or capacity in cities to absorb more residents. It is thus timely to consider the evidence about urban health problems and what solutions look most promising. In July 2007 the Rockefeller Foundation’s Urban Summit convened leaders from the private and public sectors to investigate opportunities for healthy and sustainable cities. Some of the more important health issues discussed included: water and sanitation; urban health; financing infrastructure and climate change; how architects, planners and surveyors can contribute.

There is a renewed appreciation for the importance of the multi-sectoral approach as promoted by the now corrupted Alma-Ata declaration. What is needed is cooperation and coordination within different government bodies to plan together even if they implement independently. Furthermore, if a difference really is to be made, then municipalities have to be strengthened.

Sponsored Research Publications
June-December 2007


Monique Chaaya (Associate Professor, Dept. of Epidemiology & Population Health, mchaaya@aub.edu.lb)

Monique Chaaya is conducting and coordinating with Ziyad Mahfoud the study entitled “Narghile: A family affair? A study on parents’ knowledge, behavior and attitudes towards narghile smoking” as part of an International Development Research Center (IDRC) funded project. This is the first study to address the specific issue of the role of parents in their children’s narghile smoking in the context of Lebanon and the Middle East. She also started preparing the grounds for an intervention study in the area of Naba’a on the “Role of low impact exercise on marginalized women with psychological distress”.

Faysal El-Kak (Lecturer, Dept. of Health Behavior & Education, fk01@aub.edu.lb)

Faysal El-Kak is a resource person to the WE PASS project on women empowerment for reproductive health. He is consulted by CERD-MOE on “Integrating RH/Gender in school curricula” and is also consulted by UNFPA to lead a team on updating “Standards protocols of Practice” in primary health care. He participated in “Women Deliver” and “gLOBAL sAFE Abortion” meetings in the UK in October. He also presented on the behalf of the CCCC research group in the annual meeting of ObGyns, Beirut.

Rima Habib (Assistant Professor, Dept of Environmental Health, rima.habib@aub.edu.lb)

Rima Habib presented a paper entitled “Similarities and differences between household work and tasks in selected comparable occupations” at the 19th International Conference on Epidemiology in Occupational Health, held in Banff, Canada, 9-12 October 2007. She also presented a poster entitled “Poor housing an ill-health in an urban community: Findings from a population-based study in Lebanon” at the 6th International Conference on Urban Health held in Baltimore, USA, 31 October – 2 November 2007. Dr. Habib conducted the training of field staff in October 2007 for a health survey in the town of Bebnine post Nahr El-Bared conflict. Under the sponsorship of the International Labour Organization, Dr. Habib carried out a situation analysis of Occupational Safety and Health in 18 Arab countries. She presented the results of this study at the Tripartite Inter-regional Meeting on Occupational Safety and Health in the Arab States held in Damascus, 18-20 November 2007.

Tamar Kabakian-Khasholian (Assistant Professor of Health Behavior & Education, tk00@aub.edu.lb)


Marwan Khawaja (Professor, Dept. of Epidemiology & Population Health, and CRPH Director, marwan.khawaja@aub.edu.lb)

As a founding member of the Health Policy Forum in the MENA region, Marwan Khawaja participated in launching the Forum in a conference entitled, “Better Policies for Better Health,” held in Cairo, 8-10 September, 2007. The conference was sponsored by IDRC, UK Department of Health, the World Bank and the WHO-EMRO. He also attended the annual meeting of the Specialist Panel on Social Science and Operations Research on Sexual and Reproductive Health (a Panel member since 2003) at the WHO in Geneva on October 1-5, 2007.

Judy Makhoul (Associate Professor, Dept. of Health Behavior & Education, jm04@aub.edu.lb)

Judy Makhoul was involved in designing the research approach and setting the process and developing the tools for a regional study funded by the Alliance for Health Systems Policy and Research and IDRC. The research project, led by Dr Fadi El Jardali, Acting Chair of HMPD at FHS, aims at identifying priority research questions on health financing, human resources for health and the role of non-state actors. She attended two workshops in Cairo with the 9 focal persons who will conduct the research in their countries. She is currently working with Fadi El Jardali and his team on analyzing the data and setting a plan for cross-validation of the findings. The study uses a qualitative research approach and has received recognition from the funding agencies as well as WHO-EMRO for its innovative participatory approach and potential for further research.

Iman Nuwayhid (Professor, Dept. of Environmental Health, nuwayhid@aub.edu.lb)

Iman Nuwayhid prepared the list of occupations hazardous to working children for the National Committee on Child Labor under Ministry of Labor. The final list will replace the current Decree 700 that restricts the employment of children in specific occupations. Nuwayhid also supervised the outreach project in Zawtar El-Charkieh; attended a meeting of the coordinating committee for the Community of Practice in Ecohealth-MENA held in Cairo July 24-26; and participated in the preparation for the annual scientific meeting of the Lebanese Epidemiological Association to be held in Beirut in December. In October, he received an NIH grant award for a 2-year research study on “Neurotoxic effects of solvents on working children.”

Abla Sibai (Associate Professor, Chair of the Dept. of Epidemiology and Population Health, ansibai@aub.edu.lb)

Abla Sibai, in partnership with Dr. Nabil Kronfol President of the Lebanese Health Management Association, organized the first national conference on ‘Aging in Lebanon: Research and Policy’, September 3-4, 2007. The conference was supported by HelpTheAged, UK, the Ministry of Public Health and Social Affairs in Lebanon, the UNFPA and WHO. She also presented in the opening session on ‘Older Population in Lebanon: The way forward’. Dr. Sibai received a grant to examine living arrangements of older persons in Lebanon using the recent Family Health survey (PAPFAM) data collected in 2004.
Regional Networking and Collaboration

RHWG Holds Annual Meeting On Conflict, Violence And Health

The Reproductive Health Working Group (RHWG) held its annual meeting in Cairo in July. Established in 1988, the RHWG has developed into a regional network of multi-generation, multi-disciplinary scholars who use progressive and broad concepts of reproductive health to create new knowledge and to amass evidence for policy. The 3-day meeting, attended by 37 participants including all the group’s committee members, focused on conflict as it relates to health and reproductive health in particular. Egypt, Lebanon, Oman, Palestine, Syria, Turkey and Yemen were represented and the guest speaker was Derek Summerfield, honorary senior lecturer at London’s Institute of Psychiatry.

The first day was divided into three sessions dedicated to the theme of “Conflict, Violence and Health”. Presentations given addressed problems ranging from the importance of language in the way problems are framed around war and conflict, (Derek Summerfield, UK); an analysis of post-injury lives of disabled veterans of the Turkish army through the complex spiral of masculinity, disability and nationalism (Salih Can Açıksöz, Turkey); a report of the needs assessment study of over 1000 women who were pregnant or in early post-partum period when displaced during the Israeli war on Lebanon in July 2006, (Faysal El-Kak and Rawan Shayboub, Lebanon)); a review of the literature on the effects of war on health which concluded that most of it reflects the biomedical model with few attempts to see the issues from an alternative framework (Afamia Kaddour, Lebanon); the ‘quality of life’ of Palestinians under chronic political conflict and the extent to which these measures are increasingly used to measure health outcomes (Awad Mataria, Palestine); a presentation on what medical humanitarian intervention is possible when the rights-based approach is purely derivative of western thought, (Dalita Cetinoglu, Turkey).

The second day was devoted to two sessions: “Quality of Care: Expectations and Interactions” and “Gender, Reproduction and Health”. The former included a presentation on the development and application of a birth satisfaction questionnaire in Sana’s hospitals (Buthaina Attal, Yemen); a presentation on the challenges and constraints facing health-care providers in maternity services in Ramallah Hospital (Sahar Hassan, Palestine); a report on how quality of care affects contraception use among Syrian women (Asma Abdulsalam, Syria); a presentation of a new research project on trust and childbirth in Lebanon (Jocelyn DeJong, Lebanon). In the latter there was a presentation on reproductive morbidity among women in Oman (Asya al-Riyami, Oman) and one on the concept of masculinity and the body in a low-income neighborhood in Cairo (Farha Ghannam, Egypt).

On day three of the meeting, an open discussion was held on conceptual approaches to war, conflict and reproductive health, followed by a guest presentation by Abeer Salem (Egypt) on a new initiative to translate research material into Arabic as a means of disseminating reproductive health research. Funded by the MacArthur Foundation and based in the Population Council - Cairo, the project aims to translate into Arabic key articles and texts on reproductive health.

Looking ahead the RHWG discussed themes for future discussion and research on quality of life issues and including Iraqis in the group.
Join Us as a Visiting Fellow
CRPH has been sponsoring a Visiting Fellows Program since January 2003. Selected fellows from the Arab region may visit CRPH for one to three months to collaborate with FHS faculty affiliates on ongoing research projects, or to use the Center’s facilities and data resources to undertake their own research. Candidates need to be affiliated with an academic university or research institution, to hold a postgraduate degree and to have good working knowledge of English. A fellowship application may be requested from Mrs. Ruba Ismail, Program Administrator, at crph@aub.edu.lb and should be submitted at least three months prior to the proposed starting date.

The MSc in Population Health
The graduate program is designed to provide training in Population Sciences, focusing on the impact of population change on health. It offers basic training in population theory and analysis as well as in quantitative research methods. Students will participate in collaborative research activities with FHS faculty through the Center to gain practical experience. Students will also have access to the Center’s data generated by the Urban Health Study and other studies for thesis research.

Contact Us
To learn more about CRPH research activities, to subscribe to CRPHNews, or to request an application for the Visiting Fellows Program, contact us at:

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The university catalogue and graduate admission application form can be requested from the AUB admissions office via e-mail at admissions@aub.edu.lb, or downloaded from http://www.aub.edu.lb

Opportunities for qualified students to receive financial aid are available in the form of Graduate Assistantships, Graduate Scholarships, and other sources of funding, such as FHS administered research grants (when available). Information regarding financial assistance for FHS graduate programs can be obtained from Ms. Aline Germani at ag24@aub.edu.lb