

# American University of Beirut

## Faculty of Health Sciences



## Strategic Planning Report

2011-2016

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## **FHS strategic plan 2011-2016**

### **1. Mission**

The Faculty of Health Sciences prepares professionals in the disciplines of public health and health sciences through graduate and undergraduate programs, and trains future physicians in public health. It contributes to knowledge and the improvement of the public's health in the region by conducting scholarly and relevant interdisciplinary research and responding to priority health issues and training needs in collaboration with stakeholders. In all its functions, FHS promotes and adheres to the principles of ethics, social justice, and collective responsibility.

### **2. FHS accomplishments 2006-2011**

The Faculty of Health Sciences Strategic Plan Report published in July 2006 (SP-2006) was the culmination of two years of internal discussions with input from different stakeholders. The SP-2006 identified eight strategic initiatives for the period 2006-2011 that can be grouped as follows:

- Increasing diversity of undergraduate and graduate students both in socioeconomic status and geographical locations without compromising quality (Initiatives FHS 0501 and 0502).
- Expanding the graduate programs at FHS with an interdisciplinary DrPH program and an MPH executive program (Initiatives FHS 0503 and 0504).
- Developing the capacity of the Student Services Office (Initiative FHS 0505).
- Expanding the Outreach activities by strengthening workforce development and establishing a Service Activities Unit (Initiatives FHS 0506 and 0507).
- Establishing an integrated performance measurement system (Initiative FHS 0508).

The SP-2006 also committed to ongoing initiatives, namely developing learning outcomes and methods of their assessment for graduate and undergraduate programs, improving participation of students in governance, and maintaining research funding and increasing research collaboration.

#### **2.1 Preamble**

The publication of SP-2006 coincided with several significant accomplishments and events in 2006-2007 that impacted FHS and facilitated the achievement of most of these initiatives.

In September 2006, the Council on Education for Public Health (CEPH) accredited the Graduate Public Health Program (GPHP) for 5 years. The GPHP thus became the first graduate public health program outside the Americas to ever be accredited by CEPH. It is still the only CEPH-accredited program in the Arab or Eastern Mediterranean regions. The accreditation of GPHP has institutionalized the self-study process at FHS and helped FHS set targets and objectives towards continual quality improvement (Initiative FHS 0508).

The summer of 2006 also witnessed 33 days of non-stop Israeli attacks on the people and infrastructure of Lebanon. By electing to be involved in the relief of displaced people and participating in a number of national committees, FHS faculty and students sealed FHS's commitment to outreach activities and expanded its horizons. Academically, interest surfaced in the issue of 'Conflict and Health' as a research topic. Practically, FHS decided to continue its links to underserved communities by forging collaboration in February 2007 with the village of Zawtar Al-Charkieh in south Lebanon.

The previous achievements were topped by the success of FHS in 2007 through its Center for Research on Population and Health (CRPH) in attracting generous funds from the Wellcome Trust for two research projects on youth in a Palestinian camp and women in Hey El Sellom, a neighborhood of lower SES. These two projects solidified FHS's commitment to community-based participatory research and intervention studies.

It was obvious that by the end of AY 2006-2007, the three functions of FHS, namely teaching, research, and outreach, were standing on solid grounds and the path was open towards further accomplishments.

## **2.2 List of main accomplishments 2006-2011**

The accomplishments of FHS in the 2006-2011 period that are listed below include enhancements in both internal processes as well as specific outcomes. Recognizing the limited human and financial resources within FHS, time and effort were invested in creating a work environment that facilitates intellectual debate, provides space for synergy and collaboration, respects differences and individual preferences, offers mentorship to junior faculty, and nurtures new ideas, and new research themes. As an example, a "Health and Society Group", open to faculty from within and outside AUB, was established in October 2008 to understand and discuss such complex issues from a joint public health and social sciences perspective. FHS invested in a diversified faculty body and in teaching and research

that is relevant and population based. It also overcame disciplinary and geographical boundaries to foster regional partnerships. This approach to research and teaching was rather unique and non-traditional even on an international scale and has distinguished the Faculty regionally and permitted it to engage in research that looks at the role of social determinants and global economic and political forces in determining health.

The following is a list of some of the main accomplishments over the past 5 years (2006-2011):

### **2.2.1 Recognized and relevant academic programs**

#### *An accredited GPHP with regional and international presence:*

The CEPH-accreditation qualified GPHP to initiate a Delta Omega Honorary Society (2011) and allow its students and alumni to sit for the Certification in Public Health (CPH) examination. Based on comments to the organizers of the CPH examination, Associate Dean Rima Afifi was invited to serve on its Board of Directors to bring a non-North American voice to the Board. The accreditation also encouraged more people to apply for the graduate programs (now hosting more than 40% of FHS students) and strengthened our links to US-based schools and programs of public health. The GPHP is actively participating in the exhibition of the American Public Health Association (APHA) annual meetings in the US and is invited to attend most of the activities held by the Association of Schools of Public Health (ASPH) and the Association of Accredited Public Health Programs (AAPHP) during APHA meetings.

Since 2006, FHS has offered a total of 53 partial or full scholarships (including travel and living expenses) for graduate education in public health (MPH or MS). These scholarships were funded by the Arab Fund for Economic and Social Development, the Ford Foundation and the Wellcome Trust. The recipients came from 10 Arab countries (Egypt, Iraq, Jordan, Lebanon, Morocco, Palestine, Sudan, Syria, Tunisia, and Yemen) in addition to Palestinian refugees living in Lebanon and Yemen. They spanned a wide spectrum of educational backgrounds and work experiences. A recent survey of 38 scholarship alumni reached 35 of them. Our data indicated that scholarship alumni were almost equally distributed by gender (53% males); 5 (14%) were currently enrolled in further education, the rest were all (100%) employed. Of those employed, 67% were working in their own country, and another 20% were working in another country of the region. Notable is that the vast majority of scholarship recipients who are currently working (87%) have remained in the region to impact public health. Further, 70% are in positions that are better than they had prior to their MPH/MS degree from FHS, and another 20% are in

the same type of position. The scholarship alumni are also working in a variety of institutions: governmental (20%), academic (13%), NGO (17%), hospital (6%), the UN (27%), private companies (10%) and their own companies (7%). These data give us confidence that we are achieving the primary objective of the graduate scholarship program at FHS which is to build new capacities in public health in the region and enhance the skills of current professionals in public health.

The accreditation status, regional graduate scholarships, and other achievements at FHS led to a surge in the number of applicants to the graduate program especially from the region. Regional students presented 15% of all graduate students and international students 5%.

*Teaching Public Health in the Faculty of Medicine Program (TPHFM):*

The stated mission of FHS in 2006 has confirmed FHS's commitment to teaching of public health at the Faculty of Medicine and perceiving it as one of the three main instructional programs at FHS side-by-side with the undergraduate and graduate programs. The TPHFM program is an integral part of the Faculty of Medicine (FM) Curriculum Committee that is currently revisiting the medical curriculum.

*Increased interest in undergraduate programs (EH and MLS):*

The last 5 years have witnessed a more focused and customized promotional activities for the undergraduate programs, especially in Environmental Health. This was reflected in an increased number of applicants to the UG programs (including freshman students from AUB) and the acceptance of students with higher admission scores (267 applications in AY 2006-07 from which 30 were registered with a cutoff admission score of 525 to 303 applications in AY 2010-11 from which 32 registered with a cutoff admissions core of 540).

In addition, a recent follow up of 271 undergraduate alumni (2005-06 to 2010-11) revealed that 31 % are pursuing further education and 51 % are employed and in a health related job (see following table). Only 16 persons are not working and of those the majority are housewives who opted not to work due to family reasons. Most of the eleven graduates who are seeking jobs have recently graduated from the programs (Spring 08-9 (4), Spring 09-10 (1), and Spring 10-11 (6)).

Status	Environmental Health			Medical Laboratory Sciences			Undergraduate program			
	Female	Male	Total	Female	Male	Total	Female	Male	Total	%
<b>Working</b>										
Private Environmental/Public Health firms & consulting agencies	15	6	21	-	-	-	15	6	21	8%
Clinical Labs	-	-	-	33	7	40	33	7	40	15%
Health Related Centers (Hospitals, pharmacies, insurance companies)	4	1	5	5	2	7	9	3	12	4%
Pharmaceuticals	1	-	1	6	11	17	7	11	18	7%
Research Centers / Universities	6	-	6	12	2	14	18	2	20	7%
Governmental Organizations	1	1	2	-	-	-	1	1	2	1%
Non-governmental Organizations (UN agencies & NGOs)	7	-	7	3	-	3	10	0	10	4%
Schools	3	-	3	4	-	4	7	0	7	2.5%
Non-Health Sector	2	1	3	3	1	4	5	2	7	2.5%
<b>Studying</b>										
Currently pursuing higher education (MPH, MS, MBA, MD, PhD, TD, Pharmacy)	29	7	36	35	13	48	64	20	84	31%
<b>Other</b>										
Searching for a job	11	-	11	-	-	-	11	0	11	4%
Not Working	2	-	2	13	1	14	15	1	16	6%
No information	15	5	20	2	1	3	17	6	23	8%
<b>Total</b>	96	21	117	116	38	154	212	59	271	

*Change in names of a department and a program:*

The teaching and research focus of the department of Health Behavior and Education (HBE) changed to reflect the mission and priorities of FHS, challenges to community work in Lebanon and the region, and the global changes in the discipline itself. Consequently, the name of the department was changed to Health Promotion and Community Health (HPCH).

The Medical Laboratory Technology (MLT) program was renamed as the Medical Laboratory Sciences (MLS) program to reflect the scientific and liberal education offered to students that supersedes its originally technical orientation.

**2.2.2 Resources***New and diverse faculty:*

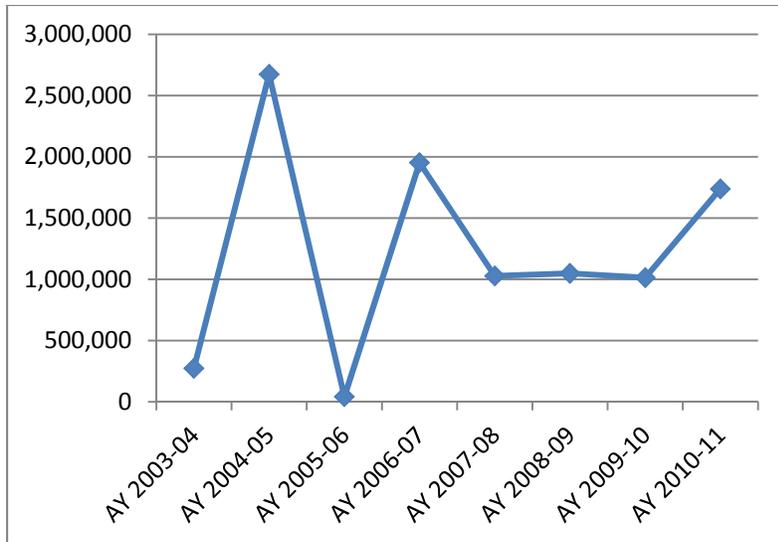
The academic achievements acted as a pull factor for many fresh and established scholars who wanted to join FHS. Fifteen new professorial faculty members joined FHS between 2006 and 2011 including faculty on research and public health practice (PHP) tracks. The new faculty who came from diverse backgrounds replaced outgoing faculty, filled vacant positions, or occupied new ones. In addition, more public health practitioners contributed to the program in teaching or research (e.g., Director General of the Ministry of Public Health).

*Endowment fund:*

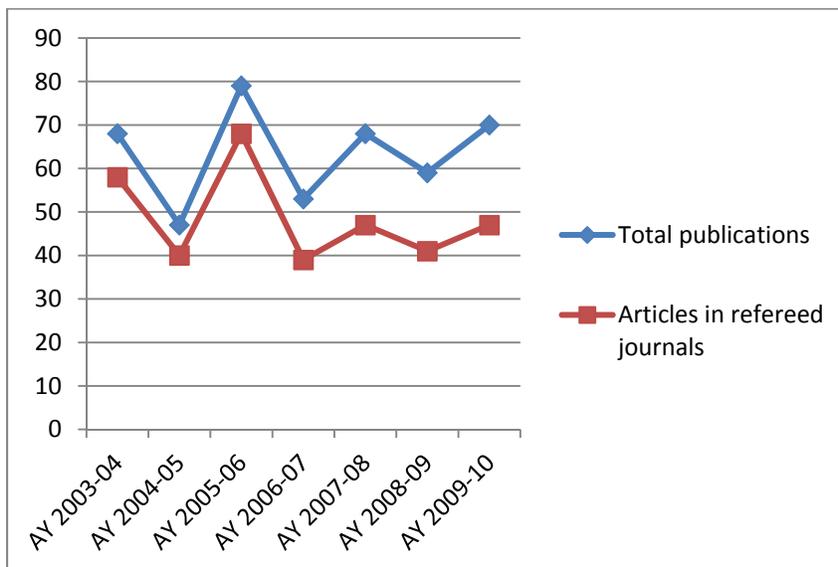
In 2007, the Ford Foundation awarded FHS a US\$ 1 million endowment fund and the Faculty succeeded, in collaboration with the Office of Development, in matching it. The return on these funds will support of the Center for Research on Population and Health (CRPH) and regional scholarships. In 2010, the Abu Dhabi Chapter of the AUB-Alumni Association donated \$ 100,000 for scholarship to UG students at FHS.

**2.2.3. Expanding community-based and interdisciplinary research**

FHS maintained its active research programs and attracted research grants from competitive agencies such as the National Institutes of Health (NIH), Wellcome Trust, Ford Foundation, International Development Research Center (IDRC), and the World Health Organization (WHO). The average annual extramural funding excluding internal and outreach grants for the period of 2005-06 to 2010-11 was \$1,106,632 (see below chart).



The focus of these grants was mostly on population-based and interdisciplinary research. The following chart shows that research output was stable over the years at a total of 40-50 refereed publications a year.



Research teams were also actively involved in advocacy and using research evidence to inform policy both in Lebanon and the region (e.g., Tobacco Control Research Group, Reproductive Health Working Group, Changing Childbirth, and Health Policy Making). A series of policy briefs were produced and several policy forums were held. A striking achievement no doubt was the success of the FHS-based university-wide Tobacco Control Research Group who, in collaboration with civil society organizations

and committed parliamentarians and policymakers, advocated for and influenced the passing of a new tobacco control legislation in Lebanon in summer 2011. In spite of these successes, more is still expected from FHS in knowledge translation, i.e., transforming research findings into evidence that can inform practice and policy.

The role of CRPH has been instrumental in nurturing and supporting research activities at FHS. However, funding the administrative operation of CRPH has been challenging. The CRPH proposal of \$ 3 million to the Wellcome Trust to support the Center was evaluated positively and recommended for funding by external reviewers but the Wellcome Trust priorities shifted away from funding institutions and programs to funding individual researchers. A revised proposal for four regional research networks hosted at and primarily administered by CRPH was submitted to the European Union (EU) and again received good reviews but was not funded.

#### **2.2.4 Institutionalizing outreach and practice**

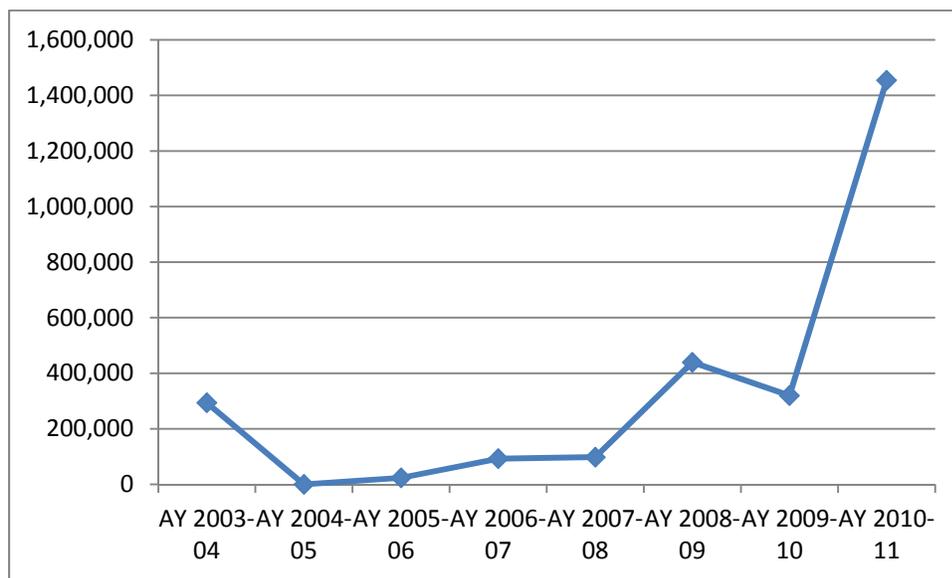
Faculty members at FHS have always been active in outreach and practice activities: serving on national, regional, and international committees; consulting as experts individually or through AUB on different public health projects; serving on editorial boards of scientific journals or contributing as reviewers to journals or international conferences; and advocating for health equity and equal access to health services. The Health Education Resource Unit (HERU), linked to the Department of Health Promotion and Community Health, has been part of FHS since 1986 and is still engaged in a variety of training and practice activities with a focus on health education, health communication, and youth.

This commitment to outreach and practice activities culminated with the establishment of an Outreach and Practice Unit (OPU) in October 2009. The OPU is a bridge that links teaching and research to practice and policy. The OPU succeeded in expanding FHS's outreach activities beyond Lebanon to engage, for example, in projects on youth and reproductive health in Iraq with the UNFPA-Iraq and in collaboration with several ministries and academic centers. A Peer Education Training and Research International (PETRI) unit was established at FHS to collaborate with the United Nations Population Funds (UNFPA) and other PETRI Centers in the world on advancing Youth Health and building peer-to-peer training. A Memorandum of Understanding (MOU) was signed with the United Nations Relief and Works Agency (UNRWA) as well to support its health care facilities and address environmental issues in Palestinian camps in Lebanon. Another agreement was signed with King Abdullah International Medical Research

Center (KAIMRC) in the Kingdom of Saudi Arabia (KSA) to build research capacity and advance collaborative research between FHS and KAIMRC.

FHS is also involved with the Neighborhood Initiative, under the Office of the President, in the “University for Seniors” program coordinated with the Continuing Education Center within REP. This successful program builds on the talents and experiences of seniors to teach other seniors about topics that cover history, art, music, and computers.

The above is reflected in the sharp increase of sponsored outreach/practice (service) grants from \$92,000 in AY 2006-07 to around \$1,454,000 in AY 2010-11 as indicated in the graph below.



In addition to the regional research networks mentioned above, FHS built new networks with individuals and institutions in the region. Most strikingly is FHS’s leadership in an effort to produce the first comprehensive book on “Public Health in the Arab World” published by Cambridge University Press in March 2012. The book’s 38 chapters were authored by 81 academicians and practitioners from Arab and non Arab countries. This project connected FHS to a large number of public health academics and practitioners and facilitated the selection of FHS in October 2010 as the first institute to host the secretariat of a network of academic institutes of public health training and/or research in the Eastern Mediterranean Region (EMRAIN). The Network brings together academic institutions in the Eastern Mediterranean Region to promote public health through building institutional capacity, empowering the

public health workforce, conducting research on public health and health system priorities, sharing best practices, and advancing evidence-informed policy making and practice.

FHS has even crossed the boundaries of the Arab region and collaborated with the Kinshasa School of Public Health (KSPH) in the Democratic Republic of Congo (DRC) to develop their MPH program and nurture a research culture. Within our region, our collaboration with Birzeit University (Institute of Community and Public Health) remains the most developed and includes joint training and research activities.

### **2.2.5 Other**

In addition to the CEPH accreditation of FHS's GPHP, FHS received several recognitions. The Department of Health Promotion and Community Health (HPCH) was designated as a WHO Collaborating Center for Health Promotion and Behavioral Sciences- the only one on health promotion in the Eastern Mediterranean region. The Department of Environmental Health was awarded an LNCSR grant to host a national Water Quality Monitoring Unit. In addition, several faculty members were recognized for their achievements in and contribution to the field of public health. Professor Huda Zurayk, for example, received the prestigious WHO-EMRO Shousha Award for contribution to the field of public health in the region. Professor Zurayk was also a member of the Global Independent Commission on Education of Health Professionals for the 21<sup>st</sup> Century. The Commission published a report as a special issue of the Lancet in November 2010. The report, entitled "Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Independent World", was launched in Lebanon in May 20, 2011 and will serve as a platform to promote inter-professional education for health professions.

**2.3 What has been achieved from FHS Strategic Plan of 2006-2011?**

Many of the initiatives declared in SP-2006 have been achieved. The following lists the objectives and initiatives of SP-2006 and what has been achieved:

Major Strategic Initiatives	Criticality	Was initiative met?
Improve quality and increase diversity (SES) of undergraduate students while maintaining enrollment	10	Quality of admitted students improved as evidenced by higher admission scores. No data on SES background to assess if initiative was met, except that the number of public high school students enrolled at FHS is very low.
Increase diversity (regional) and full-tuition graduate students while maintaining enrollment in Graduate Public Health Program (GPHP)	10	<ul style="list-style-type: none"> <li>- Regional (MENA) students ranged between 13-20% of all GPHP; less than the desired target of 25%</li> <li>- Sponsored GPHP students ranged between 0-6% of all GPHP in a semester; less than the desired target of 10%</li> <li>- Self-pay regional students contributed 2-10% of all GPHP revenue in a semester; target of 5% is met in average</li> </ul>
Develop an interdisciplinary DrPH program in selected concentrations by 2010	8	Postponed.
Establish an MPH executive program by 2009	9	Under discussion- target is AY 2012-13.
Develop the capacity of the Student Services Office (SSO) to engage in student recruitment, fund raising for scholarships and career counseling	9	Not done. No Alumni and Career Counseling program yet. Recruitment almost complete for a person to begin the career counseling program at FHS.
Strengthen the workforce development program (WDP)	8	An Outreach and Practice Unit (OPU) has been established in October 2009.
Establish a Service Activities Unit (SAU) at FHS by October 08	10	
Establish an integrated performance measurement system for evaluation and planning by 2008	10	Process exists but still inefficient and not integrated.

Major Strategic Initiatives	Criticality	Was initiative met?
Develop learning outcomes and methods of assessment for graduate and undergraduate programs	N/A	Regularly done at level of GPHP and undergraduate programs.
Improve participation of students in governance.	N/A	More engagement of students through standing committees and task forces.
Maintain research funding and increase research collaboration.	N/A	Ongoing. However, funding the administrative operation of CRPH has been challenging. The CRPH proposal of \$ 3 million to the Wellcome Trust to support the Center and fund a research project was not successful. A revised proposal for 4 research networks hosted at and primarily administered by CRPH was submitted to the European Union (EU) but was not funded.
LG2a- Enhance the balancing of faculty effort in teaching, research, and service. LG2b-Revise promotion criteria	N/A	- Balance of teaching, research and service is always monitored and mentored. - Service recognized in merit increase and addressed as part of the value of a faculty member during promotion discussion.

Overall, most of the SP-2006 initiatives were achieved. FHS however is still considering the following challenges:

- Enrolling students from lower SES.
- Expanding the current MPH and MS programs and initiating a doctoral program.
- Institutionalizing a quality improvement system that links admission to monitoring and mentoring to career counseling and placement.

The following section on trends and influences will identify some of the challenges and opportunities that FHS should be aware of to achieve the remaining SP-2006 initiatives and go beyond.

### 3. Trends and Influences

This section will address both external and internal trends and influences

#### 3.1 External Trends and Influences

The Faculty of Health Sciences at AUB has always sought towards becoming a center of excellence in public health teaching, research and outreach through engaging with issues that have an impact on policy and the wellbeing of communities. The history and achievements of the Faculty situates it as the leader in the production of knowledge and training of professionals in public health and health sciences, both locally and regionally. Still FHS exists amidst a dynamic environment, located at the crux of international, regional and local factors and conditions. Addressing these variables allows the creation of a more focused vision for the future, as well as lays out the strategic frameworks towards achieving such vision. Below are a number of such factors and conditions with potential effects on the vision and strategies of FHS.

#### a) *Demographic trends:*

*Demographic trends* in the region show the presence of a predominantly youthful population (with more than 65% below the age of 25 years), rapid urbanization, increase in the inequality gaps, presence and visibility of an aging population with important health and social needs, as well as migration and displacements influenced by various political, social and economic forces. All these trends play a crucial role in ongoing direction and strategic planning of FHS. For example, ‘Youth’ is currently an important theme in FHS research and service agenda, with many ongoing projects addressing this issue both nationally and in the region. Attention to these themes will have an impact on FHS in terms of its promotion and content of its academic programs, future research interests, as well as engagement in outreach and service.

#### b) *Institutional trends:*

*Institutional trends* show that there is an increase in the number of both undergraduate and graduate programs in the health sciences and public health in Lebanon. The Lebanese University which offers a 2-year MPH program has just started offering a DrPH in collaboration with universities in France. The University of Balamand will soon launch an MPH program. A number of universities in the region are considering starting new MPH programs. For example, the College of Public Health and Health Informatics at the King Saud bin Abdulaziz University for Health Sciences is offering an MPH in collaboration with the

Liverpool School of Tropical Medicine. The Royal College of Surgeons in Ireland - Medical University of Bahrain is contemplating a school of public health. The Liverpool School has graduated the first cohort of MPH in Syria in collaboration with the Ministry of Health. The Johns Hopkins School of Public Health is offering a number of MPH and DrPH degrees to employees within the Health Authority in Abu Dhabi or students from the same emirate. The directions and impacts of these new programs are yet to be explored.

The *cost of private education* in Lebanon and the region has been on the rise. In Lebanon, AUB represents the most expensive private institution of higher learning in the country, yet the cheaper when compared to regional American Universities. In an attempt to address the rise in tuition fees, banks in Lebanon are now guaranteeing loans to students, supported by the Lebanese Central Bank. This is an opportunity happening side by side with internal trends at AUB, which currently is reforming its financial aid and scholarship programs to expand the pool of financially underprivileged undergraduate students who enroll at AUB. As for graduate students, Graduate Assistantship continues to be the only source of financial support in the graduate programs (and is merit based rather than need based), along with the availability of scholarships for regional students in the graduate public health program at FHS.

There is a general trend for many programs and universities in the region to adopt *standardization and accreditation processes*. This makes these programs more attractive to many students in the region. While the MPH program at FHS is CEPH accredited, there remains a lack of awareness and recognition of the program among some governments and ministries of public health in the region. At the same time, with institutional focus on *evidence-based practice*, many organizations, government institutions and international organizations are becoming more concerned with *expert knowledge* and are turning to academic institutions for the provision of such knowledge. This provides FHS with an opportunity for outreaching and service to a wider institutional clientele both locally and regionally.

c) *Mobility and technology trends:*

There is more *mobility in pursuit of private education*, especially programs that are recognized globally. Many Arabs and Lebanese in the diaspora who are financially able are sending their children back to the region to study at private institutions like AUB in order to reconnect with their roots and learn the Arabic language. At the same time, with more difficulties obtaining visas for Arab students to travel and study in the west, more students, especially from Gulf States, aim to study regionally in 'westernized' universities.

While these are opportunities for AUB, they could add to the furthering of disparities in the region in terms of access to education.

With global trends of information access and sharing, *younger generations are becoming more technologically savvy with interests in social media and networking*. This has implications for the way we teach and connect with the youth. At the same time, technology has been playing a crucial role in shaping the external trends in education and public health research and practice. These can be seen in the *availability of Internet and communication technologies* that make it possible to interact at a distance with various universities and institutions around the world. This has made it possible for the explosion of new programs that offer degrees and diplomas through distance learning, as well as the provision and dissemination of expert knowledge through outreach. Furthermore, the role of technology in public health, laboratory technology and medicine is shaping the way health is understood and researched. These can be seen in the increase in the reproductive health technologies, the increase in genetic research, and availability of social media for access of information and social mobilization around health issues.

d) *Political trends:*

The ongoing *political instability* in Lebanon continues to affect the enrollment of regional students in programs and hamper the timely execution of some public health projects. From a programmatic perspective, the effects of conflicts, wars and military occupation in the region will continue to shape health outcomes and the demand for public health education and practice that is able to incorporate these regional realities into its *raison d'être*. Conflict and health represents an important theme that needs to be addressed and understood from our local realities in the region.

*Current regional social and political transformations* and ongoing revolutions and uprisings calling for reforms, present an emerging political trend that should be at the heart of our strategic planning. The call for better and just health and wellbeing in the region has been a vehicle for many of the demands for democratic and social reforms. Still public health education and practice in the region is not equipped to deal with social demands and engaging with the current spirits and seeds of reform and social change. A better understanding of many of these emerging conditions is only possible through a focus on social determinants, and through the use of social science research focused on the wellbeing of communities.

Political, social and economic realities must be engaged to understand the issues, as well as to have an impact on public policy and outreach through dissemination of evidence-based knowledge.

e) *Economic trends:*

Similar to many universities in the US, AUB was affected by the *global economic crisis*. With the current ongoing economic and political problems in the US, cuts in aid money might be underway. This puts pressure on programs and faculties to attempt to be less dependent on such aid, mobilizing new creative means for fundraising.

Since the 1990s, the *general trends in economic 'structural reforms'* in the health care systems in the region—with support of the World Bank and other international entities—have been expanding the role of the private sector at the expense of the public sector. Still there has been an emphasis on redefining the role of the public sector in terms of 'good governance' to its institutions and programs. There has been serious questioning of the effectiveness of such reform on public health and health of communities. Such reforms and/or modernization have also shaped the emergence of new forms of expertise and knowledge production that is embedded in business and economic models. While these might be seen to run the risk of alienating many public health experts and practitioners who are working on the ground, engaging with these models while strengthening public health values has potential to open up critical new dimensions for research and training in the fields of public health.

f) *Health profile trends:*

*Patterns of disease* in the region are changing, indicating a double burden of disease. There is a rise of non-communicable diseases, such as cardiovascular diseases, obesity and cancer with an impact on morbidity and mortality, as well as cost of health care. At the same time (re)emerging and new infectious diseases, such as waterborne bacterial diseases and Drug-Resistant TB are becoming more common in certain regions. Meanwhile, the boom in the construction industry, especially in Lebanon and the Gulf region, and the urban expansion of cities, roads and traffic, have all contributed to the rise of incidences of injuries in the region. Equally, there is an increase in the injuries and disabilities related to wars and conflicts in the region, these could be seen in Iraq, Palestine, Lebanon, and the ongoing political violence in places like Libya, Bahrain, Syria, and Yemen. The burdens and ramification of this situation are yet to be understood.

*g) Research and funding trends:*

*Global health trends and funding* reveal serious financial and resource investments in projects in the third world. These are seen through the emerging philanthropic (Gates Foundation) and governments funding (USAID, EU). A big portion of these resources are being directed into global health projects in Africa addressing health problems related to AIDS and health sector reforms. At the same time, private and inter/multi-national corporations continue to have power in shaping research agendas, especially medical and health-related research. While funding has become very competitive in the region, at FHS it continues to come from predominantly international organizations such as IDRC, WHO, Ford Foundation, NIH, and Wellcome Trust. Research agendas and funding are geared towards global health, youth, reproductive health, and conflict and health. However, the priorities for funding organizations both in terms of focus and timeframe are often not in line with priorities defined by local practitioners and realities on the ground.

### **3.2 Internal Trends and Influences (AUB and FHS)**

The previous five years (2006-2011) have witnessed major internal changes and trends that affected FHS and will continue to in the coming years. Being one of the smaller faculties within AUB and hence more affected by changes, FHS has to be proactive in identifying the strategic impact of these changes to capitalize on its strengths and neutralize the weaknesses.

*a) Change in Leadership:*

Since the last FHS strategic plan, AUB has witnessed a significant turnover in its leadership including the President, Provost as well as the university's executive management team. In addition, new Deans for FM, FAFS, FEA and FAS were appointed. These changes in leadership positions in almost every major unit of the University required – and still do – a concerted effort to orient the new leadership with the mission and vision of FHS and its potential in advancing that of AUB.

Another change in leadership was that of FHS. In Fall 2008, Iman Nuwayhid was appointed as Dean of FHS. However, the smooth transition in the leadership of FHS sustained the strategic vision and direction of the Faculty as Dean Nuwayhid had been part of the Faculty's leadership, as Assistant and then Associate Dean during Dean Zurayk' s tenure (1998-2008).

b) *AUBMC Vision 2020:*

During 2011, the AUBMC announced its 2020 vision which includes a major expansion of the medical center and its operations. The AUBMC vision 2020 includes the initiation of a Clinical Research Center, many other (mostly health outcome) research centers, the expansion of the External Medical Affairs (service) unit within AUBMC and the interest in partnering with other units within AUB to offer health management education and research. This vision presents exciting new opportunities for FHS if paired with creative new resources and if the visions of FHS and FM/AUBMC and efforts to impact health and policy in the region are well coordinated.

c) *Financial Factors*

AUB will start a major *fundraising campaign* to help expand the infrastructure and operation of the University and address the financial challenges ahead. FHS will have to be proactive in outlining its vision, needs, and alluring projects early in the process. These needs/projects have to be of strategic importance to the Faculty and attractive to potential donors. The latter is of significant importance since FHS does not have a critical mass of financial donors among its alumni.

Another financial trend/change is the *tuition fee structure change* that was implemented starting AY 2011-2012. The change involved raising the minimum tuition floor from 12 to 15 credits (students taking 15 credits or more will pay only for 15 vs. 12 credits previously). This could have implications on admissions as it will raise the tuition fees in anticipation of the buffering effect of the increased financial aid.

d) *Interdisciplinary Programs*

A committee was formed at AUB during AY 2010-2011 to explore the issue of interdisciplinary programs. While the strategic direction of the ongoing discussion is unclear yet, this may have a favorable impact on offering new interdisciplinary programs and degrees at AUB.

e) *Barriers to Expansion*

The expansion of the research and service portfolio of FHS in previous years has been accomplished within the confinement of the same physical space. This requires careful planning as any future operations have to be accommodated with this barrier in mind. The Dean established a space

management taskforce in 2010-2011 to examine the needs for more space in addition to optimizing the use of the current space.

Another barrier to expansion relates to student volume since an enrollment cap has been applied on FHS. Such a cap is limiting FHS ability to enroll more students, hence affecting its revenues from tuition fees. With the FHS plans for expanding academic degree programs, the enrollment cap will be challenged.

*f) Increasing Proportion of Graduate Students*

The last 3 academic years witnessed an increase in the proportion of graduate students at FHS. Such an increase contributes to the mission of the Faculty as a graduate school of public health and enriches the research and service functions. However, there are also pedagogic and financial implications. First, graduate classes tend to be smaller in size (less students) to optimize the interaction which necessitates opening more sections and hiring part-timers or keeping larger classes and increasing the burden of teaching for professors; second, 20-25% of tuition from graduate students is recycled back as graduate assistantships. Both of these reasons result in a dilution of potential revenues from graduate education.

#### **4. SWOT analysis**

The SWOT analysis of 2006 was used as a base for a faculty-wide discussion to develop the current analysis.

##### **Strengths**

- S1. AUB / FHS name and history:
  - a. AUB is a leading institution of higher education in the region.
  - b. FHS is a leading school of public health in the region.
  - c. Increased visibility through communication resources, networks, units and centers
  - d. The ability to influence the discourse of public health and practice in the region
  
- S2. Leadership at AUB open to interdisciplinary research and educational programs and to new teaching modalities
  - a. Opens new opportunities for collaboration

- b. More investment in IT at university level (opening for distance learning)
  
- S3. New leadership at FM/AUBMC interested in new joint UG and GR programs and initiatives and in joint academic appointments
  - a. An opportunity to expand resources and engage in new projects and programs
  
- S4. Leadership at FHS promoting innovation and new directions
  - a. Stable and continuity of vision for leadership at FHS
  - b. Promotion of new programs, collaborations, and approaches to teaching
  - c. Adaptability to social trends and community issues
  - d. Collegial and supportive work environment conducive to teamwork
  - e. Interdepartmental/interdisciplinary teams with more innovative and non-traditional ideas
  
- S5. Quality of academic programs at FHS:
  - a. Accredited GPHP and periodically revised undergraduate programs.
  - b. Programs among the best in Lebanon and the region.
  - c. High level and quality of interaction in teaching/advising between faculty and students
  - d. Increasing diversity in education and geographic backgrounds of graduate and undergraduate student body
  - e. Multidisciplinary and competency- based academic programs
  - f. Use of IT and blended teaching/learning
  
- S6. Diverse and qualified faculty body
  - a. Well-qualified faculty from different disciplines
  - b. Diversity in background of faculty and close knowledge of priorities , culture, and health systems in the region
  
- S7. Commitment to public health values and social justice:
  - a. Academic exposure that transcends the technical aspect of learning
  - b. FHS is an influential and fair collaborator on different projects
  - c. Engaging communities in education, research, and practice

- d. A conscious effort to achieve diversity
- S8. Strong research culture:
- a. Ability to attract extramural funds
  - b. Expanding into new areas of research
  - c. Community focused multidisciplinary research with higher potential for impact
  - d. Regional collaboration and regional research networks
  - e. Relevance to the context
  - f. Potential to influence public health practice and policy
- S9. Expanding Outreach and Practice activities
- a. Growing institutional base for outreach and practice activities
  - b. Expanding options for qualified preceptors and practicum sites
- S10. Active networks and connections
- a. Well connected to institutions and agencies in the Arab and MENA region as well as the West
  - b. Experience and interest in collaborating on research, training and practice
- S11. Well developed institutional support system at FHS
- a. Qualified and committed support staff in most units

### **Weaknesses**

- W1. Programs not known to or responsive to the needs of all potential candidates
- a. Insufficient marketing of teaching programs
  - b. No flexible modalities (organization and specialty) in offering graduate programs
  - c. Insufficient number/few faculty as public health practitioners
  - d. Cost (high tuition)
  - e. English language requirements
- W2. Less than desired student diversity in UNGP and GPHP
- a. Inadequate SES diversity

- b. Relatively few regional graduate students (especially from low income countries)
  - c. Lack of graduate assistantships/scholarships for graduate students based on financial need
- W3. Somewhat dissatisfied faculty:
- a. Lack of faculty tenure
  - b. Heavy administrative duties of faculty
  - c. Inadequate housing policy
  - d. Insufficient mentorship especially for young investigators
  - e. Inadequate intra-faculty communication (information sharing)
- W4. Still evolving outreach and practice activities
- a. Lack of clear priority regarding engaging in outreach and practice
  - b. Inadequate recognition for community service
  - c. Difficulties of sustaining collaboration with communities and local agencies
- W5. Somewhat dissatisfied students:
- a. Limited space for students
  - b. Limited/uncoordinated field learning/service learning opportunities/practical education for students
  - c. Large number of graduate students in core and concentration classes
  - d. Incompatible work experience among graduate students (wide variation in critical thinking and engagement)
- W6. Insufficient level of collaboration between Faculties and departments at AUB
- W7. Limited human and physical resources:
- a. Limited physical space for research, practice and students
  - b. Insufficient funding opportunities or readily available funds to purchase state of the art equipment
  - c. Inconsistent support staff across departments and units
  - d. Restrictions on Software purchase

- e. Limited IT capacity for distance learning

### **Opportunities**

- O1. Increase in demand for human capacity development in the public health and health sciences fields in Lebanon and the region
  - a. Expansion of private sector: polyclinics, hospitals, insurance industry, laboratory equipment suppliers.
  - b. An increase interest of governmental sector in expanding public health programs
  - c. Increase interest of medical students in graduate public health degrees
  - d. Regional need for capacity building in public health and research skills
  
- O2. More interest in graduate public health programs physically located in the region
  - e. Opportunity for new modalities of graduate programs
  - a. Need for doctoral programs
  
- O3. Profile of public health is rising in the region which opens a venue for action and change
  
- O4. Complex public health problems of the region
  - a. Opportunity to engage in regionally grown and conceptualized research
  - b. Opportunity to train students as critical thinkers and agents of change
  - c. More creative programs or centers of excellence
  - d. More networking with academic and non academic institutions
  - e. More engagement with policy/decision makers
  
- O5. Opportunities for students:
  - a. Bank loans now available to FHS students
  - b. Opportunity or options of exchange programs available to accredited schools and programs of public health in the US
  
- O6. Availability of funds for research and outreach on different public health themes
  - a. Interest from international organizations and sister public health institutions in networking and collaboration

- b. New and re-emerging public health issues (new and re-emerging infectious diseases/emerging conflicts in the region)
- c. Room for innovative approach to complex public health issues in the region (e.g., health and conflict; youth wellbeing and youth as assets).
- d. Rise in interest of donor states and international funding agencies in investing in Public Health in our region and Public Health themes, such as Health and Human Security and global health initiatives

O7. Human resources outside FHS

- a. Collaborating with the network of FHS alumni in training and degree programs.
- b. Active non-governmental sector
- c. Opportunities to collaborate with new public health programs in the region
- d. Opportunity to build, and develop regional networks (from research to practice and policy)
- e. Increased number of community based organizations (opportunity to collaborate with them)

O8. AUBMC vision 2020

- a. Collaborating on research with faculty at FM and involvement in new centers of excellence
- b. Advancing public health education as part of the revised medical curriculum
- c. Exploring joint programs
- d. Wider involvement in public health related activities (e.g., clinical epidemiology, global health, health management) if FHS is strongly involved

**Threats**

T1. Competitive existing and emerging national and regional undergraduate and graduate programs in public health

- a. More affordable undergraduate programs in other institutions in Lebanon
- b. More attractive packages to faculty in regional graduate programs
- c. Lack of tenure at AUB (less attractive to academics)
- d. Stricter requirements for admissions especially for English

T2. Conflict/instability in the region

- a. Less willingness to come to Lebanon
- b. Suspicion about the “American” in our name (obstacle to collaboration with some communities)

T3. Declining economic situation:

- a. Higher tuition fees
- b. Less SES diversity and seen as an elite University/Faculty
- c. Rising cost of living

T4. Global financial crises:

- a. Less funding opportunities; more competitive funds
- b. More influence of/dependence on corporate funding

T5. Unstable demand for public health/ health sciences

**5. FHS Vision:**

The Faculty of Health Sciences is the leading school of public health in the region serving the wellbeing of people and communities by conducting research and service that influence policy and practice and preparing competent health professionals who are agents of change in society. Through its vital regional role in knowledge production and advocacy for social justice, FHS aspires to shape the global public health discourse.

**6. Goals and Objectives:**

The vision will be achieved through the following goals and associated objectives.

**Goal 1: To strategically position FHS to meet increased local and regional needs for academic public health training**

Objective 1.1: To expand the UG and GR programs in Public Health and Health Professions

- 1.1.a: Establish at least 2 undergraduate programs in health professions in coordination with FM/AUBMC by 2013 (FHS 11 01)
- 1.1.b: Establish at least one new undergraduate program in public health by 2014
- 1.1.c: Increase the number of MPH concentrations (currently 3) by at least one by 2015
- 1.1.d: Submit a proposal for a doctoral program in public health (DrPH/PhD) by 2013-14 (FHS 11 02)
- 1.1.e: Revise the MS in Population Health in 2012-13 to respond to regional and global population issues
- 1.1.f: Offer an Executive Master's in Health Care Leadership by 2013 (FHS 11 03)

Objective 1.2: To provide flexible graduate teaching modalities

- 1.2.a: Develop a proposal exploring the feasibility of offering parts of the in-residence MPH in a modular format by 2015
- 1.2.b: Develop a proposal exploring the feasibility of facilitating or enhancing quality of academic programs through IT technology (including consideration of distance learning) by 2015

Objective 1.3: To increase visibility of FHS and promote its academic programs in the Arab region

- 1.3.a: Conduct regular visits to countries of the Arab World to enhance visibility of FHS and to promote its academic programs
- 1.3.b: Disseminate FHS news and accomplishments to alumni and stakeholders in the region
- 1.3.c: Attend regional and international conferences and meetings as a faculty

**Goal 2: To support interdisciplinary programs and collaboration between Faculties at AUB**

Objective 2.1: To strengthen current interdisciplinary programs and identify and offer new interdisciplinary programs within AUB

- 2.1.a: Explore offering an interdisciplinary PhD (e.g., in gerontology with HSON, FM, and others) by 2016
- 2.1.b: Establish a Global Health program in collaboration with FM/AUBMC by 2012-13 (FHS 11 04)

2.1.c: Establish in 2012-13 an FHS-based Biostatistics Unit in collaboration with FM, HSON, and FAFS (FHS 11 05)

2.1.d: Increase resources for the “Teaching Public Health in the Faculty of Medicine” program at FHS to respond to the new demands of integrating public health and social medicine requirements within the revised undergraduate medical curriculum

2.1.e: Establish by 2015 at least one course and one community practice/research project that are jointly carried out by FHS, FM, and HSON to students in public health, nursing and medicine

2.1.f: Encourage joint appointments across Faculties

2.1.g Develop by 2016 a proposal that explores feasibility of offering of joint degrees (e.g., MSN-MPH; MD-MPH; MPH-MBA)

**Goal 3: To institutionalize and integrate the functions of teaching/learning, research, practice, and knowledge translation**

Objective 3.1: To support current and establish new interdisciplinary Centers of Excellence

3.1.a: Endow the Center for Research on Population and Health (CRPH) established in 2002 (FHS 11 06)

3.1.b: Endow the Center for Knowledge Translation and Health Policy (C-KT) to be established in 2012-13 (FHS 11 06)

3.1.c: Endow the Center for Public Health Outreach, Practice, and Stewardship (CPHOPS) to be established in 2012-13 (FHS 11 06)

Objective 3.2: To enhance research in specific/specialized public health areas/domains

3.2.a: Endow a Middle East Center for Healthcare Innovation and Leadership (MECHIAL) to be established by 2014-15 (FHS 11 06)

3.2.b: Establish a taskforce to explore with departments and faculty priorities for potential specialized centers of excellence by 2013

3.2.c: Continue to submit strong grant applications for research and public health practice

**Goal 4: To advance the public health profession in the region and impact the global public health discourse**

Objective 4.1: To nurture public health change agents among students and professionals<sup>1[1]</sup>

4.1.a: Enhance curricular or extra-curricular offerings that promote public health values and provide students with hands-on skills of leadership, advocacy, change management, and communication.

4.1.b: Offer training workshops that focus on promoting public health values and providing the current workforce with skills of leadership, advocacy, change management, and communication.

4.1.c: Assess achievement and use of these values and skills beyond training

Objective 4.2: To strengthen relationships with local and regional institutions and institutions from the global south

4.2.a: Increase the number of academic institutions joining the Eastern Mediterranean Regional Academic Institutions Network for Public Health (EMRAIN) whose Secretariat is hosted at FHS

4.2.b: Establish a network of regional public health academics, researchers and practitioners to dialogue on and promote public health in the Arab World by 2012-13

4.2.c: Increase joint research and teaching activities with the School of Public Health at the Lebanese University and explore potential for student exchange by 2012-13

4.2.d: Foster stronger partnerships with key public health institutions in Lebanon and the region, such as WHO-EMRO

4.2.e: Conduct visits to institutions of public health in the global south to explore options for collaboration

4.2.f: Submit a proposal for a feasibility study by 2013-14 for an international/global MPH degree to be offered jointly by FHS and other institutions in Latin America, Africa, and Asia

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<sup>1[1]</sup> Public health professionals who subscribe to health as a social construct and to public health as a multidisciplinary field; with a passion for action and change; who are ready and able to cross disciplinary boundaries to reach out to communities and partners, and to steward change in health in the region as a whole.

Objective 4.3: To strengthen relationships with public health academic institutions from the global north as one mechanism to influence global public health discourse.

4.3.a: Obtain accreditation of the undergraduate programs in Environmental Health and Medical Laboratory Sciences by 2014

4.3.b: Obtain accreditation for the Executive Master in Health Care Leadership by 2015

4.3.c: Maintain accreditation of the Graduate Public Health Program

4.3.d: Hold a conference on concepts and practices in global health attended by an equal number of institutions in the global south and global north in 2015

4.3.e: Increase visibility of FHS and its unique strengths and accomplishments through active attendance at conferences (as a program) and regular visits to accredited schools of public health.

**Goal 5: To increase Socio-Economic Status (SES) diversity of the Graduate and Undergraduate student body**

Objective 5.1: To increase the number of academically qualified regional and Lebanese students from disadvantaged communities that are admitted to FHS graduate and undergraduate programs

5.1.a: Raise funds and endowments for scholarships to undergraduate applicants from low SES and disadvantaged communities (FHS 11 06)

5.1.b: Raise funds and endowments for scholarships to graduate applicants from disadvantaged communities and under-resourced countries (FHS 11 06)

5.1.c: Collaborate with AUB's academic support units to establish support systems (English, SAT, counseling services, a give back component) that facilitate access to education at AUB and subsequently enhance probability of success at AUB

**Goal 6: To provide a supportive and responsive work environment for faculty, staff, and students**

Objective 6.1: To support and retain qualified faculty who can contribute to academic leadership in the region and to global public health discourse

6.1.a: Recruit professional staff to support faculty in proper grants writing and management

6.1.b: Monitor regional and international compensation scales to ensure that faculty salaries and benefits remain competitive

Objective 6.2: To recruit, retain and train staff that is capable of multi-tasking and responding to diverse academic needs

6.2.a: Offer continuous on- and off-campus training to further develop the capacity of current staff

6.2.b: Ensure that staff salaries and benefits at FHS are commensurate with ranks and experiences and AUB's scale

Objective 6.3: To encourage FHS students' participation in faculty governance and community service

6.3.a: Develop a proposal with student representatives by 2014 that lists mechanisms to facilitate the involvement of undergraduate and graduate students in faculty governance

6.3.b: Implement curricular changes by 2015 that facilitate service learning, volunteerism, and civic engagement

Objective 6.4: To enhance student services at FHS

6.4.a: Recruit a career counselor by 2012-13

Objective 6.5: To expand efforts in fundraising for academic programs and in support of scholarships, research, and outreach activities

6.5.a: Build human and institutional resources for fundraising at FHS starting 2012-13 (FHS 11 06 )

6.5.b: Recruit a full time communications officer in 2012

6.5.c: Establish an International Advisory Leadership Committee

Objective 6.6: To ensure availability of needed space to accommodate growth in academic and outreach programs

6.6.a: Implement the FHS 2011 Space Management Task Force recommendations to remodel current space and use it most efficiently starting 2012 (FHS 11 07)

6.6.b: Assess the academic and financial implications of renting space outside campus by 2012

6.6.c: Expand FHS into the West Wing of Van Dyck Hall as soon as IT is relocated on campus

## **7. Initiative Planning Details**

See Appendix I.

### 8. Five years Estimates of total students, faculty and Staff Members

Student Estimate (10 years)

		SP 2011-16					Beyond 2016				
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Undergraduates	HP1			15	28	40	40	40	40	40	40
	HP2			15	28	40	40	40	40	40	40
	HP3						15	28	40	40	40
	HP4								15	28	40
	MLSP	100	100	100	100	100	100	100	100	100	100
	EH	100	100	100	100	100	100	100	100	100	100
	UG-PH1				15	28	40	40	40	40	40
	UG-PH2							15	28	40	40
<b>UG Total</b>		<b>200</b>	<b>200</b>	<b>230</b>	<b>271</b>	<b>308</b>	<b>335</b>	<b>363</b>	<b>403</b>	<b>428</b>	<b>440</b>
Graduates	MPH	140	140	140	140	140	140	140	140	140	140
	MS	30	30	30	30	30	30	30	30	30	30
	EMHCL			10	25	30	30	30	30	30	30
	PhD/DrPH						2	4	6	8	10
<b>GR Total</b>		<b>170</b>	<b>165</b>	<b>180</b>	<b>195</b>	<b>200</b>	<b>202</b>	<b>204</b>	<b>206</b>	<b>208</b>	<b>210</b>
<b>Total</b>		<b>370</b>	<b>365</b>	<b>410</b>	<b>466</b>	<b>508</b>	<b>537</b>	<b>567</b>	<b>609</b>	<b>636</b>	<b>650</b>

HP: Health Professions; UG-PH: Undergraduate program in Public Health; EMHCL: Executive Master in Health Care Leadership

*Faculty estimate:*

	<b>AY 2011-12</b>	<b>AY 2012-13</b>	<b>AY 2013-14</b>	<b>AY 2014-15</b>	<b>AY 2015-16</b>
<b>Expanding current lines *</b>	45	48	48	48	48
<b>New Programs +</b>		1	4	7	8
<b>New Initiatives<sup>△</sup></b>		3	3	3	3
<b>Faculty Release Time</b>		1.6	1.6	1.1	1.1

\* including part timers, number does not include faculty on grants

+ 2012 (1 EMHCL), 2013 (3 HP), 2014 (2 HP +1 PH), 2015 (+1 PH)

<sup>△</sup> Biostatistics Unit and Global Health initiative

*Staff estimate:*

	<b>AY 2011-12</b>	<b>AY 2012-13</b>	<b>AY 2013-14</b>	<b>AY 2014-15</b>	<b>AY 2015-16</b>
<b>Staff</b>					
<b>Current</b>	23.5	23.5	23.5	23.5	23.5
<b>Initiatives*</b>		4	4	4	4

\*3 Assistants (for HP program, Global Health Initiative, and Biostatistics Unit), and a Fundraising Officer

## 9. FHS key Performance Indicators

Initiative	Key performance indicators (KPIs)
<b>Goal 1: To strategically position FHS to meet increased local and regional needs for academic public health training</b>	
<u>Objective 1.1:</u> To expand the UG and GR programs in Public Health and Health Professions	<ul style="list-style-type: none"> <li>- Number of new Public Health undergraduate programs between 2011 and 2016</li> <li>- Number of new Health Professions undergraduate programs between 2011 and 2016</li> <li>- Number of new graduate degrees between 2011 and 2016</li> <li>- Number of new MPH concentrations between 2011 and 2016</li> <li>- Number of students registered in UG programs</li> <li>- Number of students registered in GR programs</li> </ul>
<u>Objective 1.2:</u> To provide flexible graduate teaching modalities	<ul style="list-style-type: none"> <li>- Percent of graduate courses with flexible teaching modality between 2011 and 2016 as compared to 2006-2011</li> </ul>
<u>Objective 1.3:</u> To increase visibility of FHS and promote its academic programs in the Arab region	<ul style="list-style-type: none"> <li>- Number FHS newsletters disseminated to alumni and stakeholders in the Arab region per year</li> <li>- Number of promotional visits to Arab countries per year</li> <li>- Proportion of regional students registered in graduate programs per year</li> <li>- Number of new workforce development programs initiated for the region between 2011-16</li> <li>- Number of joint research projects with regional partners established between 2011-16</li> <li>- Number of national/regional/international advisory committees for the region in which FHS is represented between 2011-16</li> </ul>

<b>Goal 2: To support interdisciplinary programs and collaboration between Faculties at AUB</b>	
<u>Objective 2.1:</u> To strengthen current interdisciplinary programs and identify and offer new interdisciplinary programs within AUB	<ul style="list-style-type: none"> <li>- Number of new joint appointments between FM and FHS between 2011-16</li> <li>- Number of programs/entities that are coordinated by FHS jointly with other Faculties at AUB between 2011-16</li> <li>- Number of community projects or of courses jointly taught by FHS/FM/HSON between 2011-16</li> </ul>
<b>Goal 3: To institutionalize and integrate the functions of teaching/learning, research, practice, and knowledge translation</b>	
<u>Objective 3.1:</u> To support current and establish new interdisciplinary Centers of Excellence	<ul style="list-style-type: none"> <li>- Number of Centers of Excellence endowed between 2011-16</li> </ul>
<u>Objective 3.2:</u> To enhance research in specific/specialized public health areas/domains	<ul style="list-style-type: none"> <li>- Number of discipline-specific or specialized Units endowed between 2011-16</li> <li>- Number of grants submitted and funded 2011-2016</li> </ul>

<b>Goal 4: To advance the public health profession in the region and impact the global public health discourse</b>	
<u>Objective 4.1:</u> To nurture public health change agents in among students and professionals	<ul style="list-style-type: none"> <li>- Number of courses in the GPHP that include <i>content</i> on leadership, advocacy, communication, and management of change between 2011-16</li> <li>- Number of courses in GPHP on leadership, advocacy, communication, and management of change between 2011-16</li> <li>- Number of workforce development trainings on leadership, advocacy, communication, and management of change between 2011-16</li> <li>- Number of students attending workshops on leadership, advocacy, communication, and management of change between 2011-16</li> </ul>
<u>Objective 4.2:</u> To strengthen relationships with local and regional institutions and institutions from the global south	<ul style="list-style-type: none"> <li>- Number of local and regional institutions that are part of EMRAIN between 2011-16</li> <li>- Number of research projects initiated with Lebanese universities between 2011-16</li> <li>- Number of visits made to public health institutions in the global south</li> </ul>
<u>Objective 4.3:</u> To strengthen relationships with public health academic institutions from the global north as one mechanism to influence global public health discourse.	<ul style="list-style-type: none"> <li>- Number of institutions in the global south and global north attending the global health conference held at AUB in 2015</li> <li>- Number of conferences attended by FHS as a program between 2011-16</li> <li>- Number of visits to accredited schools of public health in the North between 2011-16</li> <li>- Successful accreditation of undergraduate programs and EMHCL by 2016</li> </ul>
<b>Goal 5: To increase Socio-Economic Status (SES) diversity of the Graduate and Undergraduate student body</b>	
<u>Objective 5.1:</u> To increase the number of academically qualified regional and Lebanese students from disadvantaged communities that are admitted to FHS graduate and undergraduate programs	<ul style="list-style-type: none"> <li>- Proportion of undergraduate students on financial aid per year</li> <li>- Proportion of undergraduate students from public high schools per year</li> <li>- Proportion of undergraduate students from schools outside greater Beirut per year</li> <li>- Proportion of graduate students receiving scholarship or financial aid (besides GA) per year</li> <li>- Proportion of undergraduate and graduate students participating in give-back projects</li> </ul>

<b>Goal 6: To provide a supportive and responsive work environment for faculty, staff, and students</b>	
<u>Objective 6.1:</u> To support and retain qualified faculty who can contribute to academic leadership in the region and to global public health discourse	<ul style="list-style-type: none"> <li>- Number of faculty playing a leadership role in regional public health committees per year</li> <li>- Number of faculty playing a leadership role in international public health committees per year</li> <li>- Number of faculty relieved of the duties to FHS to engage in regional or international public health initiatives between 2011-16</li> <li>- Proportion of faculty with competitive salaries/benefit package with regional and international academic institutions</li> <li>- Percent of faculty satisfied with grant management support per year</li> </ul>
<u>Objective 6.2:</u> To recruit, retain, and train staff that is capable of multi-tasking and responding to diverse academic needs	<ul style="list-style-type: none"> <li>- Proportion of staff attending at least one training course per year</li> <li>- Proportion of staff on management positions attending management workshops per year</li> <li>- Proportion of staff whose salary and benefits are commensurate with AUB scales</li> </ul>
<u>Objective 6.3:</u> To encourage FHS students' participation in faculty governance and community service	<ul style="list-style-type: none"> <li>- Proposal developed on students' involvement in faculty governance before end of 2014</li> <li>- Proportion of graduate students attending FHS workforce development/training activities per year</li> <li>- Proportion of graduate students participating in FHS outreach and practice projects annually</li> <li>- Proportion of undergraduate students participating in outreach and practice projects annually</li> <li>- Proportion of courses that include service learning by 2016</li> </ul>
<u>Objective 6.4:</u> To enhance student services at FHS	<ul style="list-style-type: none"> <li>- Update a list of potential employers of UG and GR students within and outside Lebanon on an annual basis</li> <li>- Organize at least one activity (e.g., job fair) per year for senior UG and GR students to meet</li> </ul>

	potential employers
<u>Objective 6.5:</u> To expand efforts in fundraising for academic programs and in support of scholarships, research, and outreach activities	<ul style="list-style-type: none"> <li>- Number of workshops per year to train faculty members on principles of fundraising between 2011-16</li> <li>- Number of individuals and foundations that donate to FHS programs and activities between 2011-16</li> <li>- Total amount of endowed funds (\$) received by FHS in support of its programs and activities between 2011-16</li> <li>- Number of meetings held by the FHS international leadership advisory committee per year</li> </ul>
<u>Objective 6.6:</u> To ensure availability of needed space to accommodate growth in academic and outreach programs	<ul style="list-style-type: none"> <li>- Number of new offices created within the current space occupied by FHS between 2011-16</li> <li>- Number of training facilities used for workforce development training workshops between 2011-16</li> <li>- Space allocated to FHS outside its current space between 2011-2016</li> <li>- Number of meeting rooms shared by faculty and students across departments</li> <li>- Proportion of full time faculty having an independent office</li> <li>- Proportion of part time faculty using a dedicated office space</li> <li>- Proportion of RAs provided with a dedicated working space</li> <li>- Proportion of staff provided with a dedicated working space</li> </ul>

## 10. Mechanisms and Activities to Secure Faculty/Staff Input in the Planning Process

The following were done in preparation of the 2011-16 Strategic Plan:

A Strategic Planning Committee was established in 2011. It consisted of:

- Dean Iman Nuwayhid as chairperson
- Associate Dean Rima Afifi
- Departmental chairpersons
  - o Monique Chaaya (Epidemiology and Population Health)
  - o Mey Jurdi (Environmental Health)
  - o Sami Ramia (Laboratory Medical Sciences Program)
  - o Judy Makhoul (Health promotion and Community Health Department)
  - o Shadi Saleh (Health Management and Policy)
- Heads/directors of centers and units
  - o Huda Zurayk (Center for Research on Population and Health)
  - o Nasser Yassin (Outreach and Practice Unit)
- Coordinator of the Health and Society Group
  - o Omar Dewachi

The committee met 9 times.

Faculty/staff input in the planning process was ensured through faculty meetings and retreats. Two faculty meetings were held; one on May 4, 2011 during which FHS mission, FHS accomplishments 2006-11, and external trends and influences were discussed. The second meeting was held on June 28, 2011 during which faculty and staff representatives discussed and approved the GPHP mission, and revised the Indicator Monitoring Report (self study).

In addition, the draft strategic plan document was put on Moodle on June 22, 2011 for faculty members to comment on.

Five faculty retreats were held to discuss issues pertaining to the strategic planning of the faculty. On January 25, 2010, GPHP mission, goals and objectives were discussed. The link of FHS Goals and objectives to AUB strategic themes was discussed on May 31, 2010. On January 19, 2011, Faculty and staff representatives reviewed external trends and influences, SWOT analysis of 2006 strategic plan, and AUB strategic goals. During May 27, 2011 faculty retreat, faculty members

commented on FHS strategic goals and objectives and the suggested FHS vision. On July 25, 2011, Dr. Suad Joseph facilitated the discussion of several strategic options proposed by the departments that were integrated later in the strategic plan document.

#### **11. Schedule of Strategic Performance Reviews**

Associate Dean Rima Afifi will follow up on the implementation of the SP. For each goal, one or more committee, department, center or unit *within the current organizational structure of FHS* will be identified to agree on an action plan and monitor progress at regular intervals. A quality improvement officer will collect data on the different KPIs at agreed upon intervals. Meetings with the Dean to update on progress will occur at least quarterly for those goals not covered by committees that he chairs. The recently established Institutional Evaluation Committee that includes external stakeholders will be involved in review of progress once per year. Progress and achievements on each goal will be discussed at least once a year in a faculty- wide meeting. The SP will be seen as a live document open to modifications based on performance and input.