Citizen Consultation

Promoting Effective School Policies for Childhood Overweight & Obesity Prevention in Lebanon

K2P Citizen Consultations convene citizens from different Lebanese governorates and backgrounds to capture contextual information, tacit knowledge, views, values and experiences on potential options to address high priority issues
and their implementation considerations. The Citizen Consultations Summary informs deliberations in policy dialogues to influence policies
and programs.

Citizen Consultation

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Promoting Effective School Policies for Childhood Overweight & Obesity Prevention in Lebanon

Knowledge to Policy Center K2P

Authors
Rana Saleh

Funding
IDRC provided initial funding to initiate the K2P Center

Acknowledgements
The K2P team wish to thank the Ministry of Public Health, the Ministry of Education and Higher Education for facilitating the process of reach to the local communities. K2P also wish to thank Haret Hrayk Municipality and PHCC, Kabelias PHCC, the Makassed Communal Health Bureau and PHCC in Akkar, and Jounieh Municipality for hosting and preparing for the Citizen Consultations.
The views expressed in the Citizen Consultation Summary are the views of the participants do not represent the views of the authors of the Citizen Consultation or K2P Center.
The authors wish to thank the K2P Impact Team: Dr. Rima Nakkash, Dr. Hala Ghattas, Dr. Linda Shaker Berbari and Mrs. Mitra Tauk for their valuable contributions to the process of conducting the Citizen Consultations.

Citizen Consultations
The Citizen Consultations on School Policies for Childhood Obesity and Overweight Prevention in Lebanon were held in different Lebanese governorates between 2016 and 2017. The Citizen Consultations ware facilitated by Ms. Rana Saleh, the Advocacy and Evidence Lead Specialist at K2P.

Citation
Saleh, R. K2P Citizen Consultations: School Policies for Childhood Obesity and Overweight Prevention in Lebanon. Knowledge to Policy (K2P) Center. Beirut, Lebanon; March 2019.

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Preamble

K2P Center held four Citizen Consultations about school policies for childhood obesity prevention in Lebanon gathering around 71 citizens from different backgrounds including (table 1):

- → Public and Private school principals and teachers
- → Public and Private school canteen owners
- → Public and Private school nurse/health workers
- → Municipality/community representatives
- → Primary Healthcare Centre (PHC) representatives
- → Physicians, dietitians, and social workers
- → Parents
- → Children and Youth

About 76.6% were 30 years old and above (figure 2). The participants mostly had university degrees or an equivalent and higher education degree (73 %) (figure 3).

The Citizen Consultations were conducted in:

- → Haret Hrayk Municipality in collaboration with Haret Hrayk Primary Health care Center on Nov 7, 2016, Bbaabda Kaza, Mount Lebanon Governorate. A total of 14 citizens participated.
- → Kabelias Primary Health Care Center in collaboration with the Islamic Charity Society on April 26, 2017, West Bekaa Kaza, Bekaa Governorate. A total of 14 citizens participated.
- → Primary Health Care Center- Wadi Khaled in collaboration with the Makassed Communal Health Bureau on May 24, 2017, Akkar Kaza, North governorate. A total of 19 citizens participated.
- → Haret Sakher Public School in collaboration with Jounieh Municipality and the Union of Kesrwan Municipalities on Sep 30, 2017, Kesrwan Kaza, Mount Lebanon Governorate. A total of 26 citizens participated.

Background to the Citizen Consultations

The K2P Citizen Consultations were convened in order to elicit citizen values, expectations and experiences around a high priority public health problem and its policy elements. This can support a full discussion of the contextual considerations of the research evidence about the policy elements in order to inform action of key stakeholders based on not only research evidence but also citizen values and expectations.

Key features of the Citizen Consultations were:

1) Addressing an issue currently being faced in Lebanon;
2) Focus on different underlying factors of the problem;
3) Focus on two elements of an approach for addressing the policy issue;
4) Informed by a pre-circulated K2P Evidence Bulletin that synthesized both global and local research evidence about the problem, elements and key implementation considerations in an engaging way using innovative data visualization videos;
5) Informed by a discussion about the full range of factors that can inform how to approach the problem and possible elements of an approach for addressing it;
6) Brought together citizens from different backgrounds who would be involved in or affected by future decisions related to the issue;
7) Engaged a facilitator to assist with the deliberations;
8) Allowed for frank, off-the-record deliberations by following the Chatham House rule: "Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed"; and
9) Did not aim for consensus.

Participants' views and experiences and the tacit knowledge they brought to the issues at hand formed key input to the deliberations. The Citizen Consultations were designed to spark insights that can only come about when all of those who will be involved in or affected by future decisions about the issue can work through it together. The dialogue was also designed to promote action and advocacy by those who participate in the Consultations and by those who review the Citizen Consultations Summary.

TABLE 1. Participant's occupational background

	N (%)
Private school principal	5 (12.8%)
Public school principal	3 (7.7%)
Teacher	6 (15.4%)
Health worker within school (nurse)	9 (23%)
Municipality health committee	2 (5.1%)
Parents	2 (5.1%)
PHCC community committee	2 (5.1%)
Students	6 (15.4%)
Canteen owners	2 (5.1%)
Others	2 (5.1%)
Total*	**57**

*57 filled in the evaluation forms out of 71 participants in total

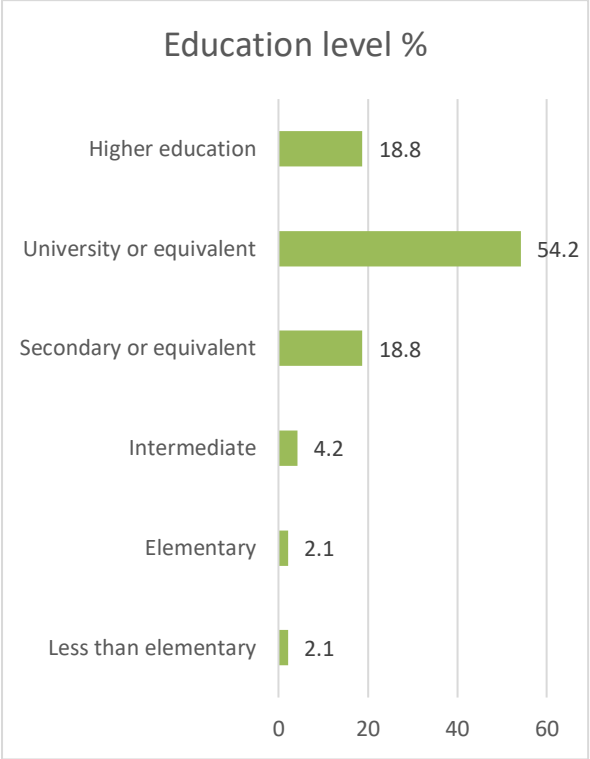

Figure 1. Participant's educational status**

**48 filled in the evaluation forms out of 71 participants in total

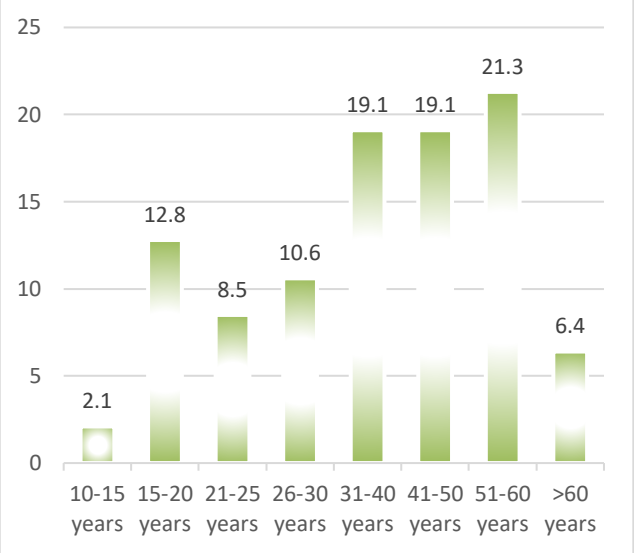

Figure 2*. Participant's age ranges**

***49 filled in the evaluation forms out of 71 participants in total

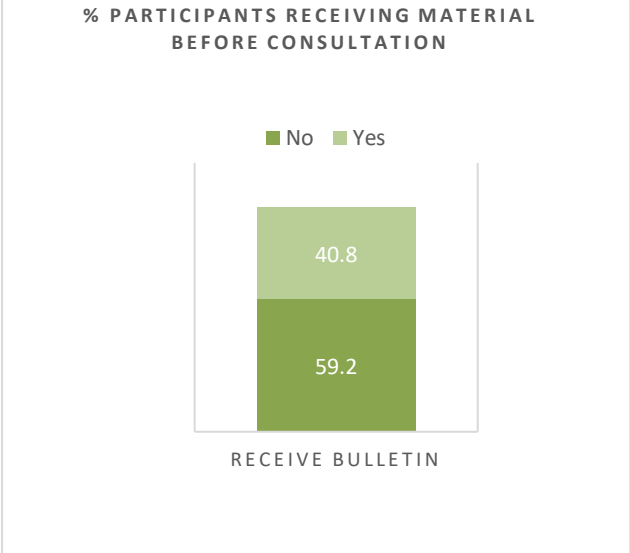

Figure 3*. Participants receiving the evidence bulletin ahead of time**

A K2P Evidence Bulletin (Figure 4) that includes an infographic describing the problem of childhood obesity in Lebanon, its consequences, the underlying factors and the recommended policy elements, was circulated by the respective partner municipality or PHC to the participants prior to the date of the consultation (figure 3). Nonetheless, only 40.8% of the participants stated that they received the bulletin ahead of time. Innovative Data visualization tools and videos were used at the time of the Citizen Consultation to describe the problem and the underlying factors as well.

The Citizen Consultations were facilitated by Ms. Rana Saleh, the Advocacy and Evidence Lead Specialist at K2P Center.

Figure 4. K2P Evidence bulletin on School Policies for Childhood Obesity and Overweight Prevention in Lebanon

Deliberations about the problem

The Problem

The participants in the four Citizen Consultations from different Lebanese governorates ascertained that childhood obesity is a critical public health concern that should be addressed early on to prevent further consequences. They believed that the problem of childhood overweight and obesity was evident in their communities, schools and diet clinics in the PHCs. According to their observations, boys were more prone to obesity. On the other hand, girls were engaging in restrictive dietary practices and suffering from eating disorders as a result of societal influences and body image expectations.

The participants also raised concerns about aggressive behavioural problems such as bullying. Furthermore, they believed that obese children had inferior school performance compared to their counterparts.

Underlying factors

The participants discussed a wide range of underlying factors leading to childhood obesity adding multiple levels to its complexity. Individual, biological, family, community, social, school, policy and system level underlying factors were shared. The lack of awareness about the role and contribution of each of the above-mentioned levels to the problem and the possible solutions was highlighted as critical issues that should be addressed.

The deliberations covered the importance of **individual behaviours** leading to childhood overweight and obesity. These behaviours include skipping breakfast at home and compensating with junk food and unhealthy snacks from the school, reduced physical activity, sedentary lifestyle, and increased reliance on technology and screen time. Furthermore, psychological factors and eating disorders can affect child's weight and body image. Participants also mentioned the biological and hereditary underlying factors that are under-estimated, under-recognized and poorly addressed.

Nonetheless, the discussions at the four citizen consultations across different governorates highlighted the importance of going beyond blaming underlying factors at the individual level but rather tackling the structural, environmental and social underlying factors of obesity and unhealthy lifestyle habits and behaviours.

Parental Level

The parents' lack of health literacy and awareness about their children's weight problems and healthy eating habits lead to inappropriate feeding practices at the household level. Some of these inappropriate practices include:

- → Denying the presence of overweight and obesity among their children;
- → Shaming and blaming and starting restrictive dietary practices for their overweight or obese children;
- → Allowing children to skip breakfast;
- → Sending children to school with unhealthy meals and snacks;
- → The increased reliance on packaged, ready-made and fast food;
- → Allowing soft drinks to accompany meals;

- → Using food as a reward;
- → Unhealthy parents' eating habits as role models;
- → Lack of proper scheduling for family meals and overfeeding children;
- → Not motivating children to be physically active and lack of control over children's screen time;
- → Reduced or no breastfeeding and introducing formula milk early on in child's life.

On the other hand, the participants acknowledged the factors that might contribute to the above-mentioned inappropriate practices. Parents' employment, especially the mother's employment, leads to the lack of sufficient time to prepare healthy meals and follow up on their children's eating habits. Furthermore, the lack of financial means was also seen as an underlying factor for the inability to provide the healthy alternative, especially that these are more expensive in Lebanon. Parents' educational level might also affect, in some cases, the family's lifestyle in general and the eating habits in specific. Moreover, the participants consistently mentioned that the presence of family problems, such as divorce, was observed among children with weight problems.

School Level

Furthermore, the participants discussed the role of schools in the problem of childhood obesity. Less time for physical activity is given at schools due to substituting the physical education classes for other classes and the unavailability of specialized physical education teachers. The absence or lack of appropriate playgrounds in schools prevent children from being physically active during recess. Additionally, the short recess time is not enough to eat and play, so children prefer to eat ready-made easy calories rather than proper meals to save time for playing. The excessive availability of unhealthy food and snacks in school canteens further exacerbates this problem. This problem varies in degree between schools. Some schools have healthy choices and stricter rules on the food allowed from home and in canteens. However, other schools do not have policies, proper implementation of available policies and/or monitoring for the food available in schools. Even though a ministerial decision exists to control the food allowed in the public school canteens, however, various stories were shared on the sub-optimal implementation and monitoring where some schools manage to change the food products only at the time of inspections. Furthermore, school principals voiced their lack of authority over the canteens' food choices or the food brought from homes. Others mentioned that school management in fact receives a share of the sales of the canteens and unless this financial link is broken, school principals will not have the incentive to prevent canteens from getting unhealthy food to schools especially that healthy food is more expensive and brings in less revenue.

The participants also discussed the importance of including healthy nutrition and life skills sessions into the curriculum. Currently, the curriculum is loaded with educational sessions with no time for nutrition and life skills sessions. Recently, 5 hours were added to curriculum without no consideration for health and nutrition sessions.

Structural and Social Level

Other structural and cultural underlying factors were also shared. Fast food, competitive food and unhealthy snacks are affordable and accessible in retails

stores around school proximity. Furthermore, street food vendors cross the school property and provide children with the snacks that they crave even above the fences and behind the gates. School principals believed that they have no authority to control those outside factors affecting children's eating habits and municipalities are not controlling the sales of these competitive food around schools. Additionally, communities, especially in cities, lack green and safe open spaces for children to be physically active. The lack of urban planning and safe sidewalks makes it difficult for children to walk back and forth from their schools. The unavailability of free or affordable afterschool activities further contributes to children's inactivity. Furthermore, the participants discussed the lack of security and the non-resting political turmoil causing a fear to send children alone to schools. Rural area participants also believed that the lack of integration programs between the refugees and the host communities along with the huge and uncontrolled influx of Syrian refugee to their villages led to less freedom and security in commuting.

The participants also discussed the effect of globalization on the nutritional transition and the western dietary patterns adopted by the Lebanese children. This is aggravated by the excessive marketing and advertisement of unhealthy food and drinks everywhere children go, especially by celebrities the children idolize.

Additionally, the participants deliberated around the effect of culture on childhood obesity. Cultural believes that chubbiness is healthy and the effect of the extended family on children's eating habits were common factors in normalizing obesity and the unhealthy eating habits among children. Furthermore, the participants believed that child marriage might be also contributing to the problem of childhood obesity. When a girl gets married early, she has fewer chances of completing her education and this has an effect on the way she raises her children.

The participants considered the government responsible for the unavailability and lack of proper implementation of the policies and legislations needed to prevent childhood obesity. The healthcare workers believed that the government is mainly focusing on the undernutrition rather than the over nutrition problem in Lebanon. According to the participants, the government should monitor and control the food available in markets and schools in terms of its constituents, affordability and marketing.

Deliberations

Deliberations about Elements of a comprehensive Approach for Addressing the Problem

The Citizen Consultations participants discussed the two elements that were examined in the Evidence Bulletin and deliberated around the key features that should be present in school policies to prevent childhood obesity. The deliberations also covered the key barriers and facilitators for the proper implementation of the two policy elements.

Element 1

Controlling the Standards and the Availability, Accessibility and Affordability of the Food and Drinks in the Canteens, Vending Machines and School Cafeterias

Participants in the citizen consultations ascertained the need to change the school environment and make it healthier. Changes in the school food environment should be in-line with the nutrition education programs provided for the children and their parents. Restricting the availability and accessibility of unhealthy food in schools while increasing the availability and accessibility of healthy food in school canteens/vending machines/ and cafeterias is key to prevent childhood obesity at schools. In order to push forward for a healthier environment in schools, governments should enforce strong regulations to ban unhealthy and provide healthy food in schools. This enforcement should be accompanied by a strong monitoring and a penalty system to ensure the proper implementation. Even though a ministerial decision is in place, however, some schools ascertained that it was either not implemented, or requires more monitoring. Furthermore, schools principals believed that they are not sufficiently knowledgeable about what school canteens should contain and the government, along with the specialists in the field, should provide a standardized list of food that should be available in schools based on national nutrition guidelines for children. These guidelines, in turn, should be contextualized and adapted to the Lebanese context. On the school level, schools should forbid students from bringing unhealthy food from their homes and provide a list for a healthy school-lunch box. Furthermore, the participants suggested providing school meals, sessions for parents and children on reading labels and banning food advertisement in schools. While some participant believed that children should learn how to choose the healthy food by reading labels, others believed that all unhealthy food should be completely banned from schools.

The participants discussed the barriers and facilitators for the first element (Table 1).

Table 1. Barriers and Facilitators for implementing policies to Control the Standards and the Availability, Accessibility and Affordability of the Food and Drinks School Canteens

	Barriers	Facilitators
Individual level	Tasty products are the non-healthy ones Children compensate by bringing unhealthy food from outside or eating the unhealthy outside the school Children in public schools have low allowance that cannot afford healthy food. Children don't eat breakfast at home	Any new products from industries should be tasty or it won't be appealing for children Providing guidelines and specifications for the products to be allowed in schools for the industries and monitor their products Ensure the availability of healthy alternatives Nutrition awareness should support the change in the environment Secure funding sources to provide school meals Allow schools to start at 9 am
Family level	Cost of healthy eating might lead to increases in the tuition fees or the daily allowance for children Providing children with unhealthy school-lunch box Women employment	Agree on the changes of the school food environment with the parents Provide guidelines for the healthy school-lunch box Monitor the food children get from outside the school Increase parents' awareness on healthy eating and reading labels Previous school efforts to give time for children to eat and notify parents on the school-lunch box proved to be effective Mothers should cook for their children Parents should not eat unhealthy foods in front of their children
Community level	Availability of unhealthy food in shops around schools Peer pressure	Set laws to control canteens outside schools Municipalities to monitor the shops outside schools Train children and parents to encourage each other to follow guidelines
Professional level	School meals require extra attention and staff	Train teachers
Organizational level	Canteens are so crowded and children barely can	Setting rules for canteen structure and monitor them

	Barriers	Facilitators
	reach their turn to choose fast and leave Presenting healthy food by canteens costs more In some schools, the profit from kiosks go back to the schools. When the kiosk is paying rent for the school, the school cannot force policies on them. Some kiosks pay rent to the license holder of the school who might be different from the school management Water in schools come from untrusted sources, no regular monitoring Schools are not equipped with kitchen for school meals Noncompliance of canteen owners with the decisions Banning advertising and marketing decision should come from the owner of the school (license holder) not only from school management	Provide financial support for schools to change their environment School meals should not be contracted to non-credible sources School principals have the authority to set rules for canteen owners Unless the link between school principals and canteens is broken, school management will not have an incentive to set stringent rules Strict monitoring and penalty system for non-compliant canteens and schools with the national regulations Breaks should be apart to be suitable for 2 meals Payment of school breakfast/lunch can be through tuition fees Healthy food prices should be reasonable Increase availability of free water and provide water filters for schools and conduct regular testing School asking children to bring list of allergies/medical conditions
System level	Celebrities advertising unhealthy food and beverages Industries are powered or owned by policy makers and decision makers The interest of huge food industries Polluted irrigating water and pesticides on agricultural crops Other NGOS are providing unhealthy snacks for children, especially refugees	Strong regulation and enforcement of guidelines to food manufacturers by the government Work on stopping the advertising nationally not only in schools Improve water pipes quality in the municipalities Ministry of agriculture to monitor crops (pesticides…) and educate farmers on proper agricultural practices Coordinate the efforts between different ministries and organizations

	Barriers	Facilitators
	Smuggling agricultural crops from Syria that are grown in polluted soil from the war	
	The regulations from the ministry of education are not implemented consistently in public and private schools	

Element 2

Integrating Nutrition and Physical Activity Behavioural Change Programs in the School Curricula

The participants in the four Citizen Consultations ascertained the importance of preventing obesity at an early age. They suggested that nutrition and physical education programs at schools are beneficial in improving the children's awareness around the problem of childhood obesity and the ways to maintain a healthy lifestyle to prevent it. Previous individual school efforts to design and implement health awareness sessions have been proven to be effective and can be scaled up. However, the programs should not be considered as an addition to the classes provided at schools. These programs should be sustainably included in different classes within the curriculum along with separate sessions provided by the health educators at schools to implement what students have learned in the classes. The participants recommended that the government should set a policy to change the current curriculum to include sessions around health and life skills for children. The last update to the curriculum was in the 1997 and the health education sessions were not integrated to the curriculum back then. These sessions were set to be provided as extra add-on sessions by the health educators at schools. However, those sessions are not properly implemented and the health educators are either not well-trained or not given the time needed to provide these sessions adequately. Furthermore, the participants ascertained that any policy to change the school environment should be accompanied with awareness sessions to convince the children and their parents with such a change. These programs should be:

- → Incorporated in the curriculum to be accessible for all children and to ensure sustainable implementation
- → Conveyed in different forms at multiple times and not only in the science class: multiple classes, school plays, school activities, contests, games and competitions and other community and municipality activities
- → Designed as interesting, interactive and age and gender appropriate activities
- → Provided by trained teachers, dietitians, and/or health workers
- → Regularly updated, monitored and evaluated

- → Encourage children on healthy eating and PA while focusing on promoting the culture of healthy eating and having a healthy body and mind by eating healthy food
- → Avoid the focus on the weight
- → Focus on behaviour change strategies rather than only giving knowledge
- → Target the awareness at the household level to allow the parents to re-inforce the messages conveyed to children from schools
- → Target Child's preferences in PA to increase their compliance and involvement in the PA sessions

As for the screening to monitor whether those interventions are successful, the participants in the Citizen Consultations confirmed the presence of issues in the current screening process in Lebanese schools that needs to be improved. The participants emphasized the need to ensure the availability a standardized procedure for screening at schools, while ensuring utmost privacy and confidentiality. The participant also highlighted the importance of having trained staff to conduct the screening process, with a preference of having nurses, dietitians and psychologists in the teams in both private and public schools. The screening should be coupled with a clear and rigorous referral mechanism to readily available services in the community. Participants also stressed that follow up on cases should be done on a routinely bases to make sure that the children are receiving the care they need and the parents know how to handle their children's cases.

The participants discussed the following key considerations for the school screening:

- → Ensure the availability of health services in the community.
- → Guarantee that both public and private schools have proper referral mechanisms and health care staff to respond to their emerging health needs.
- → Ensure the availability of dietitians and nutritionists in schools and guarantee that they are paid for their services.
- → Develop standardized guidelines for screening.
- → Train the health care workers on a standardized screening mechanism.
- → Update the process of allocating physicians to school screening and ensure privacy and confidentiality of the screening process
- → Conduct routine monthly follow up after the initial referral to monitor changes in behaviour and weight in a private manner
- → Ensure the availability of anti-bullying programs in schools that are consistently implemented and evaluated each year. Psychologists in schools are also needed to respond to the children's psychological health needs, especially in relation to bullying.

The participants shared a wide range of barriers and facilitators to the implementation of these behavioural change programs and the change of the curriculum accordingly (Tables 2 and 3).

Table 2. Barriers and Facilitators for Integrating Nutrition Education and Awareness Programs to the Curriculum

	Barriers	Facilitators
Individual level	Children have a loaded curriculum with a lot of homework	Change from book to electronic teaching after studying the advantages and disadvantages of engaging technology in teaching
	Current boring and repetitive information	Teacher's way of delivering the material should be fun and interactive
		- Should incorporate the information for the students as part of the curriculum
Family level	Parents too busy to attend sessions at schools	Schools should provide awareness sessions for parents
	Lack of awareness	Schools should have authority from the Ministry to be coercive on attending
		Arrange meetings after official school hours after 5 PM
		Send brochures to parents
		Coordinate with community to increase parents' interaction
		Companies should give permission for parents to be in school for their children.
		Reaching out activities for parents
Community level	Lack of awareness	Create health awareness activities and contests in schools and municipalities
	Lack of community activities to promote healthy lifestyle	Create supportive media shows
Professional level	Resistance to change by staff	MEHE to allocate teachers and health counsellor
		MOPH to train and increase health coverage for health services
		Having laws/policies while coordinating with the MEHE and MoPH
		Health counsellor is the base and coordinates with the other teachers
Organizational level	Curriculum is loaded, and the change in curriculum is idealistic	Improve school preparedness
		Improve school administration capacity
	Budget constraints	Leverage on the current attempt by MEHE on developing a new curriculum
	Public school have a cash box, private schools don't	Promote interdisciplinary work and coordination of efforts
	No coordination with the administration and teachers	Involve parents in the decisions

	Barriers	Facilitators
		Having a network among schools to help each other
System level	No clear TOR, SOPs, trainings and monitoring of work for health counsellor in schools despite having manuals in schools Health counsellors in schools have limited scope of work Private schools offer PE for a different period of time than public schools No coordination among ministries or those in charge	The change should start at a national level through policies by the government. Train health counsellors and teachers at schools Every school should have a nurse not only health counsellors School principals should facilitate the trainings for health counsellors in schools Clarify the student's capacity per nurse available in schools Having laws from the responsible parties while coordinating with the MEHE and MoPH Focus efforts on law enforcement, monitoring and update

Table 3. Barriers and Facilitators for Integrating Physical education programs to the Curriculum and increasing physical activity opportunities

	Barriers	Facilitators
Individual level	Children lifting heavy bags everyday Recess time not enough Children having a lot of homework to do at home with more time sitting than engaging in physical activities	Change from book to electronic teaching Learn from countries with different educational systems and change the education system to allow for less homework Increase recess time Encouraging students to be in sports and environmental clubs and school scouts
Family level	Cost and transportation concerns for PA sessions	Parents to provide their children with more activities Provide free clubs, playgrounds and community activities
Community level	Pollution and country's security jeopardize kids' chances of playing outside	Having a budget from the municipalities for spaces for playing in neighborhoods Creating supportive media shows Provide free/supported-fee clubs and community activities

	Barriers	Facilitators
	Lack of playgrounds, safe public spaces and community activities	Municipality can provide land for investors/NGOs to create activities/playgrounds Financial support from NGO and civil society and Ministry of youth and sports and related ministries
Professional level	Lack of enough PA teachers Lack of trained PA teachers	Hire new PA teachers Promote the University degree for PA and PE Train PA teachers
Organizational level	PA classes are not respected No parking space, so schools use the playground to park Budget constraints No enough equipment for PA in schools There are time constraints for PE No observation during PE Unsafe playgrounds	Provide safe playground with equipment for sports Focus on the quality of PE sessions, not just time allocated for them Choose qualified instructors and train them Build capacity of schools in resource management Municipality can help schools financially by not taking as much money Having a network among schools to help each other
System level	Since 1979, there has been no new PE instructors, the majority are old Some instructors are without a license No observers for PE teachers to evaluate their work	The change should start at a national level through policies by the government. Hire new PE instructors Promote PE degrees at universities and create incentives Monitoring of the work of PE instructors at schools

Next Steps

Next steps

The Citizen Consultations Summary will inform deliberations about the problem in the national policy dialogue that will convene key stakeholders, decision-makers and experts in the field. The Citizen Consultations Summary will provide a glimpse of citizen's values, expectations and insights on the policy elements to support the high quality evidence synthesized in the Policy brief. This Summary will also inform evidence-informed advocacy efforts to ensure the proper uptake and implementation of the discussed policy elements.

Knowledge to Policy Center draws on an unparalleled breadth of synthesized evidence and context-specific knowledge to impact policy agendas and action. K2P does not restrict itself to research evidence but draws on and integrates multiple types and levels of knowledge to inform policy including grey literature, opinions and expertise of stakeholders.

Knowledge to Policy (K2P) Center
Faculty of Health Sciences
American University of Beirut
Riad El Solh, Beirut 1107 2020
Beirut, Lebanon
+961 1 350 000 ext. 2942-2943
www.aub.edu.lb/K2P
K2P@aub.edu.lb

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