



# **Ageing in the Eastern Mediterranean countries**

**(EM-age)**

Final Report

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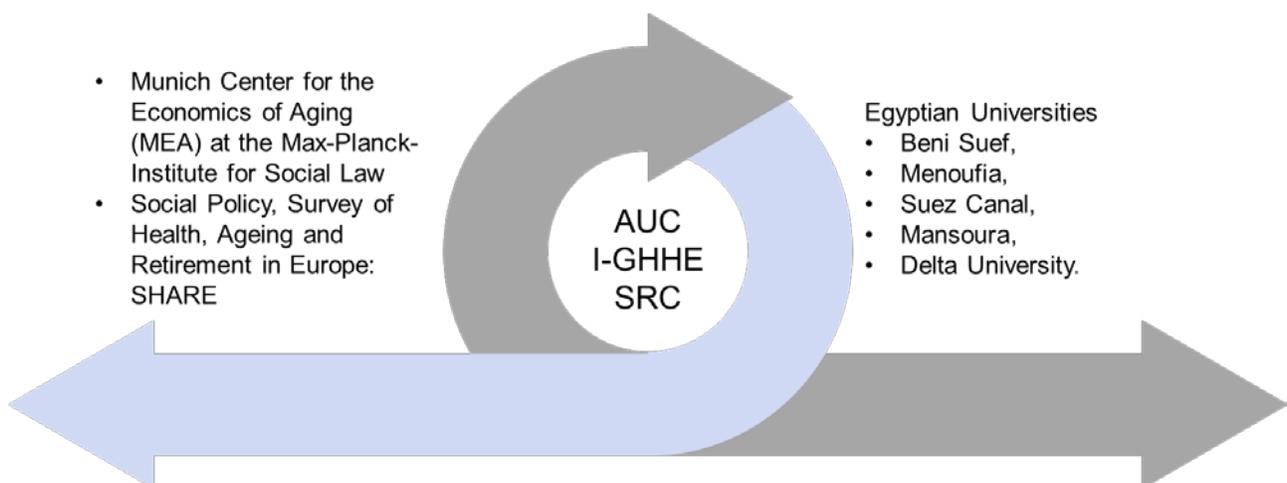
## Introduction

This initiative is supported by the German Academic Exchange Services (DAAD) through the program (**Hochschuldialog mit der islamischen Welt**) and the Technical University of Munich.

The main objectives of this initiative are:

- Enhancing the capacity for research and policy development concerning population aging in the MENA countries, especially Egypt, Jordan, and Lebanon.
- Encouraging the MENA region to implement the SHARE Survey, which is an internationally well-acknowledged household survey for evidence based advocacy and actions.
- Developing a network of scholars engaged in ageing-related research and actions.

The program in Egypt is designed as a collaborative effort between two AUC units (The Institute of Global Health and Human Ecology and the Social Research Center), and a consortium of European partners with very well recognized experience in this field (Munich Center for the Economics of Aging (MEA) at the Max-Planck-Institute for Social Law and Social Policy, Survey of Health, Ageing and Retirement in Europe: SHARE). It draws on a network of senior local coordinators from Egyptian universities and a network of academic researchers and graduate students. The five Egyptian universities collaborating in this initiative include the universities of Beni Suef, Menoufia, Suez Canal, Mansoura, and Delta University.



This report describes in details the activities of the EM-age program in Egypt, as well as a number of complementary relevant activities that were supported by other development partners. The report also introduces preliminary ideas for a potential future program of activities.

The reason behind adding the above mentioned two additional sections is to emphasize that the activities of EM-age were used as catalyst for additional work, contributions and achievements. The success of EM-age program is encouraging AUC to seek external support to allow it to move to another phase of activities in Egypt, and to achieve a wider outreach by replicating the EM-age model in other countries in Egypt.

It is important to note that the success of EM-age should not be solely judged by the high quality of implementation of the agreed upon activities. The success of EM-age needs to incorporate the many indirect positive results.

Indeed, EM-age allowed two units at AUC (SRC and IGHHE) to forge working partnerships whereby they both complemented each other strengths. They jointly taught courses, collaborated in webinars, and obtained external funding from WHO. They both are now seeking to serve as the leading program of excellence on aging research and technical consultation.

Another solid achievement is in the caliber of those involved in EM-age. The coordinators are acknowledged scholars in their own fields and members of large universities. The participants of the training had a diversified audience ranging from young students to full professors. The professors were very active and fully engaged in workshops and in collecting data from the pilot survey.

Furthermore, the large network established through EM-age, became involved in additional activities and events organized by AUC, as well as beneficiaries of other scholarships.

The work of EM-age and the dissemination of SHARE tool and the availability of an Arabic version is now attracting attention of important actors. In particular, the director of the Arab States Regional Office of the United Nations Fund for Population Activities (UNFPA/ASRO) has indicated an interest to be involved in a regional effort. The Office of Statistics in Iraq expressed readiness to field SHARE survey once financial resources are made available. The Ministry of Social Solidarity in Egypt announced the importance of implementing SHARE survey tool to guide its decision making. Finally, the three universities in Egypt who already have collaborative agreements with AUC indicated the feasibility of undertaking data collection using survey tool to support scholarly research of their faculty and graduate students, and to

guide programs of their health service units. All of these are windows of opportunities that would require practical steps to be turned into concrete commitments and actions.

## **EMage ACTIVITIES IN EGYPT**

**Building AUC team**

**1**

**Translating and adapting questionnaires**

**2**

**Partnerships with national institutions**

**3**

**Capacity building**

**4**

**Complementary activities**

**5**

**Future Directions**

**6**

## I- EM-age Activities

### 1. Capacity building on Survey Methodology and Data Collection

- **Selection of coordinators**

The first step was the selection of key coordinators in the partner universities to help in the development, implementation and wide outreach of the EM-age activities.

The coordinators team includes from the Faculty of Medicine, Menoufiya University, **Dr. Taghreed Farahat**, Chair of the Egyptian University Promotion Committee (EUPC) and Chair of Egyptian Family Medicine Association (EFMA). She is also a member in the Executive board of WONCA /EMR and Head of the research committee of WONCA /EMR. Dr. Farahat is also an Ex. Chairman of Department of Family Medicine and Ex. Vice Dean for Environmental & Social Affairs & Head of the dep. of Community Medicine.

From Suez Canal University, **Dr. Hesham El Sayed**, have joined the EM-age activities as an esteemed coordinator. **El-Sayed** is Professor Emeritus of clinical epidemiology, human genetics and pediatrics, Faculty of Medicine, Suez Canal University (SCU), Egypt. He is the Director of the Clinical Epidemiology Unit of SCU. He is member of the Research and Ethics Committee of the Suez Canal Faculty of Medicine and Former member of the CITI Organization, USA. He is the president elect of the African Clinical Epidemiology Network (INCLen-Africa) and of the Injury Prevention Initiative for Africa (IPIFA). He was the Former Chairman of the Family Medicine and Pediatrics Departments, Faculty of Medicine, SCU. He is Member of the executive Committee of the Egyptian Pediatrics Medical Board.

**Dr. Yasser Saif** Dean of National Institute of Longevity Elderly Sciences (**NILES**) and Professor of Ophthalmology from Beni-Suef University. The NILES was established in 2016 to be a national and regional center of excellence in research and services of elderly. It is the first institute specialized in all Elderly Sciences in Egypt and the region. The NILES award postgraduate certificates in areas of geriatric and gerontology, nutrition and psychological and social rehabilitation care. Also Niles provides several certified training courses that include Care

Giver training, Elderly sibling training, Elderly rehab, Management of Elderly Homes and Elderly information.

**Dr. Mohamed Abdelhalim Eltantawi** Assistant lecturer of Neurology, Delta university for science and technology. He has started the participation in the SHARE study since September 2020. Later on, He was nominated as the coordinator of the Delta group in the pilot study. El-Tanatawei has participated in a number of SHARE activities including: 1) RECAP study which was an observational study to evaluate caregiver preference and treatment outcome in patients with Alzheimer disease treated with oral or transdermal medication, I was responsible for survey recruitment and medical data recording, 2) Environment-Gene interaction in Parkinson's disease (EGI-PD), and 3) Kicking off the Egyptian Network of Neurodegenerative diseases (ENND), in addition to, other related studies and scientific research.

**Sara Ayman** Immunization Supervisor at Egyptian MOH/PhD candidate at the I-GHHE, AUC. Sara comes from Pharmaceutical background with Master's degree in Nanotechnology and currently a PhD candidate at the Global Public Health Program at the AUC. Working as a senior vaccination supervisor at the Egyptian ministry of Health and Teaching assistant at the Chemistry department at AUC. Joined various biomedical research projects ranging from biosensors, therapeutics, microbial fuel cells for wastewater treatment and currently focusing on brain health related research through investigating healthy ageing in the Egyptian population and the effect of various environmental factors on health in Egypt.



Coordinators took the lead in the partner universities to, mainly:

- 1- Nominate participants for the capacity building activities
- 2- Coordinate with SRC the online training delivery and all relevant activities
- 3- Monitor participants' attendance (not less than 80%)
- 4- Secure a place for face to face training of the fall school
- 5- Secure the data collection from a purposive sample of 75 individuals in each university
- 6- Oversee evaluation of the assessment of trainees' satisfaction and skills acquisition.

- **Announcement and Selection of Trainees**

The Institute of Global Health and Human Ecology (IGHHE) and the Social Research Center (SRC) circulated an announcement for the capacity building activities (the fall school for survey methodology and data collection and the analytical skills workshops) among relevant channels through emails and posted the official announcement on the official websites. The announcement is provided in annex I.

A total of 66 interested applicants, of which 74.2% are females and 25.8% are males, have filled the online application. The pool of interested applicants included a vast majority of health, healthcare and social workers. The diversified profiles of applicants included professors, lecturers, assistant lecturers, teaching assistants, researchers and professionals from the medicine, pharmacy, nursing, and public health fields. In addition to the majority of Egyptian applicants, the list of applicants included scholars and researchers from Jordan, Pakistan and Sudan, as well. Table 1 below shows selected participants' distribution by their organization.

**Table 1: Participants Distribution by Organization**

Organization	Number
Ageing in the Eastern Mediterranean countries	1
Ain Shams university	1
Alexandria University	1
Assiut University	1
Aswan University	1

American University on Cairo (AUC)	7
Benha University	1
Beni Suef University	5
Cairo University	1
Dow university of health sciences (Pakistan)	1
High institute of public health	1
Mansoura university	2
Menoufia University	5
Ministry of Health and Population (MOHP)	1
National Health Insurance Fund	1
South Valley University	1
Suez Canal University	5
Tanta University	1
The Ministry of Education	1
UNRWA	1
Total	39

- **Translation of questionnaire**

Prior to beginning the fall school, the SHARE questionnaire was translated to the Egyptian Arabic language and then translated back to English for double-checking. A Computer-Assisted Personal Interviews (CAPI) version was also developed.



- **Schedule**

The training program covered 8 days of training sessions (online for first 6 days and face to-face for remaining days) and 10 days of field work.

The content is divided into two interrelated components. (For Schedule, see annex II)

**Component 1: Survey methodology and tools**

Two-day online session covered: Quantitative survey methodology (definition, steps, limitations, populations, frames, sampling ...etc.); Process and tools of data collection (questionnaires, skills of interviews); Data Entry and Quality Control. This component was covered by three SHARE Scholars.

**Component 2: Training of Interviewers to collect data using SHARE household survey**

Four days of online lectures with discussions, in addition to two days of face to face practical training were assigned to cover this component by SRC and IGHHE faculties and research assistants. The content covered a combination of presentations and lectures followed by discussions and mock interviews, with participatory and dialogical teaching methods. It also covered data collection training using CAPI and tablets.



- **Attendance, Communication and Discussions**

Participants have fully attended the fall school program with an attendance percentage that reaches 100% in most sessions. Live communication and discussions were very active using WhatsApp group through the whole fall school period on a day-to-day basis. Questions, suggestions, inquiries and updates were shared daily on this group, with a total number of messages reaching almost 1000 messages. Two participants have prepared reports based on the SHARE and the capacity building activity.

## 2- Pilot Survey

The first implementation stage of the EM-age initiative that is taking place in Egypt has the main objective of piloting the SHARE questionnaire and assessing the feasibility of healthy aging research in Egypt, and accordingly the region. A major component of the capacity building on survey methodology and data collection activity included the Applied Field Work (pilot), where ten days were assigned for pretesting and piloting the Arabic SHARE survey tool in the field, with support and quality control from coordinators and AUC team.

A convenient non-probability sample was used for the pilot study. The tools of data collection included the household questionnaire, individual questionnaire and self-completion questionnaire. Quality control and data review were ongoing simultaneously during the data collection period. This was facilitated by the use of the CAPI, which self-detect and minimize potential data discrepancy.

The data set is then cleaned and cross-checked for accuracy using SPSS statistical package to be used for future analysis. This SPSS data file is to be used extensively in applications during the capacity building workshops.

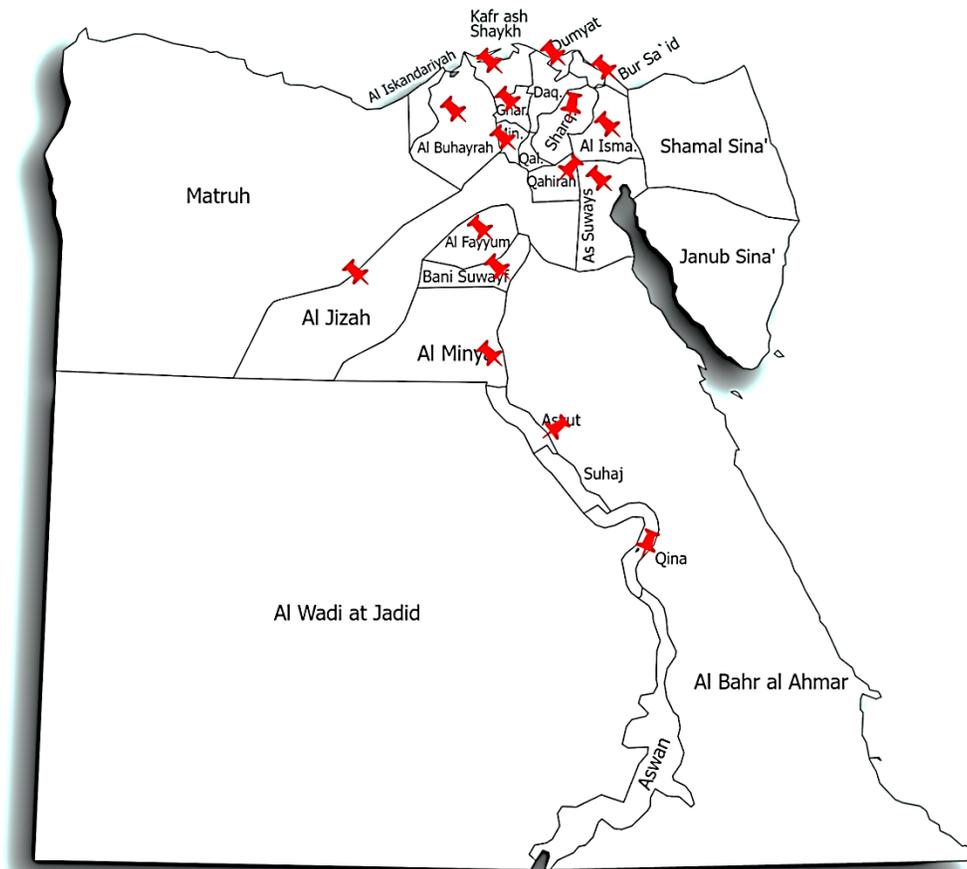
The household and individual questionnaires were collected using CAPI, while the self-completion questionnaires were filled by respondents. A total of 299 questionnaires were filled by participants in 10 different governorates. Table 2 shows the distribution of the collected questionnaires for each university.

**Table 2: Pilot Questionnaires Distribution by Partner Universities**

Team	Number of Questionnaire
Beni-suef	88
Menoufya	79
Mansoura	39
Suez Canal	68
AUC	25
Total	299

The total percentage of male-respondents is 42.8%, in addition to 57.2% females. Figure (1) presents the distribution of the completed interviews by residence governorate of the respondents. The pilot study covered 16 governorates out of the 27 governorates of Egypt.

**Figure 1: Distribution of pilot sample by governorate of residence of respondents**



- **Some Preliminary Results from the Pilot Study**

While, the adopted purposive non-probability sampling technique is not intended to be used to infer from the sample to the general population in statistical terms, it was quite interesting to investigate more about the gathered data and provide hints about any possible findings that could be reached using the comprehensive SHARE study tool. In the following, we highlight some of these findings.

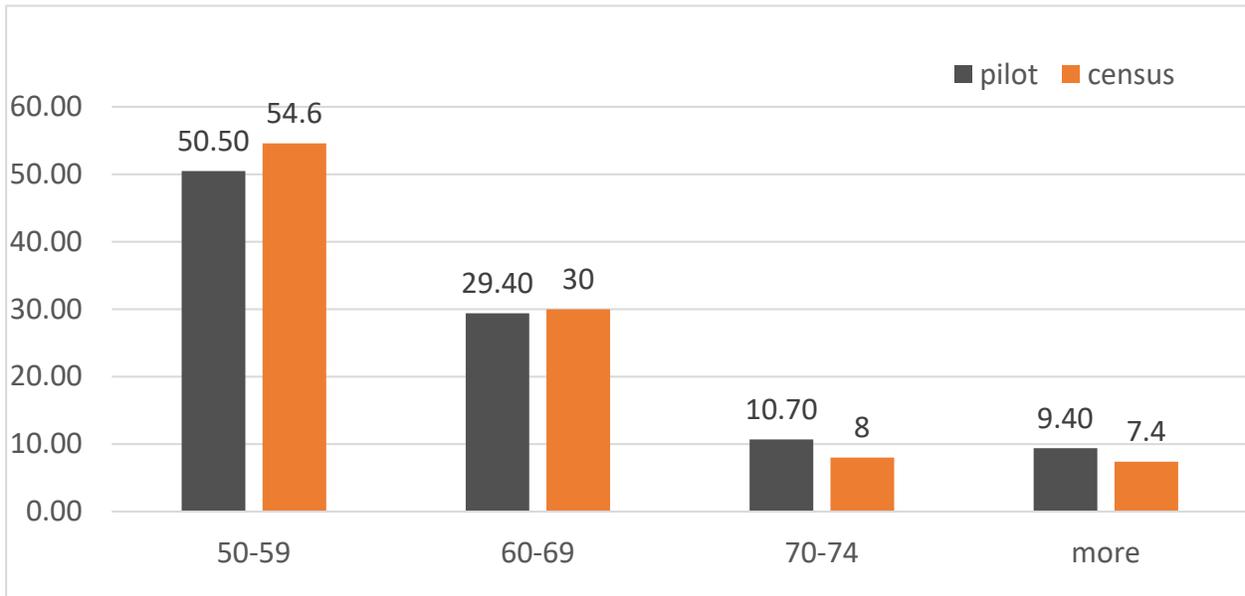
**A) Age Structure of respondents:**

Although the adopted non-probability sampling technique did not aim to well-represent the population, the pilot results on age structure came very close to the population census. According to Egypt’s Census 2017, the population of age 50+ is around 13.632 million representing 14.6% of total population. Table 3 shows the respondents age distribution by gender. Moreover, Figure 2 depicts age distribution percentages of the pilot respondents against the corresponding population age distribution (Census 2017).

**Table 3: Respondents Age Distribution, by Gender**

Age Group	Gender		Total
	Male	Female	
50- 55	26.60%	19.90%	22.70%
55 – 59	26.60%	28.70%	27.80%
60 - 64	14.10%	20.50%	17.70%
65 - 69	9.40%	13.50%	11.70%
70 - 74	13.30%	8.80%	10.70%
75 - 79	7.00%	5.30%	6.00%
80 - 84	2.30%	2.90%	2.70%
90 - 94	0.00%	0.60%	0.30%
95 +	0.80%	0.00%	0.30%

**Figure 2: Pilot vs. 2017 Census Age Distribution**



**B) Relationship between socio-economic status (SES) and health perceptions**

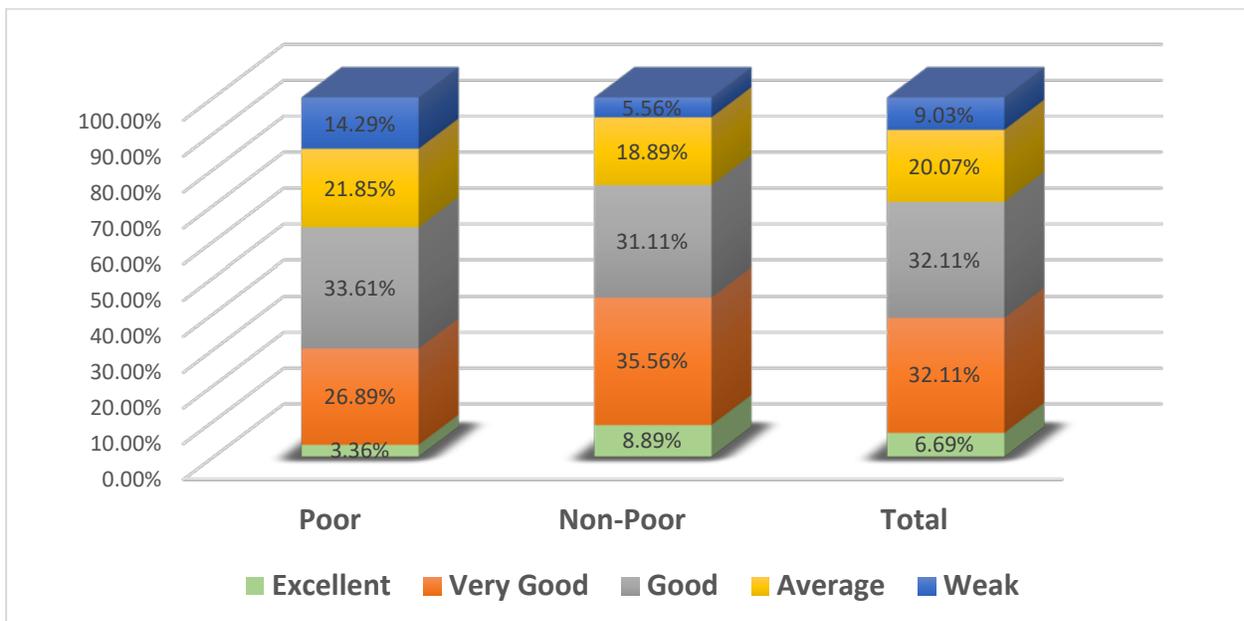
A preliminary result based on the pilot collected data is the relationship between socio-economic status (SES) and seniors' health perceptions, as SES does impact the overall health and well-being of individuals and could contribute to longevity and lifespan in those with chronic conditions. Using the principal component analysis (PCA) of Factor Analysis, which is a multivariate statistical technique used to reduce the number of variables in a data set into a smaller number of 'dimensions', a SES index was constructed. The index is then divided into 5 quintiles, where the first quintile represents those with the lower SES among respondents and the fifth quintile represents those with the highest SES. As table 4 shows, the highest percentages of the fourth and fifth quintiles experience excellent or very good health status (around 40 percent and 39 percent, respectively). Also, the highest percentage of those in the first quintiles of the SES (22%) experience weak health status. This could be explained by the claim that money may not buy happiness, but it definitely can improve channels of access to healthcare, services, and providers.

**Table 4: Health Status According to Socio-Economic Status Quintile Group**

		Please describe your health status				
		Excellent	Very Good	Good	Average	Weak
% within Socio-economic status Quintile Group	first	1.70%	18.60%	27.10%	30.50%	22.00%
	second	5.00%	35.00%	40.00%	13.30%	6.70%
	third	6.50%	38.70%	27.40%	22.60%	4.80%
	fourth	10.30%	29.30%	34.50%	20.70%	5.20%
	five	10.00%	38.30%	31.70%	13.30%	6.70%
<b>Total</b>		6.70%	32.10%	32.10%	20.10%	9.00%

Two categories for the SES are constructed by combining those in the first and second lower SES quintiles as poor, and the non-poor category includes those in the remaining quintiles (higher SES). Figure 3 shows the comparison between these categories when asked how to describe their health status at the time of the survey. Experiencing excellent health status is quite higher for those in the non-poor category (8.89% vs. 3.36 for poor).

**Figure 3: Health Status According to Socio-Economic Status (poor vs. non-poor)**



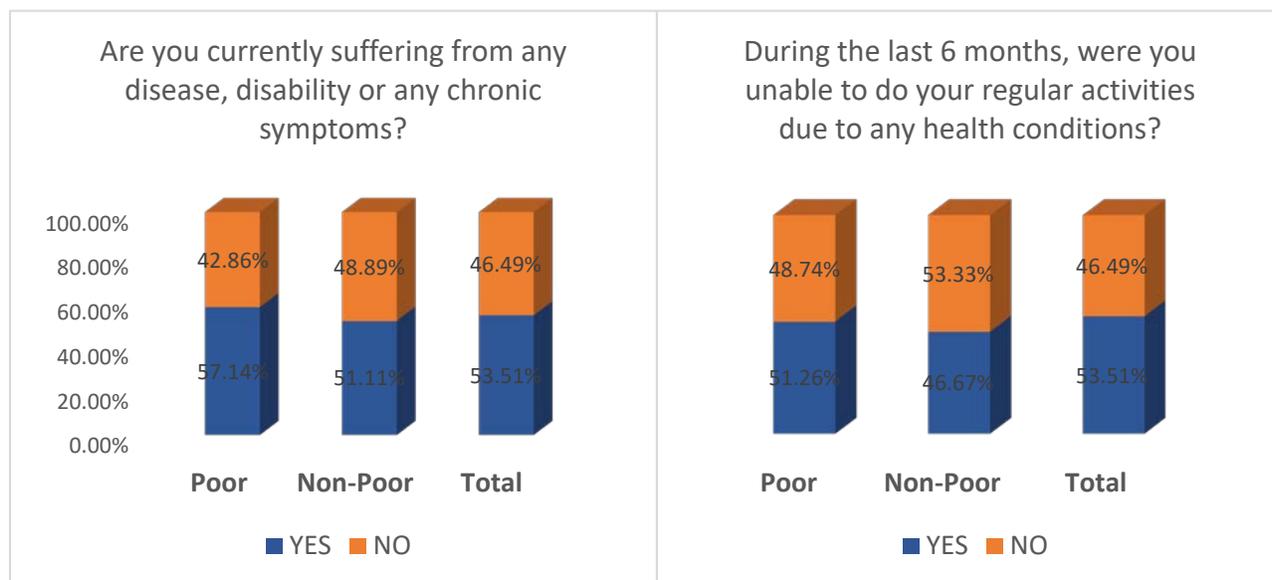
Furthermore, the highest percentage of those in the first (lowest) SES quintile (64%) are currently suffering from any disease, disability or any chronic symptoms, as shown in table 5. Similarly, the inability to perform regular activities due to health conditions were also the highest among the same group of lowest SES (57.6%). This would be due to the fact that when someone is living in poverty, it is possible that there will be some deficiencies in preventative care and Nutrition. This could exacerbate a chronic condition, or cause complications later.

**Table 5: Diseases, Disability, Chronic Symptoms and Inability to Perform Activities during the Last Six Months, According to Socio-Economic Status Quintile Group**

		Are you currently suffering from any disease, disability or any chronic symptoms?		During the last 6 months, Were you unable to do your regular activities due to any health conditions?	
		YES	NO	YES	NO
% within Socio-economic status Quintile Group	first	64.40%	35.60%	57.6%	42.4%
	second	50.00%	50.00%	45.0%	55.0%
	third	53.20%	46.80%	45.2%	54.8%
	fourth	48.30%	51.70%	44.8%	55.2%
	five	51.70%	48.30%	50.0%	50.0%
<b>Total</b>		53.50%	46.50%	48.5%	51.5%

Figure 4 below gives visual comparison for the same questions between the poor and non-poor categories, constructed using the SES quintiles. The percentage of currently suffering from any disease, disability or any chronic symptoms is higher among poor compared to non-poor (57 % vs 51%). Similarly, the inability to perform regular activities due to health conditions is higher among poor compared to non-poor (51 % vs 46%).

**Figure 4: Diseases, Disability, Chronic Symptoms and Inability to Perform Activities during the Last Six Months, According to Socio-Economic Status (poor vs. non-poor)**



- **Pilot Fieldwork Challenges**

**Table 6: Average Completion Duration, by team**

Team	Average duration in minutes
Benisuef	102
Menoufia	83
Mansoura	73
Suez Canal	120
AUC	72
Total	94

Researchers reported a number of problems, including:

➤ The form was lengthy, which in many cases led to boredom or tiredness of the respondent, which might affect his answers. The following table 6 shows the average survey duration within each team. On average, the interview took slightly more than an hour and half to be completed, ranging from 72 minutes for the AUC team to two for the Suez Canal team.

- Many monetary questions, such as salary, pension, inheritance, transfers to him or from him. Respondent either answers reluctantly after insisting or refuses to answer.
- The different pension systems in Egypt were not explained.
- It is necessary to add items related to availability of senior-friendly facilities to identify the extent of the presence of obstacles that limit the movement of the elderly, whether at work or when going to the doctor or the lab, such as the presence of ladders and railings for stairs and special places and arrangements for users of assistive devices/disabled.... etc.
- Participants often asked if they would get any benefit from participating in the questionnaire specifically from the Ministry of Social Solidarity.
- Some questions were unclear to participants especially those with low literacy levels.
- More face-to-face open discussions were needed as they were extremely beneficial enriching the final outcome

Despite all of these challenges, the interviewers realized the importance of the information and findings of the survey in decisions related to health and wellbeing of older people, the interviewers started analyze the pilot data and use it to determine the risk factors of the health statues of old people and compare their results with other similar studies in Egypt or worldwide.

### 3- Capacity Building on Analytical Skills

This workshop aimed to support the necessary capacity to analyze aging-related data based on a longitudinal study on aging (SHARE). The workshop was conducted online in 18 days. 30 trainees attended the workshop. The majority of the trainees were with public health background. The workshop covered topics on descriptive and inferential statistics with SPSS application using SHARE data from the pilot study. The following topics were covered during the workshop:

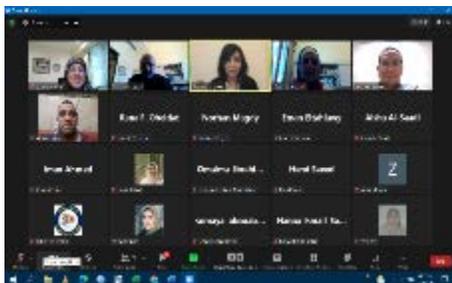
- Longitudinal study designs: strengths and limitations
- Introduction to the importance of ageing research
- Description of variables in SHARE questionnaires
- Health related indicators in SHARE questionnaires
- Developing research questions relevant to SHARE questionnaire
- Preparation of SPSS File of Pilot

- Creating indexes: factor analysis and others
- Descriptive Statistics (Central Tendency Measures, Dispersion Measures)
- Data visualization using examples from SHARE Data
- Hypothesis Testing (means, analysis of variance and nonparametric tests)
- Estimation of mean and proportion
- Correlation between variables (quantitative and qualitative variables)
- Assessing association between qualitative variables
- Regression models (linear, logistic)
- Sampling methods
- Sampling in elderly research

Research groups were formed to implement projects on the following topics: (using the pilot data)

- Relationship between social network and depression
- Depressive symptoms and hand-grip strength among elderly
- The relation between cognitive function and educational level
- Elderly falls risk assessment in relation to general health status
- Correlation between prosocial behaviors and the presence of sleep disturbances (or sleep quality)
- Psychosocial status and impaired activities of daily living
- Psychosocial status and impaired activities of daily living
- Factors Affecting Egyptian Elderly quality of life
- Psychosocial determinants and consequences of elder abuse

For more details, see Annex III for the schedule



#### 4- EM-age Page in the Platform “SDG-HE-Arab Countries”

The EM-age page in the platform has been developed and is continuously being updated to enhance the contents and link it to more elaborate on going activities in the initiative including activities of partners in Lebanon and Jordan.



<https://www.aucegypt.edu/research/src/sdg-health-equity-arab-region/eastern-mediterranean-aging-study-em-age>

## II- Complementary Relevant Activities

These are activities supported by other development partners and implemented by SRC. They provide a catalyst positive impact to the EM-age initiative and can be built upon in the future direction of work proposed in section III.

These complementary activities are very briefly highlighted here.

The Arab States Office of the United Nation Fund for Population Activities (UNFPA/ASRO) has supported the first three activities. The Eastern Mediterranean Office of the World Health Organization has supported the last two activities.

### 1- Special Web Page on Healthy Ageing

With Support from the United Nations Population Fund/ Arab States Regional Office (UNFPA /ASRO), the SRC has developed a webpage entitled “Healthy Aging” ([Healthy Aging on HE SDG learning platform](#)).

The webpage includes seven main sections

- Healthy aging reports and actions: with links to the most recent international reports on aging
- Regional strategies, policies, reports and actions: with links to the most recent regional and national reports on healthy aging in the Arab region
- Healthy Aging Regional Initiatives with links to the important regional initiatives webpages including EM-age
- Sharing knowledge and discussions
  - Published papers
  - Presentations
  - Webpage newsletter that is widely disseminated among SRC partners
- Join the conversation: which poses some of the debatable issues for discussion and gather contributors' opinions on these issues
- Events and Announcements
- Resources for researchers
  - Tools which lists available tools on investigating healthy aging
  - Important links including links to some of the most active organization working on the area of Healthy aging



## 2- Webinars

With support from United Nations Population Fund/ Arab States Regional Office (UNFPA /ASRO), The SRC held two webinars on Aging in the Arab countries.

The first webinar was titled “Caring for our older population in the Arab countries: Policies and actions” in collaboration with The League of Arab States (LAS). This webinar aimed to shed some light on the current efforts undertaken by many major stakeholders in the Arab countries towards the implementation of the Arab Strategy for Older Population. The webinar was held on the 29th of June and was attended by 111 participants. The webinar participants comprised of high level representatives from governmental organizations, universities, research centers, international development partners and international, regional and national non-governmental organization as well as distinguished experts and researchers in the area of population aging. H.E. The Egyptian Minister of Social Solidarity: Dr. Nivine El Kabbaj attended the webinar and presented an over view of the Current efforts of the ministry with regard to the aging population in Egypt. Additionally, many representatives from different Arab countries presented an overview of their current efforts towards the implementation of the Arab Strategy for Older Population. For the video of the webinar (in Arabic language) ([first webinar-Aging in the Arab region](#)) .



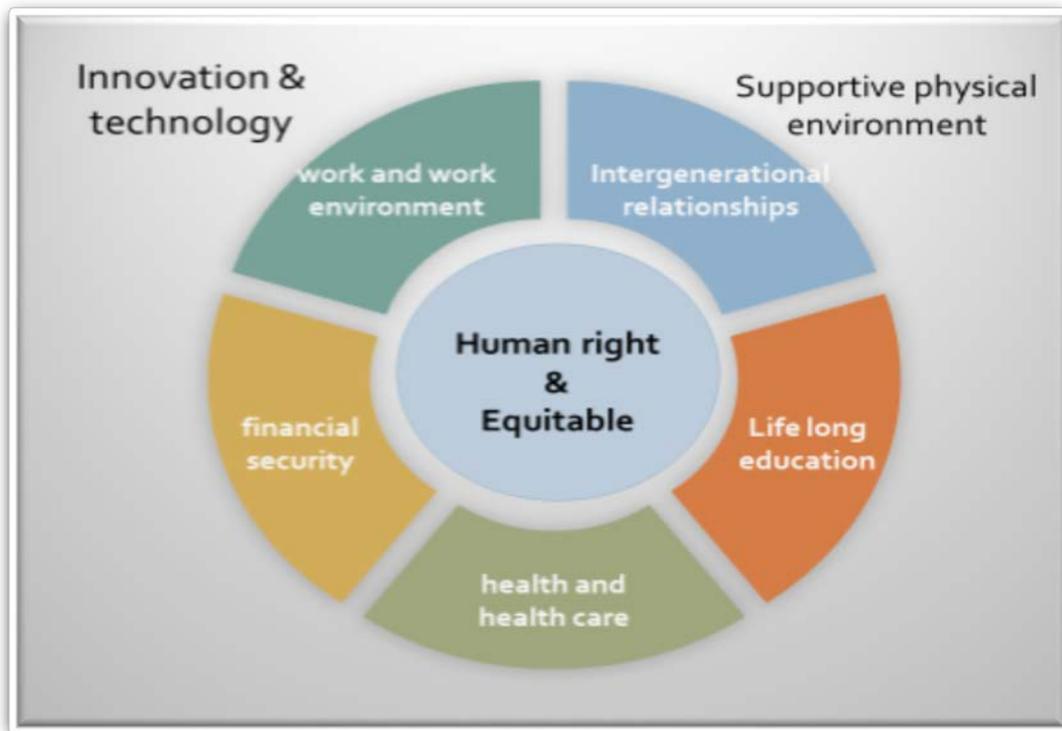
The second webinar was titled “Ageing in the Arab countries: Realizing the Potentials of the Second Demographic Dividend” in collaboration with The League of Arab States (LAS), and HelpAge international. This webinar aimed to explore the extent to which the Arab countries are adhering the broad frameworks for harnessing the potentials of their greying generations.

The webinar was held on the 21th of November and was attended by 95 participants. The webinar participants comprised of high level representatives from governmental organizations, universities, research centers, international development partners and international, regional and national non-governmental organization as well as distinguished experts and researchers in the area of population aging. H.E. The Egyptian Minister of Social Solidarity: Dr. Nivine El Kabbaj was keen on attending the second webinar and presented an opening speech of the Egyptian perspective towards achieving the full potentials of Egypt greying generations. The webinar included five presentations that established the current efforts toward developing a road map for addressing population aging in the region. Additionally, many representatives from different Arab countries presented an overview of their current efforts towards the implementation of the Arab Strategy for Older Population. For the video of the webinar(in Arabic language) ([Second webinar: Aging in the Arab region](#)).



### 3- Policy Papers

A policy paper is currently being prepared titled “Towards formulating a policy framework for harnessing the second demographic Dividend in the Arab countries.” The paper reviews the changes in the age structure in the Arab countries, the different policy frameworks adopted in the international arena to harness the second demographic dividend and their implications for policies and programs to achieve the full potentials of the Arab greying generations.



### 4- Satellite Course

The Global Brain Health Institute (GBHI) provides an internationally renowned educational program led by the University of California, San Francisco (UCSF).

The program targets health equity and protecting the world’s aging populations from threats to brain health. The modality of change adopted by GBHI is to empower and train emerging leaders in the area of aging.

AUC and Global Health (GBHI) are engaged in serious discussion to establish and support the establishment of GBHI satellite in the Middle East for delivering the full GBHI program for students in the region.

SRC has received a seed grant from WHO/ EMRO to support establishing such a satellite through development of one course and implementing it to IGHHE students.

The course started and is currently running. The course content was developed as a collaboration between the Global Brain Health Institute (GBHI) and the Institute of global health and human ecology (I-GHHE) at the AUC. The teaching faculty were from the AUC as well as GBHI faculty to promote discussions and foster dialogue between both sides for the benefit of students. Alongside the didactics, students gained access to the GBHI network in terms of attending some seminars, having a one to one discussions and mentorship by GBHI faculty. This will continue till the end of the course. Additionally, some students' pilots will be selected for funding by a conjoint committee by AUC and GBHI faculty. The pilot projects should express innovation and uniqueness in the area of aging health and welfare.

#### 5- Integrating an SDH approach and HE in Ageing Studies

SRC thematic focus includes extensive and diversified activities to support the adoption of recent paradigm shifts in public health that emphasize a social determinants approach to health, push health equity to the forefront, and hold the duty bearers responsible. These activities target a knowledge shift, a value and paradigm shift, as well as policy and actions shifts. They include capacity building activities, analytical studies producing a much needed evidence for advocacy and informed recommendations, as well as methodological contributions and technical support to programs.

During the recent past, SRC with support from UNFPA/ASRO and WHO/ EMRO as well as IDRC/ Canada, developed capacity building materials, tested an online course, proposed packages of indicators to monitor the social determinants of health inequities.

These outputs are quite relevant to guide the investigations of SHARE data and to recommend entry points for actions. They, still need to be further adapted for its application on Share survey. Fortunately, the survey is conceptualized to allow the application of the social determinants of health and to benefit from the efforts of SRC in this area of work.

### III- Future Directions

#### Regional Program to Support Evidence Based Healthy Ageing in Arab Countries

Goal: To foster a program of knowledge production, informed policy support, and capacity building for the realization of healthy ageing in the Arab region.

Rationale: Despite the articulation of the Arab Strategy for Healthy Aging and the recognition for the need to prepare for the age structural changes introducing larger cohorts of older population, yet the Arab region suffer from a significant knowledge gap in relation to the conditions, determinants, and feasible actions for the realization of the well- being of the older population. Furthermore, the concern with aging population and the required skills to engage in research and policy formulation continue to be on the peripheries of the attention of both researchers and decision makers, and constrained by existing capacities.

The very few initiatives undertaken are adopting a very narrow medical model, not adequately mainstreaming a human rights perspective and are not applying an equity lens. Furthermore the cadre of personnel involved in implementing and guiding these activities are not supported by needed information to monitor and evaluate the impact of their actions, and do not command the needed skills to guide informed decision making.

A window of opportunity currently exists to address these challenges, and to support an active program of knowledge production, informed policy support, and capacity building. This opportunity builds on the expertise and previous successful efforts of AUC, the formation of a wide network of scholars and actors, the preliminary indications from key counterparts (Ministry of Social Solidarity in Egypt, universities in three governorates in Egypt, high level partners in Iraq, Jordan, and Morocco) for their readiness to endorse and engage in these activities, as well as the international experience and support availed to AUC by its international partners and the well- developed tools of SHARE survey.

Proposal: Implementation of a first phase of this program in a number of governorates in Egypt, and a few selected Arab countries.

Aims of first phase:

Aims of Egypt Program:

To contribute to educational curriculum, research outputs, and informed actions anchored on:

- 1- A repository of data on a representative sample of older age population in three governorates of Egypt collected using a contextually adapted longitudinal SHARE survey.
- 2- A policy relevant information base collected as part of the presidential initiative on ‘Decent Livelihoods’ that is currently applied in rural villages in Egypt.
- 3- An appreciation of and capacity to apply a social framing of health and an equity lens in investigating determinants of health and in formulating policies and designing actions.

Aims of Program applied in Arab countries:

To develop capacities and partners’ interest to apply SHARE survey and draw relevant findings from it. This phase is similar to the preparatory phase implemented in Egypt. It draws on partnership agreements with high level bodies in Morocco and Jordan, and a number of collaborative activities in Iraq.

Implementers:

Activities are managed and led by two units in the American University in Cairo, in collaboration with Ministry of Social Solidarity in Egypt, relevant units in three universities in Egypt, and counterparts in Morocco, Jordan, and Iraq.

Deliverables:

- 1- Data repository on two targeted populations in Egypt (three governorates, older age population’s beneficiaries of ‘Decent Livelihood’ initiative).
- 2- Research papers.
- 3- Policy briefs.
- 4- Courses serving as satellite for Brain Health Institute curriculum.
- 5- Training workshops and capacity building activities.
- 6- Pilot surveys in Arab counties.
- 7- Dissemination activities.

8- Continuous updates and interaction using 'Healthy Aging' page on 'SDG-HE in Arab Countries' platform.

## **SCHOLARSHIPS OPPORTUNITIES**

### **AGEING IN THE EASTERN MEDITERRANEAN COUNTRIES (EMage INITIATIVE)**

#### **APPLY NOW**

**Deadline for application August 20, 2021**

BE PART OF THE AMBITIOUS (EMage) INITIATIVE

Fall School (September 5- 28): For registration [click here](#)

Upon completion of all components of the program, you will receive a certificate of attendance approved by the international (Technical University of Munich [TUM]/ Survey of Health, Ageing and Retirement in Europe: SHARE) and national partners (Institute of Global Health and Human Ecology [I-GHHE] and Social Research Center [SRC] at the American University of Cairo (AUC)).

For further information, contact: Noha Gaafar (01150000463)/ Amr El-Sayed (01003732775)

#### Relevant Details

##### Ageing in the Eastern Mediterranean Countries (EMage) Initiative

The main objectives of this initiative are:

- Enhancing the capacity for research and policy development concerning population aging in the MENA countries, especially Egypt, Jordan, and Lebanon.
- Encouraging the MENA region to implement the SHARE Survey, which is an internationally well acknowledged household survey for evidence based advocacy and actions.
- Developing a network of scholars engaged in ageing-related research and actions.

The initiative is supported by the German Academic Exchange Services (DAAD) through the program (**Hochschuldialog mit der islamischen Welt**). It is designed as a collaborative effort between two AUC units (The Social Research Center and the Institute of Global Health and Human Ecology), and a consortium of European partners with very well recognized experience in this field (Munich Center for the Economics of Aging (MEA) at the Max-Planck-Institute for Social Law and Social Policy, Survey of Health, Ageing and Retirement in Europe: SHARE, Technical University of Munich). It draws on a network of senior local coordinators from four universities (Beni Suef, Mansoura, Menoufia, Suez Canal), and a network of academic researchers and graduate students

**FALL SCHOOL PROGRAM**  
**DATE: 5 - 28 SEPTEMBER 2021**

**Target group:** Graduate students from 4 universities (total of around 20 students). Researchers participating in the analytical workshops are welcome to attend any or both of the first two components.

**Duration:** 8 days of training sessions and 10 days of field work

**Teaching modality:** Online for first 6 days and face to-face for remaining days.

**Structure**

This activity is divided into three interrelated components.

**Component 1: Survey methodology and tools**

Date: Two working days: 5-6 September

The two-day online session will cover: Quantitative survey methodology (definition, steps, limitations, populations, frames, sampling ...etc.); Process and tools of data collection (questionnaires, skills of interviews); Data Entry and Quality Control.

**Language of teaching:** English.

**Component 2: Training of Interviewers to collect data using SHARE household survey**

Date: six working days: 7- 14 September

A combination of presentations and lectures followed by discussions and mock interviews, with participatory and dialogical teaching methods. It will also cover data collection using Tablets.

Participants will take part in 4 days of online lectures with discussions, in addition to two days face to face practical training days.

**Language of teaching:** Arabic

**Component 3: Applied Field Work**

Date: 10 working days: 15- 28

Pretesting and piloting the Arabic SHARE survey tool in the field, with support and quality control from coordinators and AUC team. Each participant will gather 15 questionnaires.

## Annex (II): Capacity Building on Survey Methodology and Data Collection Schedule

### Fall School Training (September 2021)

#### Capacity Building on Survey Methodology and Data Collection

Day	Date		Content		Method	
1	5/9/2021	10:00 – 12:00	<b>1. Objectives and Importance of “Studying Health Conditions and Retirement for the Elderly in Egypt”</b>	Dr Mohamed Salama	Online	Ms Maram
		12:00 – 12:30	<b>Break</b>			
		12:30 – 15:00	<b>2. Questionnaire on Health and Retirement Conditions for the Elderly in Egypt</b> <ul style="list-style-type: none"> <li>– Household Questionnaire</li> <li>– Cover page</li> <li>– Informed consent</li> <li>– Table of household members</li> <li>– Eligibility</li> </ul>	Dr Faten Abdelfattah		

			<ul style="list-style-type: none"> <li>- Properties of the dwelling</li> <li>- Family property</li> </ul>			
2	6/9/2021	10:00 – 11:00 11:00 – 12:00 12:00 – 12:30 12:30 – 14:00  - 14:00 – 15:00	<ul style="list-style-type: none"> <li>- Example of the table of household members</li> <li>- Discussions</li> <li>- <b>Break</b></li> <li>- <b>Individual Questionnaire</b></li> <li>- Cover page</li> <li>- Informed consent</li> <li>- Section One: Personal Information</li> <li>- Section Two: Health Status</li> </ul>	Dr Ramadan Hamed         Dr Sherine Shawky	Online	Ms Zeinab          Ms Amal
3	7/9/2021	10:00 – 12:00     12:00 – 12:30 12:30 – 14:00	<ul style="list-style-type: none"> <li>- Section Three: Mental Abilities</li> <li>- Section Four: Mental Health</li> <li>- Section Five: Health Care</li> <li>- <b>Break</b></li> <li>- Section Six: Employment</li> </ul>	Dr Mohamed Salama          Dr Zeinab Khedr	Online	Ms Amal           Ms Maram

		– 14:00 – 15:00	Status and Pension – Section Eight: Relationship with children	Mr. Mohamed Hasan		
4	8/9/2021	10:00 – 11:00  11:00 – 12:00  12:00 – 12:30 12:30 – 14:00  14:00 – 15:00	– Section Seven: Physical Exam – Section Nine: Social Assistance – <b>Break</b> – Section Ten: Physical or Financial Transfers – Discussions	Dr Sherine Shawky  Dr Zeinab Khedr  Dr Ramadan Hamed	Online	Ms Maram
5	9/9/2021	10:00 – 11:00  11:00 – 12:00  12:00 – 12:30 12:30 – 14:00  14:00 – 15:00	– Section Twelve: Household Income – Section Thirteen: Family Property – <b>Break</b> – Section Fourteen: Social Activities – Section Fifteen: Questions for the Researcher – Section Sixteen: Information about the Researcher	Dr Ramadan Hamed  Dr Zeinab Khedr  Mr Mohamed Hassan	Online	Ms Mervat

6	12/9/2021	10:00 – 11:00 11:00 – 12:00 12:00 – 12:30 12:30 – 14:00 14:00 – 15:00	<ul style="list-style-type: none"> <li>– Discussion on the Individual Questionnaire</li> <li>– Self-Assessment Questionnaire</li> <li>– <b>Break</b></li> <li>– Discussions</li> <li>– Plan to face-to-face training</li> </ul>	Dr Ramadan Hamed	Online	Ms Zeinab
7	10/9/2021		SHARE Methodology	Dr Axel	Online	
8	14/9/2021		Process and tools of data collection (questionnaires, skills of interviews); Data Entry and Quality Control.	Dr Platon Dr May Khorshed	Online	
9	15/9/2021	10:00 – 11:00 11:00 – 12:00 12:00 – 12:30 12:30 – 15:00	<ul style="list-style-type: none"> <li>– Discussions</li> <li>– Mock interviews</li> <li>– <b>Break</b></li> <li>– Role play</li> </ul>	Dr Ramadan Hamed Mr Mohamed Hassan	Face-to-face, Beni Suef University	Mr Abdelaziz
10	16/9/2021	10:00 – 12:00 12:00 – 12:30 12:30 – 15:00	<ul style="list-style-type: none"> <li>– Use of tablets to collect data</li> <li>– <b>Break</b></li> <li>– Complete the use of tablets to collect data</li> </ul>	Mr Medhat Mostafa Mr Amr Abdellatif	Face-to-face, Beni Suef University	
11	19/9/2021	10:00 – 11:00 11:00 – 12:00 12:00 – 12:30 12:30 – 15:00	<ul style="list-style-type: none"> <li>– Discussions</li> <li>– Mock interviews</li> <li>– <b>Break</b></li> <li>– Role play</li> </ul>	Dr Ramadan Hamed Mr Mohamed Hassan	Face-to-face, Menoufia University	Mr Abdelaziz

12	20/9/2021	10:00 – 12:00 12:00 – 12:30 12:30 – 15:00	<ul style="list-style-type: none"> <li>– Use of tablets to collect data</li> <li>– <b>Break</b></li> <li>– Complete the use of tablets to collect data</li> </ul>	Mr Medhat Mostafa Mr Amr Abdellatif	Face-to-face, Menoufia University	
13	21/9/2021	10:00 – 11:00 12:00 – 12:30 12:30 – 15:00	<ul style="list-style-type: none"> <li>– Use of tablets to collect data</li> <li>– <b>Break</b></li> <li>– Complete the use of tablets to collect data</li> </ul>	Mr Medhat Mostafa Mr Amr Abdellatif	Face-to-face, Suez Canal University	
14	22/9/2021	10:00 – 11:00 11:00 – 12:00 12:00 – 12:30 12:30 – 15:00	<ul style="list-style-type: none"> <li>– Discussions</li> <li>– Mock interviews</li> <li>– <b>Break</b></li> <li>– Role play</li> </ul>	Dr Ramadan Hamed Mr Mohamed Hassan	Face-to-face, Suez Canal University	Mr Abdelaziz
15	23/9/2021	10:00 – 11:00 12:00 – 12:30 12:30 – 15:00	<ul style="list-style-type: none"> <li>– Use of tablets to collect data</li> <li>– <b>Break</b></li> <li>– Complete the use of tablets to collect data</li> </ul>	Mr Medhat Mostafa Mr Amr Abdellatif	Face-to-face, Mansoura University	Mr Abdelaziz
16	26/9/2021	10:00 – 11:00 11:00 – 12:00 12:00 – 12:30 12:30 – 15:00	<ul style="list-style-type: none"> <li>– Discussions</li> <li>– Mock interviews</li> <li>– <b>Break</b></li> <li>– Role play</li> </ul>	Dr Ramadan Hamed Mr Mohamed Hassan	Face-to-face, Mansoura University	Mr Abdelaziz
17	27/9/2021	10:00 – 11:00 11:00 – 12:00 12:00 – 12:30 12:30 – 15:00	<ul style="list-style-type: none"> <li>– Discussions</li> <li>– Mock interviews</li> <li>– <b>Break</b></li> <li>– Role play</li> </ul>	Dr Ramadan Hamed Mr Mohamed Hassan	Face-to-face, AUC	Mr Abdelaziz

18	28/9/2021	10:00 – 12:00 12:00 – 12:30 12:30 – 15:00	<ul style="list-style-type: none"> <li>– Use of tablets to collect data</li> <li>– <b>Break</b></li> <li>– Complete the use of tablets to collect data</li> </ul>	Mr Medhat Mostafa Mr Amr Abdellatif	Face-to-face, AUC	
19	29/9/2021	10:00 – 12:00 12:00 – 12:30 12:30 – 15:00	<ul style="list-style-type: none"> <li>– Practical training</li> <li>– <b>Break</b></li> <li>– Complete practical training</li> </ul>	Dr Ramadan Hamed Mr Amr El Sayed Mr Mohamed Hasan Mr Abdelaziz Mr Medhat Mostafa	2 interviews per trainee, Suez Canal University	
20	30/9/2021	10:00 – 12:00 12:00 – 12:30 12:30 – 15:00	<ul style="list-style-type: none"> <li>– Practical training</li> <li>– <b>Break</b></li> <li>– Complete practical training</li> </ul>	Dr Ramadan Hamed Mr Amr El Sayed Mr Mohamed Hasan Mr Abdelaziz Mr Medhat Mostafa	2 interviews per trainee, Beni Suef University	
21	3/10/2021	10:00 – 12:00 12:00 – 12:30 12:30 – 15:00	<ul style="list-style-type: none"> <li>– Practical training</li> <li>– <b>Break</b></li> <li>– Complete practical training</li> </ul>	Dr Ramadan Hamed Mr Amr El Sayed Mr Kohamed Hasan Mr Abdelaziz Mr Medhat Mostafa	2 interviews per trainee, Mansoura University	
22	4/10/2021	10:00 – 12:00 12:00 – 12:30 12:30 – 15:00	<ul style="list-style-type: none"> <li>– Practical training</li> <li>– <b>Break</b></li> </ul>	Dr Ramadan Hamed Mr Amr El Sayed Mr Mohamed Hasan Mr Abdelaziz Mr Medhat Mostafa	2 interviews per trainee, Menoufia	

			– Complete practical training		University	
23	5/10/2021	10:00 – 12:00 12:00 – 12:30 12:30 – 15:00	– Practical training – <b>Break</b> – Complete practical training	Dr Ramadan Hamed Mr Amr El Sayed Mr Abdelaziz Mr Medhat Mostafa	2 interviews per trainee, AUC	
24	6/10/2021		Pilot Survey	Dr Ramadan Hamed Mr Amr El Sayed Mr Abdelaziz Mr Medhat Mostafa		

## Annex (III) Capacity Building in Statistical Analysis with Application to SHARE Data

### Virtual workshop (7 days)

Session	Title	Lecturer	Support
1.	Welcome and introduction of participants	Dr. Hoda Rashad Dr. Mohamed Salama	
2.	Course overview and objectives	Dr. Ramadan Hamed	
3.	Introduction to the importance of ageing research	Dr. Mohamed Salama	
4.	Longitudinal study designs and potential error in ageing research	Dr Ramadan Hamed	Ms. Ms. Noha ElMaghraby ElMaghraby
5.	Target Population and Sampling	Dr Ramadan Hamed	Ms. Noha ElMaghraby
6.	Probability and non-probability sampling	Dr Ramadan Hamed	Ms. Noha ElMaghraby
7.	Properties of Perfect Frame	Dr Ramadan Hamed	Ms. Noha ElMaghraby
8.	Sampling in elderly research	Dr Ramadan Hamed	Ms. Noha ElMaghraby
9.	Sample size calculation in elderly research	Dr Ramadan Hamed	Ms. Noha ElMaghraby
10.	Sample size calculation application using available software	Dr Ramadan Hamed	Mr. Amr El-Sayed
11.	Description of variables in SHARE questionnaires	Dr Ramadan Hamed	Mr. Amr El-Sayed
12.	Description of variables in SHARE questionnaires	Dr Ramadan Hamed	Mr. Amr El-Sayed
13.	Health related indicators in SHARE questionnaires	Dr. Mohamed Salama	
14.	Health related indicators in SHARE questionnaires	Dr. Mohamed Salama	
15.	Structure of SPSS file	Dr Ramadan Hamed	Mr. Amr El-Sayed
16.	Preparation of SPSS File of Pilot	Dr Ramadan Hamed	Mr. Amr El-Sayed
17.	Preparation of SPSS File of Pilot	Dr Ramadan Hamed	Mr. Amr El-Sayed
18.	Creating variables in SPSS	Dr Ramadan Hamed	Mr. Amr El-Sayed
19.	Descriptive Statistics (Central Tendency Measures) using examples from SHARE Data	Dr. Sherine Shawky	Mr. Amr El-Sayed
20.	Descriptive Statistics (Dispersion Measures) using examples from SHARE Data	Dr. Sherine Shawky	Mr. Amr El-Sayed
21.	Summarizing qualitative variables using examples from SHARE Data	Dr. Sherine Shawky	Mr. Amr El-Sayed
22.	Data visualization using examples from SHARE Data	Dr. Zeinab Khadr	Mr. Amr El-Sayed
23.	SPSS application Using SHARE Data	Dr. Zeinab Khadr	Mr. Amr El-Sayed
24.	Hypothesis Testing	Dr. Zeinab Khadr	
25.	Estimating a phenomenon in a population (quantitative and qualitative variables)	Dr. Ramadan Hamed	
26.	Assessing correlation between variables (quantitative and qualitative variables)	Dr. Sherine Shawky	
27.	SPSS application Using SHARE Data	Dr Ramadan Hamed	Mr. Amr El-Sayed

28.	Assessing association between quantitative variables	Dr Ramadan Hamed	Ms. Noha ElMaghraby
29.	Assessing association between qualitative variables	Dr. Sherine Shawky	
30.	Assessing association between Mixture of V	Dr. Ramadan Hamed	
31.	SPSS application Using SHARE Data	Dr Ramadan Hamed	Mr. Amr El-Sayed
32.	SPSS application Using SHARE Data	Dr Ramadan Hamed	Mr. Amr El-Sayed
33.	Linear regression	Dr. Zeinab Khadr	
34.	Logistic Regression	Dr. Zeinab Khadr	
35.	Longitudinal Regression	Dr. Zeinab Khadr	
36.	SPSS application Using SHARE Data	Dr. Zeinab Khadr	Mr. Amr El-Sayed
37.	SPSS application Using SHARE Data	Dr. Zeinab Khadr	Mr. Amr El-Sayed

### Face-to-face and virtual workshop (3-days)

Session	Title	Lecturer	Support
1.	Welcome and introduction of participants	Dr. Hoda Rashad Dr. Mohamed Salama	
2.	Course overview and objectives	Dr. Ramadan Hamed	
3.	Fall school: evaluation of experience	Dr. Ramadan Hamed	
4.	Preparing a survey report outline	Dr. Ramadan Hamed	
5.	The evolution of health as a social goal	Dr. Sherine Shawky	
6.	The social framing of health	Dr. Zeinab Khadr	
7.	Applying a comprehensive approach in thinking elderly needs	Dr. Sherine Shawky	
8.	The CSDH framework	Dr. Zeinab Khadr	
9.	Health equity a whole of government business	Dr. Sherine Shawky	
10.	The health systems and systems thinking	Dr. Sherine Shawky	
11.	Conceptual framing of social determinants of health inequality	Dr. Zeinab Khadr	
12.	Policies and strategies for the elderly	Dr. Zeinab Khadr	
13.	Measuring inequalities in health	Dr. Sherine Shawky	
14.	Measuring inequalities in health	Dr. Zeinab Khadr	
15.	Entry points for action and national policy recommendations for elderly health	Dr. Zeinab Khadr	
16.	Future steps to implement elderly research in Egypt	Dr. Mohamed Salama	
17.	Open discussion	Dr. Ramadan Hamed	
18.	Workshop closure	Dr. Hoda Rashad Dr. Mohamed Salama	