



## Conference Proceedings

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## CONFERENCE VENUE

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## **Preface:**

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## **KEYNOTE SPEAKER**



**Paulo Alexandre Gonçalves Piloto  
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Paulo Alexandre Gonçalves Piloto has a degree in Mechanical Engineering from the Faculty of Engineering – University of Porto (FEUP, 1991), Master Science degree in Mechanical Engineering from the Technical University of Lisbon (IST, 1994) and PhD degree in Mechanical Engineering (FEUP, 2001).

He is currently coordinator professor at the Department of Applied Mechanics – Polytechnic Institute of Bragança (IPB) – Portugal, having performed other professional activities in business and university environment.

Develops the research activity in the field of fire and structural engineering, participating as a permanent researcher at LAETA INEGI (Portugal). He is also an associate researcher at the research unit from the University of Salamanca (Spain) “Art, architecture, Urbanism and Engineering (Centuries XIX-XXI)”.

He is the author/co-author of several papers published in journals and congress proceedings. He made part of the organizing committee and scientific committee of several conferences. He participated in several international and national research projects.

**Profile Weblinks:**

**<http://portal3.ipb.pt/index.php/en/ipben/home>**

## **PRESENTERS**

<p><b>Said Dahmouni</b> ERCICRLSH1915054</p>	<p><b>Effect of Ramadan Intermittent Fasting on Selected Haemorheological Measures in Athletes and Non-Athletes</b></p> <p><b>Dahmouni Said</b> Laboratoire de Physiologie Animale Appliquée, Faculte SNV, UMAB Mostaganem, Algeria</p> <p><b>Bengharbi Zineb</b> Laboratoire de Physiologie Animale Appliquée, Faculte SNV, UMAB Mostaganem, Algeria</p> <p><b>Arrar Lekhmici</b> Departement de Biologie, Universite de Setif, Algeria</p> <p><b>Abstract</b> <b>Introduction:</b> During Ramadan healthy adult Muslims refrain from eating and drinking from sunrise to sunset. This is a major physical challenge not only but in particular for Islamic athletes (Chaouachi et al. 2009). Strenuous exercise especially under thermally challenging conditions induced substantial haemolysis combined with erythropoiesis (Beneke et al. 2005, Yusuf et al. 2007). However, haemorheological findings in athletes practising Ramadan were equivocal and possibly confined by (de)hydration effects (Maughan et al. 2008). <b>Methods:</b> 14 football players (F) practising football for more than 7 years continuing their training routine and 14 sedentary subjects (S) all aged 20 to 24 years provided venous blood in the afternoon without (weeks 1, 6 and 7) and after about 11 hours of fasting during Ramadan (weeks 2 to 5). The overall daily average duration of fasting during the Ramadan period was 15 hours. <b>Haemoglobin (HB), haematocrit (HCT), mean red blood cell count (RBC), mean RBC volume (MCV) and mean corpuscular HB concentration (MCHC) were analysed.</b> <b>Results:</b> Ramadan fasting had no effect on body mass and body mass index which were both higher (<math>p&lt;0.05</math>) in F (<math>68.8\pm 4.1\text{kg}</math>, <math>23.3\pm 1.1\text{kg/m}^2</math>) than in S (<math>65.2\pm 5.2\text{kg}</math>, <math>21.6\pm 1.0\text{kg/m}^2</math>). <b>HB and HCT were higher (<math>p&lt;0.05</math>) in F (<math>15.4\pm 0.4\text{g/dl}</math> and <math>43.5\pm 1.3\%</math>) than in S (<math>13.4\pm 0.6\text{g/dl}</math> and <math>41.3\pm 0.8\%</math>) with no effect of Ramadan progression on HB. HCT decreased (<math>p&lt;0.05</math>) in F in weeks 2 and 3. The corresponding HCT-decrease (<math>p&lt;0.05</math>) lasted until week 5 in S.</b> <b>In F, RBC increased (<math>p&lt;0.05</math>) in weeks 2 to 5, whilst remaining unchanged in S.</b> <b>MCV was lower (<math>p&lt;0.05</math>) in F (<math>85.9\pm 10.0\text{fl}</math>) than in S (<math>95.4\pm 7.2\text{fl}</math>). In S, MCV decreases (<math>p&lt;0.05</math>) in week 3 whilst in F a corresponding decrease (<math>p&lt;0.05</math>) continued until week 7. MCHC was higher (<math>p&lt;0.05</math>) in F (<math>35.4\pm 1.2\text{g/dl}</math>) than in S (<math>32.3\pm 1.5\text{g/dl}</math>). MCHC was increased (<math>p&lt;0.05</math>) in weeks 2, 3 and 5, 6 in F whilst in S a corresponding increase (<math>p&lt;0.05</math>) was only seen in week 2.</b> <b>Discussion:</b> The combination of unchanged HB, decreasing HCT, MCV and increasing MCHC combined with increased RBC indicates significant haemoconcentration during the day combined with haemolysis and erythropoiesis inducing a younger RBC population until one to two weeks post Ramadan in F practising Ramadan whilst continuing their usual training routine. S show haemolysis and erythropoiesis during the initial two weeks of Ramadan. However, they demonstrate no prolonged effect on RBC age and no consistent signs of haemoconcentration. <b>Keywords:</b> Haemoconcentration, Ramadan Fasting, Athletes</p>
<p><b>Nora Nahal Boudierba</b> ERCICRLSH1915056</p>	<p><b>Antifungal Activity of Juniperus Phoenicea Flavonoids against Aspergillus Flavus and Aspergillus Ochraceus</b></p> <p><b>Nahal Boudierba Nora1</b> Biology department, Faculty of Science of Nature and Life, University Tahri Mohamed of Bechar, Algeria</p> <p><b>Kadi Hamid</b></p> <p><b>Abstract</b></p>

	<p>In the context of the valorisation of medicinal plants, we aimed at a plant very used in traditional medicine is <i>Juniperus phoenicea</i>. In this work the effects of leaves flavonoids of this plant was tested against two fungal strains.</p> <p>Determination of growth radial technique on solid medium have been used on 2 fungal strains producer of mycotoxins; <i>Aspergillus flavus</i> and <i>Aspergillus ochraceus</i></p> <p>The results indicate that <i>Juniperus phoenicea</i> flavonoids are of the order of 46 µg / ml and exhibited good antifungal activity against the two fungal strains studied.</p> <p>The best recorded inhibition indices were 19.7%, 15.03% and 23.3% for concentrations 11 µg / ml; 23 µg / ml and 35 mg / ml against <i>Aspergillus flavus</i> 1, <i>Aspergillus flavus</i> 2 and <i>Aspergillus ochraceus</i>.</p> <p><b>Keywords:</b> <i>Juniperus Phoenicea</i>, Flavonoids, Antifungal Activity, Inhibition Indices</p>
<p><b>Khalid Mohamed Khalid</b> ERCICRLSH1915057</p>	<p><b>In-Vitro Antifungal Activity of <i>Citrullus Colocynthis</i> Schard against <i>Aspergillus Flavus</i> and <i>Aspergillus Ochraceus</i></b></p> <p><b>Nahal Bouderba Nora</b> Biology department, Faculty of Science of Nature and Life, University Tahri Mohamed of Bechar, Algeria</p> <p><b>Khalid Mohamed Khalid Elhoussein</b> Haematology department, Faculty of Medical Laboratory Sciences, International University of Africa, Sudan, Khartoum</p> <p><b>Abstract</b></p> <p>Resistance to current antibacterial and antifungal drugs are growing global concerns. Traditional medicine is a potential source of new antibacterial and antifungal.</p> <p>Our aim is to study the effects of aqueous and methanolic of fruits leaves and roots of <i>Citrullus colocynthis</i> Schard on fungal strain.</p> <p>Two methods have been used with this extracts on 2 fungal strains producer of mycotoxins; determination of growth radial technique on solid medium and determination of biomass technique on liquid medium.</p> <p>Aqueous and methanolic extract of fruit, leaves and root of <i>Citrullus colocynthis</i> Schard; these are examined for their antifungal potentiality against <i>Aspergillus flavus</i> and <i>Aspergillus ochraceus</i>. The maximum percentage growth inhibition 100% obtained from the aqueous extract from fruits of <i>Citrullus colocynthis</i> Shard against <i>Aspergillus Ochraceus</i>.</p> <p>These extracts can be included in the list of herbal medicines due to their high antimicrobial potential.</p> <p><b>Keywords:</b> <i>Citrullus Colocynthis</i> Schard, Antifungal, Aqueous, Methanolic, Extract</p>
<p><b>S M Majharul Islam</b> ERCICRLSH1915064</p>	<p><b>High Temperature Altered Growth Performance, Hemato-Biochemical Parameters and Structure of Erythrocytes in Rohu Labeo Rohita</b></p> <p><b>SM Majharul Islam</b> Department of Fisheries Management, Bangladesh Agricultural University, Mymensingh-2202, Bangladesh</p> <p><b>Mohammad Ashaf-Ud-Doulah</b> Department of Fisheries Management, Bangladesh Agricultural University, Mymensingh-2202, Bangladesh</p> <p><b>Mohammad Shadiqur Rahman</b> Department of Fisheries Management, Bangladesh Agricultural University, Mymensingh-2202, Bangladesh</p> <p><b>Md. Shahjahan</b> Department of Fisheries Management, Bangladesh Agricultural University, Mymensingh-2202, Bangladesh</p> <p><b>Abstract</b></p>

Global warming is expected to affect the aquatic ecosystem and aquaculture industry. In the current experiment, we have observed the effects of high temperature on growth, blood glucose, hemoglobin level, RBC (Red Blood Cell), WBC (White Blood Cell) and nuclear & cellular abnormalities of blood cells in rohu, *Labeo rohita*. In these circumstances, fish were exposed to three different temperate regimes such as 30°C, 33°C and 36°C and sacrificed at 7, 15, 30 & 60 days of exposure. The growth performance such as weight gain, % weight gain, specific growth rate (SGR) and feed conversion ratio (FCR) was much better at 30°C and 33°C rather than 36°C. From the study, it was also revealed that blood glucose level and WBC was significantly increased at 36°C on the 7 days but showed opposite consequence on 60 days. In the similar time, hemoglobin level and RBC were remarkably decreased at 36°C on 7 days. Frequencies of erythrocytic nuclear abnormalities (ENA) and erythrocytic cellular abnormalities (ECA) were found to be significantly elevated with increasing temperature. Dissolved oxygen and free CO<sub>2</sub> have shown inversed relationship with increasing temperature. But pH and total alkalinity of water were almost similar throughout the experimental period. The current study demonstrated that rohu fish feel better condition at 30°C and 33°C, while higher temperature 36°C seems to be stressful.

Turki Faraj  
ERCICRLSH1915068

**The Seasonality of Malaria in Asir Region, Saudi Arabia**

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**Abstract**

Although the incidence of malaria cases in the Asir Region, Saudi Arabia, has decreased over the last decade, they still cause significant health problems. This study tests the hypotheses that there are relationships between climate variables (maximum, mean and minimum temperature, rainfall and relative humidity) and this disease in Asir Region. Monthly malaria cases and climate variable data were obtained for the study area between 1995 and 2006. Multiple regressions on the number of cases of each disease were performed against the climate variables. Within Asir, there are two separate malaria endemic areas in the lowlands: Tehama of Asir (TA) and Tehama of Qahtan (TQ). The results revealed that in these areas, rainfall in the current and previous month was positively associated ( $P < 0.05$  and  $P < 0.001$  respectively) with an increase in malaria cases during the summer. This may be due to increased breeding and survival of vectors after the rainfall. Temperature was not an important factor. Based on the findings and an understanding of how malaria is affected by climate it should be possible to design an early warning system using the weather to predict the disease incidence. Therefore, the results of this study have important implications for policies to improve public health in this region.

Busra Altinel  
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**The Effect Of Multiple Interventions For Women At Risk For Cervical Cancer On Their Health Responsibility, Beliefs Regarding Cervical Cancer, And Having Screening: A Randomized Controlled Experiment**

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**Abstract**

This study is pretest-posttest, randomized, and controlled experimental study that was intended to analyze the effect of multiple initiations on beliefs about cervical cancer, health responsibility, and screening participation. The group that is be addressed is women between 40 and 55 years of age who are at risk of cervical cancer. The study was carried out between March 13 and June 18, 2017 in a primary health care center. The sample of this study included 134 women (experimental group: 64; control group; 67). The 14 weeks of sessions involving the experimental group included group training and delivery of brochures on cervical cancer, training and counseling during home visits, reminder phone calls, and delivery materials, all aimed to increase motivation to be screened regularly for cervical cancer. The control group maintained their routine practices. To prevent any ethical violations, the group training as well as the brochures, magnets, and mugs that were given

to the experimental group before the sessions were provided after the posttests to the control group as well. The study data were collected using an information form, the Cervical Cancer and Pap-Smear Test Health Belief Model Scale, the Healthy Lifestyle Behaviors Scale II (Health Responsibility), and The Assessment Form for Undergoing Pap-Smear Test. The data were analyzed using dependent groups t test and independent groups t test. After the multiple interventions, there was a significant difference between the test and control group's Health Responsibility, Pap smear benefit and motivation, Pap smear obstacle and health motivation scores ( $p < 0.05$ ). After multiple interventions, the participation rate of women in the experimental group to cervical cancer screening was found to be 93% and the rate of cervical cancer screening according to the control group was significantly higher ( $p < 0.05$ ). In the light of the results of these studies, it may be suggested to conduct studies in factorial design where the effectiveness of different methods to increase participation in cervical cancer screening is evaluated.

**Keywords:** Cervical Cancer, Early Diagnosis, Risk Group, Nursing

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**Lived Experiences of Visually Impaired Working Mothers on Child Rearing**

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**Abstract**

Visual impairment is a decreased ability to see it intervene in human function. In cases of mothers who has this disability can hardly be able to do works without guidance and most of all rearing a child. Visual Impairment comes with different challenges in one's life. In this study, these are the working mothers who have visual difficulties with responsibilities in work and in rearing a child. This study specifically aims to discover the challenges and coping mechanics of visually impaired working mothers on child rearing. Semi-structured in-depth interviews were used and the gathered data from the participants were transcribed and analyzed through Thematization. "Close nurturers" was the overarching theme extracted from the experience of mothers who are blind, which emerged from four themes: monitoring by alternative senses, discovering the child's intentions, parenting anxiety, and deficits in communication. Their transition to parenthood seems relatively conventional despite their visual impairment, and mothers have mostly "detached" attachment representations, with a need for independence. However, the need for social support proves to be of great importance.

**Keywords:** Visual Impairment, Working Mothers, Coping Mechanism, Rearing



**Hajar Pasha**  
ERCICRLSH1915076

**Marital Intimacy and Predictive Factors Among Infertile Women in Northern Iran**

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**Abstract**

**Introduction:** Infertility is a stressful state that may decrease attachment between spouses. Marital intimacy is a real need in infertile women.

**Aim:** The aim of this study was to evaluate marital intimacy and predictive factors among infertile women in Northern Iran.

**Material and Methods:** This cross-sectional study was conducted at Fatemeh Zahra Infertility and Reproductive Health Center of Babol Medical Sciences University in 2014. A total of 221 infertile women participated in this study. The instrument used in this research was Marital Intimacy Need Questionnaire (MINQ). Statistical analyses was performed using linear and logistic regression with  $p < 0.05$  indicating statistical significance.

**Results:** An 88.5% of infertile women had good marital intimacy. The mean and standard deviation of the marital intimacy was  $349.11 \pm 49.26$  and in marital intimacy domains including: emotional ( $42.28 \pm 7.23$ ), psychological ( $41.84 \pm 7.59$ ), intellectual ( $42.56 \pm 7.46$ ), sexual ( $42.90 \pm 7.41$ ), physical ( $43.59 \pm 6.96$ ), spiritual ( $51.61 \pm 8.06$ ), aesthetic ( $42.66 \pm 6.75$ ), and social intimacy ( $42.59 \pm 6.89$ ). The highest mean of marital intimacy domains is related to spirituality in infertile women. Physical and sexual domains had the high mean in infertile women. The lowest mean in marital intimacy domains was psychological intimacy. There was a significant correlation between the domains of marital intimacy. The strongest correlation was between the physical and sexual intimacy ( $r = 0.85$ ). There was a significant inverse association in marital intimacy with the age difference of spouses ( $p < 0.01$ ), and tobacco use ( $p < 0.02$ ). There was a statistically significant association in the marital intimacy with husband's occupation, and cause of infertility ( $p < 0.02$ ).

**Conclusion:** Early screening and psychosocial intervention strategies suggest in the setting of female infertility to identify and prevent the predictive factors that may cause marital conflict.

**Keyword:** Couple Intimacy, Marital Intimacy Need Questionnaire, Marital Relationship, Sexual Intimacy

Amir Afshar  
ERCICRLSH1915083

**The Different Aspects of Offshore Oil Rig Life on Health of the Crew**

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**Abstract**

With more than five years of work on offshore oil rigs in Persian Gulf as an offshore Medical Doctor, different cases of patients with different health problems have always consulted the hospital. After close observation of each case and follow ups after treatments, a list of possible cause and effects were collected. The aim of this lecture is to present different morbidity rates and physiological and health problems originated by the life style of crew on board, including auditory problems, hypercholesterolemia, hypertension, and last but not least, muscular complaints. A thorough study has been conducted and some lab tests done to screen patients. The basis of this research and the methodology is empirical and analytical and it is done on 95 cases from March 2017 to March 2019 during a period of two years. All subjects are male, from 25 to 45 years old. The study covers four main areas of problems: Auditory, Cholesterol Levels in Blood, Blood Pressure, and Musculoskeletal system.

Then different aspects of their profession including environment, position, age, occupational hazards were studied and considered in the analysis.

As a result, and according to statistical analysis of the data in this test through Pearson Correlation Coefficient and hypothesis introduced in Regression, it was proved that the environment and the position have direct impact on the health of the crew whereas age was a minor underlying reason for the majority of problems.

**Keywords:** Health, Offshore Lifestyle, Physiological Problems, Occupational Hazards



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**Medical Research On The Barrier To Delivery Of Psycho-Social Care On (Art) Retention By Health Care Workers In Cameroon And Nigeria**

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**Abstract**

**Background:** In order to optimally benefit from HIV care and treatment, HIV-infected individuals must complete several steps along a care continuum – HIV testing and diagnosis, linkage to and retention in primary HIV care, and receipt and adherence to antiretroviral therapy (ART). Retention in care is essential in this process, providing opportunities to monitor response to HIV therapy, prevent HIV-associated complications, and deliver ancillary services. Moreover, retention in care improves survival and reduces the risk of HIV transmission to others. Despite these advantages, less than 50 % of HIV-infected individuals in Cameroon and Nigeria linked to care meet national retention in care standards (e.g. completion of two or more HIV primary care appointments per year).

Psychosocial care is important not only to patients but also to the staff providing that care. Patients consistently report having significant informational and emotional needs that are often unmet during their HIV journey (Sussman and Baldwin 2010).

Psychosocial providers can provide both care and support with verbal and written advice to patients. Written information is especially important for newly diagnosed patients who may not retain a lot of information due to an overload of information at initial diagnosis. This allows patients to base their understanding of HIV therapy on sound information rather than anecdotes and misinformation (Moody 2003). Psychosocial providers play a pivotal role in the psychosocial care of HIV patients throughout their journey. They see patients at their worst and at their best; from diagnosis, through treatment, through to cure or palliative and end of life care, it is a long journey which is shared between patient and health care practitioner. There are two important issues in the delivery of psychosocial care to HIV patients: recognition of distress and the available mental health resources (Muriel et al 2009)

In Cameroon reporting statistic on cohort monitoring have examined predictors of retention in care, noting that the delivery of psychosocial care in the ART clinics are associated with poor retention. Conversely, patients receiving case management services and individuals with fewer unmet needs are more likely to consistently engage in care. However, these studies are limited by the non-investigation on the perception of healthcare providers on psycho-social care. To better understand the full range of factors impacting retention in care, a more qualitative approach is needed. The question then is how effectively do we address barriers to quality psychosocial care by service providers?

This study adds to the existing literature by examining factors affecting psychosocial delivery by healthcare workers on the successful managing HIV infections with varying retention patterns.

**Methodology:** We will develop a semi-structured interview guide designed to elicit healthcare providers' perspectives on delivery psychosocial care. Interview questions will be based on a literature review of barriers and facilitators to HIV care and treatment, which will include articles published over the past 10 years, and discussions with experts involved in the care of people living with HIV. Each interview will last 20–30 min, and will be conducted by a trained interviewer familiar with the study goals and skilled in qualitative interview techniques. The interview will begin

with open-ended questions exploring healthcare providers' experiences with delivery of psychosocial care on HIV retention. Then, they will be asked to reflect on barriers and facilitators to retention in care, relationships with their patients and clinic staff, and experiences navigating the healthcare system. Following this, they will also be requested to comment on their belief to deliver quality psychosocial care. Finally, healthcare providers will be offered the opportunity to share general reflections regarding their experience in the delivery of psychosocial care. After piloting the interview guide with the service providers, the research team will meet to review early transcripts and adjust the interview guide to better capture service providers' perspectives

**Conclusion:** HIV Psychosocial agents use psychosocial support to help establish therapeutic relationships. These relationships are built through psychological, social, and spiritual care. Today, effective high quality care continuum in HIV is viewed as involving more than just the delivery of anti-retroviral therapy. Increasingly retention service providers are required to address patients supportive care needs (Harrison et al 2009). As hospital support staff we see the patient and their family throughout their HIV journey and are in a unique position to monitor a patients' psychosocial coping and distress. Empowering patients through support and education enables them to have some feeling of control. Health care professionals that use empathy, understanding, and reassurance contribute to positive psychological outcomes for patients (Lin and Bauer Wu 2003). Patients feel supported in a holistic approach that focuses on their quality of life, intimate relationships, and social situation (Sundquist and Yee 2003). In Cameroon HIV patients have an unmet need in terms of Psychosocial support. Care providers are not capacitated to satisfy patients unmet need, also background checks are ignored by employers when recruiting the care providers. To overcome the challenges of quality psychosocial care the healthcare system should be overhauled. Psychosocial care should be introduced into the curriculum and end products should be inserted into the health facilities.

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**ERCICRLSH1915091**

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**ERCICRLSH1915095**

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**Research, African Leadership Award, Zanzibar, Tanzania**

**ERCICRLSH1915096**

## **Upcoming Conferences**

<https://eurasiaresearch.org/hbsra>

- 2019 – 15th International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 09-10 August, Istanbul
- 2019 – 16th International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 31 Aug-01 Sept, Rome
- 2019 – 17th International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 13-14 September, London
- 2019 – 18th International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 19-20 September, Jakarta
- 2019 – 19th International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 27-28 September, Hong Kong
- 2019 – 20th International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 10-11 October, Dubai
- 2019 – 21st International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 18-19 October, Prague

**2019 – 14th International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 02-03 August, Barcelona**

Universitat Pompeu Fabra, Campus de la Ciutadella, Barcelona, Spain

- 2019 – 22nd International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 18-19 October, Bangkok
- 2019 – 23rd International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 16-17 November, Singapore
- 2019 – 24th International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 12-13 December, Dubai
- 2019 – 25th International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 12-13 December, Sydney
- 2019 – 26th International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 22-23 December, Bali
- 2019 – 27th International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 24-25 December, Bangkok
- 2019 – 28th International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 30-31 December, Kuala Lumpur
- 2020 – International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 20-21 February, Dubai
- 2020 – 2nd International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 06-07 March, Melbourne
- 2020 – 3rd International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 28-29 March, Singapore
- 2020 – 4th International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 03-04 April, Tokyo
- 2020 – 5th International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 17-18 April, London
- 2020 – 6th International Conference on Research in Life-Sciences & Healthcare (ICRLSH), 15-16 May, Berlin