NCD Peer Support Group Counselling at a Lebanese Red Cross Health Center

ENSURING CONTINUITY OF CARE FOR NCDs IN LEBANON'S CONFLICT ZONES

A Lebanese Red Cross Case Study

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Seven months since the onset of hostilities on the Lebanon-Israel border have led to devastating impacts on civilian populations, with the Lebanese Ministry of Public Health (MoPH) reporting 1,359 casualties, including 344 people killed (73 civilians) and over 93,000 internally displaced and seeking refuge across the country.[1] However, for the 60,000 who remain in affected areas, access to primary healthcare (PHC) is becoming increasingly difficult as six centers have closed in Bint Jbeil and Marjaouyn districts due to security concerns, while needs for chronic non-communicable diseases (NCDs) and mental health and psychosocial support (MHPSS) rise.

The Lebanese Red Cross (LRC) remains one of the largest humanitarian actors in the country, active through its 36 primary healthcare centers (PHCCs) and 7 mobile medical units (MMUs), which have been particularly crucial in the crisis-affected region. The LRC's medical-social services (MSS) is responsible for providing PHC services which include medical consultations, medication distribution, and health promotion and MHPSS activities (such as facilitating peer support groups and child-friendly spaces).

In 2017, the MSS piloted the integration of NCD management into its PHC services and has been on an effective scaling-up journey, despite facing obstacles due to the successive and multifaceted crises faced by the country since late 2019; from the COVID-19 pandemic, to the Beirut port explosion in 2020, the cholera outbreak in 2022, and the latest hostilities in the south, all exacerbated by sustained socio-economic and political instability and the ongoing impacts of the Syrian refugee crisis since 2012.[2]

In 2019, NCDs accounted for about 89% of all deaths in Lebanon, while an impending mental health pandemic is looming closer.

In the current southern conflict, LRC's MSS have successfully managed to maintain and adapt their NCD and MHPSS services, in spite of the numerous challenges faced. To highlight their achievements, the World Health Organization's (WHO) latest framework to address health emergency prevention, preparedness, response, and resilience (HEPR), has been used with the five key capabilities (5 Cs) identified by the framework – emergency **c**oordination, **c**ollaborative surveillance, **c**ommunity protection, safe and scalable **c**are, access to **c**ountermeasures – serving as guiding elements.[3]

WHO's Health Emergency Prevention, Preparedness, Response, and Resilience (HEPR) Framework (2023)

Drawing lessons from the COVID-19 pandemic, the HEPR framework stresses the importance of coordinated efforts across national, regional, and global levels to address various health threats, especially those worsened by systemic vulnerabilities.

It aims to improve the management of health emergencies by emphasizing coordination among stakeholders, building capacity across health sectors, promoting community resilience, ensuring inclusivity, and preparing for diverse health threats.

By enhancing collaboration and readiness at all levels, the framework aims to minimize the impact of emergencies, ensure fair access to healthcare resources, and speed up recovery.

[1] OCHA (2 May 2024) Lebanon: Flash Update #17 – Escalation of hostilities in south Lebanon (Accessed: https://www.unocha.org/publications/report/lebanon/lebanon-flash-update-17-escalation-hostilities-south-lebanon-2-may-2024)

[2] Fouad FM, Diab J, Cosette M, Coutts AP, Deakin S, Daoud A (2020) Lebanon - the failed state: how politics and policy shapes population health and wellbeing. *R4HC-MENA GCRF*. (Accessed March 19, 2024: https://r4hc-mena.org/2020/09/30/lebanon-the-failed-state-how-politics-and-policy-shapes-population-health-and-wellbeing/)

[3] WHO (2023) Strengthening Health Emergency Prevention, Preparedness, Response and Resilience (Accessed: https://cdn.who.int/media/docs/default-source/emergency-preparedness/who_hepr_wha2023-21051248b.pdf?sfvrsn=a82abdf4_3&download=true)

Emergency coordination

LRC's MSS strengthened its health emergency preparedness, readiness, and resilience by developing an adapted *'Conflict Preparedness and Response Plan'* (CPRP) at the onset of the crisis outlining clear preparedness and response strategies and activities for each LRC services, including internal and external communication and coordination mechanisms.[4] The creation of this document heavily relied on the timely and expert knowledge of both HQ and field staff to provide relevant information. At the very start of hostilities, the director of the MSS swiftly held an online meeting and appointed focal points in each governorate to coordinate all risk, vulnerability, and capacity assessments and reporting to inform the CPRP (including availability of medication and consumables in stock), while also guaranteeing the strengthening of staff and volunteer capacities by prioritizing safety.

All 600 MSS staff and volunteers in PHCCs and MMU were asked if they were in a capacity to continue supporting relief efforts as the situation evolves by re-signing LRC's Code of Conduct. However, many also found themselves among those severely affected by the conflict, resulting in only 380 being in an immediate capacity to continue within PHCCs, with only six in MMUs. The list of volunteers seeks to be routinely updated through partnerships with local institutions such as the Lebanese Order of Physicians and the School of Nursing.

A social worker and focal point working in an MMU in the south expressed receiving huge support from HQ, stating that "we received daily calls from the team in Beirut." Another social worker, initially based in the Bint Jbeil PHCC that got destroyed by the nearby bombing of a house and thereafter relocated to the Tebnin PHCC, added that "moral support from HQ is the most important element, facilitated by a direct hotline [with HQ], in addition to logistical support offered in the form of assistance with transportation and electricity (by sending a generator), and the coordination of approvals for quick relocation."

This rapid coordination was ensured by pre-existing strong ties between the LRC and other health and disaster management actors across the country. A national Health Working Group (HWG) co-chaired by the MoPH, the WHO, and the United Nations High Commissioner for Refugees (UNHCR), serves as the main coordination mechanism for all actors providing health assistance in Lebanon and facilitates effective information sharing and collaborative surveillance.[5]

Collaborative surveillance

The social worker manager and NCD focal point at LRC HQ explained that the HWG convenes on a monthly basis to coordinate a unified strategy for health and MHPSS activities. For instance, updates on the status of PHCCs' functioning and service provision enabled gaps to be identified and filed. An NCD screening assessment conducted by the Union of Municipalities of Tyr and Nabatiyeh revealed about 450 people in urgent need of medication, without stating whom they would be receiving the medication from. As a result, LRC coordinated with partner organizations to assess who was in a capacity to deliver this medication service and stepped in to do so when necessary.

Despite a national *NCD Prevention and Control Plan (NCD-PCP)* developed in 2016 by the MoPH and WHO outlining the wish for a national multi-sectoral response to NCDs, an effective surveillance system has yet to be implemented.[6] LRC's MSS has progressively enhanced its staff's monitoring capacity for NCDs by integrating NCD

[4] LRC (Nov 2023) Conflict Preparedness and Response Plan: Saving Lives & Preserving Dignity (internal document)
[5] UNHCR (2024) Operational Data Portal: Lebanon Health Working Group. (Accessed March 19, 2024: https://data.unhcr.org/en/working-group/19)
[6] MoPH and WHO (2016) Lebanon Non-Communicable Diseases Prevention and Control Plan (NCD-PCP) 2016-2020. (Accessed: https://www.moph.gov.lb/en/Pages/127/3658/non-communicable-diseases-prevention-and-control-plan-ncd-pcp-lebanon-2016-2020-)

prevention and care services in its PHCCs, and training nurses and social workers in 13 PHC facilities so far on MoPH's NCD screening protocols for early detection of diabetes and hypertension. As such, in 2023, 10,300 patients received NCD-related services, 3,000 were identified with NCD risk factors, and 2,800 were diagnosed with an NCD.[7]

A social worker in the south noted that "[we want to conduct] NCD screenings more often and, in more places." However, the fighting in the south led to the disruption of many services including screenings as PHCCs were destroyed and movement became increasingly restricted for both patients, staff and volunteers.

Community protection

The conflict has also reminded patients and staff alike of traumas from the 2006 Lebanon-Israel war. As such, in the early days of this crisis, all staff were made to attend a psychological first aid (PFA) training and were instructed by LRC's disaster risk reduction (DRR) on how to act under direct attack.

Prior to the Bint Jbeil PHCC being destroyed, the social worker stationed there welcomed a young woman to the center for basic wound care. She explained that "following a routine MoPH NCD screening protocol, it was revealed that [the patient] had diabetes. The woman then had a panic attack, triggered by recollections of her childhood marked by the 2006 war. I provided the necessary PFA to help her through her emotional distress and provided the hotline contacts from the MoPH and other NGOs offering specialized MHPSS."

As the conflict escalated, health promotion and awareness activities for NCDs and MHPSS, including peer-support groups (PSGs) and child-friendly spaces (co-managed with the LRC Youth sector) were also halted in PHCCs in order to minimize movement of patients and staff. As a result, adapted communication mechanisms were established. The social worker manager noted that "field staff have been sending remote messages by WhatsApp and calls, providing essential information about basic NCD care and specialized MHPSS referrals, while occasionally conducting one-on-one awareness and PFA sessions if necessary."

A WhatsApp group was established in 2023 alongside an NCD peer-support group (PSG) training for social workers to regularly communicate and share knowledge on NCDs. This group was instrumental in informing the development of a NCD self-care mini manual, to be distributed in reception areas and temporary shelters in the eventuality of a full-out war.

LRC's MSS also guaranteed safe and accessible infrastructure by quickly relocating when directly attacked. The focal point based in the Bint Jbeil PHCC recalled the devastating impacts to the center.

> *"The Bint Jbeil PHCC received severe collateral damage from a nearby house being bombed. While MSS staff attempted to clean up the debris and continue their services, a few days later, the PHCC received further damage and was rendered completely unsafe. The MSS HQ team ensured quick emergency coordination by internally convening with the DMS and externally with relevant local stakeholders and disaster management authorities. After timely and efficient coordination with the Ministry of Social Affairs (MoSA) and the Union of Municipalities for Tyr and Nabatiyeh, the MoSA provided access to a PHCC in the neighboring town of Tebnin, providing a new and safer space from which the MSS could resume PHC services until the emergency settles and the Bint Jbeil PHCC can be restored."*

This temporary relocation was immediately communicated to all existing and new patients in the affected area, informed by the open and regular communication with partner organizations.

[7] DRC (2023) Bridging the Gap: Outcomes Harvest (internal document)

Safe and scalable care

PHC and MHPSS services were regularly assessed and adapted based on the dynamic risk and vulnerability of the unfolding conflict. While LRC's MSS attempted to sustain them all for as long as possible, the severity of the impacts forced a simplification of their models of care.

In the acute response phase, most PHC services were de-prioritized to facilitate life-saving interventions, such as basic first aid (i.e., wound care) and PFA. As the crisis progressed, all services were interrupted due to infrastructural damages and security concerns limiting access to PHCCs. However, whenever possible, adaptations were made. The MSS director made the executive decision to increase the medication provision for NCD patients from a monthly dosage, allowing them to collect up to three months-worth of medication ensuring patients would have access to their vital and chronic medication needs.

Now a few months in, the situation has somewhat stabilized without significant escalations, allowing for certain services to resume with slight alterations. The social worker manager mentioned wanting to resume child-friendly spaces where children will be able to share their post-war experiences in schools and hosting PSGs for the elderly in safe PHCCs.

Additionally, efficient referral pathways were established to avoid any patients falling through healthcare cracks and encourage the efficient collaboration and comparative advantages of each partner organization. A field nurse in the south, mentioned the close partnership between the MoPH and YMCA, the national provider of chronic medication, asking LRC to complement their medication service provision with related NCD services (i.e. consultations and awareness activities). On the flip side, as previously mentioned, LRC's MSS are not equipped to provide specialized MHPSS and therefore refer their patients in need to qualified institutions.

To ensure strong stockpiling and supply chain management capabilities, LRC had also defined a consolidated list of essential PHC medicine to be procured with a designated framework for storage, dispensing, and monitoring ensuring a constant supply of medicines to health centers, with a buffer supply covering a minimum of six months of operations, even when there are shortages in the country. This meant that all medicines on the list were available in all PHCs at each stage of the emergency. Stocks were intended to be replenished in March 2024.

Access to countermeasures

With the burden of NCDs rising dramatically in the world and in Lebanon, demand for medication follows. Yet, the provision of NCD medication remains a constant challenge, particularly in emergency settings where displacement causes an everchanging flow of old and new patients. With the Lebanese health system already faced with an ongoing national shortage of essential medicines, strong stockpiling and supply chain management is critical to ensure continuity of care for people living with NCDs. LRC ensured a constant supply of essential medicines to its PHCCs (including a buffer) covering a minimum of six months of operations thanks to the implementation of its '*Medications Management Policy and Processes Framework'* that defines the list and includes storage, dispensing, and monitoring elements, and its strong partnership with the MoPH-YMCA medication for chronic illnesses program.

Despite ongoing hostilities in the south, which have temporarily altered certain PHC services, LRC's MSS continues to pioneer its NCD PSG implementation research in other regions not directly affected by the conflict. The social worker manager mentioned the "strangeness of living in two realities, with PHCCs being bombed and staff injured

or displaced on one side, and ongoing discussions of scaling-up [the NCD program] on the other." Last year, the MSS developed an 'NCD PSG Manual for Lebanon' in collaboration with international technical and academic partners, among numerous other research papers.[8] The extensive research efforts have been instrumental in expanding LRC's NCD programming beyond the MSS, with growing opportunities for the service to share their knowledge with other LRC sectors (i.e., the Youth sector), Red Cross and Red Crescent national societies (i.e., the Iraqi Red Crescent Society), international NGOs, and the Lebanese MoPH. The manual also influenced the development of a global *'PSG Handbook for NCDs in Humanitarian Settings,'* launched in May 2024.[9]

LRC's MSS had also piloted a community-based approach to NCD needs assessments for staff and volunteers to be equipped with the necessary skills and confidence to support the NCD management scale-ups in the remaining LRC PHCCs.

The efforts of the **Lebanese Red Cross's (LRC)** Medical-Social Services (MSS), have not only addressed immediate needs for NCDs and MHPSS, but offered hope amidst the devastation of the conflict. As Lebanon continues to grapple with the challenges of socio-economic and political instability, the support of humanitarian agencies and the international community remains more crucial than ever.

The Danish Red Cross (DRC) would like to acknowledge the support of all those who contributed their knowledge, expertise, and personal experiences in the matter through insightful interviews and conversations during these challenging times.

[8] See the resources section in the Partnering for Change (P4C) website: https://www.humanitariannncdaction.org/resources/
[9] P4C (May 2024) Peer Support Handbook: Planning, Implementing and Evaluating Peer Support with People Living with Noncommunicable Diseases in Humanitarian Settings (Accessed May 15, 2024: https://www.humanitariannncdaction.org/resources/)

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