



# The Impact of COVID-19, Economic Crisis and Beirut Blast on the National Tuberculosis Program in Lebanon

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## BACKGROUND & RATIONALE

The National Tuberculosis Program (NTP) provides equitable and accessible TB diagnosis and treatment services to all residing in Lebanon

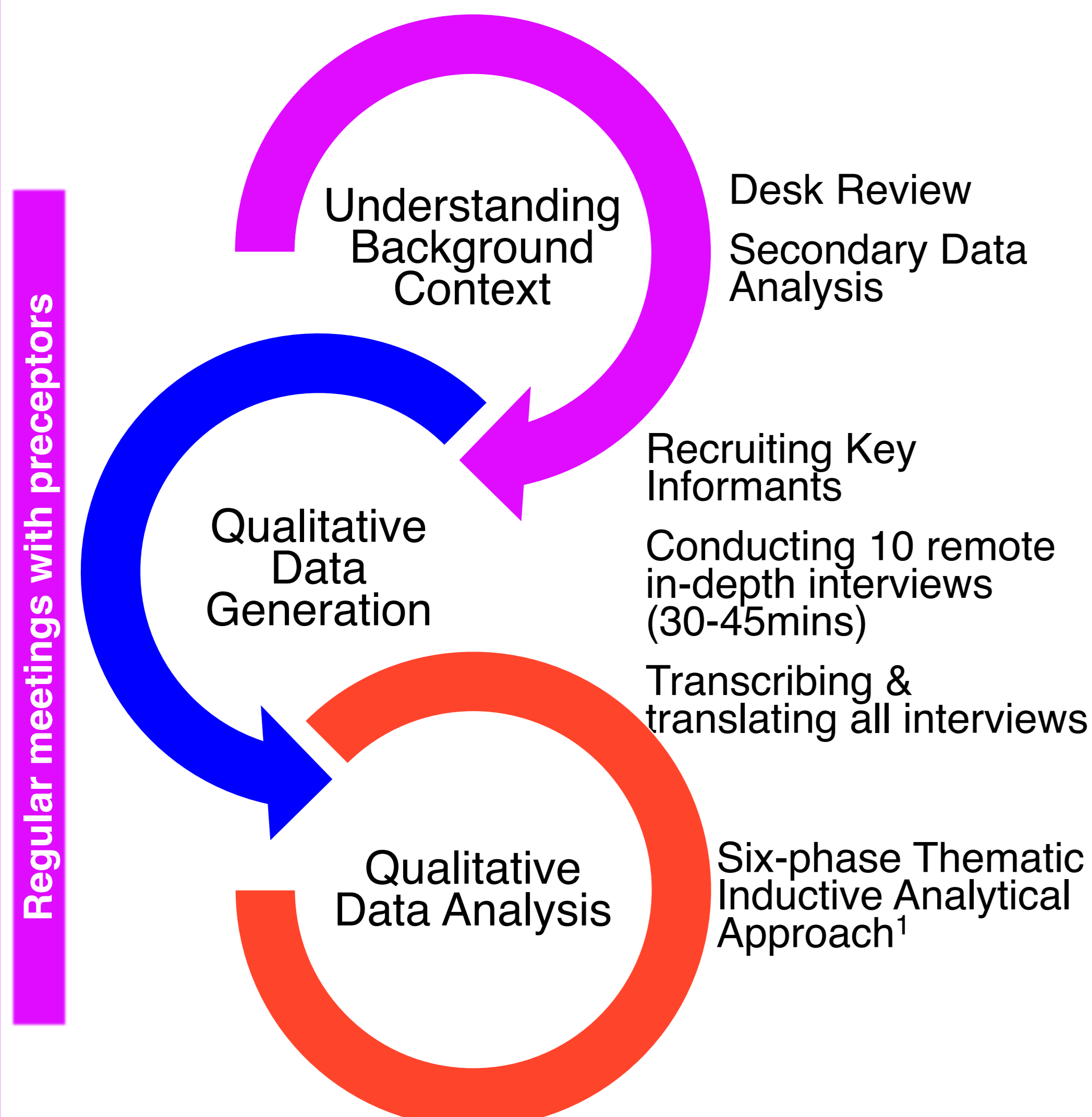
1 year of COVID-19 reversed 12 years of global TB control progress

**PROBLEM:** Lebanon: low TB burden, but the goal to eliminate TB by 2021 was not achieved due to multiple crises  
**NEED:** To understand the impact of compounded crises on NTP services access and delivery.

## OBJECTIVES

- Identifying changes in the functioning and services of NTP over the past year
- Highlighting the roles & experiences of CHVs in adaptation over the past year
- Mapping experienced issues by the community, with focus on to communication, community engagement, and barriers to seeking NTP services

## PROCESS



1 Clarke, V., & Braun, V. (2014). Thematic analysis. In *Encyclopedia of Critical Psychology*, 1947-1952. Springer, New York, NY.

## FINDINGS

### CONTEXT: Characteristics of Active TB Cases in Lebanon (2020)

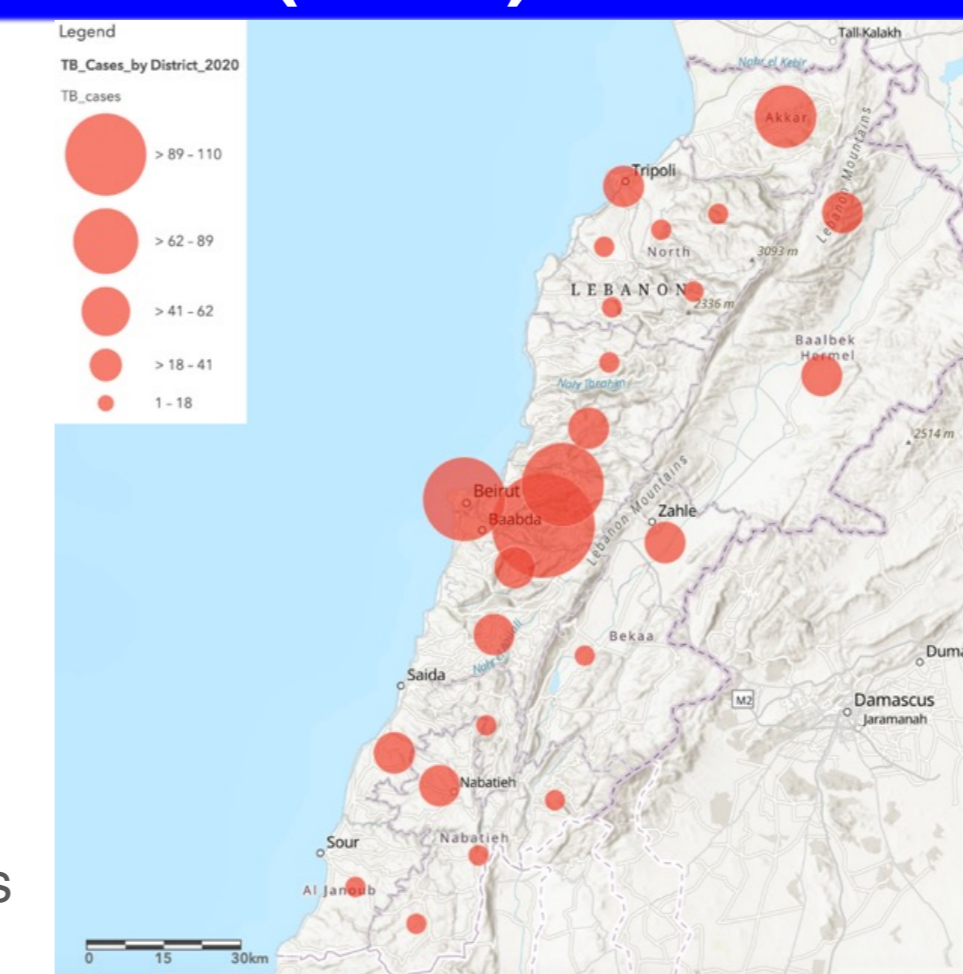
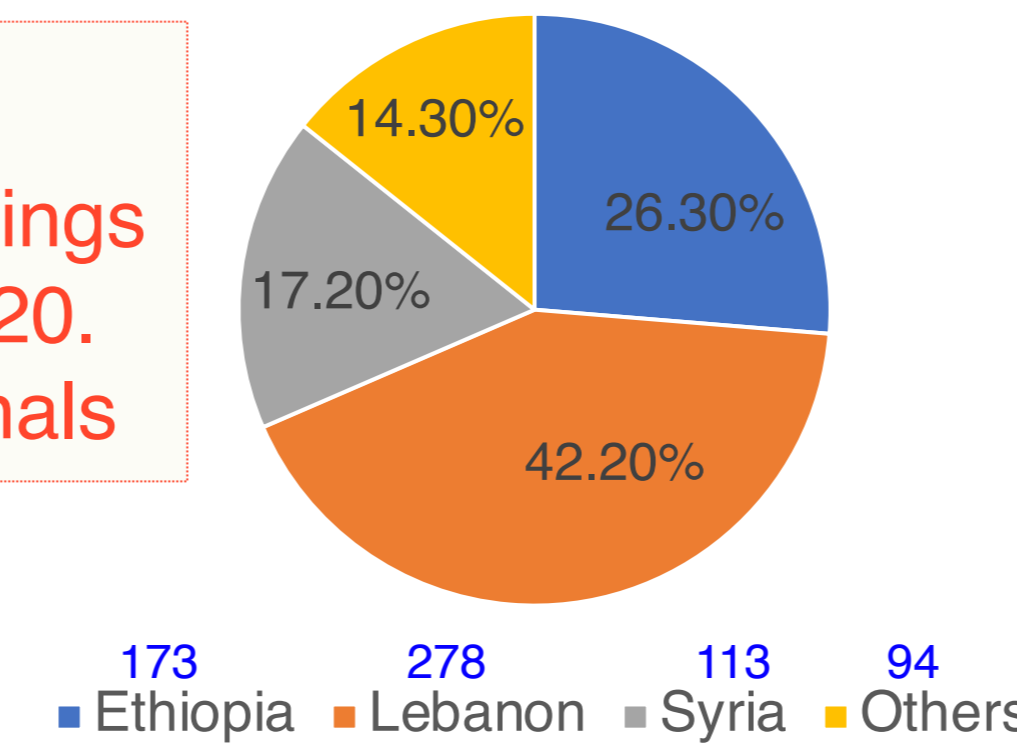
N= 658 cases

51.9% ♀

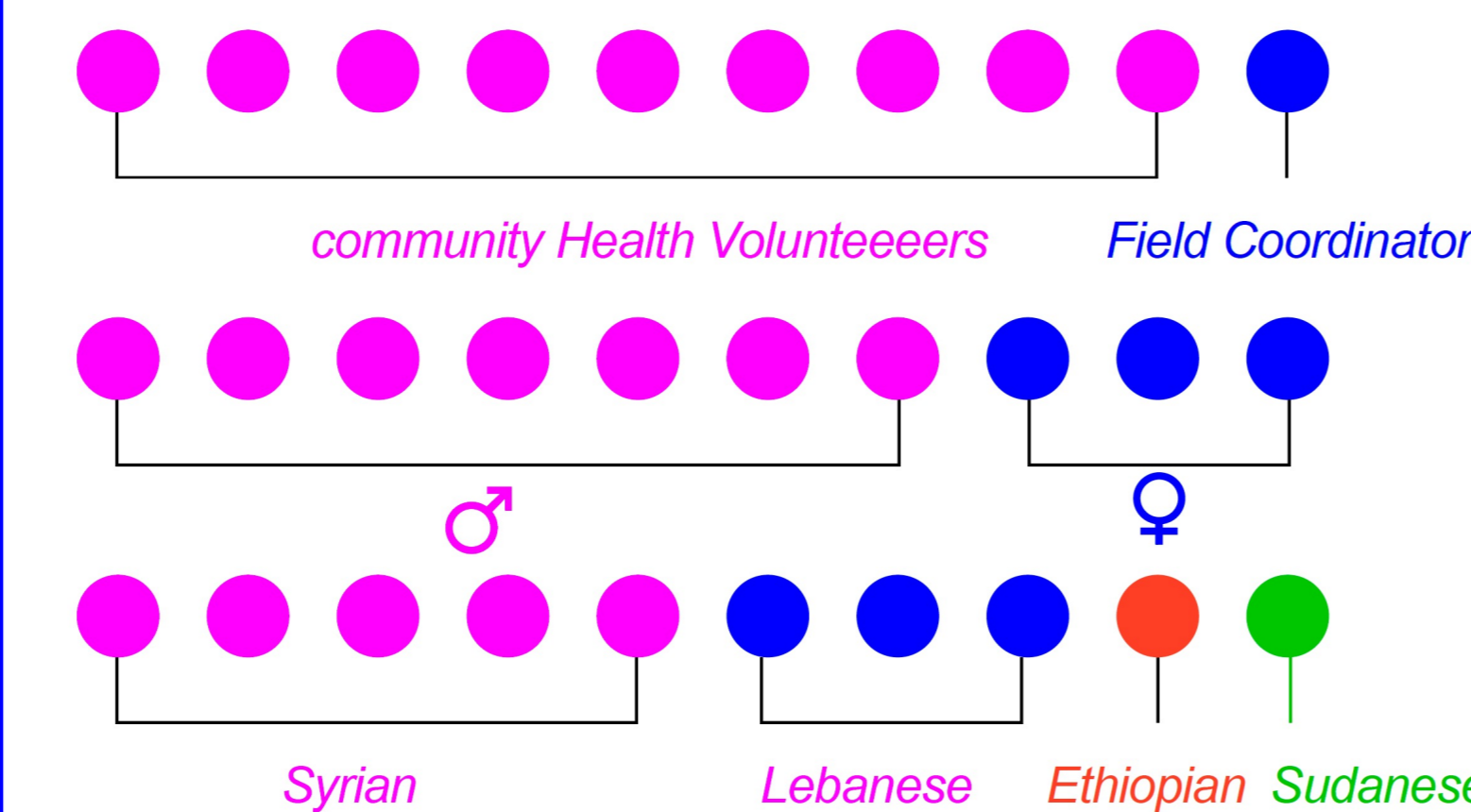
Majority of cases 20-39 YO

> 60% Elementary occupations or unemployed

13% decline in case findings between 2019-2020. More in non-nationals



### Interviewed Stakeholders Characteristics



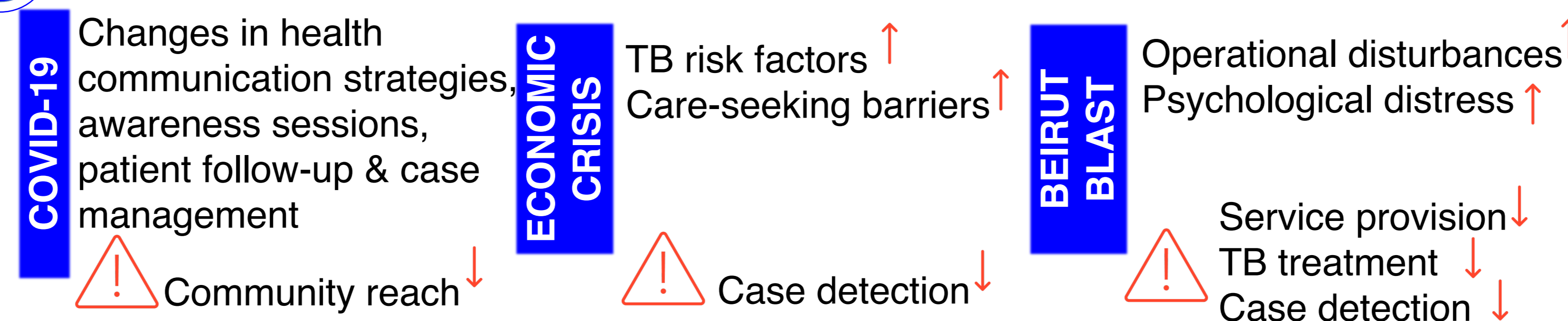
N= 10 Stakeholders

Length of Experience with NTP/IOM: 4 Months-4 Years

Service Location: Beqaa, South Beirut, Mount Lebanon, South Lebanon, Maten and Batroun

### Emerging Themes

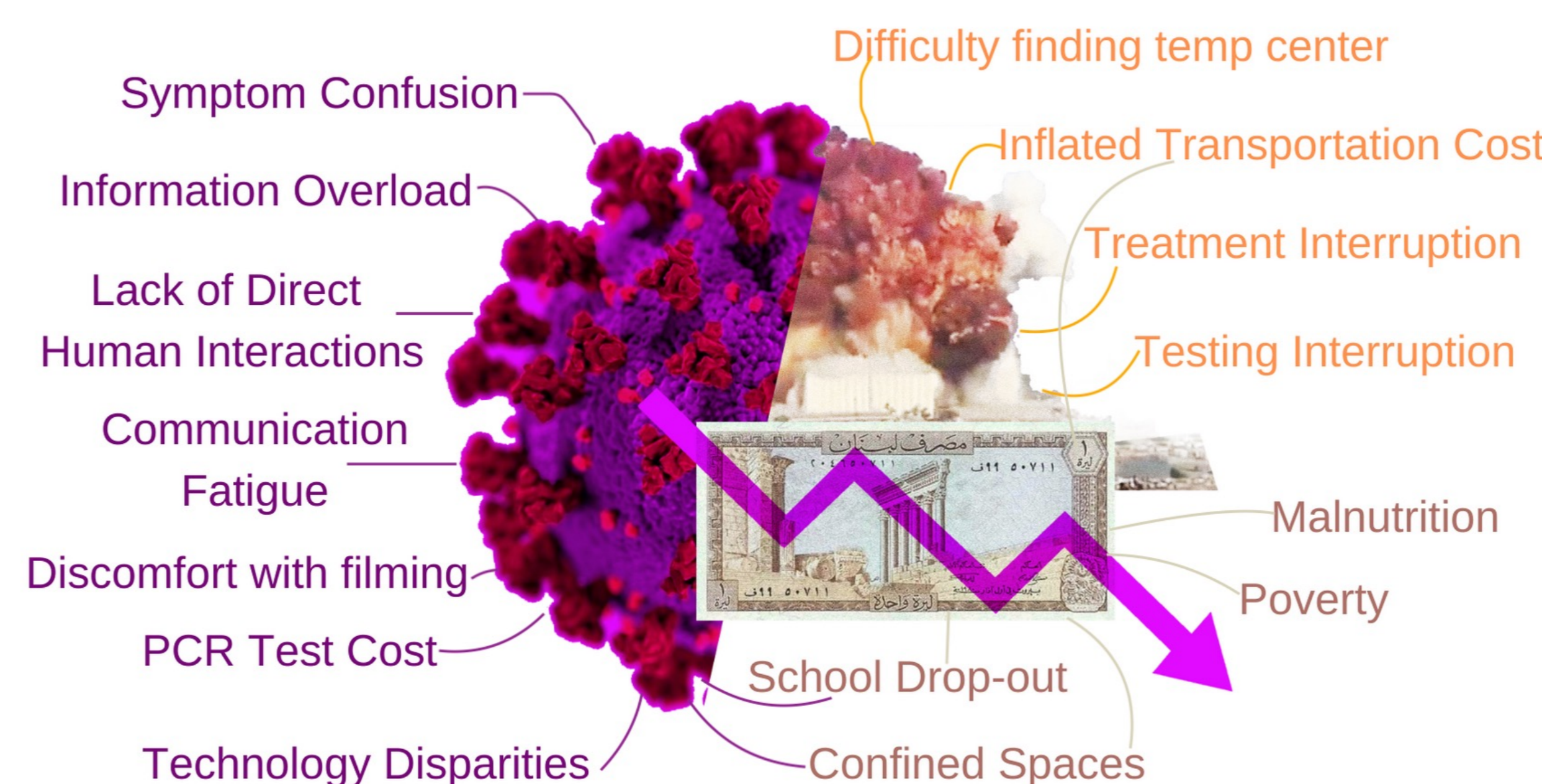
#### 1 Crises Effects: Changes & Challenges



#### 2 Community Health Volunteers: Roles & Challenges

- ROLE**
- Liaising between NTP/IOM & community
  - Bridging treatment access gap
  - Using innovative outreach techniques
  - Using culturally-sensitive health information
- CHALLENGES**
- Irregular schedules
  - Unclear work-life balance boundaries
  - Community mistreatment & racism towards female CHVs

#### 3 Barriers, Communication & Community Engagement Issues



## CHALLENGES & LIMITATIONS

STAGE	CHALLENGE/ LIMITATION	MITIGATION
Stakeholders Selection	Cannot interview beneficiaries	Selected CHVs who are members of the community
Stakeholder Interviews (Voice Calls)	Missed cues Connection issues Slow comfort	Effective Listening Repetition & clarity Warmup Questions
Stakeholder Interviews	Social desirability	Reflexivity Clear Consent
Qualitative Data Analysis	Time constraints Single coder	Using Dedoose Data Immersion Reflexivity

**FUTURE RESEARCH** Wider representation of stakeholders  
Adding group prioritization techniques

## PUBLIC HEALTH RELEVANCE

- FOCUS** Promoting health equity and maintaining provision of life-saving TB services
- BENEFITS**
- Participation:** Brings voices of CHVs to NTP/IOM decisionmakers
  - Planning:** Shapes current operational management measures to face ongoing crises
  - Preparedness:** Informs disaster readiness plans to reduce future crises risks on TB control

## RECOMMENDATIONS

- Maintaining basic needs support** on the long-term for patients, by collaborating with civil society organizations, NGOs, and public institutions
- Enhancing community outreach** by locating community gatekeepers in rural areas and having CHVs that share community characteristics
- Tailoring communication methods** to the accessible resources of the community
- Creating a supportive work environments for CHVs** including psychosocial support, fair division of cases, clear expectations and schedules, reimbursement for transportation and phone calls