



THE MENA REGION RESEARCH INTO MULTISTAKEHOLDER APPROACHES

January 2024

With thanks to:

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KEY LEARNING

Investing in research provides significant added value to interventions on noncommunicable diseases (NCDs) in humanitarian settings, including by demonstrating the effectiveness of models of care, enabling the development and adaptation of practical tools, and identifying (and closing) gaps in existing knowledge.

Nature of the humanitarian emergency

In 2011, the Syrian conflict began, which has significantly raised awareness and action on NCDs in humanitarian settings, both in the MENA (Middle East and North Africa) region and globally – for example, the World Health Organization (WHO) NCD Kits were particularly designed for the region and were first used here in 2017.¹ The conflict has led to a huge movement of people: over 12 million Syrians were estimated to be forcibly displaced at the end of 2022: 6.8 million within Syria itself and 5.4 million in neighbouring countries.

Of these 5.4 million displaced people, Lebanon is hosting almost a million. As a country of fewer than 7 million people, this is the highest ratio of refugees to host community in the world. The 15% increase in the country's population has placed enormous pressure on its infrastructure and public services, including the health system, and led to the influx of humanitarian actors to support the response. Over the last three years this has been compounded by COVID-19, by the explosion in the port of Beirut in August 2020, and by the devastating socioeconomic crisis that has impoverished much of the population.

NCD context

Statistics from 2019 suggest that 89% of deaths in Lebanon are due to NCDs. A 2017 STEPS survey of risk factors among both the Lebanese and Syrian refugee population found that rates of tobacco use are slightly lower among Syrian refugees (31%) than the host population (38%) and are much higher among men than women in both populations. Only around 7% of Syrians in Lebanon regularly reach recommended fruit and vegetable intake, compared to 27% of the host population. Mean body mass index among the two populations is 27.4kg/m² (18–24.9kg/m² is considered to be above a normal weight, with 25kg/m² or above considered overweight.).

Research suggests that over half of both refugee (50.4%) and host community (60.2%) households include a family member living with at least one NCD.

Care-seeking is high: around 83% of refugees and 98% of Lebanese people living with an NCD have sought care for it. There is now huge strain on the public health system including primary care facilities (despite some of them being supported by international NGOs), which is being increasingly used by the Lebanese host population themselves as well as Syrian refugees – and this is coupled with a crippling loss of health professionals as they seek better working conditions abroad.

Action on NCDs (hypertension and diabetes)

This case study looks at one of the initiatives focusing on NCDs in Lebanon: Partnering for Change (P4C). This is a consortium of the International Committee of the Red Cross (ICRC), the Danish Red Cross (DRC) and Novo Nordisk², with a particular focus on research: the London School of Hygiene and Tropical Medicine is the global academic partner to facilitate data-gathering and evidence-building on what works. The research has included two case studies exploring the hypertension and diabetes care supported by the implementing partners, ICRC and DRC and their host national society partners. In Lebanon, this involves the Lebanese Red Cross and the local academic partner the American University in Beirut (AUB), and they have now progressed to intervention studies, described below. This case study looks at ways in which research is being used by Partnering for Change implementing partners. The research builds on the understanding that NCD care in Lebanon is complex, with a heavy burden of treatment experienced by families and people living with NCDs, that social workers play a key role in helping people to navigate the system, and that there is an urgent need for additional support for people living with NCDs to be enabled to better self-manage their conditions.

“An investment in research can have considerable impacts and its influence can be spread widely. The materials and approach that have been developed are being tried and tested – and now they can also be fully documented.”

– Jytte Roswall, Danish Red Cross

1 The WHO NCD Kit addresses the shortfall in NCD medication in standard emergency response medical kits (e.g. cheap medicines and basic technologies such as blood glucose tests), and can be used to bridge supply gaps. Each kit provides all that is needed to treat a population of 10,000 for three months.

2 The intervention is supported in the long-term by Novo Nordisk Foundation while the research component is funded by Novo Nordisk A/S.

BOX 1

Using research to strengthen and evaluate implementation research

Partnering for Change is researching the implementation of two models of care³ that aim to improve access to uninterrupted and high-quality NCD-specific prevention, diagnosis and care:

- **Peer support groups (PSGs):** PSGs are implemented by the Lebanese Red Cross and with technical and financial support and project advice from the Danish Red Cross. The PSGs bring together both Syrian and Lebanese people living with diabetes and hypertension to provide education on how to deal with their conditions both physically and mentally. They give people living with the conditions a forum in which they can share experiences, which creates a mutually supportive community.
- **An integrated NCD care model:** This model co-locates services (primary health care, mental health and psychosocial support and rehabilitation) and aims to better coordinate care, using a person-centred and multidisciplinary approach. Each person living with an NCD who attends primary care is screened for additional psychosocial and rehabilitation needs and cross-referred to provide more comprehensive, integrated support for their condition(s). People living with NCDs are empowered in self-management and benefit from psychosocial support when needed. Since 2020, the ICRC has supported a primary care centre run by a local NGO, the Chabab Al Ataa Al Jazeel Association (CAJA), in Bireh, Northern Lebanon, where the model is currently piloted. The documentation of this integrated model of care will facilitate its expansion in Lebanon and elsewhere.

Partnering for Change has collaboratively developed an implementation study of each model, to document and disseminate experiences and learn lessons that could be transferable to other settings. The results are due imminently, with full results expected to publish in mid-2024. Traditional research must be adapted to a humanitarian context with its specific challenges of routine data collection, time availability and competing operational priorities. Another valuable learning has been to ensure that there is sufficient funding not only for data analysis but also to ensure that the implementation partners have sufficient resources to gather the data on the ground.



3 Research funding is from Novo Nordisk A/S.

BOX 2

Using research to produce practical materials

Robust, practical research is particularly valuable when it is used to inform and adapt materials for other countries and contexts, which can dramatically expand their reach and effectiveness in communication. Partnering for Change has funded the production of two types of materials on the strength of the work in the region:

- 1) A peer support group manual has been developed by the Lebanon Red Cross and the Danish Red Cross, building on research from LSHTM. This manual has since been adapted for use in Iraq, and the Lebanon Red Cross has provided training expertise to the Iraqi Red Crescent.
- 2) Materials used by the patients themselves as part of the peer support groups were originally developed for use in East Africa. These have now been adapted in cooperation with Primary Care International to include appropriate language and graphics (for example, clothes and food) – first for use in Lebanon and then for use in Iraq (including translation into Kurdish).

BOX 3

Using research to build and disseminate knowledge

Partnering for Change has ensured that research is at the heart of the consortium's work in the region. Initially, a series of articles were published that collate the existing global-level evidence on models of care for hypertension and diabetes in humanitarian settings. Partnering for Change is both working to gather data and ensuring that research helps to build the evidence on what works at these sites.

Conferences are also useful in disseminating academic and practical learning on what works, and in October 2023 there was a conference in Lebanon hosted by the AUB and the Ministry of Public Health and co-funded by the World Diabetes Foundation on NCD care in Lebanon, during which Partnering for Change study results to date were presented.



REFERENCES AND INFORMATION SOURCES

É. Ansbro et al., 'Chronic NCD care in crises: A qualitative study of global experts' perspectives on models of care for hypertension and diabetes in humanitarian settings' (2022) *J Migr Health* 5: 100094
<https://doi.org/10.1016/j.jmh.2022.100094>

S. Doocy et al., 'Prevalence, care-seeking, and health service utilization for non-communicable diseases among Syrian refugees and host communities in Lebanon' (2016) *Conflict and Health* 10: 21
<https://doi.org/10.1186/s13031-016-0088-3>

R.S. Hamadeh et al. 'Working short and working long: can primary healthcare be protected as a public good in Lebanon today?' (2021) *Conflict and Health* 15(1): 23 <https://doi.org/10.1186/s13031-021-00359-4>

M.S. Jaung et al., 'Models of care for patients with hypertension and diabetes in humanitarian crises: a systematic review' (2021) *Health Policy Plan.* 36(4): 509–32 <https://doi.org/10.1093/heapol/czab007>

Lebanon Ministry of Public Health and WHO, WHO STEPwise Approach for Non-communicable Diseases: Risk Factor Surveillance: Lebanon, 2016–2017
<https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/lebanon/steps/lebanon-steps-report-2016-2017.pdf>

Partnering for Change website: <https://www.humanitarianncdaction.org/>

C. Truppa et al., 'Developing an integrated model of care for vulnerable populations living with non-communicable diseases in Lebanon: an online theory of change workshop' (2023) *Conflict and Health* 17 (35)
<https://doi.org/10.1186/s13031-023-00532-x>

UNHCR Annual Results 2022 – Lebanon (May 2023) <https://reporting.unhcr.org/files/2023-06/MENA%20-%20Lebanon.pdf>

UNHCR Lebanon Factsheet (July 2023) <https://reporting.unhcr.org/lebanon-factsheet-5270>

UNHCR, Syria situation (updated October 2023)
<https://reporting.unhcr.org/operational/situations/syria-situation>

WHO, Lebanon STEPS Survey 2017: Fact Sheet – Lebanese (2017)
<https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/lebanon/ncd-factsheet---lebanese.pdf>

WHO, Lebanon STEPS Survey 2017: Fact Sheet – Syrians (2017)
<https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/lebanon/ncd-factsheet---syrians.pdf>

WHO Syria emergency page <https://www.who.int/emergencies/situations/syria-crisis>

WHO EMRO, Noncommunicable Diseases Kit (2017)
https://www.emro.who.int/images/stories/ncds/documents/ncd_kit_en_ar.pdf

This case study was authored by Katy Cooper.

We are grateful for the support of The Leona M. and Harry B. Helmsley Charitable Trust.

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Photos: © Noemi Monu/Danish Red Cross

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