

## **Fill That Gap supports community health workers**

### **Sharing experiences from the frontline: community health workers and vulnerable populations in Lebanon**

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Fill That Gap is a not-for-profit organisation specialising in the support and deployment of human resources for health in low- to middle-income countries. As part of our mission we are working to enhance the capacity of all community members to lead in establishing universal healthcare coverage within one's community.

In March 2019 Fill That Gap (FTG) hosted a roundtable in collaboration with the Palestine Children's Relief Fund (PCRF) in Beirut. The meeting focused on community health needs and community health workers in Lebanon. The 15 participants represented 13 different NGO and aid organizations working in this field in Lebanon (figure 1).

Lebanon, now hosts the highest proportion of refugees per capita in the world.<sup>3</sup> This includes roughly 1.5 million Syrians who have fled the Syrian conflict and an estimated 180,000 pre-existing Palestinian refugees<sup>1</sup>. These population estimates are likely inaccurate, due to a 2015 policy that halted the registration of refugees. The population in Lebanon is relatively young, with a quarter of the population below the age of 15. The sudden increase in the nation's population has overburdened the country's healthcare system<sup>4</sup>. A vulnerability assessment by the Lebanese government found that nearly 2.5 million people are currently in need of improved and comprehensive access to healthcare<sup>4,23</sup>. The highest burden of disease is from reproductive health, hypertension and diabetes.

The country's healthcare system is highly privatized rendering many services inaccessible to those living in precarious situations due to out-of-pocket costs. More than two thirds of the primary healthcare services are provided by non-governmental organizations (NGOs)<sup>5</sup>. Resources provided by these organizations include community health programs; hygiene campaigns; surgical interventions; and many essential medical services. To further increase their impact and/or coverage on the population, many organizations are establishing, recruiting, and training community health workers (CHW).

There are around 1,200 primary health care centers in Lebanon and one hundred and forty of these centers offer subsidize care to all nationalities<sup>1</sup>. The WHO has reported that Syrian Refugees face difficulties in accessing healthcare due to high fees, difficult transport or restrictions to refugee supported facilities<sup>16</sup>. The United Nations High Commissioner for Refugees (UNHCR) supports primary healthcare for refugees by

financing 30 primary healthcare facilities and covering 75-90% of life saving emergency care in 56 hospitals<sup>17</sup>. Palestinian refugees are able to access care at the United Nations Relief and Works Agency for Palestinian Refugees (UNRWA). As of 2018, budget cuts have also limited the scope and the magnitude of care that this organization provides. The funding cuts could take away from basic services and aid, and further intensify the needs of this population<sup>19</sup>.

Although many NGOs are able to provide care at a subsidized rate to those in need, with 28.6% of the population living below the poverty line, even a nominal healthcare fee can be unaffordable<sup>17</sup>. This has created an opportunity for NGOs to step in and guide vulnerable populations towards healthcare services that are able to deliver affordable and accessible care and develop sustainable solutions to cover the gap of healthcare for refugees and other vulnerable populations.

In March, 2019, organizations in Lebanon that engage these invaluable community members shared their experience working with CHWs (figure 1).

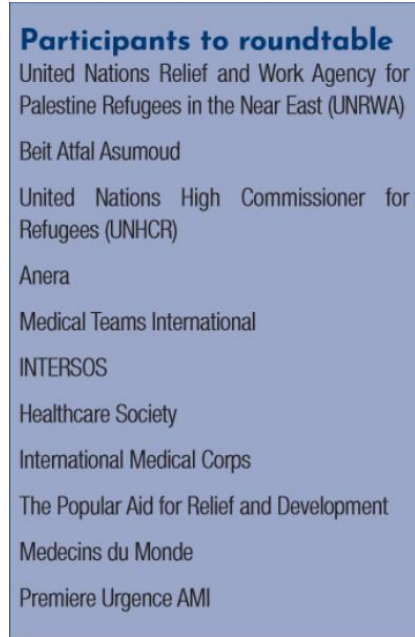


Figure 1: participants to roundtable

### Successful Community Health Worker Programs

CHW programs have been proven to improve health equity and fill gaps in the healthcare system<sup>6</sup>. Evidence also shows that these programs are cost effective<sup>13</sup>, and as a result can decrease healthcare expenditure<sup>15</sup>. The services the CHWs provide are culturally sensitive and embedded within their community.

CHWs can generally be separated into three categories (lay health workers; level 1 and level 2 paraprofessionals) depending on training and remuneration<sup>6</sup>. These distinctions allow for clarification of job titles and expectations from the workers.

According to the World Health Organization (WHO) a successful CHW program relies on regular training along with reliable support and supervision<sup>7</sup>, this in turn increases the motivation and job satisfaction of workers<sup>10</sup>. Furthermore, the effective integration of CHW programs into health systems can improve system performance, and lead to better service delivery and health outcomes<sup>9</sup>. Support from the Ministry of Public Health to create a sustainable and enabling environment for CHWs can create a thriving program<sup>7</sup>.

NGOs in Lebanon have the opportunity to coordinate care and work together to further improve the lives of vulnerable populations in the country. Organizations are currently providing community empowerment programs; skills training; conducting outreach and referrals; and many more resources.

## The Round Table Discussion

The roundtable discussion provided the opportunity for organizations to share their experiences working within different communities in Lebanon and to discuss the strengths and areas for growth within their programs.

- Premiere Urgence AMI shared with us that they are able to hold awareness sessions to promote health in schools, villages, and municipality buildings. Over one hundred women and children attend these sessions and are followed up for weeks at a time.
- Other organizations work to raise vaccine awareness. In Lebanon vaccinations are free of charge to any nationality. But, it was found that only 59 percent of Syrian households were aware that children under 12 years were able to access these free vaccinations at any Ministry of Public Health primary healthcare centers<sup>5</sup>. Medical Teams International are working to connect refugees to these services, as well as primary and secondary healthcare centers.
- The country is facing a critical shortage of mental health professionals, with an average of three mental health professionals per 100,000 people. It has been found that approximately 17% of the population suffers from mental health problems, with 90% not having access to treatment<sup>20</sup>. Some NGOs in the field are able to provide mental health services like psychotherapy and group support. Beit Atfal Asumoud provide psychotherapy as well as music therapy. The participants agreed on the importance of destigmatizing the mental health services that are available to the population.
- The Ministry of Public Health (MoPH) has not formally acknowledged or legalized the role of CHWs. This lack of recognition means that displaced or non-Lebanese workers cannot be reimbursed for the invaluable work they do. Lebanon has a high cost of living. The lack of legal status makes it difficult to clearly define the role of refugee CHWs. This has led to organizations using different titles for the workers such as volunteers, community health teams and refugee outreach volunteers. Although there is no official title for these positions in Lebanon it should be a priority to give those who are working some sort of legal protection.
- Another challenge reported is competition to recruit competent and motivated new CHWs or health volunteers. Enlisting male health workers continues to be challenging, although their engagement and connection to their community is essential. Overall, the search for those who are ambitious, willing to work for little to no income, and meet minimal standards has posed a problem for enrollment into the CHW programs.

## Needs of Community Health Workers

Delivering high quality healthcare interventions and working in complex situations can create high levels of professional stress. Frequent exposure to deteriorating conditions and limited budgets can lead to burnout and volunteer dropout. During the roundtable UNRWA stated that they support their volunteers by providing de-stressing sessions. Medical Teams International shared that because of the support that is given to their volunteers, they have a high retention rate of staff.

Many organizations in Lebanon are combating burnout by offering stress-relieving sessions and teaching their CHWs tools to manage their personal health and wellness as well as providing psychological support. Supporting the management of burnout and work related stress not only leads to personal wellness but also to the delivery of highly efficient and quality healthcare interventions<sup>15</sup>.

The roundtable members generally agreed that those who are working as community volunteers are in need of continuous support and protection. With a solid support base they would be able to create a career out of their CHW roles, either moving up within the organization or using their skills in more advanced roles. The WHO recommends providing CHWs with a career ladder as a universal good practice which can help to bolster motivation and retention <sup>22</sup>. Ideally, the CHWs will obtain legal working rights for the invaluable job that they carry out. With these legal rights, they would also be ensured physical and emotional job security.

## Recommendations

The positive response to our roundtable discussion clearly showed that a number of organizations are actively working in this area. They share the view that given how severely overstretched the healthcare system is in Lebanon, community health workers can be an invaluable resource for providing healthcare access to those in the greatest need. The roundtable discussion offered the following recommendations for further developing the use of CHWs for refugees and other vulnerable populations in Lebanon:

1. Organizations should work collaboratively to better understand the full potential of community health workers in Lebanon
2. Develop a clear definition of a community health worker in Lebanon and advocate for the support of community health worker programs by both governmental and non-governmental organizations.
3. Develop a clear and detailed understanding of the training and support needs of community health workers in Lebanon and use it to create targeted training modules.
4. Utilize SPHERE guidelines to address the needs of the population while also targeting the burden of disease.
5. Assess means of providing supervision and professional support for community health workers in Lebanon, both in country and via telemedicine tools.
6. Develop learning and further recommendations from this effort to further refine the use of community health workers in Lebanon and assess the potential for replicating such services in other comparable low resource settings.

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