

Evaluating task-sharing for non-communicable disease management in humanitarian settings: lessons learned from MSF's model of care in Lebanon



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Aim

Evaluate the implementation of task sharing within MSF's NCD care program in Lebanon through a mixed methods approach

Objectives

- Explore healthcare providers' and patients' experiences regarding task sharing
- Assess treatment outcomes and programmatic indicators between 2015 and 2019
- Evaluate the association between task sharing and changes in blood pressure and Hba1c levels

Methodology

- ❖ 6 focus group discussions were conducted with nurses, doctors and patients in two MSF clinics in Lebanon
- ❖ 10,664 patients from four MSF clinics were included in the quantitative analysis

Emerging themes

An innovative approach to care

Participants highlighted that the major role nurses play with patients is not present in other non-MSF clinics. This was seen as a facilitator for better quality of care.

A prevailing culture of trust and collaboration

The collaboration between nurses and physicians helped in fostering the relationship between nurses, physicians and patients

Synergistic Outcomes

Physicians and nurses reported that task sharing allowed them to use their time more effectively.

Nurses' assessments helped physicians to get additional information about the patients.

Nurses reported that their collaboration with physicians increased the patients' confidence in them.



... the collaboration between physicians and nurses decreases the waiting time for patients and gives us more time to see the complicated cases...

Physician 2, clinic 1

Task sharing can improve access to primary healthcare in rural areas in Lebanon

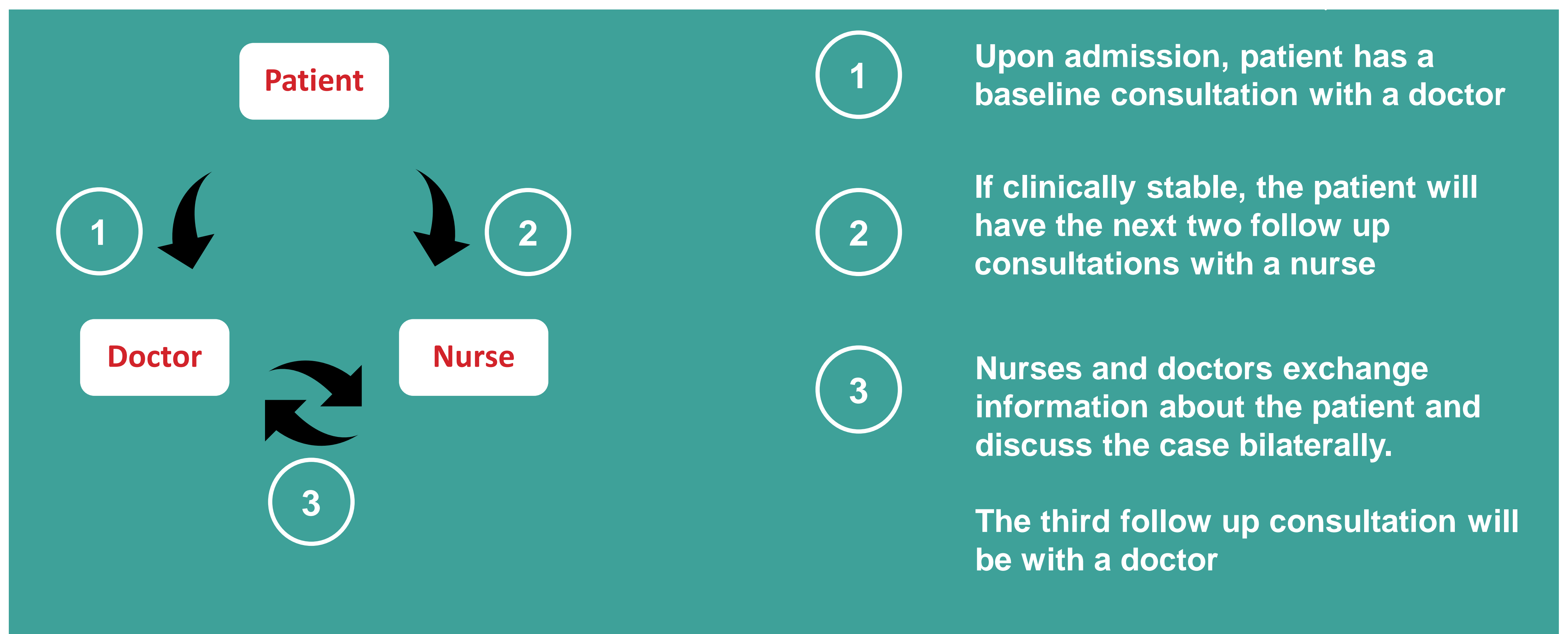


Figure 1: Changes in consultation provider per year among all MSF clinics in Lebanon between 2015 and 2019

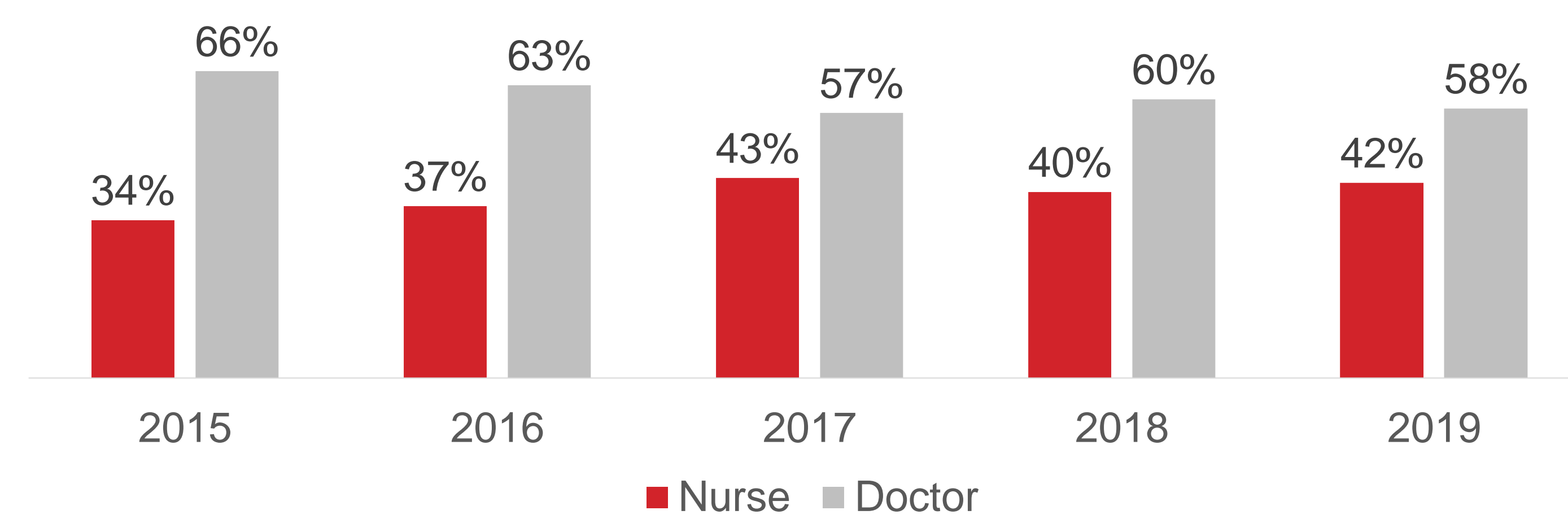


Table 1: Adjusted estimates of changes in SBP, DBP and Hba1c from baseline values stratified by different disease categories modelled through linear regression among patients exposed to task sharing

| | Changes in SBP (mmHg); 95%CI | Changes in DBP (mmHg); 95%CI | Changes in Hba1c (%); 95%CI |
|-------------------------------|------------------------------|------------------------------|-----------------------------|
| Patients with Hypertension | -5.11 (-7.82 to -2.41) | -2.62 (-4.33 to -0.93) | -0.31 (-0.83 to 0.22) |
| Patients with Diabetes type 1 | -3.89 (-10.56 to 2.78) | -5.02 (-9.54 to -0.49) | 0.12 (-0.62 to 0.87) |
| Patients with Diabetes type 2 | -2.47 (-4.77 to -0.17) | 1.38 (-0.28 to 0.08) | 0.46 (-0.85 to -0.08) |

Conclusion

A nurse follow up consultation was associated with reductions in blood pressure and Hba1c levels among patients with hypertension and type 2 diabetes.

Nurses and physicians viewed task sharing an innovative approach to care for NCD patients in Lebanon.

Patients appreciated the synergistic collaboration between physician and nurses.

Acknowledgements

We would like to thank the teams in both MSF clinics in Aarsal and Hermel for their hard work and for participating in the focus group discussions

We also thank our patients for their trust in MSF services.

Ethics

This research was approved by the Lebanese American University's Institutional Review Board in Lebanon and the MSF Ethics Review Board.

Task sharing can create needed job opportunities amid Lebanon's financial and economic crises

Regular capacity building

is essential for

successful task sharing

