

Adapting type 1 diabetes care to an acute conflict in Lebanon



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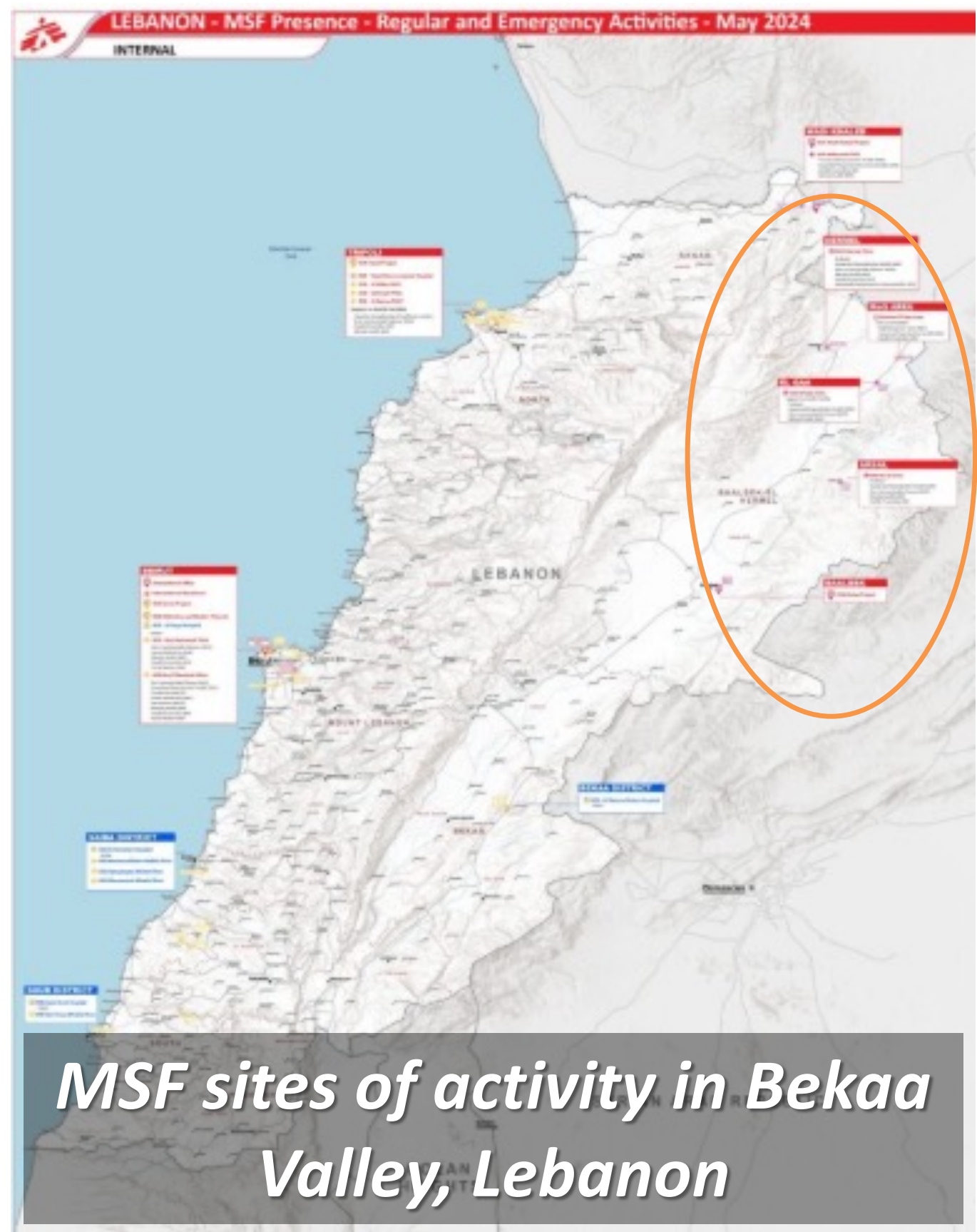
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Introduction

MSF has supported people living with non-communicable diseases (NCDs) in the Bekaa Valley, Lebanon, for over a decade. When the Israeli bombardment began in September 2024, there were 3100 people in the NCD cohort, including 180 living with type 1 diabetes (PLWT1D). Direct bombing and displacement of patients and staff brought critical challenges to continuity of care and medication supply. We describe adaptation of the existing model of care to provide continuity of care to PLWT1D during acute conflict.

Conclusions

This rapid adaptation of care to the acute emergency was based on adjusting and upscaling existing systems. In unstable settings, establishing peer support groups for in-person and virtual support, enabling remote consultations for displaced staff and patients, and ensuring capacity for multi-month dispensing can support continuity of care even during acute bombardment. Adapted patient education is critical in an emergency and can be disseminated by phone where in-person provision is not possible.



Methods

Patients attended two MSF clinics in the Bekaa Valley, near the Syrian border. Many patients and staff were displaced, or unable to move from distant villages. Staff conducted phone consultations to those unable to access care, and 2-3 months of medication supply was made available for patients.

A Whatsapp group already in existence was extended to include any PLWT1D in the MSF cohort (but limited to 97 people due to app restrictions). An Arabic-speaking doctor monitored the chat and responded to questions with support from paramedical staff, to provide information on insulin access for those who were displaced, and to share educational materials and information.

Patient education materials previously designed for a digital therapeutic application were adapted to formats shareable by Whatsapp or printed for clinic distribution, and additional materials were developed to advise patients on safe insulin storage in the emergency and on preparing an emergency backpack for those needing to flee.

Continuity of care was assessed by the clinical team through individual phone calls or in-person consultations. Whatsapp group messages were analysed by the clinical team moderating the group.



PLWT1D in Lebanon are provided with insulin pens to facilitate easier self-management. Jinane Saad/MSF

Results

The regular phone contact with patients enabled rapid resolution of identified care gaps, and 67 phone consultations were conducted for T1D patients between September and December 2024. Peer focal points or local staff members were able to distribute medication to groups of patients unable to access the clinics. In one location under acute bombardment where it was impossible to supply insulin for a week, patients were able to borrow from peers. Patients in far locations could be directed to other MSF mobile or fixed clinics. The most common whatsapp group questions were on diet and insulin storage, and were readily addressed through pre-prepared materials or adapted local advice.



Moussa, 6yo, is seen with his provided continuous glucose monitoring patch, Bekaa. Jinane Saad/MSF.



Baalbek, Lebanon, November 2024; Fouad Ghanem/MSF

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Dislaced people in Aarsal, Lebanon, Nov 2024. MSF.

Example of patient education materials shared by whatsapp



For questions or comments
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