2024

LEBANON TUBERCULOSIS COMMUNITY RIGHTS AND GENDER ASSESSMENT

MENAHRA

SCALING UP
HARM REDUCTION IN MENA

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Acknowledgements

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Foreword

Dear colleagues,

Tuberculosis remains a formidable challenge globally, despite being both preventable and curable. Sadly, late diagnosis persists as the primary cause of death from this disease, largely due to limited access to healthcare services.

The situation becomes even more severe when tuberculosis intersects with other health conditions such as HIV, immunosuppression, and diabetes, compounded by socioeconomic factors like poverty. These factors, including malnutrition, overcrowding, homelessness, discrimination, stigma, legal issues, unemployment, and drug use, exacerbate the barriers to accessing healthcare services, particularly for vulnerable populations.

Despite these challenges, the National Tuberculosis Program, in collaboration with our key partners, continues to offer TB services free of charge to all individuals residing in Lebanon, regardless of nationality, gender, or race. However, many patients still face financial obstacles accessing essential healthcare services before they reach our program, thereby impeding their ability to access timely TB care.

The recent Community Rights and Gender (CRG) assessment conducted in Lebanon by MENAHRA, in collaboration with the NTP in Lebanon, aimed to better understand the experiences of TB patients in their journey to accessing TB services. The insights gathered from this assessment will guide us in charting a path towards a more robust TB response in our country, with a strong emphasis on upholding the rights of TB patients and promoting gender equity.
The findings of the CRG assessment underscore the importance of collective action. We call upon all stakeholders, including partners, ministries, local and international non-governmental organizations, civil society organizations, and United Nations agencies, to unite in our efforts. Together, we must ensure that universal access to TB prevention, care, and the latest tools for combating TB—including new diagnostic technologies, medications, and forthcoming vaccines—is a reality for all.
Our collective goal is to ensure that tuberculosis no longer devastates the lives of patients and their families. We must treat all TB patients with dignity, without discrimination, and without subjecting them to financial hardship.

Only through our combined efforts can we hope to end tuberculosis, not only in Lebanon but worldwide.

Dr. Hiam Yaacoub
Director National Tuberculosis Program and National AIDS Program
Ministry of Public Health, Lebanon

Executive Summary

Tuberculosis (TB) remains a significant global health challenge, imposing a substantial burden on healthcare systems worldwide despite being preventable and curable.

To comprehensively address TB, the Stop TB Partnership introduced innovative tools such as the Community, Rights, and Gender (CRG) Assessment to identify structural inequities, gender disparities, and human rights issues hindering access to TB diagnosis, treatment, and care.

Under the auspices of MENAHRA and with generous backing from the Stop TB partnership, a comprehensive CRG assessment was undertaken in Lebanon. Following the directives of the Stop TB partnership, this assessment adopted a participatory approach involving a multitude of stakeholders and Civil Society Organizations (CSOs) dedicated to TB patients and key vulnerable populations (KVPs) susceptible to TB infection. KVPs encompassed refugees, prisoners, undocumented migrant workers, People Living with HIV (PLHIV), People Who Use Drugs (PWUD), and Lebanese individuals grappling with extreme poverty.

Aligned with the CRG assessment methodology endorsed by the Stop TB partnership, the research in Lebanon adhered to a modified version of the right to health framework. This framework delineates seven critical dimensions concerning human rights principles pertinent to TB response, including Availability, Accessibility, Acceptability, and Quality (AAAQ), Non-discrimination and Equal Treatment, Health-related Freedoms, Gender, Vulnerable and Marginalized Groups, Participation, and Remedies and Accountability. The primary aim of the Tuberculosis CRG study in Lebanon was to evaluate the efficacy of implementing these principles within the country's TB response. Employing qualitative research methods, the TB CRG Assessment integrated secondary data from desk reviews with primary data collected through Key Informant Interviews (KIIs), focus group discussions, and informal interviews with diverse stakeholders. Participants ranged from individuals directly impacted by TB and their care givers to healthcare providers, policymakers, representatives of KVPs, and gender experts.

The findings of the CRG assessment illuminated the state of TB services in Lebanon, a context where TB research is scarce. Despite universal availability and cost-free access to TB services, numerous barriers impede patient accessibility, including low awareness, transportation challenges, stigma, and financial constraints. Stigma often compels patients to conceal their diagnosis, complicating treatment and contact tracing efforts. Insufficient community engagement and funding shortages further compound the TB situation. Moreover, while Lebanon boasts advanced medical protocols, its TB laws are outdated, neglecting crucial patient rights such as privacy, confidentiality, and informed consent. Furthermore, there's a need for accountability mechanisms for TB program implementers and labor protection laws to counteract employers' discriminatory practices against TB patients. Gender sensitization among healthcare personnel, particularly concerning transgender individuals, was found lacking, underscoring the necessity for gender-specific data to address pertinent challenges effectively. Additionally, TB patients lack comprehensive support beyond medical treatment, necessitating enhanced focus on vulnerable groups within the National TB Program (NTP) for more effective TB management. This assessment findings call for targeted interventions to rectify systemic deficiencies and foster a more gender inclusive and rights-based approach to TB control in Lebanon.

Based on these findings the following set of recommendations were emphasized by key stakeholders involved in the study, underscoring the importance of comprehensive approaches covering the seven dimensions of the right to health framework in the TB response in Lebanon.

Availability, Accessibility, acceptability, and quality.

To enhance the availability, accessibility, acceptability, and quality of TB services in Lebanon, a multifaceted approach is essential, including the following:

1. **Increase Funding and Improve Infrastructure:** Advocate for increased commitment from the Ministry of Public Health (MOPH) to secure additional funding. This funding can be utilized to improve infrastructure, recruit additional human resources, and enhance the overall capacity of TB centers.

2. **Conduct Robust Awareness Campaigns:** Implement comprehensive awareness campaigns to educate healthcare providers and the public about TB and available TB services. These campaigns should emphasize the importance of early detection, treatment adherence, and the stigma-free nature of TB services.

3. **Enhance Data Collection Tools:** Adapt TB cascade data collection tools to include gender, key vulnerable population affiliations, and socio-economic indicators. This will provide a more nuanced understanding of TB epidemiology and facilitate tailored interventions for specific population groups.

4. **Provide Specialized Training for Healthcare Providers:** Train healthcare providers in TB centers to meet the needs of TB patients, especially those belonging to high-risk groups. This training should focus on psychosocial support, stigma mitigation, cultural sensitivity, and tailored assistance for vulnerable groups.

5. **Establish Referral Policies and Guidelines:** Develop clear referral policies and guidelines to facilitate the seamless transfer of TB patients from primary healthcare centers to specialized TB centers for comprehensive care.

6. **Integrate Psychosocial Support Services:** Integrate psychosocial support services into TB facilities to address the holistic needs of individuals affected by TB. This includes counseling services, support groups, and mental health interventions.

7. **Extend Operating Hours of Primary Healthcare Centers:** Extend the operating hours of primary healthcare centers to better accommodate the schedules of working individuals, improving accessibility to TB services for all members of the community.

8. **Integrate TB Services into Primary Health Care:** Integrate TB services into Primary Health Care (PHC) centers to enhance accessibility and ensure comprehensive care for TB patients. Establish robust selection criteria for PHC facilities to ensure that they are equipped to provide quality TB services tailored to the needs of the local population.

9. **Access to Social and Financial Support Programs:** Ensure access to social and financial support programs for TB patients. Collaborate with relevant agencies and organizations to provide financial assistance, housing support, nutritional support, and other forms of social protection to mitigate the socio-economic impact of TB on affected individuals and their families.

10. **Advocate for Mandatory Private Insurance Coverage:** Advocate for the inclusion of TB coverage under mandatory private insurance for migrant workers. This advocacy ensures that migrant workers have access to comprehensive TB services and support, regardless of their employment status.

11. **Utilize Smartphone Applications:** Develop smartphone applications to support TB control, prevention, and services. These apps can improve patient compliance with TB treatment, increase awareness about TB within communities, foster community participation in TB response efforts, and safeguard patients' rights to healthcare services and information.

12. **Update Standard Operating Procedures (SOPs):** Revise and update the SOPs for screening and managing TB cases in prisons to ensure they align with current best practices and guidelines. This includes establishing clear protocols for TB screening, diagnosis, treatment initiation, and infection control measures within the prison setting.

13. **Supply Portable X-Ray Equipment:** Equip the prison medical unit with portable X-ray machines to facilitate prompt and accurate diagnosis of TB cases among inmates. Portable X-ray equipment enables quick and convenient screening for TB, allowing for timely identification and management of TB cases within the prison population.

14. **Streamline TB Screening Processes:** Streamline TB screening processes within prisons to minimize delays in diagnosis and treatment initiation. This may involve implementing efficient screening protocols, ensuring regular and systematic TB screening of all inmates, and establishing mechanisms for prompt follow-up and referral of individuals with suspected TB for further evaluation and treatment.

Non-discrimination equal treatment, and health rights

1. **Implement Patient Consent Form:** Developing a patient consent form specifically tailored to TB patients ensures that they are fully informed and actively involved in their treatment decisions, empowering them and respecting their autonomy.

2. **Develop Guidelines for Quarantine Processes:** Creating comprehensive guidelines and policies for quarantine processes is crucial. These guidelines should prioritize public health while respecting individual rights, ensuring that TB patients are treated with dignity and their rights are upheld during quarantine.

3. **Update TB Laws:** Updating TB laws to reflect contemporary healthcare practices and patient rights is imperative. This involves revising existing laws to include provisions for community inclusion, patient rights, and gender equity, aligning them with international standards.

4. **Facilitate Cooperation Between Ministry of Public Health and Ministry of Labor:** Collaboration between the Ministry of Public Health (MOPH) and the Ministry of Labor (MOL) is essential to develop workplace policy guidelines regarding TB. These guidelines should promote an inclusive work environment free from discrimination, advocate for TB prevention initiatives among employees, and ensure that TB patients are supported in the workplace.

5. **Addressing Stigma through Healthcare Providers:** Implement targeted efforts aimed at addressing stigma and discrimination surrounding TB among healthcare providers. This involves training healthcare professionals to deliver care without prejudice, promoting empathy, and raising awareness about TB as a treatable condition.

Participation

1. **NTP and MOSA Collaborations for PLUEP:** Foster collaboration between the Ministry of Public Health (MOPH), Ministry of Social Affairs (MOSA), and non-governmental organizations (NGOs) to address the needs of People Living under extreme poverty (PLUEP). This partnership ensures a comprehensive approach to TB response, incorporating social and healthcare services.

2. **NTP and CSOs Collaboration for Prisoners:** Foster partnerships between the National Tuberculosis Program (NTP) and Civil Society Organizations (CSOs) working with prisoners. This collaboration ensures that TB services are effectively reaching incarcerated individuals, addressing their unique healthcare needs within correctional facilities.

3. **NTP Partnerships with CSOs for Key Populations:** Foster partnerships between CSOs working with Key Populations (KPs) and the NTP. These collaborations facilitate targeted interventions and outreach efforts to marginalized communities, ensuring equitable access to TB services and support.

4. **Outreach to Undocumented Migrant Workers:** Collaborate with Médecins Sans Frontières (MSF), embassies, and other relevant organizations to reach out to undocumented migrant workers. This collaboration ensures that this vulnerable population receives access to TB screening, treatment, and support services, irrespective of their legal status.

5. Pool existing resources within IOM and UNHCR to develop NTP community engagement interventions

Gender

1. **Gender-Sensitive Policies and Protocols:** Develop and implement gender-sensitive policies and protocols within the National Tuberculosis Program (NTP) to ensure that TB services are responsive to the specific needs and vulnerabilities of both men and women. This includes addressing gender disparities in access to TB services, treatment outcomes, and support mechanisms.

2. **Enhanced Gender Sensitization Training:** Provide comprehensive gender sensitization training for healthcare providers within TB centers to increase awareness and understanding of gender issues related to TB. This training should emphasize the importance of adopting a gender-transformative approach to TB care, addressing gender biases, and promoting equitable treatment for all patients.

3. **Inclusive Data Collection and Analysis:** Adapt TB data collection tools to include gender-disaggregated data and key indicators related to gender equity in TB services. This will provide a more comprehensive understanding of how TB affects different genders and help tailor interventions to address specific gender-related barriers and challenges.

4. **Tailored Services for Vulnerable Groups:** Develop and implement targeted interventions to address the needs of vulnerable populations, including women, children, LGBTQ+ individuals, and other marginalized groups affected by TB. This may involve providing gender-specific health education and counseling, offering specialized support services, and ensuring access to culturally sensitive care.

Remedies and accountability

1. **Strengthen Accountability Mechanisms:** Enhance existing accountability mechanisms within the NTP to ensure transparency and accountability in service delivery. This may include establishing clear channels for reporting grievances, monitoring service quality, and holding healthcare providers accountable for their actions.

2. **Guarantee Access to Remedies:** Ensure that all TB patients have access to effective remedies and redress mechanisms in case of any violations of their rights. This can involve providing information to patients about their rights, facilitating access to legal assistance, and establishing procedures for addressing complaints and grievances promptly.

3. **Update TB Laws:** Advocate for the revision and updating of TB laws in Lebanon to reflect contemporary healthcare needs and patient rights. This includes incorporating provisions for patient rights, informed consent, confidentiality, and non-discrimination, as well as mechanisms for holding healthcare providers accountable for any breaches of these rights.

4. **Offer Legal Assistance:** Provide legal assistance to economically disadvantaged TB patients who may face barriers in accessing justice or remedies for violations of their rights. This can include partnering with legal aid organizations or pro bono lawyers to ensure that all TB patients have access to legal support when needed.

5. **Establish Robust Support Systems:** Strengthen support systems within the NTP to effectively address grievances and provide assistance to TB patients. This may involve appointing dedicated staff members or establishing committees to handle complaints, providing counseling and psychosocial support to affected individuals, and ensuring that mechanisms are in place to address issues promptly and effectively.

Introduction

Tuberculosis (TB) remains a significant global health challenge, imposing a substantial burden on healthcare systems worldwide despite being preventable and curable. In 2022, TB continued to pose a formidable threat, with an estimated 10.6 million individuals contracting the disease globally. According to the World Health Organization (WHO), TB ranks as the second leading infectious killer globally, with 1.3 million lives claimed by the disease in 2022, including 167,000 individuals living with HIV. This underscores the urgent need to address TB, given its lethal impact, surpassing even HIV and AIDS in mortality rates.

Concerted global efforts have made significant strides in combating TB, with initiatives such as WHO's End TB Strategy and the UN General Assembly's political declaration on TB. However, challenges persist, as evidenced by the alarming number of people who went undiagnosed and untreated for TB in 2020, coupled with an increase in TB deaths for the first time in 15 years.
To comprehensively address TB, the Stop TB Partnership introduced innovative tools such as the Community, Rights, and Gender (CRG) Assessment. Developed to evaluate communities affected by TB and key vulnerable groups, the CRG Assessment aims to identify structural inequities, gender disparities, and human rights issues hindering access to TB diagnosis, treatment, and care. Implemented in 20 countries across four regions, this tool has contributed significantly to global TB elimination efforts.

Lebanon, although with a relatively low TB burden, faces unique challenges due to the presence of a substantial migrant and refugee population. Between 2006 and 2020, Lebanon witnessed an increase in TB cases attributed to the influx of Syrian refugees and migrant workers. However, the number of reported TB cases among foreign-born residents saw a significant decline in 2021, likely influenced by the compounded crises the country has faced since 2019.

In response to these challenges, the Middle East and North Africa Harm Reduction Association (MENAHRA), under Stop TB Partnership (Round 11) fund, conducted the Tuberculosis CRG Assessment in Lebanon in collaboration with the National Tuberculosis Program (NTP) and other governmental and civil society organizations. This assessment aims to identify barriers in accessing TB services and address the healthcare requirements of TB patients and key vulnerable populations.

[1] https://www.who.int/news-room/fact-sheets/detail/tuberculosis#:~:text=Worldwide2%C20%TB20%is20%the20%second,all20%countries20%and20%age20%groups
[2] Ibid
[3] WHO 2021 Global Tuberculosis Report
[4] Stop TB Partnership, Global plan to end TB 2020–2018: The paradigm shift (Geneva: STP, 2018).
[5] Ministry of Public Health (2022). Lebanon National Tuberculosis report 2022 . Retrieved from: https://www.moph.gov.lb/userfiles/files/Prevention/TB20%Program/NTP20%Annual20%Report2022-.pdf

The following report presents the outcomes of the Tuberculosis CRG Assessment in Lebanon, representing a pivotal step towards formulating a more robust national TB response. The first section outlines the CRG assessment's objective, process, research methods, ethical considerations, and limitations. In the subsequent section, the report delves into Lebanon's contextual landscape, providing insights into its healthcare system, legal environment, gender policies, and the situation of Key Vulnerable Populations (KVPs), drawing primarily from existing literature. The findings section elaborates on the CRG assessment's findings, derived from FGDs, KIIs, and in-depth interviews with study participants, with a specific focus on the seven dimensions of the right to health framework. Following the findings, the discussion section delves into the primary themes revealed by the study, highlighting deficiencies in Lebanon's TB response across the seven dimensions of the right to health framework. Finally, the last section presents a forward-looking perspective on Lebanon's TB response, offering a list of recommendations endorsed by key stakeholders who participated in the TB CRG assessment in Lebanon.

Assessment

Objectives

The primary objective of the CRG assessment is to leverage the assessment findings to develop Lebanon's TB response action plan, ensuring a more inclusive, rights-based, and gender-responsive approach to TB prevention and care. As such, the assessment aims to achieve the following objectives:

1. Assess the obstacles and enablers encountered by TB patients in accessing TB services, focusing on human rights and gender-related barriers.

2. Examine existing baseline data pertaining to key vulnerable populations (KVPs), including prisoners, people living with HIV, individuals who use drugs, undocumented migrant workers, Lebanese individuals experiencing extreme poverty, and refugees, who are at elevated risk of TB infection and often underserved by current services.

3. Investigate the barriers and facilitators experienced by key vulnerable populations (KVP) in accessing TB services/ health services in general, emphasizing human rights and gender-related obstacles.

4. Formulate recommendations to address barriers and enhance Lebanon's TB response capabilities.

5. Develop an actionable TB response plan tailored to the specific needs and challenges of Lebanon.

Assessment Process:

Following the approach outlined by the STP, the assessment was structured into the following four stages (Figure 1) spanning over an eight-month period from mid-September 2023 to mid-May 2024.

Stage 1: Inception and planning

The Lebanon CRG Assessment was conducted in close collaboration with the leadership of the National TB Program (NTP), utilizing consultative processes that engaged a diverse array of government and civil society stakeholders. To ensure effective coordination, a Core group was established at the outset, comprising the executive director of MENAHRA, the Director of the National TB Program (NTP) in Lebanon, and the public health consultant overseeing project implementation. This Core group was tasked with nominating members for the Multiple Stakeholders Working Group (MSWG) and overseeing all phases of project implementation.

The MSWG, representing various governmental institutions and CSOs involved with TB patients and key vulnerable populations, was formed to provide input and guidance throughout the project (refer to Annex 1 for MSWG membership).

The inaugural MSWG inception meeting convened on October 31, 2023, with 15 attendees who committed to serving as members. During this meeting, participants were acquainted with the CRG conceptual framework, data collection approach, and expected project outcomes. The MSWG members collaboratively reviewed and prioritized key vulnerable groups based on specific selection criteria (Annex 2: Minutes of the meeting). The final list, approved by the MSWG, included refugees, undocumented migrant workers, prisoners, people living with HIV (PLHIV), people who use drugs (PWUD), and Lebanese individuals facing extreme poverty. This list guided the selection of study participants for data collection.

Furthermore, the MSWG members recommended additional stakeholders for primary data collection. Following the inception meeting, each MSWG member was individually contacted to secure their engagement and support for the data collection process.

During the inception phase, a comprehensive desk review was also conducted to gather recent secondary data on the landscape of TB services in the country, as well as relevant laws and guidelines. Additionally, an ethical protocol was developed and submitted to two academic institutions in Lebanon for IRB approval prior to data collection.

Stage 2: Research and data collection

During this phase, project activities were centered around conducting a thorough literature review to gather secondary data pertaining to KVP, human rights, and gender issues within the Lebanese context. Prior to commencing data collection, we meticulously assessed and adapted the STP CRG assessment data collection approach and tools to suit the country's specific circumstances. Furthermore, all data collection instruments and consent forms were translated into Arabic. To prepare for data gathering, a proficient team of data collectors was assembled and underwent comprehensive training. Additionally, we compiled a comprehensive list of stakeholders to be approached for Key Informant Interviews (KIIs) and laid the groundwork for Focus Group Discussions (FGDs). The data collection phase commenced on November 10, 2023, and concluded on January 4, 2024. Throughout this period, data was transcribed, translated, and cleaned before being entered for analysis as it became available.

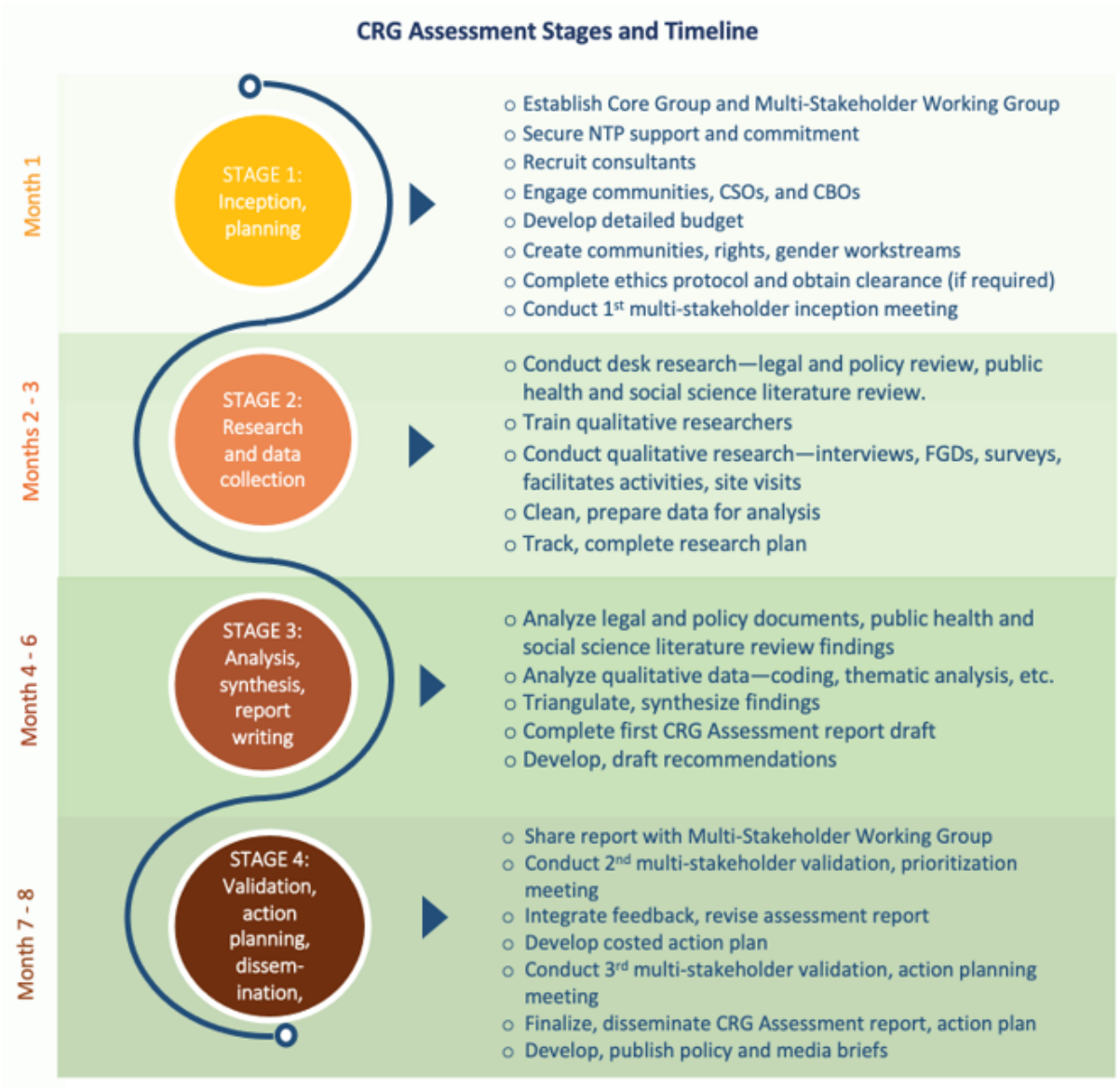
Stage 3: Analysis, synthesis, and report writing

At this stage, data underwent analysis utilizing Delve software, after which the findings and recommendations were synthesized and deliberated upon with Core group members prior to the initial report's composition.

Stage 4: Validation and action plan dissemination

The second meeting of the Multiple Stakeholders Working Group (MSWG) took place on February 20, 2024, with the primary agenda of reviewing and validating the Tuberculosis CRG assessment findings and recommendations. This gathering proved pivotal in offering valuable insights into certain findings and in prioritizing recommendations aimed at strengthening Lebanon's response to TB. The forthcoming report will serve as the ultimate document to be disseminated among MSWG members during the third meeting, slated for May 1, 2024, where the proposed action plan will be validated and endorsed.

CRG Assessment Stages and Timeline :1 Figure



STP TB Community, Rights and Gender Assessment Handbook. Available at https://www.stoptb.org/prioritise-people-human-rights-gender/communities-rights-and-gender-resources

Conceptual Framework

Aligned with the CRG assessment approach outlined by the STP, the research questions, data collection, and analysis for the CRG assessment in Lebanon were based on a modified version of the right to health framework. This framework outlines the following seven key dimensions concerning human rights principles in the context of tuberculosis (TB) response:

1. **Availability, Accessibility, Acceptability, and Quality (AAAQ):** Ensuring that physical and mental health facilities, goods, and services are available, accessible, acceptable, and of good quality, including social protection and determinants of health like housing, food, nutrition, and employment security.

2. **Non-discrimination and Equal Treatment:** Guaranteeing freedom from stigma and discrimination in healthcare settings, as well as access to social protection and health determinants. Governments must take positive measures to eliminate discrimination and promote equal access and opportunities for all genders and vulnerable populations.

3. **Health-related Freedoms:** Upholding rights to privacy, confidentiality, and freedom from non-consensual medical treatment, along with other freedoms such as association, assembly, liberty, and movement, particularly important for key and vulnerable populations.

4. **Gender Perspective:** Integrating a gender perspective into health-related policies and programs, addressing the health concerns of transgender, nonbinary, and other gender-diverse persons, and considering the impact of gender on TB infection, care accessibility, and treatment experience.

5. **Vulnerable and Marginalized Groups:** Paying special attention to vulnerable and marginalized groups in TB program planning and implementation, recognizing key and vulnerable populations at heightened risk due to various factors and ensuring their access to quality TB services and social protection.

6. **Participation:** Recognizing TB communities as experts on their own lives and involving them in health-related programs and decision-making processes, ensuring resources and platforms for meaningful engagement in all aspects of the TB response.

7. **Remedies and Accountability:** Ensuring access to remedies and accountability for health-related human rights violations, including legal representation and accountability frameworks to hold TB decision-makers responsible for pledges and commitments.

The Tuberculosis CRG study in Lebanon assessed the degree to which these principles are effectively implemented in the TB response in Lebanon.

Research Methods

The TB CRG Assessment utilized a qualitative research methodology, which involved gathering secondary data through desk reviews and primary data through Key Informant Interviews (KIIs), focus group discussions, and informal interviews with study participants. The desk review aimed to compile baseline data on the landscape of TB services, human rights, and gender issues in Lebanon, as well as the current situation of Key and Vulnerable Populations (KVPs), with a specific focus on the dimensions of the right to health framework. This review encompassed published and unpublished legal and policy reports, as well as scientific public health research and articles.

Primary data collection methods included KIIs with TB managers/ decision makers, and with stakeholders from various governmental institutions and Civil Society Organizations (CSOs) engaged in TB community work in Lebanon. Additionally, a series of focus group discussions were conducted with representatives from KVPs and TB healthcare providers, along with one-on-one interviews with TB patients and caregivers.

Study participants were selected based on predefined criteria in collaboration with the National TB Program (NTP) and the Multiple Stakeholders Working Group (MSWG). The selection criteria and methods of data collection are detailed in Table 1 below.

Study Participants

The study participants included the following populations:

1. People with TB: TB patients were selected through convenience sampling from four Tuberculosis centers operating under the National Tuberculosis Program (NTP) situated in Karantina, Zahleh, Saida, and Tripoli regions. A total of 24 patients diagnosed with active TB within the past five years were chosen to participate in one-on-one interviews. The average age of TB patients was 37.9 (SD=12.9); 42% were Lebanese, 33% were refugees from Syria and Palestine, and 25% were migrants from high TB burden countries. Approximately two-thirds of the patients were male. The total number of In-depth interviews with people affected by TB(PTB) was 24, all adults. The Sociodemographic characteristics were very varied, and spanned many characteristics including age, gender, migration background and ethnicity, and employment, all of which were explicitly documented (asked about specifically). In addition, other sociodemographic characteristics implicitly (without specifically being asked about) surfaced during the interviews, including education, marital status, household, income, and possibly religious affiliation. The distribution of explicitly stated sociodemographic characteristics by gender and age is 14 males and 10 females, with ages ranging between 21-71 years, the vast majority being in their late twenties to late forties. TB patients belonged to 3 socio-ethnic status groups: Lebanese, Refugee (mostly Syrian, but also Palestinian, and 1 Sudanese), and Migrant (mostly Sudanese and Ethiopian). The distribution by employment is 11 employed participants, 9 males and 2 females, mostly in part time, low paying, manual jobs or as a domestic worker (one migrant female). There were 13 participants who were unemployed or had been previously employed and had lost their job after their diagnosis of TB, 5 males, and 6 females. Among the 13 unemployed participants, 2 officially unemployed females identified their work status as “working as housewives”. As for implicit characteristics, most seemed to have acquired some level of school education and had basic literacy levels, quite a few had some level of developed health literacy level as they used the internet to “educate themselves” about TB. At least half the participants were married and belonged to a 2 to 3-generational household (the participant and spouse and children, sometimes in addition to mother-in-law). The majority were on low or unsteady incomes.

2. Family/household members of PWTB: The NTP identified 24 participants as contacts of TB patients, with half being Lebanese, 33% refugees, and 12% migrants. Approximately 60% were female. Age and region of residence were not collected for this category of participants. Care givers also belonged to 3 socio-ethnic status groups, including Lebanese, Refugee and Migrant. Comparing among genders, there more females (14) than males (10), especially among the Lebanese group, whereas among Refugee and Migrant groups the gender distribution was remarkably equal. A variety of types of relationships between the FMs and the PTB that they were taking care of existed. Most were direct family members, specifically spouses or siblings, or children of the PTBs.

3. TB managers, policy-makers and decision-makers.

4. Healthcare providers involved in the TB response.

5. Representatives of KVPs, including prisoners, refugees, migrant workers, Lebanese people living under extreme poverty and PLHIV and PWUD.

6. KVPs expert stakeholders, including the Ministry of social affairs, Internal security forces, CSOs working with PLHIV and PWUD, UN and International agencies working with refuges and migrant workers in Lebanon.

7. Gender expert

Originally, a Key Informant Interview (KII) was scheduled with the legal representative of the Ministry of Public Health (MOPH) to gather insights into Lebanon's legal framework and the laws safeguarding human rights. After navigating bureaucratic procedures, approval was secured from the Minister for the interview. Regrettably, despite persistent efforts, the legal representative declined our invitation for a meeting up to the present date.

Data collection and analysis

Qualitative data collection utilized the slightly adapted versions of the data collection tools developed by STP, translated into Arabic. These tools were tailored to focus on the following assessment questions :

1. To what extent are people affected by TB meaningfully involved in the TB response? What are the key mechanisms for ensuring and assessing engagement?

2. What is the status of clinical and psychosocial tuberculosis service provision availability, accessibility, acceptability and quality for all people affected?

3. What are the key factors that shape service delivery availability, accessibility, acceptability and quality for healthcare providers and for people seeking care?

4. To what extent and how are the rights of people affected by TB to non-discrimination, equal treatment and the protection of key health related services

5. How, when, and why do people affected by TB experience TB-related stigma?

6. What systems for remedy and accountability for TB and health-related human rights violations are in place and effectively used?

7. How do gender norms, roles, behaviors, and attributes impact on (1) TB exposure risks, (2) vulnerabilities to active TB disease, (3) access to TB services and information, (4) the quality and acceptability of TB services and (5) treatment adherence and success?

8. In what ways are TB services recognizing and responding to gender-based vulnerabilities and needs?

9. What are the specific risks, vulnerabilities and needs of the prioritized populations and how does TB programming respond to these?

All interviews were recorded with participants' consent, and the recordings were transcribed using the online transcription tool, Maestra. Transcripts were subsequently translated into English for analysis. A team of two research assistants reviewed the transcription and translation process to ensure accuracy and consistency with the original recordings. These transcripts were then imported into Delve, a qualitative analysis software. Interviews, focus group notes, and transcripts were coded and analyzed according to the seven dimensions of the right to health framework.

Ethical considerations

The CRG assessment's ethical research protocol received approval from the Institutional Review Boards (IRBs) of two academic hospitals in Lebanon: Al Zahraa Hospital - University Medical Center and the University of Saint Joseph in Beirut (Annexes 3 and 4). Prior to data collection, study participants were informed of the research objectives and assured that participation was voluntary. Consent was obtained from all participants before the commencement of data collection. Stringent measures were also taken to safeguard the privacy and confidentiality of participants throughout the research process. These measures included conducting interviews in private spaces located away from NTP centers to prevent identification by healthcare providers. Additionally, both hard and soft copies of data were securely protected, accessible only to researchers who had signed confidentiality agreements.

[6]STP TB Community, Rights and Gender Assessment Handbook. Available at https://www.stoptb.org/prioritise-people-human-rights-gender/communities-rights-and-gender-resources

Table 1: Study participants, data collection method and selection criteria

TB COMMUNITY, HEALTH CARE PROVIDERS, AND POLICY MAKERS			
Study participants	**Number of participants**	**Data collection method**	**Criteria for selection**
People with TB (past or current)	24	Semi-structured individual interviews	Diagnosed with TB within the preceding 5 years. Sampled through the NTP healthcare facilities to include a range of ages and all genders.
Family/household members of PWTB	24	Semi-structured individual interviews	Relative self-described as providing active support for PWTB; and/or Lived in the same house at the time the PWTB was sick, diagnosed and/or on TB treatment.
TB Healthcare providers	16	Two focus group discussions were carried one with physicians and one with DOT officers.	Provides health services to people affected by TB in an included facility; Sampled through the included healthcare facilities to include a range of facility-based TB care providers, with attention to gender distribution.
TB managers, policy-makers and decision-makers	2	KIIs	Is in a management role in the TB response; and/or develops TB guidelines or policy Sampled through the NTP.
KVP Experts			
Study participants	**Number of participants**	**Data collection method**	**Criteria for selection**
CSOs working with PLHIV and PWUD	2	KIIs	Has personal experience or professional expertise related to one of the key research areas KVP, human rights, and gender. Selected through MSWG and NTP based on demonstrated expertise.
Refugees (UNHCR, IOM, UNRWA)	3	KIIs	
Migrant workers (IOM)	1	KII	
Lebanese living under poverty (Ministry of social affairs)	1	KII	
Prisoners (Internal security)	1	KII	
Gender expert (Director of the gender studies in Asfari Institute for Civil Society at AUB)	1	KII	
KVP representatives (per included KVP group)			
Study participants	**Number of participants**	**Data collection method**	**Criteria for selection**
PLHIV and PWUD	8	1 FGD	Selected by key stakeholders working with KVP.
Refugees	8	1 FGD	
Migrant workers	11	1 FGD	
Lebanese living under poverty	11	1 FGD	
Prisoners	8	Semi-structured individual interviews	

Limitations

The Tuberculosis (TB) CRG assessment in Lebanon encountered several limitations. Firstly, the study coincided with the recent conflict in Palestine, which spilled over into Lebanon, particularly affecting regions along its southern borders with Israel. This ongoing regional turmoil significantly dampened the enthusiasm of Lebanese citizens, posing challenges in garnering their interest in the study's subject matter amidst the gravity of the conflict. Additionally, a language barrier emerged with migrant workers in Lebanon, recognized as a crucial vulnerable population. Although efforts were made to collect data using both Arabic and English languages, the comprehension of these languages among migrant workers remained limited. Furthermore, the assessment struggled with engaging various groups of participants, including people living with HIV (PLHIV), people who use drugs (PWUD), and Lebanese individuals living in extreme poverty, due to a lack of awareness about TB. Moreover, accessing prisoners for the study proved exceptionally difficult due to strict security measures and bureaucratic hurdles, necessitating the involvement of a retired medical director for conducting interviews. However, relying on a public officer, despite being trained on the data collection tool, may compromise the quality of the data collected. These limitations underscore the complex challenges encountered in conducting the TB CRG assessment in Lebanon amidst ongoing conflicts, language barriers, and logistical hurdles.

Background and Context

Country Profile

Lebanon, a small yet historically significant nation nestled in the heart of the Middle East, has long stood as a symbol of resilience in the face of adversity. Governed as a republic, Lebanon's political leadership comprises a president as the chief of state and a prime minister as the head of government.

As of 2021, Lebanon's estimated population reached approximately 5.3 million people. However, the country is also home to over 2 million Syrian refugees, around 521,000 Palestinian refugees, and an additional 27,700 individuals returning from Syria, alongside a substantial number of migrant workers[7].

7 World Bank 2023

Currently, Lebanon is navigating through a complex crisis, exacerbated by the substantial refugee population. This influx has strained resources across various sectors, including healthcare, education, and infrastructure. Furthermore, Lebanon's economic collapse and political instability, has intensified challenges for both native inhabitants and refugees alike.

The Lebanese economy, once relatively stable in the region, began to unravel in late 2019 due to government debt, unsustainable fiscal policies, and declining investor confidence. This economic downturn has led to widespread unemployment, poverty, and inflation, exacerbating difficulties in accessing essential services, particularly for vulnerable communities like refugees.
The COVID-19 pandemic further exacerbated these issues, resulting in widespread unemployment, poverty, and a collapse of the Lebanese currency. Currency devaluation has had catastrophic consequences for ordinary Lebanese citizens, eroding savings, purchasing power, and exacerbating social inequalities.

Adding to the turmoil, the devastating Beirut blast of August 4, 2020, resulted in widespread destruction, compounding the country's crisis and further crippling its infrastructure.
Lebanon's political landscape, characterized by a sectarian-based system, has fostered patronage networks and corruption, hindered meaningful reforms and exacerbated economic crisis. Political gridlock and a lack of effective governance have eroded public trust in the government's ability to address the crisis.

The ramifications of Lebanon's economic collapse extend beyond immediate humanitarian impact, raising concerns about long-term stability, regional influence, and geopolitical dynamics. The crisis has also triggered mass emigration of skilled professionals , including medical professionals and young people, exacerbating brain drain and hindering prospects for future economic recovery.
Despite these challenges, Lebanon continues to demonstrate resilience, with civil society organizations and grassroots movements tirelessly advocating for lasting solutions to the nation's underlying economic and political turmoil while striving to meet the needs of both Lebanese citizens and refugees.

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[8] Ibrahim Yasin, 2023. The Syrian Refugee Crisis in Lebanon: Between Political Incitement and International Law. Retrieved from: https://arabcenter-dc.org/resource/the-syrian-refugee-crisis-in-lebanon-between-political-incitement-and-international-law/#_edn31

[9] https://www.unescwa.org/news/lebanon-population-trapped-poverty

[10] https://reliefweb.int/report/lebanon/economic-crisis-currency-depreciation-and-unprecedented-increase-food-and-non-food-prices-leave-2-million-people-need-assistance-lebanon#:~:text=Currency%20depreciation%2C%20the%20lifting%20of,and%20Country%20Director%20in%20Lebanon.

[11] https://apnews.com/article/middle-east-business-health-lebanon-coronavirus-pandemic-c6d809f1ad2705f86ab60bcb29d714c6

Lebanese Health Care System

The Lebanese healthcare system operates within a complex framework that integrates both public and private sectors, presenting a myriad of challenges in its mission to deliver quality care to the Lebanese populations.

Governed by a mix of governmental and non-governmental entities, oversight primarily falls under the Ministry of Public Health (MOPH), which regulates public healthcare services across the country. Healthcare delivery in Lebanon is facilitated through a network of 134 private hospitals and 28 public hospitals, alongside over 950 Primary HealthCare (PHC) centers and dispensaries distributed across all six Governorates. However, a significant portion of these PHC facilities, approximately two-thirds, are managed by non-governmental organizations (NGOs). Despite their widespread distribution, these PHC centers often lack basic diagnostic and laboratory services, indicating an area of deficiency within the system.

The healthcare landscape in Lebanon exhibits a fragmented delivery model heavily reliant on private healthcare providers and user fees, resulting in unequal access to care, particularly among marginalized groups. While public healthcare facilities exist, they grapple with resource limitations and struggle to meet increasing demands for services. This reliance on private healthcare exacerbates financial burdens on the population, especially the vulnerable, as out-of-pocket expenditures remain high and public expenditure on primary healthcare lags behind secondary and tertiary care. Funding for the healthcare system primarily emanates from social and private insurance schemes, with uninsured citizens, comprising half of the population, resorting to MOPH services as a last option. However, funding constraints persist, hindering efforts to address critical healthcare needs. The Lebanese healthcare system faces additional challenges stemming from demographic shifts, exacerbated by external crises such as the influx of Syrian refugees and migrant workers. Ongoing socio-economic and political turmoil, including economic downturns and the Beirut blast of 2020, further strain resources and disrupt services, leaving vulnerable populations at risk. The COVID-19 pandemic has exacerbated these challenges, revealing weaknesses in the system's preparedness and response capabilities.

Inadequate funding, limited infrastructure, and a shortage of healthcare professionals present formidable obstacles to delivering quality care. Moreover, disparities in access persist, disproportionately affecting marginalized communities.

[12] Kronfol NM. 2006.Rebuilding of the Lebanese health care system: health sector reforms. East Mediterr Health J. 2006;12:459–73. Retrieved from: https://www.emro.who.int/emhj-volume-12-2006/volume-12-issue-3-4/report-rebuilding-of-the-lebanese-health-care-system-health-sector-reforms.html#:~:text=NGOs%20own%20over%2080%25%20of,at%20health%20centres%20and%20dispensaries.

[13] Ibid

[14] Ibid

[15] Ibid

[16] Sfier R. Strategy for National Health Care Reform in Lebanon. Beirut, Lebanon: Universite Saint-Joseph; 2002.

[17] Blanchet, K., Fouad, F.M. & Pherali, T. Syrian refugees in Lebanon: the search for universal health coverage. Confl Health 10, 12 (2016). https://doi.org/10.1186/s13031-016-0079-4. Retrieved from: https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-016-0079-4#citeas

Lebanon National TB Program

In Lebanon, Tuberculosis (TB) services are facilitated by the National TB Programme (NTP) under the Ministry of Public Health (MOPH). As of 2021, Lebanon maintains a relatively low burden of TB, with an estimated incidence rate of 10 per 100,000 individuals and a mortality rate of approximately 1 per 100,000 individuals among those without HIV infection. These achievements are supported by a treatment success rate exceeding 80%.

Access to TB services in Lebanon is equitable, ensuring all residents, irrespective of their location, economic status, or nationality, can access free-of-cost services. The NTP operates through a central unit and nine TB units dispersed across different Governorates, providing comprehensive services including diagnostics, treatment, monitoring, and prevention measures.

Collaborations with key stakeholders, notably the International Organization for Migration (IOM) and Rodolphe Mérieux Laboratory (LRM), bolster Lebanon's TB services. Financial support from the Global Fund's Middle East Response grants further enhances these efforts.

Despite progress, Lebanon faces challenges exacerbated by demographic shifts, particularly the influx of Syrian refugees and migrant workers, leading to a rise in TB cases from 2006 to 2020. However, there was a notable reversal in 2021 with a 50% reduction in reported TB cases among foreign-born residents, attributed to various crises including economic downturns, the COVID-19 pandemic, and the devastating Beirut blast in 2020, which significantly impacted NTP infrastructure.

[18] World Health Organization (WHO), 2021. COVID-19, the economic crisis, and the Beirut blast: what 2020 meant to the Lebanese health-care system. Retrieved from: https://www.emro.who.int/emhj-volume-27-2021/volume-27-issue-6/covid-19-the-economic-crisis-and-the-beirut-blast-what-2020-meant-to-the-lebanese-health-care-system.html

[19] WHO Global Tuberculosis Report-2022

[20] National Tuberculosis Program Annual Report 2021. https://www.moph.gov.lb/userfiles/files/Prevention/TB%20Program/NTP%20Annual%20Report-2021-1.pdf

[21] World Health Organization (WHO), and International Organization for Migration Lebanon (IOM), (2022). Lebanon National Strategic Plan to End Tuberculosis, 2023-2030. Retrieved from: https://www.moph.gov.lb/userfiles/files/Prevention/TB%20Program/Lebanon%20National%20Strategic%20Plan%20to%20End%20TB%2C%202023-2030.pdf

[22] Ibid

[23] National Tuberculosis Program Annual Report 2021. https://www.moph.gov.lb/userfiles/files/Prevention/TB%20Program/NTP%20Annual%20Report-2021-1.pdf

The compounded crises in Lebanon have disrupted TB patients' and vulnerable groups' ability to access services due to increased poverty levels, though data on the exact impact is yet to be fully assessed. Information on TB prevalence among migrant workers is available through the Tuberculosis Registration System, yet data on other high-risk groups like people living with HIV or those in poverty remain limited.

Existing evidence indicates that TB services inside prison faces several challenges and TB prevalence among prisoners requires more attention.

Gender distribution in TB cases suggests no significant disparity, with a higher proportion of females notified, constituting 54% of total cases according to the WHO report of 2021.
In response to these challenges, the Lebanon National Strategic Plan (NSP) 2023-2030 was developed collaboratively with stakeholders including the NTP, WHO, and IOM. This plan prioritized securing political commitment and funding, addressing vulnerable groups' needs, optimizing drug-resistant TB care, and advancing research and tools.

Persistent challenges include gaps in initiating treatment for drug-resistant TB, high rates of loss-to-follow-up among migrants, and financial barriers hindering follow-up tests for vulnerable groups. Operational hurdles such as limited internet connectivity and transportation issues for DOT officers further complicate efforts. Moreover, the NTP has yet to implement measures to address TB-related stigma in Lebanon, further complicating efforts to control the disease.

In summary, Lebanon's TB epidemiology reflects a dual challenge – maintaining control among the local population while addressing the increasing burden among non-nationals, especially in the context of refugees and migrant workers. The efforts made by the NTP, including the introduction of transfer-out forms, and integration of TB services within PHC demonstrate a commitment to overcoming these challenges, yet further comprehensive international support and collaboration are required to achieving TB elimination goals. Strengthening TB services, addressing treatment outcome disparities, combating stigma, and surmounting operational barriers are crucial components of this collective endeavor.

[24]Adib, S.M., Al-Takash, H. & Al-Hajj, C. Tuberculosis in Lebanese jails: Prevalence and risk factors. Eur J Epidemiol 1999) 260–253 ,15). https://doi.org/10.1023/A:1007520429497

[25]WHO Global Tuberculosis Report2022-

[26]World Health Organization (WHO), and International Organization for Migration Lebanon (IOM), (2022). Lebanon National Strategic Plan to End Tuberculosis, 2030-2023. Retrieved from: https://www.moph.gov.lb/userfiles/files/Prevention/TB20%Program/Lebanon20%National20%Strategic20%Plan20%to20%End20%TB2%C2030-202023%.pdf

[27]Ibid

Legal Environment

The Constitution establishes Lebanon as a parliamentary democratic republic. Lebanon follows a mixed legal system of civil law based on the French civil code, Ottoman legal traditions, and religious laws covering personal status, marriage, divorce, and other family relations of the, Islamic and Christian communities. Lebanon has ratified most of the international human rights conventions, including the International Covenant on Economic, Social and Cultural Rights (ICESCR); the International Covenant on Civil and Political Rights (ICCPR),the Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment (CAT); the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); the International Convention on the Elimination of All Forms of Racial Discrimination (CERD); and the Convention on the Rights of the Child (CRC).

The Constitution establishes that Lebanon is an active member of the United Nations Organization and abides by its covenants and by the Universal Declaration of Human Rights (UDHR).
The international treaties ratified by the Lebanese parliament are part of the country's domestic legal system and according to article 2 of the Code of Civil Procedure, are given supremacy over the domestic laws.

Thus, the international treaties take precedence and override ordinary law (namely, national laws and administrative regulations). However, the second section of the article prohibits courts from declaring legislative acts void for non-compliance with constitutional or international treaty provisions. While the text doesn't explicitly address the position of international law against the Constitution, the hierarchy of legal sources in Lebanese legal justice ensures the supremacy of the Constitution, making international treaties adopted by the Parliament superior to domestic legislation but subordinate to constitutional provisions.

Lebanon has not yet ratified or joined several key international agreements, including the Convention on the optional protocol for the Rights of Persons with Disabilities, the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families, the Refugee Convention of 1951 and its Protocols, and it has not ratified the Rome Statute establishing the International Criminal Court. In addition, Lebanon acceded only to seven of the eight main Conventions of the International Labour Organizations (ILO) that addresses the

[28]International Commission of Jurists (ICJ), 2020. Unrecognized and Unprotected; The Treatment of Refugees and Migrants in Lebanon. Retrieved from: https://www.icj.org/wp-content/uploads/11/2020/Lebanon-Migrant-rights-Publications-Reports-Thematic-reports-2020-ENG.pdf

[29]https://alefliban.org/wp-content/uploads/12/2020/UPR-Civil-rights_Final.pdf

[30]UNODC (2015).Review of implementation of the United Nations Convention against Corruption. Retrieved from: https://www.unodc.org/documents/treaties/UNCAC/WorkingGroups/ImplementationReviewGroup/4-3November2015/V1507554e.pdf

fundamental cases of Human Rights, including forced and child labour, freedom of association, equal opportunities, and treatment in employment.

The Ministry of Human Rights in the Lebanese government proposed a draft decree in 2017 to establish a committee responsible for drafting periodic reports on international human rights agreements and monitoring recommendations from global human rights protection mechanisms. In February 2018, the Lebanese Council of Ministers issued a decision to form a national committee for this purpose, with the Ministry of Foreign Affairs serving as its secretary. Despite the government efforts to comply with international human rights, there are recognized shortcomings in adhering to global human rights protection mechanisms in Lebanon. This is attributed to various factors, including the government's lack of capacity and financial resources to enhance legislation, enforce laws, and effectively report to United Nations (UN) mechanisms.

In addition, access to justice and viable remedies for human rights violations face significant impediments due to a combination of structural, legal, institutional, and socio-economic obstacles. These challenges make it challenging for individuals to exercise their rights and hinder their access to justice and effective remedies. Additionally, when addressing human rights issues such as torture, refugees and asylum seekers, discrimination, and gender inequality, there is an absence of political will.

The section below illustrates the situation of human rights that play a central role in the comprehensive approach to ending TB in Lebanon.

Rights of Refugees and Migrant Workers: In Lebanon, gaps in the legal rights of refugees and migrant workers are evident due to the absence of specific domestic provisions addressing their entry and stay. The 1962 law on entry, stay, and exit, designed for "foreigners," is generally applied. The 1962 law provisions are disproportionately enforced against refugees and migrant workers, exposing them to criminalization, arrest, and arbitrary expulsion.

Article 32 of the Lebanese 1962 Law of Entry and Exit penalizes the "illegal" entry, and Article 33 of the law addresses the failure to leave after permission denial, while Article 36 penalizes the neglect to renew residency within the prescribed period. However, the 1962 law lacks provisions for those entitled to international protection, leaving non-citizens vulnerable to criminalization without due process for determining protection eligibility.

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[32] http://www.ilo.org/beirut/countries/lebanon/WCMS_561694/lang--ar/index.htm

[33] https://alefliban.org/wp-content/uploads/10/2016/ALEF_Human-Rights-in-Lebanon_2015.pdf

[34] International Commission of Jurists (ICJ), 2020. Unrecognized and Unprotected; The Treatment of Refugees and Migrants in Lebanon. Retrieved from: https://www.icj.org/wp-content/uploads/11/2020/Lebanon-Migrant-rights-Publications-Reports-Thematic-reports-2020-ENG.pdf

[35] International Commission of Jurists (ICJ), 2020. Unrecognized and Unprotected; The Treatment of Refugees and Migrants in Lebanon. Retrieved from: https://www.icj.org/wp-content/uploads/11/2020/Lebanon-Migrant-rights-Publications-Reports-Thematic-reports-2020-ENG.pdf

Available evidence indicates, that the 1962 Law falls short of international standards, particularly in recognizing the unique circumstances of refugees, asylum-seekers, stateless individuals, and migrants. It fails to provide opportunities for refugees to claim and enjoy international protection, violating the principle of non-refoulement.

Labour Laws: Migrant domestic workers face human rights violations due to inadequate legal protection, lacking safeguards such as a minimum wage, paid leave, and labor guarantees.

The Lebanese Labour Code of 1964 excludes domestic workers from its scope, denying them protections afforded to other workers. Additionally, Article 770 of the Lebanese Penal Code empowers authorities to arrest individuals without identification papers, creating further challenges for migrants and refugees whose documents are often withheld by employers.

Palestinians in Lebanon face restrictive employment regulations dating back to 1964, limiting job access and subjecting them to yearly updated lists of professions reserved for Lebanese nationals.

Article 770 of the Lebanese Penal Code gives the authorities the power to arrest people who do not possess identification papers. However, migrants' and refugees' identification and legal residency documents among those populations who have such documents - are typically withheld by their employers/sponsors. As a result, as mentioned above, refugees and migrants are often forced to limit their movements in the country to avoid being arrested.

Overall, these legal gaps contribute to the vulnerability of refugees, asylum-seekers, stateless individuals, and migrant workers in Lebanon, leaving them at risk of human rights abuses and lacking adequate legal safeguards.

Right to Liberty: Lebanon faces significant gaps in legal rights related to liberty, particularly in the context of international agreements and conventions safeguarding the right to liberty and security. The Universal Declaration of Human Rights (UDHR) and the International Covenant on Civil and Political Rights (ICCPR) provide critical guarantees for these rights, including protection against arbitrary detention.

The recent security situation in Lebanon has seen a rise in reported cases of arbitrary detention, signaling a concerning trend. A study by International Alert highlights widespread perceptions of Lebanon's courts being inaccessible, unfair, ineffective, and lacking timeliness, according to more than half of the respondents.[15]

[35] International Commission of Jurists (ICJ), 2020. Unrecognized and Unprotected; The Treatment of Refugees and Migrants in Lebanon. Retrieved from: https://www.icj.org/wp-content/uploads/11/2020/Lebanon-Migrant-rights-Publications-Reports-Thematic-reports-2020-ENG.pdf

[38] The Labour Sector in Lebanon: Legal Frameworks, Challenges and Opportunities, Leaders for Sustainable Livelihoods, UNHCR, 31 May 2019

[39] International Commission of Jurists (ICJ), 2020. Unrecognized and Unprotected; The Treatment of Refugees and Migrants in Lebanon. Retrieved from: https://www.icj.org/wp-content/uploads/11/2020/Lebanon-Migrant-rights-Publications-Reports-Thematic-reports-2020-ENG.pdf International

[40] International Alert, "Perceptions And Prescriptions: How Lebanese People View Their Security", February 2015

Lebanese criminal justice practices have not consistently aligned with the principles outlined in international law. While international standards, such as those in the ICCPR and the UN's Minimum Rules for the Treatment of Prisoners, emphasize the humane and dignified treatment of persons deprived of their liberty, Lebanon's legislation and criminal justice practices fall short of fully complying with these standards. Although some areas align with international norms, applied best practices are notably lacking. Prison conditions and management pose persistent problems in Lebanon, with prisoners spread across 23 different prisons throughout the country. Despite ongoing concerns raised about prison conditions, there is a lack of a comprehensive and responsive government strategy to address these issues.

Existing evidence indicates that the government failed to provide adequate medical care for prisoners, forcing their families to cover all their medical costs, including for hospitalization.
This underscores a critical gap in Lebanon's commitment to meeting international standards and ensuring the protection of the right to liberty in accordance with established principles of human rights.

Child rights: According to ALEF 2015 report on the situation of human rights in Lebanon , the landscape of children's rights in the country is marked by a multitude of challenges, despite concerted efforts to address issues. Persistent problems include child labor, where instances of children involved in hazardous work prevail. The Syrian refugee crisis exacerbates the vulnerability of children, limiting their access to education and healthcare. Child marriage further compounds the challenges, negatively impacting the well-being of underage individuals. Shortcomings in the legal framework and enforcement mechanisms contribute to the difficulties in safeguarding and promoting children's rights.

Right to health: The right to health for the Lebanese people, particularly at the delivery level, faces significant challenges and limitations. Lebanon's healthcare system is predominantly privatized, with a strong focus on hospital and curative care. This structure has implications for the accessibility and affordability of healthcare services, impacting the realization of the right to health. Recent statistics indicates that more than half of the Lebanese population does not currently benefit from any form of healthcare coverage, limiting access to affordable and comprehensive healthcare services and increasing out-of-pocket expenditures on health to more

[41] ALEF- Act for Human Rights, "Situational Update on the Occurrences and Trend of Torture in Lebanon (2010-2008): Torture Prevention and Monitoring in Lebanon", ALEF- Act for Human Rights, October 2010.
[42] https://www.amnesty.org/en/location/middle-east-and-north-africa/lebanon/report-lebanon/
[43] https://www.amnesty.org/en/location/middle-east-and-north-africa/lebanon/report-lebanon/
[44] https://alefliban.org/wp-content/uploads/10/2016/ALEF_Human-Rights-in-Lebanon_2015.pdf

than 85% of household income. According to Amnesty International report 2022 . the government failed to meet the needs of the population for several essential medications, including for cancer and other chronic diseases after the removal of the medication subsidy that was lifted in November 2021. The same report indicated that demand for free or low-cost medication and treatment at public healthcare centres had increased by 62% since the beginning of the economic crisis in 2019. However, the authorities failed to increase funding to meet those needs.

To address some of these challenges, the Ministry of Public Health (MOPH) has collaborated with non-governmental organizations (NGOs) and private entities to establish and expand a network of primary healthcare centers (PHCs). By 2021, there were 245 such centers in operation. However, the dominance of the private sector poses obstacles to the effectiveness of PHCs in serving as gatekeepers for regulating access to higher-level care. The balance between public and private healthcare sectors remains a critical issue in ensuring equitable access to health services.
Lebanon has historically struggled with a shortage of healthcare professionals, including nurses and family medicine practitioners. This scarcity is attributed to the absence of financial incentives and a lack of relevant programs. The economic crisis has exacerbated this problem, prompting a significant migration of healthcare professionals in search of better opportunities elsewhere. The departure of a substantial number of skilled professionals further strains the healthcare system's capacity to meet the population's health needs.

Another critical aspect impacting the right to health is the pharmaceutical sector. Lebanon's limited incentivization for local drug manufacturing has resulted in only 12 local manufacturers. The preference for brand-name drugs over generics and a reliance on expensive imported medications contribute to the inaccessibility and unaffordability of medicines, especially during the economic crisis. The high cost of medications can act as a barrier to individuals seeking necessary treatment and care, undermining the right to health.

Right to Social protection: The right to social protection in Lebanon has undergone significant changes and challenges in recent years, particularly in the context of the multidimensional financial and economic crisis that the country is witnessing. Historically, Lebanon's social protection system primarily benefited a small portion of the population, mainly public-sector employees, while leaving the majority, especially the poor and vulnerable, without adequate coverage.

Before 2019, the social protection system was exclusive, benefiting public-sector employees at high costs, leaving the rest of the population, including the poor and vulnerable, without sufficient support.[47]

[45] https://www.lcps-lebanon.org/articles/details/4799/rethinking-lebanon%E99%80%2s-healthcare-system-amid-the-economic-crisis#:~:text=More20%than20%half20%of20%the,than20%25%2085%of20%household20%income.
[46] https://www.amnesty.org/en/location/middle-east-and-north-africa/lebanon/report-lebanon/
[47] World Bank, 2022. Lebanon public finance review. Retrieved from: https://openknowledge.worldbank.org/server/api/core/bitstreams/0d0ca-056f5-041a8f95-f276225248-5b7e/content

Many relied on family support from abroad or assistance from non-governmental organizations (NGOs) that were often confessionally based and influenced by political leaders.[48]

The economic crisis since 2019 has exacerbated the situation, with the economy in its fifth year of contraction, a significant depreciation in the Lebanese pound, and triple-digit inflation. This has led to a dramatic increase in poverty and vulnerability, affecting not only the traditionally unprotected population but also public-sector employees who have now joined the ranks of the poor. Available evidence indicates that many youth and skilled workers have left the country with net migration reaching 160,000 person in 2022. [49]

The government has also failed to respond to people need due to the limited resources and frail institutional capacity.[50] According to the World Bank report in 2022, Lebanon's government spending on social protection was relatively high compared to other Arab countries but was heavily concentrated on pension schemes for formal workers in the public sector, constituting only 2 percent of the national population. The informal sector, unemployed individuals, and inactive people received minimal support, creating a highly regressive system with limited impact on poverty. [51]

The majority of social services in Lebanon are provided by non-state actors, including political organizations and religious charities. While these informal social protection mechanisms have historically played a crucial role, they have also led to a fragmented and unregulated system, with politicization affecting the distribution of social benefits. [52]

One major deficiency in Lebanon's social protection system was the absence of a national and unified information system. However, in 2021, the government initiated the DAEM registry, a fully integrated social protection information system, aimed at providing targeted assistance to those in need. Importantly, the system does not include information related to religious identity, reducing the potential for manipulation for sectarian purposes.

Despite these efforts, the World Food Program (WFP) data indicates a concerning level of food insecurity, with an expected impact on a significant portion of the population, including Lebanese and Syrian refugees. As of now, approximately more than 145,000 Lebanese households out of the 220,000 households registered on the DAEM registry are living in extreme poverty and thus are receiving monthly cash assistance through direct electronic payments through the ESSN and NPTP programs.

In conclusion, social assistance coverage for the poor and vulnerable, including the elderly and people with disabilities is very limited.

[48]UNICEF,2019. Social protection in Lebanon: a review of social assistance. Retrieved from: https://www.unicef.org/lebanon/media/5671/file/Lebanon_social_protection_report_ODI.pdf.pdf#page25
[49]https://data.worldbank.org/indicator/SM.POP.NETM?locations=LB
[50]https://www.reuters.com/world/middle-east/public-sector-paralysed-lebanon-lurches-towards-failed-state18-08-2022-/
[51]World Bank, 2022. Lebanon public finance review. Retrieved from: https://openknowledge.worldbank.org/server/api/core/bitstreams/0d0ca-056f5-041a8f95-f276225248-5b7e/content
[52]UNICEF,2019. Social protection in Lebanon: a review of social assistance. Retrieved from: https://www.unicef.org/lebanon/media/5671/file/Lebanon_social_protection_report_ODI.pdf.pdf#page25

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In conclusion, social assistance coverage for the poor and vulnerable, including the elderly and people with disabilities is very limited.

Legal Environment

Ranked at 119 out of 146 countries in the Global Gender Gap Report 2022 , Lebanon grapples with one of the most substantial overall gender gaps globally. Lebanon holds one of the lowest positions in women's political participation (149 out of 153 countries) and labor market involvement (139 out of 153 countries). Achieving gender equality in Lebanon encounters numerous challenges, reflecting a nuanced interplay of cultural, legal, and societal factors. Despite notable progress in some areas, persistent and significant issues continue to impede the realization of complete gender equality. Furthermore, the economic crisis in Lebanon, which poses serious threats to the country and its population as a whole has significantly challenged women's livelihoods in Lebanon for the following reasons:

Discriminatory Laws and Legal Framework: Lebanon's legal framework presents significant challenges for women's rights and family dynamics:

Personal Status Laws: Lebanon's adherence to the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) is limited by its decentralized system of personal status laws, which are governed by religious courts. With 15 different religious sects each having its own set of laws, women often face discrimination, especially in matters like divorce and child custody. The process for women to seek divorce is often lengthy and cumbersome compared to men, who can typically initiate divorce unilaterally.

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[53] https://reliefweb.int/report/lebanon/wfp-lebanon-situation-report-january2023-?gclid=CjwKCAjw1YCkBhAOEiwA5aN4ASYKloVj7rVzFEygFACF6P4rFs9PlhZf2qTo3pI9XZtSl-ZHixjmixoCZXgQAvD_BwE

[54] https://documents1.worldbank.org/curated/en/099051623112526473/pdf/BOSIB0257a5143071081a40b954bbb721f1.pdf

[55] https://borgenproject.org/-5key-insights-into-the-gender-wage-gap-in-lebanon/#:~:text=Significant20%Wage20%Disparity3%A20%According20%to,20%25%19less20%than20%Lebanese20%men.

[56] Human Rights Watch, 2015. Unequal and Unprotected: Women's Rights under Lebanese Personal Status Laws. Retrieved from: https://reliefweb.int/report/lebanon/unequal-and-unprotected-women-s-rights-under-lebanese-personal-status

[57] HRW, 2015, Unequal and Unprotected Women Rights Under Lebanese Personal Status Laws

Nationality Law: Lebanese women married to foreigners encounter difficulties in passing on their nationality to their spouses or children, leading to various challenges for families.[58] This limitation restricts educational and healthcare opportunities for children without Lebanese citizenship.

Violence Against Women: The introduction of Law 293 in 2014 aimed to address domestic violence as a human rights concern in Lebanon, recognizing it as a societal problem requiring legal attention.[59]

However, criticisms have surfaced regarding the law's effectiveness and execution, prompting women's rights organizations to propose amendments and conduct studies highlighting its deficiencies.[60]

Despite these efforts, domestic violence remains prevalent, hindered by cultural norms discouraging reporting and legal frameworks that may not offer adequate protection. Lebanon's criminal justice system faces challenges in responding to domestic violence cases, including unclear responsibilities and bureaucratic procedures leading to delayed access to justice, further deterring survivors from reporting incidents.[61]

Disparities in Employment Opportunities: The lack of equity in employment opportunities for women in Lebanon is attributed to societal norms, economic constraints, and disparities in education access, especially in rural areas and among refugee populations. Recent findings from a study conducted by the University of Sciences and Arts in Lebanon (USAL) indicate that Lebanese women, on average, earn 16%-19% less than their male counterparts[62]. Another gender analysis report revealed a 20.2% wage gap between Lebanese women and men holding university-level or higher degrees.

Despite nearly equal educational access, only 23.5% of Lebanese women were employed in 2021, compared to 70.9% of men[63]. A 2018 World Bank report sheds light on the unequal distribution of unpaid care work and household responsibilities, predominantly shouldered by Lebanese women. Consequently, many women make sacrifices such as forgoing paid employment, reducing working hours, and facing frequent career interruptions, all of which adversely affect both women's earning potential and Lebanon's overall economy.[64]

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[58]Human Rights Watch (HRW), 2018. Lebanon: Discriminatory Nationality Law. Retrieved from: https://www.hrw.org/news/03/10/2018/lebanon-discriminatory-nationality-law
[59]https://sirenassociates.com/updates-events/responding-to-domestic-violence-in-lebanon-who-does-what/
[60]Ibid
[61]Ibid
[62]https://borgenproject.org/-5key-insights-into-the-gender-wage-gap-in-lebanon/#:~:text=Significant20%Wage20%Disparity3%A20%According20%to,20%25%19less20%than20%Lebanese20%men
[63]United Nations Development Program's (UNDP) 2021 Lebanon Gender Analysis report
[64]https://documents1.worldbank.org/curated/en/919711526913175663/pdf/-126361BRI-add-series-PUBLIC-QN170-.pdf

Limited Gender-Sensitive Policies: The absence of comprehensive gender-sensitive policies and strategies hinders the advancement of gender equality in various sectors.

Access to legal support and services: Despite the commendable initiatives of the Ministry of Social Affairs, civil society organizations, and NGOs to combat gender discrimination and challenge stereotypical roles, deeply ingrained gender-based norms persist in Lebanon. These norms manifest in marital, family, and public spheres, impeding women's access to justice by discouraging them from seeking legal recourse. Women's capacities to claim their rights are limited as a result of interrelated factors, most notably the discriminatory provisions against women and girls, the lack of confidence in law and law enforcement officials, as well as social, cultural, and economic factors. A report from KAFA Violence & Exploitation reveals that 42% of individuals in Lebanon lack trust in religious courts, while 38% express distrust in civil courts due to perceived corruption and unjust law. s Gender disparities in social support programs: Gender disparities in social support programs in Lebanon are stark, as highlighted in a 2021 UN Women report. These disparities manifest in several key areas, including social assistance, insurance, and welfare. In terms of social assistance, specific programs for vulnerable groups of women, such as female-headed households and those with disabilities, are lacking. Additionally, non-Lebanese individuals, including migrant domestic workers and refugees, are excluded from accessing social protection. Moreover, existing assistance programs often fail to provide adequate cash transfers and healthcare coverage, particularly for pregnant women and those with dependents. In terms of social insurance, women engaged in the informal sector or unpaid work are left without coverage, while eligibility criteria for benefits fail to account for gender-related risks and biases. Discriminatory provisions further exacerbate the situation, limiting healthcare insurance for female workers and their children. Social welfare services also face challenges in ensuring universal access, with many women in remote areas left without adequate support.

Gender Disparities in Women's Access to Health Services in Lebanon: Women in Lebanon face significant challenges in accessing essential healthcare services, particularly amidst the country's

[65]UNDP, UN WOMEN, and UNFPA, 2018. Gender-Related Laws, Policies and Practices in Lebanon. Retrieved from: https://civilsocietycentre.org/sites/default/files/resources/gender_justice_in_lebanon_final_report_eng.pdf

[66]ESQWA, UNFPA, UN Women, and UNDP, 2018. Assessment of laws affecting gender equality and protection against gender-based violence. Retrieved from: https://www.undp.org/sites/g/files/zskgke326/files/migration/arabstates/Lebanon-Country-Assessment---English.pdf

[67]UNDP, UN WOMEN, and UNFPA, 2018. Gender-Related Laws, Policies and Practices in Lebanon. Retrieved from: https://civilsocietycentre.org/sites/default/files/resources/gender_justice_in_lebanon_final_report_eng.pdf

[68]Ipsos, General Awareness on Family Violence in Lebanon: Perceptions and Behaviors of the Lebanese Public (2016), http://www.kafa.org.lb/

[69]https://lebanon.unwomen.org/sites/default/files/06-2022/SP20%Baseline20%Report1_20%.pdf

ongoing health, economic, and political crises. A 2021 UN Women report[70] identifies several factors contributing to gender disparities in healthcare access. Firstly, the current health financing system prioritizes curative care over preventive measures, potentially neglecting women's holistic health needs. Additionally, fee-for-service payments create incentives for healthcare providers to overuse services, impacting women's health services. Lebanon's fragmented health financing landscape, with various schemes and insurance options, can lead to increased out-of-pocket expenditures for women. Clarity issues with eligibility criteria and bed availability hinder access for vulnerable women, including the unemployed and those engaged in unpaid family work. Non-Lebanese women, including migrant domestic workers and refugees, face barriers due to lack of coverage under the Ministry of Public Health. Moreover, a substantial portion of the population lacks health insurance, affecting women's access to quality care. Limited coverage for chronic disease drugs and reproductive health services further burdens women financially and restricts access. Inconsistent implementation of laws related to sexual and reproductive health rights, including the criminalization of certain practices like abortion, also hinders women's healthcare rights. Overall, these factors contribute to gender inequities in healthcare access, impacting the overall well-being of women in Lebanon.

Key Vulnerable Populations

As previously indicated, the Key Vulnerable Populations (KVPs) assessed in the CRG study for Lebanon were established during the initial meeting of the MSWG. The following information provides baseline data derived from desk reviews concerning the KVPs, encompassing prisoners, migrant workers, refugees, PLHIV, PWUD, and Lebanese individuals facing extreme poverty. The desk review of KVPs aimed to providing background insights into their vulnerabilities, rendering them at elevated risk of TB infection, and to comprehend the social determinants pertinent to this group of the population.

Prisoners

The conditions of prisoners in Lebanese prisons have raised significant concerns due to various issues. There are currently 6,382 prisoners in Lebanon, with half of them confined in Roumieh prison alone. There are 25 detention centers in Lebanon out of which 19 are for male prisoners, 4 for women, and one only for juveniles[71].according to the Ministry of Justice, only two prisons[72] were structured to be official prisons, namely Zahle and Roumieh prisons . Notably, Roumieh Central Prison is operating at three times its capacity, exacerbating the problem of overcrowding.[73]

[70]UN Women (2021). Social Protection in Lebanon, from a Gender Perspective, Baseline Assessment Report; Beyond Group (2021). Retrieved from: https://lebanon.unwomen.org/sites/default/files/06-2022/SP20%Baseline20%Report1_20%.pdf

[71]Jessy Rizk (2020). Lebanese Prisons Conditions: Comparative Study with the French Regulations http://ir.ndu.edu.lb:8080/xmlui/bitstream/handle/1238/123456789/Lebanese20%Prisons20%Conditions20%-Jessy20%Rizk.pdf?sequence=1&isAllowed=y

[72]AlJamal, R. (2019). Al Taathib fi el Soujoun el Loubnania - Talaaob bi Houkouk el Dahaya fi Ethbat el Jarima - Infograph. Retrieved 24 March 2020, from https://www.alaraby.co.uk/investigations/14/10/2019

[73]https://www.prison-insider.com/en/countryprofile/liban2022-?s=sante5-cab#190969190sante5-cab190969190

More than half of the prison population is in pretrial detention, and the delays in trials often extend beyond legal limits, with some prisoners waiting for months or even years.

Responsibility for the prison service lies with the Ministry of the Interior, as the transfer of this responsibility to the Ministry of Justice has not been effectively implemented. Prison staff, primarily composed of members of the Internal Security Forces (FSI), lack specific training to serve as prison guards. Additionally, certain facilities and wards fall under the jurisdiction of the Army[3].

According to Human Rights Watch, the economic crisis in Lebanon has led to a dangerous deterioration of prison conditions. Overcrowding has become rampant, healthcare is subpar, and the government's failure to settle outstanding bills has put the food supply for prisons at risk.[74]

Overcrowding and dire conditions have led to a decline in the health of the prison population. Healthcare resources have drastically decreased due to economic challenges, resulting in inadequately staffed prisons and shortages of essential medications[75]. Since the start of the economic crisis, the government has failed to pay hospitals bills related to the treatment of people in custody which has resulted in many hospitals refusing to admit patients from prison or requiring upfront payment, even in emergency treatment cases, which is a violation of Lebanese law. According to the figures shared by the Ministry of Interior with Amnesty International, 846 people in custody were hospitalized in 2018 compared to 107 in 2022[76]. Available data also shows a dramatic increase in the mortality rates among inmates as deaths increased from 14 in 2015 to 18 in 2018 and 34 in 2022.[77]

Despite laws criminalizing torture, cases of ill-treatment and torture persist. Civil society organizations have documented abuse against LGBTQI prisoners, and both Human Rights Watch and Amnesty International reported around 50 cases of torture in 2021[78].

[74]Human Rights Watch (2023). Lebanon: Harrowing Prison Conditions: https://www.hrw.org/news/23/08/2023/lebanon-harrowing-prison-conditions
[75]https://www.prison-insider.com/en/countryprofile/liban2022-?s=sante5-cab#190969190sante5-cab190969190
[76]Amnesty International (2023). Sharp increase of deaths in custody must be a wake-up call for authorities. Retrieved from :https://www.amnesty.org/en/latest/news/06/2023/lebanon-sharp-increase-of-deaths-in-custody-must-be-a-wake-up-call-for-authorities/
[77]Ibid
[78]UN Universal Periodic Review Thirty-seventh session of the UPR Working Group of the Human Rights Council July 2020. Retrieved from: file:///C:/Users/user/Desktop/JS3_UPR37_LBN_E_CoverPage1)20%).pdf

Available evidence also suggests that the Lebanese prisons' current structure is considerably below the international standards and is not aligned with dictated laws and regulations conforming to human rights[79]. Some prisoners also face challenges in accessing legal representation, raising concerns about the fairness of trials.[80]

Moreover, stigma and discrimination against gender minorities and PLHIV within the prison system are severe. Members of the LGBTIQ+ community endure mistreatment while in detention, largely due to an antiquated penal code. Penal Code 534 criminalizes any form of "carnal union against the order of nature." LGBTIQ+ individuals are subjected to both HIV and drug testing, and those diagnosed as HIV positive encounter harsh segregation measures.[81]

In addition to this, Stigma and Discrimination against gender minorities and PLHIV inside the prison is drastic. The LGBTIQ+ community members suffer from ill-treatment during detention due to an outdated penal code. Penal Code 534 criminalizes any "carnal union against the order of nature." LGBTIQ+ individuals are subjected to HIV and drug testing, and those found to be HIV positive face severe segregation.[82]

Migrant Workers

The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families defines a migrant worker as "a person who is to be engaged, is engaged, or has been engaged in a remunerated activity in a state of which he or she is not a national". [83]

Lebanon's practice of hiring domestic help has evolved from local women to a transnational workforce of migrant domestic workers (MDWs), primarily from Asia and Africa. These individuals face vulnerability due to factors such as precarious working conditions, low social status, gender inequalities, and the cultural devaluation of care-based work.

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[79]Jessy Rizk (2020). Lebanese Prisons Conditions: Comparative Study with the French Regulations http://ir.ndu.edu.lb:8080/xmlui/bitstream/handle/1238/123456789/Lebanese20%Prisons20%Conditions20%-Jessy20%Rizk.pdf?sequence=1&isAllowed=y

[80]Amnesty International (2023). Sharp increase of deaths in custody must be a wake-up call for authorities. Retrieved from :https://www.amnesty.org/en/latest/news/06/2023/lebanon-sharp-increase-of-deaths-in-custody-must-be-a-wake-up-call-for-authorities/

[81]Ibid

[82]https://www.economist.com/middle-east-and-africa/21/09/2023/lebanons-prison-inmates-are-running-short-of-food

[83]Intertwined - An study of employers of migrant domestic workers in Lebanon / International Labour Office, Fundamental Principles and Rights at Work (FUNDAMENTALS); Labour Migration Branch (MIGRANT) - Geneva: ILO, 2016. Retrieved from: https://www.ilo.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/publication/wcms_524149.pdf

Approximately 250,000 domestic workers reside in Lebanon, with around 99 percent of them being migrants on work permits. The majority are women from Ethiopia, the Philippines, Bangladesh, and Sri Lanka, earning monthly salaries ranging from $150 to $400. Women constitute about 76 percent of all migrant workers, and 99 percent of migrant domestic workers who seek employment in Lebanon.[84_85]

Despite their status as workers, MDWs lack labor protections under Article 7 of the labor law and are subject to a sponsorship modality called kafala, likened to 'modern-day slavery.[86]

MDWs and employers rely on employment contracts lacking provisions for fundamental issues like passport retention and freedom of movement. The kafala system, while not a law, effectively binds a worker's residency to a specific employer, hindering legal recourse and leaving workers vulnerable to exploitation.

Lebanon's multi-layered crisis since 2019 has exacerbated the challenges faced by migrant domestic workers, impacting their physical and mental health. Many have lost legal status, faced salary non-payment, or fled due to exploitation or violence, making it difficult to find employment and access essential services.[87]

Available evidence indicates that the following challenges for migrant workers in Lebanon:

1. Kafala System: Lebanon has historically employed the kafala (sponsorship) system, tying a migrant worker's legal status to their employer. According to Amnesty International, "This system increases the risk of labourlabor exploitation of migrant workers and leaves women with little prospect of obtaining redress". [88]

2. Labor Rights Violations: Migrant workers and specifically migrant domestic workers in Lebanon have reported various labor rights violations, including long working hours, non-payment or delayed payment of wages, poor working conditions, and lack of job security. This is driven at least in part by the fact that the Lebanese Labor Law specifically excludes domestic work from its scope. Migrant workers risk a wide range of human rights violations due to the lack of adequate legal regulation of their stay and work in Lebanon.[89]

[84]https://news.un.org/en/story/1108332/12/2021
[85]Ministry of Labor (MoL). 2019. Internal Data on Work Permits Issued to Migrant Workers in Lebanon
[86]UN Women, ILO, and IOM (2021). Women Migrant Domestic Workers in Lebanon: A Gender Perspective. Retrieved from: https://arabstates.unwomen.org/sites/default/files/Field20%Office20%Arab20%States/Attachments/Publications/06/2021/Migrant-Workers-Rights-are-Womens-Rights-June-2021-16FINAL2.pdf
[87]https://www.msf-me.org/media-centre/news-and-stories/migrant-workers-lebanon-healthcare-under-kafala-system#:~:text=Print3%A,and20%specialist20%mental20%health20%support.
[88]AMNESTY International Report 2023-2022. The state of the world's human rights. Retrieved from: https://www.amnesty.org/en/location/middle-east-and-north-africa/lebanon/report-lebanon/
[89]The Labour Sector in Lebanon: Legal Frameworks, Challenges and Opportunities, Leaders for Sustainable Livelihoods, UNHCR, 31 May 2019

3. Living Conditions: Although the General Security Directorate, which issues residency permits, requires that domestic workers live with their employers, some domestic workers (typically called 'freelancers') especially those that have irregular status, they live in crowded and inadequate housing with limited access to basic amenities.

4. Discrimination and Stigmatization: Migrant workers experience discrimination based on their nationality, ethnicity, or socioeconomic status. They also face social stigma and exclusion, making it challenging for them to integrate into the local community.

5. Access to Healthcare: Under the Kafala system, employers are legally bound to provide private health insurance for their domestic workers, but this only includes hospitalisation in case of work-related accidents, and does not include general healthcare, mental health support or the cost of medications. As a result, access to health services is extremely limited. Migrant workers encounter difficulties in accessing healthcare services, either due to financial constraints or legal restrictions. This is especially problematic for MDWs that have illegal status.

6. Gender discrimination and a lack of labor protections undervalues women migrant domestic workers' labor. Women migrant domestic workers have less access to public space and freedom of movement as compared to men migrant workers. One study surveying over 1,200 employees found that more than one in five Lebanese employers (22.5%) always or sometimes lock their domestic worker inside the house.

7. Legal Vulnerability: Migrant workers may be unaware of their legal rights or may hesitate to report abuse due to fear of retaliation or deportation. This legal vulnerability can make it difficult for them to seek help when facing exploitation. Some migrant workers also face deportation and detention for visa violations or attempting to leave their employers without proper authorization. This can leave them in a vulnerable position without adequate legal representation. Female migrant domestic workers have seldom been successful in holding their employers accountable through the submission of criminal complaints. According to a 2010 study that scrutinized 114 criminal

[90]UN Women, ILO, and IOM (2021). Women Migrant Domestic Workers in Lebanon: A Gender Perspective. Retrieved from: https://arabstates.unwomen.org/sites/default/files/Field20%Office20%Arab20%States/Attachments/Publications/06/2021/Migrant-Workers-Rights-are-Womens-Rights-June-2021-16FINAL2.pdf

[91]UN Women, ILO, and IOM (2021). Women Migrant Domestic Workers in Lebanon: A Gender Perspective. Retrieved from: https://arabstates.unwomen.org/sites/default/files/Field20%Office20%Arab20%States/Attachments/Publications/06/2021/Migrant-Workers-Rights-are-Womens-Rights-June-2021-16FINAL2.pdf

[92]Intertwined: A Study of Employers of Migrant Domestic Workers in Lebanon. https://www.ilo.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/ publication/wcms_524149.pdf

complaints filed by migrant workers, not a single instance was identified where the employer faced prosecution.

In summary, Lebanon's legal framework falls short of international standards, and despite ongoing discussions and committees, no laws safeguarding MDWs have been enacted.

Refugees

Lebanon is host to the largest number of refugees per capita in the world, there are 1.5 million Syrian refugees in the country, 950,000 of whom are registered with the United Nations Higher Commission for Refugees (UNHCR) , and 210,000 Palestine refugees (180,000 Palestine refugees from Lebanon and 30,000 Palestine refugees from Syria) that live in 12 official refugee camps, and outside the camps in overcrowded living conditions. Additionally, Lebanon hosts refugees from Palestine, Iraq, and other conflict-ridden nations, contributing to the complexity of the situation.

The influx of refugees has strained Lebanon's already fragile infrastructure and public services. Basic necessities such as housing, healthcare, and education have become scarce resources, leading to increased competition and tension between host communities and refugees. The situation of Syrian and Palestinian refugees in Lebanon is marked by significant challenges across various domains, including legal, economic, social, gender equities and healthcare.

Legal Challenges: Refugees grappling with legal challenges in Lebanon face significant obstacles that hinder their rights and opportunities. The absence of a formal domestic legal and policy framework for refugees results in many lacking proper documentation and protection. This legal and policy gap, combined with the current political, social, economic, and infrastructural

[93]UN WOMEN, ILO, and LAU (2021). Migrant Workers' Rights and Women's Rights – Women Migrant Domestic Workers in Lebanon: A Gender Perspective. Retrieved from: https://reliefweb.int/report/lebanon/migrant-workers-rights-and-women-s-rights-women-migrant-domestic-workers-lebanon?gad_source=1&gclid=Cj0KCQiA2KitBhCIARIsAPPMEhLWQWWCZczDdlc1cQ51WfX5Lw4cDNLAZxADWPTcvS36_bkCXynLUioaAqNzEALw_wcB

[94]Intertwined - An study of employers of migrant domestic workers in Lebanon / International Labour Office, Fundamental Principles and Rights at Work (FUNDAMENTALS); Labour Migration Branch (MIGRANT) - Geneva: ILO, 2016. Retrieved from: https://www.ilo.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/publication/wcms_524149.pdf

[95]Arab Center Washington DC (2023). The Syrian Refugee Crisis in Lebanon: Between Political Incitement and International Law. Retrieved from: https://arabcenterdc.org/resource/the-syrian-refugee-crisis-in-lebanon-between-political-incitement-and-international-law/#:~:text=According20%to20%international20%law2%C20%Lebanon,Convention20%or20%its20%201967%Protocol.

[96]UNRWA (2022). Hitting Rock Bottom – Palestine Refugees in Lebanon Risk Their Lives in Search of Dignity – UNRWA Press Release. Retrieved from: https://reliefweb.int/report/lebanon/hitting-rock-bottom-palestine-refugees-lebanon-risk-their-lives-search-dignity-enar

challenges faced by the Lebanese State, plays a crucial role in shaping the government's approach to refugees, often perceiving them as an overwhelming burden or a security threat.
In a country where access to justice and effective remedies for human rights violations is already constrained by various structural, legal, institutional, and socio-economic barriers, migrants and refugees confront even greater and sometimes insurmountable challenges in exercising their rights and gaining access to justice and effective remedies.

Lebanon's domestic law criminalizing the "illegal" entry and stay of foreign nationals, including refugees, violates their human rights. This includes their right not to be penalized for an "illegal" entry, their right to a fair and effective process for determining their need for and entitlement to international protection, and their right to liberty and security of person. The stringent restrictions and high costs associated with obtaining or renewing legal residence permits in Lebanon force refugees into "illegal" status, making them susceptible to arrest, detention, and deportation. This creates a climate of fear among refugees in Lebanon, severely restricting their freedom of movement and limiting access to employment, housing, health, education, and justice.

Lebanese authorities have not published any statistics on the number of Syrian refugees without legal status, but the Lebanon Crisis Response Plan (LCRP), published in January 2017, estimates that 60 percent of those over age 15 lack legal residency, compared with 47 percent in January 2016.
In accordance with international law, Lebanon is obligated to admit refugees and political asylum seekers, ensuring their protection. However, Lebanese legislators and government officials assert that their nation never ratified the 1951 United Nations Refugee Convention or its 1967 Protocol. Since the onset of the Syrian influx into Lebanon in early 2011, authorities in Lebanon have consistently resisted establishing an agency to oversee refugee affairs, including matters related to their presence, residency, and distribution.

[97]International Commission of Jurists (ICJ), 2020. Unrecognized and Unprotected; The Treatment of Refugees and Migrants in Lebanon. Retrieved from: https://www.icj.org/wp-content/uploads/11/2020/Lebanon-Migrant-rights-Publications-Reports-Thematic-reports-2020-ENG.pdf
[98]International Commission of Jurists (ICJ), 2020. Unrecognized and Unprotected; The Treatment of Refugees and Migrants in Lebanon. Retrieved from:https://www.icj.org/wp-content/uploads/11/2020/Lebanon-Migrant-rights-Publications-Reports-Thematic-reports-2020-ENG.pdf
[99]https://reliefweb.int/report/lebanon/lebanon-crisis-response-plan-2019-2020-2017-update?gad_source=1&gclid=Cj0KCQjwwYSwBhDcARIsAOyL0fgBLfHVSunY8_2lB9tKrdoRfIg1AMC7mdymn1OF1arrfPff8_8oiF4aAq4REALw_wcB
[100]Arab Center Washington DC (2023). The Syrian Refugee Crisis in Lebanon: Between Political Incitement and International Law. Retrieved from: https://arabcenterdc.org/resource/the-syrian-refugee-crisis-in-lebanon-between-political-incitement-and-international-law/#:~:text=According20%to20%international20%law2%C20%Lebanon,Convention20%or20%its20%201967%Protocol

In 2014, the government issued an official document articulating its stance, transferring the responsibility for refugees to the United Nations and various international and local nongovernmental organizations, such as UNRWA, UNHCR, and IOM.

Rooted in a delicate sectarian balance, Lebanon adamantly rejects any initiatives for local integration or the permanent settlement of refugees.

Socio-Economic Challenges: Lebanon's economic crisis, exacerbated by political instability and the Beirut explosion in 2020, has had severe repercussions on both the local population and refugees. Syrian refugees, in particular, have become economically vulnerable due to the inflation of prices and the depreciation of the Lebanese currency. According to existing surveys, 69% of Syrian refugees in Lebanon live below poverty line, and 51% live in extreme poverty. [101]

Over two-thirds of Syrian refugees struggle to afford minimum essential items, leading to 94% of refugee households relying on debt to cover their basic needs. Food insecurity among Syrian refugees has sharply increased to 67% in 2022. [102]

A significant number of Syrian refugees find employment in sectors that are not favored by the Lebanese population, particularly in agriculture and service industries. Working without the required employment permits, their wages are meager, and they lack legal protections, relying solely on verbal agreements with their employers. [103]

Palestinian refugees in Lebanon, face economic hardship as well. The majority live in official refugee camps or overcrowded conditions, with 93% categorized as poor. The economic challenges are compounded by the limitations on employment opportunities, as Palestinians are banned from 39 professions, including those in medicine, dentistry, pharmacy, occupational therapy, and law. [104]

Healthcare Challenges: The issue of accessing healthcare is a critical concern for refugees in Lebanon, who face significant hurdles in obtaining adequate medical services. Despite Lebanon being a party to various International Human Rights Conventions, including the International Covenant on Economic, Social and Cultural Rights, which emphasizes the right to health, challenges persist in realizing these rights for the refugee population. The Covenant mandates that state parties ensure the availability of medical services and attention in the event of sickness.[105]

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[101]International Commission of Jurists (ICJ), 2020. Unrecognized and Unprotected; The Treatment of Refugees and Migrants in Lebanon. Retrieved from: https://www.icj.org/wp-content/uploads/11/2020/Lebanon-Migrant-rights-Publications-Reports-Thematic-reports-2020-ENG.pdf
[102]UNHCR, UNICEF, WFP (2023). Vulnerability Assessment of Syrian Refugees in Lebanon. Retrieved from: Https://reliefweb.int/report/lebanon/vasyr-2022-vulnerability-assessment-syrian-refugees-lebanon
[103]Arab Center Washington DC (2023). The Syrian Refugee Crisis in Lebanon: Between Political Incitement and International Law. Retrieved from: https://arabcenterdc.org/resource/the-syrian-refugee-crisis-in-lebanon-between-political-incitement-and-international-law/#:~:text=According20%to20%international20%law2%C20%Lebanon,Convention20%or20%its20%201967%Protocol
[104]UNRWA (2022). Hitting Rock Bottom – Palestine Refugees in Lebanon Risk Their Lives in Search of Dignity – UNRWA Press Release. Retrieved from: https://reliefweb.int/report/lebanon/hitting-rock-bottom-palestine-refugees-lebanon-risk-their-lives-search-dignity-enar
[105]Norwegian Refugee Council (NRC), 2020. Documentation and access to healthcare for refugees in Lebanon. Retrieved from: https://www.nrc.no/globalassets/pdf/briefing-notes/documentation-and-access-to-healthcare-for-refugees-in-lebanon/icla_briefing-note_documentation-and-access-to-healthcare_may2020.pdf

Gender Inequalities: According to a 2020 Vulnerability Assessment for Syrian Refugees in Lebanon , gender inequalities among refugees in Lebanon persist as a complex and multifaceted issue, impacting various aspects of individuals' lives within displaced communities. The following key dimensions of gender inequalities were reported among refugees in Lebanon:

- **Access to Education:** Refugee girls often face challenges in accessing education compared to boys. Societal norms, economic constraints, and safety concerns contribute to lower enrollment rates and higher dropout rates for girls. Overall, 89% of young women compared with 57% of young men between the ages of 19-24 were not in education, employment or training.

- **Employment Opportunities:** Women refugees commonly encountered barriers to entering the workforce, facing discrimination and restrictive social norms. Traditional gender roles limited women to specific sectors, and they often ended up in low-paying and informal jobs, exacerbating economic vulnerabilities. Women participation in the paid labor force was found to be very low compared to men (12% and 65% respectively). Unemployment rates for women was higher than those for men.

- **Legal Protections:** Despite legal frameworks that theoretically protect against gender-based violence, refugees, particularly women and girls, still experience inadequate enforcement and protection. Instances of early and forced marriages, domestic violence, and sexual harassment may go unaddressed due to gaps in implementation and reporting mechanisms.

- **Healthcare Access:** Women's access to healthcare was hindered due to various factors, including cultural taboos, financial constraints, and inadequate reproductive health services. Maternal healthcare, in particular, faces challenges, impacting the well-being of refugee women during pregnancy and childbirth.

- **Legal Status and Documentation:** Obtaining legal documentation, such as residency permits, was particularly challenging for refugee women, affecting their ability to access services and protection.

- **Live hood:** women remained more food insecure and dependent on humanitarian assistance as their main source of household income.

[110]UN Women (2020). Vulnerability Assessment for Syrian Refugees in Lebanon. Retrieved from: https://reliefweb.int/report/lebanon/gender-analysis-2020-vulnerability-assessment-syrian-refugees-lebanon-developed

Inconclusion, Economic hardships, legal constraints, and limited access to healthcare create a vulnerable situation for refugees in Lebanon. International assistance, particularly from organizations like UNHCR, IOM and UNRWA, plays a crucial role in providing essential services, but the scale of the challenges remains immense.

PLHIV and PWUD

Currently there is limited research on TB among KPs including PLHIV and PWUD. Available evidence indicates that KPs continue to be marginalized in the Lebanese society.

A 2023 study focusing on the mental health status and needs of Key Populations (KPs) in Lebanon has highlighted significant challenges faced by these communities, including pervasive stigma and discrimination from community and health provides, poor living conditions, limited access to health services, gender inequities, and lack of social protection.

The section below sheds some insights on the status of KPs and harm reduction services in Lebanon to understand the reasons behind the challenges listed above.

Situation of PWUD

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Available data on the prevalence of substance use among the Lebanese citizens is limited and much of it is dated. In 2003, the prevalence of lifetime drug use among persons aged 18–44 years old was 0.6% and the 12-months prevalence in the same group to be 0.3%.

Research by the World Health Organization about Lebanese high school students reported that, in 2017, 2.1% of students aged 13–17 had ever used marijuana. Finally, data on the number of persons in detention centers due to drug-related charges showed a 108% increase between 2011 and 2018.

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[111]MENAHRA (2023).Mental health Status and Needs of KPs in the MENA Region. Retrieved from: https://www.menahra.org/wp-content/uploads/10/2023/A_Participatory_Assessment_on_the_Mental_Health_Status_and_Needs_of_Key_Populations_in_5_Countries_in_the_Middle_East_and_North_Africa_Region_compressed.pdf

[112]Skoun 2023. Impact of the humanitarian crisis on people who use drugs- Increased vulnerabilities and marginalization, lessons from Lebanon. Retrieved from: https://www.ohchr.org/sites/default/files/documents/issues/drug/cfi-hrc-54drug-policy/submission/subm-ohchrs-report-csos-skoun-lebanese-addictions-center31-.pdf

[113]Lebanon MOPH, (2017). National Report on Drug Situation in Lebanon. Retrieved from https://www.moph.gov.lb/userfiles/files/Programs26%Projects/MentalHealthProgram/NODDA_2017_english.pdf

[114]Karam E.G., Mneimneh Z.N., Dimassi H., Fayyad J.A., Karam A.N., Nasser S.C., Chatterji S., Kessler R.C. Lifetime prevalence of mental disorders in Lebanon: First onset, treatment, and exposure to war. PLoS Med. 5;2008:e61. doi: 10.1371/journal.pmed.0050061.

[115]WHO Global School-Based Student Health Survey (GSHS). Lebanon. 2017. [(accessed on 10 November 2021)]. Available online: https://www.who.int/

challenges faced by the Lebanese State, plays a crucial role in shaping the government's approach to refugees, often perceiving them as an overwhelming burden or a security threat.
In a country where access to justice and effective remedies for human rights violations is already constrained by various structural, legal, institutional, and socio-economic barriers, migrants and refugees confront even greater and sometimes insurmountable challenges in exercising their rights and gaining access to justice and effective remedies.

Lebanon's domestic law criminalizing the "illegal" entry and stay of foreign nationals, including refugees, violates their human rights. This includes their right not to be penalized for an "illegal" entry, their right to a fair and effective process for determining their need for and entitlement to international protection, and their right to liberty and security of person. The stringent restrictions and high costs associated with obtaining or renewing legal residence permits in Lebanon force refugees into "illegal" status, making them susceptible to arrest, detention, and deportation. This creates a climate of fear among refugees in Lebanon, severely restricting their freedom of movement and limiting access to employment, housing, health, education, and justice.

Lebanese authorities have not published any statistics on the number of Syrian refugees without legal status, but the Lebanon Crisis Response Plan (LCRP), published in January 2017, estimates that 60 percent of those over age 15 lack legal residency, compared with 47 percent in January 2016.
In accordance with international law, Lebanon is obligated to admit refugees and political asylum seekers, ensuring their protection. However, Lebanese legislators and government officials assert that their nation never ratified the 1951 United Nations Refugee Convention or its 1967 Protocol. Since the onset of the Syrian influx into Lebanon in early 2011, authorities in Lebanon have consistently resisted establishing an agency to oversee refugee affairs, including matters related to their presence, residency, and distribution.

In 2014, the government issued an official document articulating its stance, transferring the responsibility for refugees to the United Nations and various international and local nongovernmental organizations, such as UNRWA, UNHCR, and IOM.

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[97]International Commission of Jurists (ICJ), 2020. Unrecognized and Unprotected; The Treatment of Refugees and Migrants in Lebanon. Retrieved from: https://www.icj.org/wp-content/uploads/11/2020/Lebanon-Migrant-rights-Publications-Reports-Thematic-reports-2020-ENG.pdf
[98]International Commission of Jurists (ICJ), 2020. Unrecognized and Unprotected; The Treatment of Refugees and Migrants in Lebanon. Retrieved from:https://www.icj.org/wp-content/uploads/11/2020/Lebanon-Migrant-rights-Publications-Reports-Thematic-reports-2020-ENG.pdf
[99]https://reliefweb.int/report/lebanon/lebanon-crisis-response-plan-2019-2020-2017-update?gad_source=1&gclid=Cj0KCQjwwYSwBhDcARIsAOyL0fgBLfHVSunY8_2lB9tKrdoRfIg1AMC7mdymn1OF1arrfPff8_8oiF4aAq4REALw_wcB
[100]Arab Center Washington DC (2023). The Syrian Refugee Crisis in Lebanon: Between Political Incitement and International Law. Retrieved from: https://arabcenterdc.org/resource/the-syrian-refugee-crisis-in-lebanon-between-political-incitement-and-international-law/#:~:text=According20%to20%international20%law2%C20%Lebanon,Convention20%or20%its20%201967%Protocol

Rooted in a delicate sectarian balance, Lebanon adamantly rejects any initiatives for local integration or the permanent settlement of refugees.

Socio-Economic Challenges: Lebanon's economic crisis, exacerbated by political instability and the Beirut explosion in 2020, has had severe repercussions on both the local population and refugees. Syrian refugees, in particular, have become economically vulnerable due to the inflation of prices and the depreciation of the Lebanese currency. According to existing surveys, 69% of Syrian refugees in Lebanon live below poverty line, and 51% live in extreme poverty. [101]

Over two-thirds of Syrian refugees struggle to afford minimum essential items, leading to 94% of refugee households relying on debt to cover their basic needs. Food insecurity among Syrian refugees has sharply increased to 67% in 2022. [102]

A significant number of Syrian refugees find employment in sectors that are not favored by the Lebanese population, particularly in agriculture and service industries. Working without the required employment permits, their wages are meager, and they lack legal protections, relying solely on verbal agreements with their employers. [103]

Palestinian refugees in Lebanon, face economic hardship as well. The majority live in official refugee camps or overcrowded conditions, with 93% categorized as poor. The economic challenges are compounded by the limitations on employment opportunities, as Palestinians are banned from 39 professions, including those in medicine, dentistry, pharmacy, occupational therapy, and law. [104]

Healthcare Challenges: The issue of accessing healthcare is a critical concern for refugees in Lebanon, who face significant hurdles in obtaining adequate medical services. Despite Lebanon being a party to various International Human Rights Conventions, including the International Covenant on Economic, Social and Cultural Rights, which emphasizes the right to health, challenges persist in realizing these rights for the refugee population. The Covenant mandates that state parties ensure the availability of medical services and attention in the event of sickness.[105]

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[101]International Commission of Jurists (ICJ), 2020. Unrecognized and Unprotected; The Treatment of Refugees and Migrants in Lebanon. Retrieved from: https://www.icj.org/wp-content/uploads/11/2020/Lebanon-Migrant-rights-Publications-Reports-Thematic-reports-2020-ENG.pdf

[102]UNHCR, UNICEF, WFP (2023). Vulnerability Assessment of Syrian Refugees in Lebanon. Retrieved from: Https://reliefweb.int/report/lebanon/vasyr-2022-vulnerability-assessment-syrian-refugees-lebanon

[103]Arab Center Washington DC (2023). The Syrian Refugee Crisis in Lebanon: Between Political Incitement and International Law. Retrieved from: https://arabcenterdc.org/resource/the-syrian-refugee-crisis-in-lebanon-between-political-incitement-and-international-law/#:~:text=According20%to20%international20%law2%C20%Lebanon,Convention20%or20%its20%201967%Protocol

[104]UNRWA (2022). Hitting Rock Bottom – Palestine Refugees in Lebanon Risk Their Lives in Search of Dignity – UNRWA Press Release. Retrieved from: https://reliefweb.int/report/lebanon/hitting-rock-bottom-palestine-refugees-lebanon-risk-their-lives-search-dignity-enar

[105]Norwegian Refugee Council (NRC), 2020. Documentation and access to healthcare for refugees in Lebanon. Retrieved from: https://www.nrc.no/globalassets/pdf/briefing-notes/documentation-and-access-to-healthcare-for-refugees-in-lebanon/icla_briefing-note_documentation-and-access-to-healthcare_may2020.pdf

[106]Ministry of Public Health . 2017 National Report on Drug Situation in Lebanon. Ministry of Public Health (MOPH); Baabda, Lebanon: 2017. [(accessed on 10 November 2021)]. Programs & Projects. Available online: https://moph.gov.lb/ [Google Scholar]

Gender Inequalities: According to a 2020 Vulnerability Assessment for Syrian Refugees in Lebanon , gender inequalities among refugees in Lebanon persist as a complex and multifaceted issue, impacting various aspects of individuals' lives within displaced communities. The following key dimensions of gender inequalities were reported among refugees in Lebanon:

- **Access to Education:** Refugee girls often face challenges in accessing education compared to boys. Societal norms, economic constraints, and safety concerns contribute to lower enrollment rates and higher dropout rates for girls. Overall, 89% of young women compared with 57% of young men between the ages of 19-24 were not in education, employment or training.

- **Employment Opportunities:** Women refugees commonly encountered barriers to entering the workforce, facing discrimination and restrictive social norms. Traditional gender roles limited women to specific sectors, and they often ended up in low-paying and informal jobs, exacerbating economic vulnerabilities. Women participation in the paid labor force was found to be very low compared to men (12% and 65% respectively). Unemployment rates for women was higher than those for men.

- **Legal Protections:** Despite legal frameworks that theoretically protect against gender-based violence, refugees, particularly women and girls, still experience inadequate enforcement and protection. Instances of early and forced marriages, domestic violence, and sexual harassment may go unaddressed due to gaps in implementation and reporting mechanisms.

- **Healthcare Access:** Women's access to healthcare was hindered due to various factors, including cultural taboos, financial constraints, and inadequate reproductive health services. Maternal healthcare, in particular, faces challenges, impacting the well-being of refugee women during pregnancy and childbirth.

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[112]Skoun 2023. Impact of the humanitarian crisis on people who use drugs- Increased vulnerabilities and marginalization, lessons from Lebanon. Retrieved from: https://www.ohchr.org/sites/default/files/documents/issues/drug/cfi-hrc-54drug-policy/submission/subm-ohchrs-report-csos-skoun-lebanese-addictions-center31-.pdf

[113]Lebanon MOPH, (2017). National Report on Drug Situation in Lebanon. Retrieved from https://www.moph.gov.lb/userfiles/files/Programs26%Projects/MentalHealthProgram/NODDA_2017_english.pdf

[114]Karam E.G., Mneimneh Z.N., Dimassi H., Fayyad J.A., Karam A.N., Nasser S.C., Chatterji S., Kessler R.C. Lifetime prevalence of mental disorders in Lebanon: First onset, treatment, and exposure to war. PLoS Med. 5;2008:e61. doi: 10.1371/journal.pmed.0050061.

[115]WHO Global School-Based Student Health Survey (GSHS). Lebanon. 2017. [(accessed on 10 November 2021)]. Available online: https://www.who.int/

[116] Ministry of Public Health . 2017 National Report on Drug Situation in Lebanon. Ministry of Public Health (MOPH); Baabda, Lebanon: 2017. [(accessed on 10 November 2021)]. Programs & Projects. Available online: https://moph.gov.lb/ [Google Scholar]

Scarce nationwide statistics, combined with a rise in substance use, hinder a comprehensive understanding of the issue. The most recent data suggests 2000-4000 PWUD, predominantly single men with low socioeconomic status. [117]

Illicit substance use starts at a young age, particularly among adolescents aged 15-17, with an average age profile of PWUD at 29.5 years. [118] Women constitute only 8% of those receiving drug-related treatment. [119] Government responses, such as the National Program for the Prevention of Addiction and the Inter-ministerial Substance Use Response Strategy, aim to address substance use, but challenges persist in access to comprehensive health services. [120]

Harm reduction services in Lebanon is primarily provided by local NGOs in collaboration with the Ministry of Social Affairs. However, these services are limited in supply and concentrated in Beirut and Mount-Lebanon. The financial crisis and state's inability to procure essential medications result in an ongoing shortage of Opioid Agonist Treatment (OAT), impacting PWUD with physical withdrawals, overdoses, higher relapse rates, and mental health issues. [121]

PWUD face barriers to treatment, including a lack of knowledge, fear of stigma, societal repercussions, and limited availability of opioid substitution treatment (OST) programs. Privacy concerns related to registration in the governmental database further deter individuals from seeking help.[122] Emergency planning and humanitarian responses in Lebanon have neglected the specific needs of PWUD, exemplified by the shortage of OAT medication, emphasizing the urgent need to integrate substance use and harm reduction services into primary healthcare and humanitarian efforts to safeguard their basic human rights.

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[117]Lebanon MOPH, (2017). National Report on Drug Situation in Lebanon. Retrieved from https://www.moph.gov.lb/userfiles/files/Programs26%Projects/MentalHealthProgram/NODDA_2017_english.pdf

[118]Hines, L. A., Trickey, A., Leung, J., Larney, S., Peacock, A., Degenhardt, L., ... & Stone, J. (2020). Associations between national development indicators and the age profile of people who inject drugs: results from a global systematic review and meta-analysis. The Lancet Global Health, 1)8), e-76e91

[119]MOPH, (2016). Inter-Ministerial Substance Use Response Strategy for Lebanon 2021-2016. Beirut: Lebanon

[120]Maya Bizri, Samer El Hayek, Hadi Beaini, Firas Kobeissy & Farid Talih (2021): National trauma and substance use disorders: A slippery slope in Lebanon. Retrieved from: https://www.researchgate.net/publication/351361193_National_trauma_and_substance_use_disorders_A_slippery_slope_in_Lebanon

[121]Skoun 2023. Impact of the humanitarian crisis on people who use drugs- Increased vulnerabilities and marginalization, lessons from Lebanon. Retrieved from: https://www.ohchr.org/sites/default/files/documents/issues/drug/cfi-hrc-54drug-policy/submission/subm-ohchrs-report-csos-skoun-lebanese-addictions-center31-.pdf

[122]Maya Bizri, Samer El Hayek, Hadi Beaini, Firas Kobeissy & Farid Talih (2021): National trauma and substance use disorders: A slippery slope in Lebanon. Retrieved from: https://www.researchgate.net/publication/351361193_National_trauma_and_substance_use_disorders_A_slippery_slope_in_Lebanon

[123]Skoun 2023. Impact of the humanitarian crisis on people who use drugs- Increased vulnerabilities and marginalization, lessons from Lebanon. Retrieved from: https://www.ohchr.org/sites/default/files/documents/issues/drug/cfi-hrc-54drug-policy/submission/subm-ohchrs-report-csos-

need to integrate substance use and harm reduction services into primary healthcare and humanitarian efforts to safeguard their basic human rights.

Situation of PLHIV

The status of people living with HIV (PLHIV) in Lebanon is characterized by notable changes in prevalence and a concerted effort to address the evolving landscape of the epidemic. Recent data from UNAIDS reveals an increase in the estimated total number of PLHIV in Lebanon, reaching 2,700 cases in 2020 compared to 1,455 cases reported in 2012 . Despite this rise, the HIV prevalence among adults aged 15–49 remains below 0.1%. [125]

The primary mode of transmission in Lebanon is through sexual relations, with research indicating prevalence rates among men who have sex with men (MSM) ranging from 1.5% to 12%.[126] Additionally, the prevalence of HIV among people who inject drugs (PWID) stands at 0.9%, higher than that of the general population but relatively low compared to global rates among PWID. [127]

In response to the heightened prevalence of HIV among high-risk groups, the Ministry of Public Health (MOPH) initiated the National AIDS Control Program (NACP) in collaboration with the World Health Organization (WHO). This program aims to bolster HIV prevention and treatment initiatives in Lebanon. The NACP, administered by the MOPH, provides antiretroviral therapy (ART) free of charge to 64% of PLHIV who are aware of their infection. Additionally, all non-Lebanese PLHIV residing in Lebanon have access to free ART. On-site ART treatment is available in four centers located in Beirut and Mount Lebanon, ensuring convenient access for those in need. [128]

Local non-governmental organizations (NGOs) play a crucial role in the comprehensive response to HIV in Lebanon. More than 50% of HIV intervention health programs for PLHIV are provided by these NGOs, encompassing activities such as condom distribution and voluntary counseling, as well as on-site testing for viral hepatitis (HIV/HBV/HCV). This collaborative effort signifies a multifaceted approach to address the diverse needs of PLHIV in Lebanon, emphasizing accessibility, awareness, and free treatment options. [129]

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[124]UNAIDS. (2018). UNAIDS data. Geneva: Joint United Nations Programme on HIV/ AIDS; 2018. Available from: https://www.unaids.org/sites/default/files/media_asset/unaids-data-

[125]UNAIDS Country Factsheets: Lebanon. 2020. [(accessed on 15 November 2020)]. Available online: https://www.unaids.org/en/regionscountries/countries/lebanon

[126]WHO EMRO Lebanon HIV/AIDS Country Profile. 2020. Available online: http://www.emro.who.int/asd/country-activities/lebanon.html

[127]Joint United Nations Programme on HIV/AIDS . Global AIDS Monitoring 2019. UNAIDS; Geneva, Switzerland: 2019. Available online: https://www.aidsdatahub.org/resource/global-aids-monitoring2019- [Google Scholar]

[128]MOPH, (2017). National Report on Drug Situation in Lebanon. Retrieved from https://www.moph.gov.lb/userfiles/files/Programs26%Projects/MentalHealthProgram/NODDA_2017_english.pdf

[129]MENAHRA, (2021). COVID19- and the impact on drug use and harm reduction programming in the Middle East and North Africa (MENA) region. Retrieved from: https://idpc.net/events/02/2021/covid-19-and-the-impact-on-drug-use-and-harm-reduction-programming-in-the-middle-east-and-north-africa-mena-region

Situation of HIV and Harm Reduction Services

The status of Harm Reduction and HIV services in Lebanon reflects noteworthy advancements in the face of numerous challenges, positioning the country as a leader in the MENA region reflecting the country progress in expanding harm reduction initiatives. Local non-governmental organizations (NGOs) play a pivotal role in championing the rights of key populations (KPs) and delivering essential harm reduction services across Lebanon.

National reports outline the comprehensive scope of harm reduction services, encompassing outreach and educational efforts to mitigate risky behaviors, distribution of condoms, Voluntary Counselling and Testing for HIV/HBV/HCV, Needle and Syringe Programmes (NSP), Opioid Agonist Therapy (OAT), and Buprenorphine maintenance treatment. In 2016, strides were made in enhancing harm reduction services for KPs, including the introduction of suboxone to curb injecting practices among OAT beneficiaries using buprenorphine. Additionally, two new centers offering OAT were established in Bekaa and Mount Lebanon governorates.

Despite the ongoing expansion of harm reduction services, available data highlights that the provision of these services and their geographical coverage fall short of meeting the needs of KPs in Lebanon. A recent assessment of the impact of COVID-19 on HIV and harm reduction services in the country indicated that the status of HIV and harm reduction services in Lebanon grapples with challenges such as limited funding, inadequate services, an unfavorable social and cultural context, stringent penal laws, and a lack of political commitment to addressing the social and health needs of PLHIV and PWUD.

Lebanese People Living Under Extreme Poverty

The Ministry of Social Affairs (MOSA) is the main government entity responsible for provision of social safety nets in Lebanon. It provides social services to specific categories of vulnerable groups, primarily through its Social Development Centers (SDCs). The MOSA has placed poverty alleviation as one of its main priorities and established the National Poverty Targeting Program (NPTP) in 2011 as the first poverty-targeted social assistance program for the poorest and most vulnerable Lebanese families.

[130]MENAHRA, (2021). COVID19- and the impact on drug use and harm reduction programming in the Middle East and North Africa (MENA) region. Retrieved from: https://idpc.net/events/02/2021/covid-19-and-the-impact-on-drug-use-and-harm-reduction-programming-in-the-middle-east-and-north-africa-mena-region

[131]https://www.menahra.org/works/emergency-preparedness-plans-hiv/

In Lebanon, the situation of extreme poverty has been a longstanding concern. A UNDP study in 2008 revealed that approximately 8% of the Lebanese population, particularly in the Northern district of Akkar, were living in extreme poverty, while nearly 28% were considered poor overall.[132] Despite efforts to address poverty, including the establishment of national poverty targeting programs in 2011, the poverty ratio remained significant at 27.4% in 2011.[133] Other initiatives targeting Lebanese living in poverty, included such the Social Promotion And Protection Project funded by the World Bank in 2013. This initiative aimed at improving people access to social services and strengthen the capacity of governmental institutions like the Ministry of Social Affairs (MOSA) and Social Development Centers (SDCs) at the local level. [134]

The social assistance provided through these programs included waivers for registration fees, free books for primary and secondary school students, and healthcare coverage at public and private hospitals, including 10-15 percent waivers for hospitalization copayments. By 2020, the National Poverty Targeting Program (NPTP) reached approximately 43,000 households. [135] However, Lebanon's financial and economic crisis has led to a significant rise in poverty levels, worsening the social situation. According to the World Bank, overall poverty surged from 25.6% to 37% between 2012 and 2019, while extreme poverty rose from 10% to 16% during the same period. Current estimates suggest that extreme poverty, defined as living on $1.00 a day, has doubled to 22%, with overall poverty likely affecting 45% of the population. This equates to approximately 1.29 million individuals living below the extreme poverty line. [136]

Presently, only 145,000 Lebanese households, out of the total 220,000 households registered with MOSA, benefit from monthly cash assistance disbursed through direct electronic payments via the ESSN and NPTP programs.[137] Under this program, beneficiary households receive $25 per month, with an additional $20 per month allocated for each family member, capped at a maximum of 6 members per family. [138]

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[132]WORLD DATA ATLAS, Lebanon. https://knoema.com/atlas/Lebanon/topics/Health#Health-Expenditure.
[133]Ibid
[134]World Bank, 2022. Lebanon public finance review. Retrieved from: https://openknowledge.worldbank.org/server/api/core/bitstreams/0d0ca-056f5-041a8f95-f276225248-5b7e/content
[135]European Commission.K nowledge for policy.Targeting Poor Households in Lebanon. The National Poverty Targeting Program.https://knowledge4policy.ec.europa.eu/publication/targeting-poor-households-lebanon-nationalpoverty-targeting-program_en.
[136]World Bank, 2022. Lebanon public finance review. Retrieved from: https://openknowledge.worldbank.org/server/api/core/bitstreams/0d0ca-056f5-041a8f95-f276225248-5b7e/content
[137]Ibid
[138]Ibid

Regrettably, in January 2024, the funds earmarked for impoverished families in Lebanon under the Emergency Social Safety Net Project (ESSN) were suspended by the World Bank.[139] Additionally, the MOSA recently announced that international donation intended to aid the most vulnerable Lebanese would be slashed by three quarters for 2024, plummeting from $147 million to $33.3 million. The NPTP and ESSN serve as Lebanon's principal poverty-targeted social safety net programs, crucially designed to offer support to vulnerable populations amidst economic hardships.

Findings

The CRG assessment in Lebanon sheds light on the state of tuberculosis (TB) services in a context where research on TB is scarce. As, such the findings of the assessment draws from primary data collected through various means, including semi-structured interviews with TB patients and caregivers, focus group discussions with healthcare providers and key vulnerable population (KVP) representatives, as well as key informant interviews (KIIs) with TB policymakers, decision-makers, healthcare providers, and KVP experts.

The CRG assessment in Lebanon revealed significant findings regarding tuberculosis (TB) services. Despite universal availability and free access, barriers such as limited awareness, transportation difficulties, stigma, and financial constraints hinder patient access. Stigma leads some patients to conceal their diagnosis, complicating treatment and contact tracing. Minimal community involvement, and funding shortages further exacerbate the TB situation.

The findings also indicate that while the country boasts state-of-the-art medical guidelines, the TB laws in Lebanon are outdated. These laws failed to consider TB patients' rights to privacy, confidentiality, and informed consent. Additionally, they lacked accountability mechanisms for TB program implementers, and labor protection laws to respond to employers' discriminatory practices against TB patients. The assessment also highlighted a lack of gender sensitization among healthcare workers, notably concerning transgender individuals, and emphasized the need for detailed gender-disaggregated data to address gender-specific challenges effectively. Moreover, TB patients lacked comprehensive support beyond medical treatment, including nutritional assistance, financial aid, and psychosocial services, highlighting the need for enhanced NTP focus on key vulnerable groups for improved TB management.

These findings are elaborated and presented below, with a specific focus on the seven dimensions of the right to health framework.

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[139] https://reliefweb.int/report/lebanon/lebanon-crisis-response-plan-2019-2020-2017-update?gad_source=1&gclid=Cj0KCQjwwYSwBhDcARIsAOyL0fgBLfHVSunY8_2lB9tKrdoRflg1AMC7mdymn1OF1arrfPff8_8oiF4aAq4REALw_wcB

Availability, accessibility, acceptability, and quality (AAAQ)

Availability

The findings indicate that Tuberculosis (TB) services are available, decentralized and universally accessible across all Governorates in Lebanon, provided free of charge through the National TB Program (NTP) under the Ministry of Public Health (MOPH).[140]

The NTP, operating via a central unit and nine dispersed TB units, delivers comprehensive services encompassing diagnostics, treatment, monitoring, and prevention measures. [141]Despite this commitment to equitable access regardless of gender, nationality, or socio-economic status, the TB program is not prominently featured on the national health agenda.

"At the policy level, whether at the ministerial level or administrative level of the Ministry of Public Health (MOPH), there is minimal direct interference in the NTP program due to satisfaction with the exceptional performance of its management and health professional staff. However, at this stage, I cannot confidently assert that policymakers are fully committed to upholding TB patients' rights and promoting gender equity."

According to the findings, funding constraints hinder NTP expansion and implementation of essential interventions, compounded by economic inflation impacting Lebanon's health programs.
"Staff and managers demonstrate high sensitivity and willingness to assist, as evidenced by positive feedback received from patients of all backgrounds, including gender, nationality, and geographic location. Patients consistently report receiving a standard of care that is uniformly excellent. However, it is undeniable that budget cuts have impacted service delivery. In certain areas, staff may not receive full compensation or face reduced pay due to financial constraints. Consequently, the availability of peripheral centers for services has been affected, with some operating only two or

[140] World Health Organization (WHO), and International Organization for Migration Lebanon (IOM), (2022). Lebanon National Strategic Plan to End Tuberculosis, 2030-2023. Retrieved from: https://www.moph.gov.lb/userfiles/files/Prevention/TB20%Program/Lebanon20%National20%Strategic20%Plan20%to20%End20%TB2%C2030-202023%.pdf
[141]World Health Organization (WHO), and International Organization for Migration Lebanon (IOM), (2022). Lebanon National Strategic Plan to End Tuberculosis, 2030-2023. Retrieved from: https://www.moph.gov.lb/userfiles/files/Prevention/TB20%Program/Lebanon20%National20%Strategic20%Plan20%to20%End20%TB2%C2030-202023%.pdf

Financial support from UN and international development agencies, notably WHO, IOM, and Fondation Mérieux, sustains NTP operations, as minimal funding is allocated from the MOPH.

There is insufficient investment in public health infrastructure and human resources for the NTP. This includes a shortage of medical staff, inadequate physical facilities in some regions (with centers housed in containers outside public hospitals), and reliance on retired physicians providing voluntary services.

"In certain regions, the physical infrastructure of the centers is inadequate. Specifically, two of the centers are housed within containers situated outside public hospitals."

"The majority of physicians who retired from the program continue to provide services on a voluntary basis without compensation, and there are no opportunities for new recruitment."

Interviewees pointed out that the Ministry of public health should provide more support and attention to the program in-order to ensure the availability, and sustainability of the services.

"Tuberculosis (TB) has been a persistent health issue for over a century. Despite being a bacterial disease with curative treatment options and a vaccine, its continued prevalence raises questions about why it persists. Unfortunately, TB disproportionately affects impoverished communities, leading to insufficient attention and resources being allocated to its eradication."

"The Ministry of public health should provide more support and attention to the program in-order to ensure the sustainability of the services to be able to eliminate TB by 2030."

To facilitate access and strengthen the program resources, the NTP collaborates with UNHCR, UNRWA, and IOM, ensuring refugees and migrant workers benefit from services such as active case finding, TB screening, and Tuberculosis Preventive Therapy (TPT).

"Collaborations with key stakeholders, notably the International Organization for Migration (IOM) and Rodolphe Mérieux Laboratory (LRM), bolster Lebanon's TB services. Financial support from the Global Fund's Middle East Response grants further enhances these efforts."

In 2024, the NTP program was tasked with leading the National AIDS Program without any additional staffing. Consequently, this is expected to place a heavier burden on the existing staff at the NTP center in Beirut, potentially overstretching the NTP resources, and impacting the availability of TB services for patients.

These findings emphasize the urgent need for increased support and funding from the Ministry of Public Health to ensure the program's sustainability and progress towards TB elimination by 2030.

While NTP centers provide a wide range of TB diagnosis and treatment options at no cost, certain services, such as external consultations and hospitalization for isolation, necessitate external procurement and are financially burdensome for patients.

Although IOM partners with public hospitals and primary healthcare centers to offer these services at no charge to all TB patients, regardless of nationality, confusion among physicians regarding eligibility criteria and referral processes of Lebanese for IOM coverage has led to inconsistent access to specialized services.

"The guidelines and process of referral process to IOM coverage and benefits were not clear to me. I didn't know that Lebanese patients are covered / eligible for IOM coverage. I thought that the funding is restricted to Syrian refugees and foreign migrant workers. As such I usually rely on my personal contacts to help the patients in accessing discounted specialized services that are not covered by the NTP program."

The findings also revealed that isolation ICU facilities are not adequately available, posing significant challenges for healthcare providers when referring patients to isolation units.

"Hospitals refuse to admit TB patients due to lack of ICU there is always a personal effort required on behalf of the physicians to help the patient find an ICU isolation."

It was evident from patient testimonies that there was a dire need for financial assistance. Costs associated with hospitalization, specific procedures, and imaging studies were borne out of pocket, leading to significant indebtedness among patients and their families. Patients further lamented the lack of provision for essential vitamins alongside anti-TB medication, citing the financial burden this imposed. This concern was consistent across Lebanese, refugees and migrant workers, with refugees expressing even greater hardship.

"I had to borrow 1300$ from a friend to cover for my treatment expenses and put food on the table. I had to stop work through the treatment process so I didn't have an income."

Loss of income due to absence from work compounded the financial challenges, with many patients expressing a desire for some form of financial assistance. While a few refugees received intermittent stipends from UNHCR, these were deemed insufficient to meet basic needs during the initial illness phase. Notably, a migrant patient expressed gratitude for ad hoc financial and food assistance provided by healthcare providers post-hospital discharge, underscoring the need for nutritional assistance initiatives that is currently provided through personal initiatives from health care providers due to the lack of nutritional support programs.

The findings also underscore a glaring absence of psychosocial support programs within existing TB services. Both TB patients and caregivers overwhelmingly voiced their inability to access counseling or social support services from TB centers or affiliated organizations.

Particularly concerning were the accounts from Lebanese participants, who described significant psycho-social and financial distress within their families, highlighting an urgent need for counseling and support that remained unmet.

It was evident from patient testimonies that there was also a dire need for psychological support, which they neither received at the centers nor were referred elsewhere for. The majority of TB patients reported relying on financial support and empathy from family and friends throughout their journey with the disease.

"My neighbor was incredibly supportive; she helped me when I was tired, even covering the cost of taxis and doctor visits. Another neighbor frequently visited, bringing me food."

In summary, although Lebanon's TB services aim for equitable access and show commitment from stakeholders, challenges such as funding constraints, budget cuts, and resource limitations significantly hinder the expansion and effectiveness of the program. This is evidenced by the absence of comprehensive support services for TB patients beyond medical treatment

Accessibility

The findings related to accessibility to TB services in Lebanon underscore significant barriers encountered by TB patients, and caregivers. The same barriers were confirmed by healthcare providers, and various stakeholders. Main hurdles identified throughout the patient journey include limited awareness about TB services and the disease, financial constraints, transportation difficulties, and misconceptions leading to delays in diagnosis.

Across all socio-ethnic groups, the majority of TB patients that participated in the study lacked prior knowledge and understanding of TB before being infected and diagnosed. This lack of awareness often led to delays in seeking appropriate medical care. However, refugees and migrants showed comparatively better awareness, largely due to information collected from their own communities where TB had affected individuals they know.

"Limited awareness of TB among community members and patients persists, with many individuals misunderstanding the nature of the disease. There is a prevalent misconception that TB is shameful and fatal."

I knew that TB has a vaccine. Because I took the vaccine when I was a child. I researched the disease through GOOGLE and learned that TB can affect multiple parts of the body. I researched the disease because I initially thought that my husband has COVID-19."

"I had some knowledge about TB from my community in Ethiopia."

"Fear of the disease and concerns about medication side effects lead some individuals to refuse treatment, opting instead for traditional medicine."

The delay in diagnosis due to limited knowledge about the TB services, exacerbated by misdiagnosis and unnecessary treatments, was a common issue reported by patients and healthcare providers alike. Many patients incurred significant financial burdens as they navigated through various healthcare facilities before being referred to designated TB centers for treatment.
"TB patients are referred to the NTP centers by physicians at the various primary health care centers/ dispensaries in Lebanon that do not have the capacity/ knowledge for TB diagnosis and thus patients arrive late to the center and is living with TB for some time without knowing that they had TB. This puts the patient's family and contacts at higher risk of getting infected."

This financial strain was further intensified by the loss of income due to absence from work and the additional costs of transportation for repeated visits to healthcare centers.
"Transportation poses a challenge, particularly for patients residing in remote areas. To address this, NTP staff provide TB medications directly to patients' homes. IOM covers transportation fees based on a vulnerability assessment conducted by DOTS officers. While the budget is limited, it is allocated to all TB patients, not solely Syrian refugees"

The financial difficulties faced by TB patients were widespread across all groups, including Lebanese, refugees, and migrant workers. Hospitalization fees, specialized procedures, vitamins, and imaging studies outside the standard TB treatment protocol were identified as major financial barriers. Moreover, limited operating hours of health centers posed challenges for patients who struggled to prioritize healthcare appointments amidst their work schedules. This discrepancy further impeded access to TB services.

"The primary barrier for TB patients in accessing services is the cost associated with hospitalization and bronchoscopy procedures."

"Health services within the camps maintain high levels of accessibility. However, refugees residing outside the camps face financial barriers due to transportation costs exacerbated by the ongoing economic crisis."

"Hospitalization fees remain a significant burden for Palestinian refugees, despite a 60% coverage. Many still struggle to afford the remaining costs."

"While the hospital provides discounted fees, physicians often request additional payments from patients due to economic inflation and currency depreciation."
"Patients voice concerns about the financial strain of repeated visits, particularly due to transportation costs."

Additionally, fear of detention discouraged illegal migrant workers and refugees from seeking essential services, including TB diagnosis and treatment, further exacerbating accessibility issues. "Fear of detention deters illegal migrant workers and refugees from seeking essential services."

Acceptability

The acceptability of TB services in Lebanon reflects a nuanced landscape shaped by considerations of patient privacy, stigma, and the absence of comprehensive policies. Healthcare providers exhibit a keen awareness of TB patients' rights to confidentiality, often refraining from disclosing diagnoses to employers to protect patients' employment status.

"When diagnosing TB, we are unable to disclose the diagnosis to the employer, as it could result in the employee being terminated from their job. We require legislation to safeguard the rights of TB patients without jeopardizing their employment status. This critical issue needs to be addressed urgently with legal support. Without appropriate legislation, we will continue to conceal the diagnosis from the patient."

However, this practice poses challenges to contact tracing efforts, highlighting the need for legislative support to safeguard patients' rights while balancing employment concerns.

Despite this awareness, the program lacks a formal, written policy on patients' privacy rights, relying instead on informal discussions and patient consent.

"Tuberculosis patients are like any other patient; they have privacy and consent is usually there. And more importantly, because TB can exist with some other diseases which has quote -unquote certain social stigma status, we take into consideration these aspects as well but because it's a contagious disease you have to convince the patient."

"We do not have a written policy on patients' rights; however, in practice, we discuss all matters with our patients and obtain their approval for everything."

"The TB guidelines serve as essential clinical directives for healthcare workers, outlining the technical aspects of TB care management. However, they are only one piece of the puzzle. In addition to these guidelines, there is a pressing need for Standard Operating Procedures (SOPs) and specific mandates to address various aspects of TB care comprehensively."

"When dealing with individuals diagnosed with active TB, it's crucial to engage with their community and family, as they can be highly infectious. Screening contacts is essential. However, we strive to maintain a certain level of privacy and discretion. There are instances where it becomes necessary to disclose information to the patient's family and contacts, but such actions are typically undertaken after consulting with the patient."

Stigma against TB remains pervasive, leading some patients to conceal their diagnosis out of fear of social repercussions, such as marriage prospects or employment opportunities. Healthcare providers acknowledge the impact of stigma on treatment adherence and contact tracing,

particularly among specific populations like PLHIV and PWUD. However, existing services lack the resources and capacity to address the unique needs of these key populations effectively.

"We cannot ignore the reality that, generally, human nature tends to fear contagious diseases more than non-contagious ones. This tendency extends to physicians as well."

"Occasionally, we must deliver medications discreetly as some patients prefer to keep their TB diagnosis confidential."

"TB patients, particularly young women, feel ashamed to disclose their TB infection. They prefer to keep it a secret due to concerns that it may impact their prospects of marriage and starting a family."
"One of my female patients underwent divorce due to her tuberculosis infection."

"TB patients living with HIV or who are drug users require specialized treatment due to the pervasive social stigma associated with these populations."

Addressing stigma requires concerted efforts, as emphasized by TB decision makers, but implementation is hindered by funding constraints. Thus, bridging the gap between awareness and action remains a critical challenge in ensuring the acceptability of TB services in Lebanon.

"The national strategy emphasizes the need to reduce stigma and discrimination, but funding assistance is essential for implementation. Thus far, we have been unable to accomplish this goal due to insufficient funding."

Quality

The findings indicate that the quality of TB services in Lebanon reflects a commendable level of professionalism and competence among healthcare providers, with robust management protocols, readily available medications, and the availability of a skilled team of healthcare professionals who received comprehensive training in TB prevention and treatment.

"Everyone there is nice and helpful. They talk to you and give you your rights as a patient"

"Staff and managers demonstrate high sensitivity and willingness to assist, as evidenced by positive feedback received from patients of all backgrounds, including gender, nationality, and geographic location. Patients consistently report receiving a standard of care that is uniformly excellent."

The TB National guidelines are regularly updated to align with international standards, ensuring state-of-the-art protocols for managing various forms of TB.

Patients reported prompt initiation of treatment upon arrival at TB centers, with screening tests for close contacts conducted promptly. Healthcare providers were described as well-trained, respectful, and responsive to patient needs, maintaining confidentiality throughout the treatment process. Follow-up visits and tests were organized efficiently, contributing to patient satisfaction with the overall care received. However, the need for psychosocial support emerged as a significant gap in service provision, with patients emphasizing the importance of maintaining a positive atmosphere and morale during treatment.

Instances of delay in treatment initiation and failure to instruct patients on isolation protocols were also reported, highlighting areas for improvement in service delivery. Nonetheless, patients across all socio-ethnic groups reported acquiring additional knowledge about TB symptoms, treatment, and prevention measures from healthcare centers, indicating effective patient education efforts. The majority of patients also indicated that they were asked to bring in their close contacts for TB screening, reflecting proactive measures to prevent further transmission within communities.

Overall, all TB patients were satisfied with the availability of a full treatment supply of medications to ensure cure from this disease for free. Some wished they could also have nutritious foods and vitamins provided for free, but were generally very grateful and satisfied with the care. The need for psycho-social support was the biggest reported gap in provision of quality care as it was perceived as a universal need among all TB patients. As more than one patient alluded when asked about their recommendations for improvements in services:

"They need to keep a positive atmosphere with the patient. If something is not right, the patient may not want to go to the center anymore."

"The number one recommendation is to pay attention to patients' morale"

In summary, while TB services in Lebanon demonstrate strengths in professionalism and medication availability, there remain areas for enhancement, particularly in addressing psychosocial needs and ensuring adherence to isolation protocols to prevent disease transmission.

Non-discrimination and equal treatment

The findings indicate that despite the commitment of the National TB program (NTP) to ensuring equitable access to healthcare for all residents, irrespective of nationality, gender, ethnicity, or socioeconomic status, their efforts are being challenged due to systemic inequalities within Lebanon's healthcare system.

Available evidence indicates that disparities in accessing medical services in Lebanon persist due to the absence of a comprehensive national health policy. Evidence suggests that access to medical care is unevenly distributed across the country, with many hospitals refusing admission to patients without insurance coverage, leaving citizens to bear the burden of paying for basic medical services out of pocket. Moreover, discrimination based on social class and nationality particularly against Palestinian and Syrian refuges further compounds the challenges.

"The biggest problem for TB patients is the hospitalization fees and Bronchoscopy."

"Hospitals refuse to admit TB patients due to lack of ICU there is always a personal effort required on behalf of the physicians to help the patient find an ICU isolation."

The findings also indicated that despite the systemic inequalities within Lebanon's healthcare system, the NTP is dedicated to providing equitable services to all.

"From my experience as a medical doctor, no one has been denied medical treatment or care due to stigmatization. However, whether there are specific bylaws addressing this issue is another matter entirely."

"National health laws and policies in Lebanon do not discriminate against refugees. Lebanon has been commendably inclusive, integrating refugees of all nationalities into vaccination and communicable disease programs."

However, despite these commendable efforts, instances of discrimination persist, primarily within labor laws affecting refugees and migrant workers. TB patients from these groups reported experiencing disruptions to their employment due to their TB illness, highlighting a gap in protection within the labor sector. Specifically, refugees and migrant workers with TB faced challenges in maintaining employment, especially those engaged in daily wage labor without formal contracts.

"The primary challenge for refugees with TB is the disruption to their employment. With many engaged in daily wage labor without formal contracts"

Another form of discrimination reported by Lebanese TB patients concerns accessibility and equity in accessing health services and social protection. Lebanese TB patients have noted disparities where Syrian and Palestinian refugees seem to have greater access to health services and social protection in Lebanon compared to Lebanese citizens. This perception stems from the absence of equivalent social assistance programs or health coverage available to the Lebanese population.

One significant inequality highlighted by TB patients is that UNHCR provides social assistance and health services coverage to Syrian refugees, while Palestinian refugees receive similar benefits through UNRWA. In contrast, Lebanese citizens do not have access to comparable benefits within their own country. Although Lebanese citizens possess cards from MOSA, they do not grant the same access to free healthcare. Consequently, Lebanese individuals often find themselves required to pay out of pocket for medical care, even at health centers and dispensaries.

"90%, of UNHCR funds were directed towards supporting Syrian refugees in Lebanon, leaving only 10% for the Lebanese population. However, there has been some progress, with the current allocation now at 40% for initiatives benefiting Lebanese citizens. Despite this improvement, many Lebanese feel a disparity in access to healthcare and social support programs when compared to Syrian refugees who receive aid from UN agencies like UNHCR."

"Syrian refugees possess UNHCR cards granting them access to free healthcare services at health centers and hospitals, whereas Lebanese citizens lack such benefits. While we do possess cards from MOSA, they do not provide us with entitlement to free healthcare. Lebanese even at health centers and dispensaries, are required to pay for medical care out of pocket."

The findings also shed light on the pervasive issue of stigma against TB patients in Lebanon, yet no substantial actions have been undertaken to address this pressing concern.

"The national strategy emphasizes the need to reduce stigma and discrimination, but funding assistance is essential for implementation. Thus far, we have been unable to accomplish this goal due to insufficient funding."

Stigma emerged prominently among all three socio-ethnic groups of TB patients and caregivers who participated in the study. Notably, perceived stigma was particularly harsh when experienced from close family members such as siblings, especially evident among the Lebanese group. Stigma was often associated with the profound fear of contagion with a deadly and mysterious disease and influenced by the prevailing "village culture," which often lacked understanding and acceptance of illnesses like TB.

[142]ALEF - Act for human rights, 2016.

Health-related freedoms

The CRG assessment concerning TB patients' health-related rights in Lebanon reveals significant gaps and challenges within the current legal framework and healthcare system. According to TB patients, the findings indicate a lack of protective laws for them in Lebanon. It appears that only individuals with strong political affiliations receive adequate protection and support in the country. "There are no laws to protect us in Lebanon you have to be affiliated with a political party to get covered or receive financial support."

TB decision makers also confirmed that that Lebanon lacks specific laws safeguarding the rights of TB patients. Existing TB laws in Lebanon are outdated, dating back to 1951, and fail to address contemporary healthcare needs, such as community inclusion, patient rights, and gender equity. This underscores the urgent necessity to revise these laws to align with modern healthcare practices and principles of inclusivity and equity.

The assessment also highlights disparities in access to TB services based on nationality, with the older law requiring foreigners to pay for TB services. However, recent efforts have been made to provide free TB services for non-Lebanese individuals, illustrating progress towards equitable access to healthcare regardless of nationality. Nonetheless, there is a clear need for comprehensive legal reforms to ensure that all individuals, including foreign nationals, have equal access to TB treatment and care without facing legal repercussions.

"Unfortunately, the existing TB laws, dating back to 1951, have not been updated to reflect contemporary needs. The issues of community inclusion, patient rights, and gender equity were not considered when these laws were formulated. It is imperative to update the laws to encompass these crucial elements. For instance, the old law required foreigners to pay for TB services. Although the law remains unchanged, we have started providing free TB services for non-Lebanese individuals without legal ramifications. This underscores the urgency of revising outdated laws to align with evolving healthcare practices and principles of inclusivity and equity."

Furthermore, TB healthcare providers and decision-makers identify logistical challenges in managing foreign individuals with multi-drug-resistant TB or extremely drug-resistant TB, particularly concerning quarantine and treatment protocols. This underscores the necessity for clear guidelines and policies to effectively address these challenges while upholding individual rights and containing the spread of the disease.

"We face challenges when dealing with foreign individuals who arrive in Lebanon with multi-drug-resistant TB or extremely drug-resistant TB. Managing these cases presents logistical rather than medical difficulties because we cannot compel them to quarantine if they wish to return to their home country before completing treatment. We require guidelines to determine whether to permit their return and risk spreading the disease on the plane, or to continue providing treatment. Additionally, there is uncertainty about the duration of treatment. Typically, we attempt to advise and persuade them, as we lack the authority to +++ treatment until they are no longer infectious. It is essential to establish a policy to guide the quarantine process in such circumstances."

Gender perspective

The assessment findings on gender disparity in TB services in Lebanon reveals a complex interplay of factors affecting access and utilization, despite an overall perception of gender equality in service provision. While evidence suggests equal access to treatment, significant gender-specific challenges persist.

TB decision makers indicate a perceived gender balance within the NTP workforce and tailored treatment algorithms in TB guidelines for women's reproductive health. However, there is a notable lack of gender sensitization among healthcare workers, particularly concerning transgender individuals. Additionally, there is an issue of inadequate utilization of gender-disaggregated data, hindering targeted interventions.

"NTP staff demonstrate a comprehensive understanding of the significance of universal access to TB services, acknowledging the entitlement of all individuals, irrespective of gender, race, or nationality, to avail themselves of such care. Nonetheless, there exists a deficiency in explicit guidelines or standard operating procedures (SOPs) aimed at facilitating TB care providers in adopting a more gender-responsive approach."

"I didn't witness any gender disparity in the NTP program. Absolutely not, regardless of one's gender identity—whether male, or female —in the program today, individuals receive equal care. We don't have studies on access rates for TB care between women and men, which could be a separate issue. However, once women are identified or acknowledged, they receive the same level of service."

"We lack information regarding any delay in diagnosing females compared to males. Some individuals suggest that males seek diagnosis earlier than females, or vice versa, but there is no apparent delay upon initial assessment. However, it may be worth investigating further. Based on my experience, I cannot confirm the existence of any differences in diagnosis timing between genders."

"We compile gender data to tailor treatments for lactating or pregnant mothers. Additionally, we consider the possibility of disease transmission from mother to child, as mothers often have more intimate contact with their children compared to fathers."

"In Lebanon, gender was historically perceived to have no significant impact on TB prevalence, as the disease was more common among men due to their higher participation in the labor force. However, the landscape has evolved, and now women, particularly migrant workers who are predominantly female, are at higher risk of TB infection. Despite having gender-specific data available, we have yet to fully utilize it to inform TB programming in Lebanon."

The assessment also revealed that Men face a higher risk of TB infection due to increased social activity, posing a significant risk of disease dissemination. Their illness can have profound economic repercussions for the family, though there may be more social acceptance of TB among men. Conversely, women experienced unique challenges such as limited interaction with children due to isolation precautions and concerns about marriage prospects for single women. Gender-related challenges persist within impoverished households, often rooted in cultural or religious beliefs, leading to untreated TB due to confinement and prioritization of family needs over personal well-being. "In certain instances, gender-related issues stem from religious or cultural beliefs, whether Christian or Muslim. Some men restrict their wives from seeking medical attention or leaving the house. Unfortunately, this results in cases where women remain untreated due to their confinement. This is perhaps the sole distinction between genders in such scenarios."

"Women frequently prioritize the health and needs of their families over their own well-being, with the current economic crisis women tend to avoid seeking medical care."

Among refugee and migrant populations, pronounced gender disparities are observed. Syrian refugee men tend to utilize TB services more than women, despite potential favoring of clinic hours for women. Conversely, among migrant workers, a higher proportion of women seek TB care compared to men, reflecting the gender composition of the population.

"UNHCR integrates gender equity considerations and access to services across all programs, including TB. Utilizing this data, we address any disparities in service utilization. Interestingly, refugee men tend to utilize TB services more than women, while in reproductive health, women make up the majority of beneficiaries. Despite these trends, we ensure equitable access regardless of gender. Should access issues arise, we provide referrals to protection cash and supply necessary provisions, including nutrition, food rations, and hygiene materials."

"Gender equity within vulnerable populations varies, particularly among refugees and migrant workers. Notable differences are observed, especially among refugees, where gender disparities in accessing services are more pronounced. Refugee men tend to utilize TB services more than women. Conversely, among migrant workers, there's a higher proportion of women seeking care for TB, reflecting the predominant female demographic in this population."

"In principle, there are no gender disparities in healthcare, yet Palestinian refugee women tend to have better access compared to men. Clinic hours, from 7:00 am to 3:00 pm, cater more to women as men are typically at work during these hours. Women often bring their children to the clinic and seek care more frequently than men, resulting in earlier TB diagnoses."

"Health facility opening times are more convenient to women when compared to men in refugee camps (UNRWA) Facility opening times can determine access. Hours that clash with traditional working hours may be particularly difficult for men, who are more likely to be formally employed. Facility opening times may need to be adapted to meet the needs of all genders."

Participation

The findings regarding community participation in TB control programs in Lebanon highlight both challenges and proactive approaches within the healthcare system.

At the policy level, there's recognition of the importance of community engagement in TB interventions, particularly in active case finding and targeting specific population groups. However, in practice, community involvement remains minimal due to funding shortages. Although the National Tuberculosis Program (NTP) launched a community health worker program, it had to be discontinued due to insufficient funding.

"We had a positive experience with a migrant worker who played a crucial role in reaching out to his community. Nevertheless, what is fundamentally required are the necessary structure and funding to effectively execute a community engagement initiative."

While decision-makers emphasize patient-centered care and prioritize community inclusion and patient rights, community participation was not considered in The Lebanon National Strategic Plan to End Tuberculosis (NSP), 2023-2030, indicating a gap in policy implementation.

"At the policy level, decision-makers, and central management, the Ministry of Health in Lebanon is increasingly adopting a patient-centered care approach. Consequently, community inclusion and patient rights have become top priorities in the country's health strategy. "

"Community participation was not considered in The Lebanon National Strategic Plan to End Tuberculosis (NSP), 2023-2030."

"We don't have a policy on community participation."

Most Pulmonary TB patients (PTBs) expressed willingness to participate in TB response programs or activities if available but were generally unaware of such programs. The Lebanese TB patients group showed interest in awareness-raising activities, such as appearing on TV or giving public lectures to dispel fear and stigma surrounding TB. Migrant TB patients expressed empathy toward fellow patients and offered various forms of support, including psychological support, compliance reminders, and practical assistance.

At UNRWA, Palestinian refugees' participation in TB-related matters is limited, possibly due to the focus on other patient groups. In contrast, IOM demonstrates a proactive approach, employing community health workers and establishing networks of community-based organizations to involve refugees and migrants in TB response efforts. Similarly, UNHCR fosters community participation across all program areas through participatory assessments, empowering communities to address their challenges and actively participate in decision-making processes.

"At URWA The number of TB patients is quite low, ranging from 3 to 6 per year. Historically, our engagement efforts have focused on other patient groups such as those with Thalassemia and diabetes. TB patients often face stigma, leading them to conceal their condition and resist community participation initiatives."

"IOM actively involve the TB community in our interventions whenever possible. For instance, we have a Sudanese community health worker who previously battled TB and now conducts awareness sessions on the disease. This represents a valuable peer support program."

"IOM is currently in the process of establishing a network of community-based organizations and civil society groups to ensure the inclusion of refugees and migrants in the TB response efforts."
"UNHCR is committed to fostering community participation not only in TB initiatives but across all program areas. Through our community-based protection team, we conduct yearly participatory assessments involving various groups, including persons with disabilities, older persons, and individuals of different nationalities. These assessments empower communities to identify and address their own challenges, actively participate in decision-making processes, and evaluate project plans and implementations."

Overall, while challenges such as funding shortages and limited awareness persist, proactive approaches by certain organizations demonstrate a commitment to community engagement and empowerment in TB control efforts in Lebanon, particularly for Syrian refugees and migrant workers. However, these efforts are not adequately extended to Lebanese TB patients and Palestinian refugees.

Remedies and accountability

The findings related to TB patients' rights for remedies and redress in Lebanon underscore significant disparities and challenges, particularly for impoverished individuals.

In Lebanon, outdated TB laws and the lack of provisions on patients' health rights create barriers for TB patients to seek redress. Due to their socioeconomic status, impoverished TB patients often lack the means to access legal assistance and protection. Moreover, the pervasive influence of political affiliations further exacerbates their vulnerability, leaving them marginalized and powerless in the face of medical errors and threats from healthcare providers.

"We don't seek legal help because we are poor, we don't have anyone to protect us. I went through a medical procedure and there was a medical error. I was threatened by the physician and couldn't do anything."

"We don't seek legal help not because we lack financial means, but because we lack protection. When I underwent a medical procedure that resulted in an error, I was intimidated by the physician and felt powerless."

"We struggle to put food on the table, so the idea of affording legal support seems out of reach."

"To receive protection in Lebanon, one typically needs affiliation with a political party or connections to influential individuals. Unfortunately, individuals like us are left with no recourse or rights."

Refugees and migrant workers with TB encounter relatively better situations, as they have rights for redress through mechanisms established by UNHCR, UNRWA, and IOM. These organizations provide accessible points of contact, such as community health workers and field coordinators, for patients to voice their concerns and seek resolution. However, even these mechanisms may not adequately address issues such as employment termination due to TB infection.

"TB patients encountering issues with TB services can share their concerns directly at the UNRWA clinic. While such instances are rare, the clinic provides a channel for patients to voice their complaints to their physician."

"Indeed, we have a dedicated team of community health workers deployed throughout the communities, along with field coordinators covering all regions in Lebanon. Each coordinator oversees operations within their respective area, with community health workers extending our program's reach to inaccessible regions. Our staff members are well-established in the field, fostering strong connections. Should any issues arise, they can address them directly or liaise with the NTP center, where personnel are responsible for reporting violations."

"Individuals experiencing challenges such as termination of employment have the option to report such incidents. Although direct intervention may be limited, support is offered through cash assistance and access to free TB treatment. The aim is to mitigate the impact of employment termination, with financial support potentially exceeding lost income, facilitating individuals' recovery and eventual return to work."

Overall, while some mechanisms exist for refugees and migrant workers, TB patients in Lebanon, particularly those from impoverished backgrounds, face significant obstacles in seeking redress for health human rights violations. Efforts are needed to strengthen accountability mechanisms and ensure that all TB patients have access to remedies and redress for violations of their rights.

Vulnerable and marginalized groups

Refugees

Lebanon hosts the largest number of refugees per capita globally, with 1.5 million Syrian refugees, of which 950,000 are registered with the United Nations Higher Commission for Refugees (UNHCR). However, according to Lebanese officials, the number of reported Syrian refugees by UNHCR in Lebanon is much higher than that. Additionally, there are 210,000 Palestine refugees registered with UNRWA, along with refugees from Palestine, Iraq, and other conflict-affected nations. According to National Tuberculosis Program (NTP) data, 51% of notified TB cases in Lebanon are among none Lebanese people, predominantly of Syrian nationality.
The Key Informant Interviews (KIIs) with refugee experts and representatives have highlighted several vulnerabilities of refugees in Lebanon, increasing their risk of TB infection. Among the most notable vulnerabilities are:

- Occupational Exposures: Syrian refugees, especially those working in high-risk jobs like garbage collection, are at high risk of being infected with TB
- Densely Populated Environments: Refugees often live in crowded settings where TB can spread easily. Limited awareness about TB symptoms may lead to delayed diagnosis and treatment.
- Socially Active Behaviors: Refugee communities engage in frequent social interactions and gatherings, facilitating TB transmission.
- Economic Hardships and Inadequate Nutrition: Refugees face economic challenges and poor nutrition, which worsen their vulnerability to TB. Limited access to healthcare exacerbates the risk.
- Fear of Job Loss: Fear of losing employment due to TB diagnosis may discourage refugees from seeking treatment, leading to prolonged illness and increased transmission rates.

"Syrian refugees, particularly those engaged in high-risk occupations like garbage collection, face increased susceptibility to TB due to occupational exposures."

"Refugees often reside in densely populated environments with limited awareness about TB. Consequently, they may mistake TB symptoms for common ailments like the flu, leading to delayed diagnosis and treatment initiation."

The findings also indicated The National Tuberculosis Program (NTP) response to tuberculosis (TB) among refugees in Lebanon is characterized by collaborative efforts with UNHCR, UNRWA, and IOM. The NTP ensures that refugees and migrants are explicitly recognized as high-risk groups in the National Strategic Plan and TB Guidelines. This inclusion guarantees that they benefit from NTP services such as active case finding, TB screening, and Tuberculosis Preventive Therapy (TPT).

The TB program collaboration with UNRWA is well-established, encompassing active case findings within the camps, staff training, and a robust system for referral and monitoring

Participation

The findings regarding community participation in TB control programs in Lebanon highlight both challenges and proactive approaches within the healthcare system.

At the policy level, there's recognition of the importance of community engagement in TB interventions, particularly in active case finding and targeting specific population groups. However, in practice, community involvement remains minimal due to funding shortages. Although the National Tuberculosis Program (NTP) launched a community health worker program, it had to be discontinued due to insufficient funding.

"We had a positive experience with a migrant worker who played a crucial role in reaching out to his community. Nevertheless, what is fundamentally required are the necessary structure and funding to effectively execute a community engagement initiative."

While decision-makers emphasize patient-centered care and prioritize community inclusion and patient rights, community participation was not considered in The Lebanon National Strategic Plan to End Tuberculosis (NSP), 2023-2030, indicating a gap in policy implementation.

"At the policy level, decision-makers, and central management, the Ministry of Health in Lebanon is increasingly adopting a patient-centered care approach. Consequently, community inclusion and patient rights have become top priorities in the country's health strategy. "

"Community participation was not considered in The Lebanon National Strategic Plan to End Tuberculosis (NSP), 2023-2030."

"We don't have a policy on community participation."

Most Pulmonary TB patients (PTBs) expressed willingness to participate in TB response programs or activities if available but were generally unaware of such programs. The Lebanese TB patients group showed interest in awareness-raising activities, such as appearing on TV or giving public lectures to dispel fear and stigma surrounding TB. Migrant TB patients expressed empathy toward fellow patients and offered various forms of support, including psychological support, compliance reminders, and practical assistance.

At UNRWA, Palestinian refugees' participation in TB-related matters is limited, possibly due to the focus on other patient groups. In contrast, IOM demonstrates a proactive approach, employing community health workers and establishing networks of community-based organizations to involve refugees and migrants in TB response efforts. Similarly, UNHCR fosters community participation across all program areas through participatory assessments, empowering communities to address their challenges and actively participate in decision-making processes.

"At URWA The number of TB patients is quite low, ranging from 3 to 6 per year. Historically, our engagement efforts have focused on other patient groups such as those with Thalassemia and diabetes. TB patients often face stigma, leading them to conceal their condition and resist community participation initiatives."

"IOM actively involve the TB community in our interventions whenever possible. For instance, we have a Sudanese community health worker who previously battled TB and now conducts awareness sessions on the disease. This represents a valuable peer support program."

"IOM is currently in the process of establishing a network of community-based organizations and civil society groups to ensure the inclusion of refugees and migrants in the TB response efforts."
"UNHCR is committed to fostering community participation not only in TB initiatives but across all program areas. Through our community-based protection team, we conduct yearly participatory assessments involving various groups, including persons with disabilities, older persons, and individuals of different nationalities. These assessments empower communities to identify and address their own challenges, actively participate in decision-making processes, and evaluate project plans and implementations."

Overall, while challenges such as funding shortages and limited awareness persist, proactive approaches by certain organizations demonstrate a commitment to community engagement and empowerment in TB control efforts in Lebanon, particularly for Syrian refugees and migrant workers. However, these efforts are not adequately extended to Lebanese TB patients and Palestinian refugees.

Remedies and accountability

The findings related to TB patients' rights for remedies and redress in Lebanon underscore significant disparities and challenges, particularly for impoverished individuals.

In Lebanon, outdated TB laws and the lack of provisions on patients' health rights create barriers for TB patients to seek redress. Due to their socioeconomic status, impoverished TB patients often lack the means to access legal assistance and protection. Moreover, the pervasive influence of political affiliations further exacerbates their vulnerability, leaving them marginalized and powerless in the face of medical errors and threats from healthcare providers.

"We don't seek legal help because we are poor, we don't have anyone to protect us. I went through a medical procedure and there was a medical error. I was threatened by the physician and couldn't do anything."

[143]UNRWA (2022). Hitting Rock Bottom – Palestine Refugees in Lebanon Risk Their Lives in Search of Dignity – UNRWA Press Release. Retrieved from: https://reliefweb.int/report/lebanon/hitting-rock-bottom-palestine-refugees-lebanon-risk-their-lives-search-dignity-enar

[144]MOPH, 2022. Lebanon national Tuberculosis report 2022. Retrieved from: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.moph.gov.lb/userfiles/files/Prevention/TB20%Program/NTP20%Annual20%Report2022-.pdf

Similarly, UNHCR conducts active case findings among Syrian refugees, guided by recommendations to perform bi-annual screenings due to the low incidence of TB, which reduces the overall cost compared to yearly screenings. Coordination between IOM and UNHCR facilitates active case findings, with IOM overseeing activities conducted by community health workers in Syrian refugee camps. Additionally, UNHCR disseminates National Tuberculosis Program (NTP) flyers during specific TB-related activities within the camps.

"There exists robust cooperation between the Ministry of Public Health and UNRWA in managing communicable diseases, particularly tuberculosis."

"The low incidence of TB among Palestinian refugees is attributed to stringent screening protocols for cough symptoms and administration of the BCG vaccine."

"TB cases among Syrian refugees are closely monitored, with prompt reporting to the TB program and International Organization for Migration to ensure coordinated response and community engagement."

"Strong collaboration between UNHCR and the National Tuberculosis Program (NTP) includes consultation on strategic plans and missions. This partnership aims to prevent outbreaks of TB and other communicable diseases through close coordination with the Lebanese government."
"Since 2013, refugees have received TB drugs from the National Tuberculosis Program under the Global Fund. We've also established a referral system from primary health care centers to NTP centers, ensuring comprehensive TB treatment."

"UNHCR operates a referral program, providing hospitalization support for life-threatening cases among refugees. Suspected TB cases are promptly referred to the tuberculosis program for testing and family screening."

"NGOs and international organizations play a crucial role in supporting refugees by facilitating access to TB services and addressing economic and social barriers. Efforts such as subsidized consultations and transportation support contribute to improving accessibility for vulnerable populations."
"Syrian refugees receive comprehensive support from UNHCR, including information on healthcare facilities and coordination mechanisms to ensure access to essential services. Cash protection, food rations, and hygiene supplies further address refugees' basic needs, supporting their overall well-being. We have also established referral systems from primary healthcare centers to TB centers as essential strategies to ensure comprehensive TB treatment for refugees." "Upon registration with UNHCR, refugees receive comprehensive information, including a list of hospitals, PHC centers, and dispensaries supported under the Lebanon Crisis Response Plan. Coordination mechanisms with various agencies ensure comprehensive access to essential services."

The findings also highlighted disparities in social support benefits between Syrian and Palestinian refugees.

"Refugees registered with UNHCR receive cash protection, food rations, and hygiene supplies to address their basic needs."

Despite concerted efforts, refugees face numerous challenges in accessing TB services. Resistance to contact tracing persists among refugees visiting TB centers, reflecting broader reluctance within refugee communities to engage with healthcare services, potentially influenced by cultural barriers. While health services within refugee camps are comparatively accessible, those outside face financial obstacles, exacerbated by transportation costs and economic instability.

Hospitalization fees, even with partial coverage, impose significant burdens on Palestinian refugees, hindering their access to essential TB treatment. Despite discounted fees, additional payments demanded by physicians, coupled with economic inflation and currency depreciation, exacerbate financial strain for refugees seeking TB care. Recurring expenses associated with repeated visits, especially transportation costs, further compound these challenges.

Limited operating hours of health centers present additional barriers, often conflicting with patients' working schedules. Moreover, fear of detention among refugees that do not have legal documents discourages them from seeking essential services, including TB diagnosis and treatment, perpetuating health inequities and impeding efforts to control TB transmission within refugee populations.

"Refugee communities exhibit a persistent reluctance to engage with health services, a trend we observe regularly."

"Health services within the camps maintain high levels of accessibility. However, refugees residing outside the camps face financial barriers due to transportation costs exacerbated by the ongoing economic crisis."

"Hospitalization fees remain a significant burden for Palestinian refugees, despite a 60% coverage. Many still struggle to afford the remaining costs."

"Transportation poses a significant barrier to accessing NTP centers. One of IOM current projects aim to mitigate this obstacle by supporting the transportation of suspected and confirmed TB cases."

Refugee representatives and experts indicated that the primary challenge for refugees with TB lies in the disruption to their employment due to mandated work hiatus. Despite this challenge, there is no mechanism in place to redress violations in employment rights. This interruption poses a significant risk to their livelihoods, highlighting the importance of ensuring continuity of income support and social protections during TB treatment.

"The primary challenge for Palestinian refugees with TB is the disruption to their employment. With many engaged in daily wage labor without formal contracts"

Prisoners

In Lebanon, the current number of prisoners stands at 6,382. In 2022, 5 TB cases were reported among prisoners. Vulnerabilities that increase the risk of TB infection among prisoners include overcrowding, limited exposure to sunlight, poor hygiene conditions, high humidity levels, and malnutrition.

"I firmly believe that prisons pose an exceptionally high risk for infectious diseases, not just tuberculosis but for all types of infections. The overcrowded conditions, malnutrition, and delays in judicial proceedings exacerbate this risk significantly."

"The situation within prisons, characterized by overcrowding, is truly catastrophic. This population is extremely vulnerable to a wide range of infectious diseases, including tuberculosis. However, the exact magnitude of the issue remains unclear to me."

The National Tuberculosis Program (NTP) recognizes prisoners as a high-risk group for TB, as stated in the national TB guidelines. Moreover, the NTP director's involvement in the Prison Health Committee with the World Health Organization (WHO) underscores the program's attention to prison healthcare. However, the NTP's response to TB in prisons is deemed moderate due to several factors.

There is a lack of comprehensive data on TB incidence, access to TB services, and service quality within prisons. Moreover, the existing TB guidelines do not delineate specific roles and responsibilities for managing and screening TB patients in prison settings.

Currently, TB patients in prisons receive medication from the NTP, but screening, diagnosis, and treatment are conducted by the medical staff within the prisons. This decentralized approach raises concerns about consistency and quality of care.

The absence of clear guidelines on the roles and responsibilities of the prison medical team in managing TB cases was identified as a weakness. This gap may compromise the quality of TB services provided within prisons, impacting the overall effectiveness of TB control efforts in carceral settings.

"I am a member of the Health Committee for the prisons, collaborating with the WHO and ICRC to establish primary healthcare (PHC) services within correctional facilities. Our collective effort aims to standardize health services across prisons."

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[145]MOPH, 2022. Lebanon national Tuberculosis report 2022. Retrieved from: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.moph.gov.lb/userfiles/files/Prevention/TB20%Program/NTP20%Annual20%Report2022-.pdf
[146]World Health Organization (WHO), and International Organization for Migration Lebanon (IOM), (2022). Lebanon National Strategic Plan to End Tuberculosis, 2030-2023. Retrieved from: https://www.moph.gov.lb/userfiles/files/Prevention/TB20%Program/Lebanon20%National20%Strategic20%Plan20%to20%End20%TB2%C2030-202023%.pdf
[147]Ibid
[148]Ibid

"The National TB Program must take a more proactive approach within prisons. It's evident that we reside in a country where public services, including those within the prison system, are deteriorating rapidly."

"Roles and responsibilities for screening and managing a case of TB in prison are yet to be included in the national TB guidelines."

In both 2019 and 2023, the National Tuberculosis Program (NTP) conducted active TB screenings in Lebanese prisons. However, according to TB decision-makers, both interventions faced challenges stemming from logistical issues and a shortage of human resources within the prisons.

"This year in the prisons, we conducted TB active case finding activity, which ideally should be systematic every two years. We opted for a biennial frequency due to the low yield of TB cases among prisoners. However, our efforts were hindered by several challenges stemming from the limited resources within the prisons. To address this, we are actively pursuing the acquisition of portable X-ray machines. These machines will significantly expedite the diagnostic process, ensuring timely responses to diagnostic needs without delays. Conducting chest X-rays for detainees proved to be time-consuming, primarily due to transportation logistics managed by the prisons and the constrained resources of the internal security forces."

Interviews with prisoners infected with TB highlighted a healthcare system within Lebanese prisons that struggles to adequately meet prisoners' medical needs. Despite Lebanese law guaranteeing prisoners' right to healthcare, including dental care, the current provision of healthcare within prisons falls short. There's a notable disparity between the high demand for health services, including TB services, and the limited availability of resources such as physicians, nurses, and medications. Although TB services are theoretically accessible, delays in obtaining diagnostic test results indicating potential bottlenecks in the system.

Prisoners reported that while TB treatment is theoretically available, accessing TB treatment services within the prison system was challenging. This difficulty arises from shortages in healthcare personnel, and delays in responding to medical needs, high demand coupled with limited resources, potential misdiagnosis, perceived inadequacies, slowness in the healthcare response and difficulty in accessing hospitals.

"Hospitals grapple with two main challenges concerning prisoners. Firstly, societal stigma towards prisoners often leads hospitals to unwelcoming attitudes. Secondly, there's the issue of hospitalization costs, with hospitals declining fees covered by the Internal Security Forces, particularly amid the economic crisis."

Moreover, interviews revealed a varying level of knowledge among prisoners regarding TB treatment programs inside the prison. While some prisoners were aware of these programs, others only became familiar with them after being diagnosed with TB. Those with direct experience generally acknowledge the effectiveness of TB treatment programs, but there is a need for improvement in disseminating information about these programs to prisoners, both prior to and during their incarceration.

"I was unaware of TB services in prison until I contracted the disease."

The findings also revealed that prisoners in Lebanon face significant stigma associated with TB within the prison environment. They noted experiencing a double stigma, being both prisoners and TB patients. The stigma surrounding imprisonment in Lebanon is particularly severe, with prisoners often portrayed as having no rights, encountering societal prejudice, and being labeled as disgraceful.

A comparison was drawn between prisoners and individuals infected with TB, both of whom are described as marginalized from society. This comparison suggests a parallel in the societal rejection experienced by both groups, highlighting the broader challenges of reintegration and acceptance faced by individuals affected by TB and incarceration alike.

"The stigma against TB is nothing compared to the stigma associated with Imprisonment in Lebanon. The prisoners have no rights and they are humiliated and everyone things that we are a disgrace."

Prisoners in Lebanese prisons have also highlighted significant concerns regarding their health freedom, with issues surrounding medical confidentiality, HIV testing practices, and discriminatory treatment of marginalized groups.

Medical confidentiality is not consistently upheld within prison healthcare systems, potentially compromising the privacy and well-being of inmates. Additionally, compulsory HIV testing upon entry into prison may not adhere to WHO guidelines, with variations in screening practices observed. Members of the LGBTIQ+ community in Lebanese prisons faced discrimination and mistreatment, including mandatory HIV and drug testing. Those testing positive for HIV may face further stigma and segregation, exacerbating their vulnerability.

The statement "We are in Lebanon, there are no laws that protect prisoners' rights" underscores a systemic issue. The absence of specific legal provisions to safeguard prisoners' rights highlights a gap in the legal framework meant to address their needs and ensure equitable treatment.
Moreover, the acknowledgment that "the laws are the same but some people in the prison are above the law, so they have their own laws" suggests potential disparities in the application of laws within the prison system. This creates an environment where certain individuals may operate outside established legal boundaries, undermining the rights and well-being of others.

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Available evidence also suggests that the Lebanese prison’s current structure is considerably below the international standards and is not aligned with dictated laws and regulations conforming to human rights . Some prisoners face challenges in accessing legal representation, raising concerns about the fairness of trials.

The system of accountability and remedies within Lebanese prisons also revealed significant challenges and shortcomings, including delays, arbitrariness, and inadequate procedures, leading to significant hardships for prisoners and exacerbating the already challenging conditions within these facilities.

Unfortunately, the data collected from TB patients in prisons only included male patients, with no female prisoners reported to be infected with TB at the time of data collection. The only gender disparity that was reported within Lebanese prisons is that women’s prisons in Lebanon do not have dedicated medical centers due to their smaller population size. Typically, a prison must have more than 500 prisoners to justify the establishment of a medical center. As the number of women arrested in Lebanon falls below this threshold, medical care for female inmates is provided by the medical centers of security forces within their jurisdiction.

In terms of community participation, the findings indicate that various international and national NGOs play a pivotal role in aiding both national and foreign prisoners. They provide essential services such as medical care, financial support, raising awareness, and safeguarding their human rights. However, it’s noteworthy that none of these NGOs have been actively engaged in addressing the tuberculosis (TB) response for prisoners so far.

[149]Jessy Rizk (2020). Lebanese Prisons Conditions: Comparative Study with the French Regulations http://ir.ndu.edu.lb:8080/xmlui/bitstream/handle/1238/123456789/Lebanese20%Prisons20%Conditions20%-Jessy20%Rizk.pdf?sequence=1&isAllowed=y
[150]Amnesty International (2023). Sharp increase of deaths in custody must be a wake-up call for authorities. Retrieved from :https://www.amnesty.org/en/latest/news/06/2023/lebanon-sharp-increase-of-deaths-in-custody-must-be-a-wake-up-call-for-authorities/
[151]https://edition.cnn.com/interactive/02/2020/world/lebanon-domestic-workers-cnnphotos/index.html

International's estimations, exceed 250,000 individuals and are particularly affected by Lebanon's economic and political turmoil.

According to the National Tuberculosis Program (NTP), there was an 11.5% increase in reported tuberculosis (TB) cases among migrant workers in 2022 compared to 2021. Migrant workers represented 26% of all TB cases reported in 2022. Unfortunately, the report does not provide a breakdown of data based on the legal status of the workers. Consequently, the specific incidence of TB among undocumented workers compared to those with legal status in the country remains unknown.

The Focus Group Discussion (FGD) with a group of undocumented workers unveiled numerous vulnerabilities, significantly increasing the risk of tuberculosis (TB) infection among this population. Their precarious situation, characterized by inadequate living conditions, unstable employment, financial strain, originating from countries with high TB burdens, and exposure to exploitative employment practices, collectively heightens the vulnerability of migrants to TB infection in Lebanon. "We usually live in a cramped space with shared kitchen and bathroom facilities located outside the room we rent. The cost of rent is high we pay $100 per month, as well as additional expenses for utilities, including $40 for a few hours of electricity, $20 for internet, and lack of access to drinking and hot water."

"The rising cost of living has made meat consumption increasingly unaffordable; our diet is restricted to vegetables due to financial constraints."

NTP response to migrant workers with TB was found to be very proactive characterized by a successful collaborative approach between the Ministry of Health (MOH) and the Ministry of Labor (MOL) that has yielded significant results in TB control among migrant workers. National policies mandate TB screening for migrant workers upon their arrival in Lebanon as part of the work permit process. This proactive measure ensures early detection and treatment of TB cases, safeguarding both the health of migrant workers and public health in the host country. In the first year following the issuance of a decree, 100 active TB cases were identified among newly arrived migrant workers. However, challenges have arisen due to TB testing being authorized in private labs with varying capacities. A proposed solution involves restricting TB testing to public hospital. Furthermore, migrant workers are explicitly recognized in Lebanon's National Strategic Plan core activities and TB Guidelines. They are actively targeted for active case findings, TB screening, and provision of TB preventive therapy (TPT), acknowledging their status as high-risk groups and ensuring their inclusion in all TB-related services provided. NTP also collaborate with several development agencies, and NGOs, such as IOM to reach out to migrant workers.

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[152]Amnesty International,2019. End Kafala: Justice for Migrant Domestic Workers in Lebanon. Retrieved from: https://www.amnesty.org/en/latest/campaigns/04/2019/lebanon-migrant-domestic-workers-their-house-is-our-prison/

[153]MOPH, 2022. Lebanon national Tuberculosis report 2022. Retrieved from: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.moph.gov.lb/userfiles/files/Prevention/TB20%Program/NTP20%Annual20%Report2022-.pdf

"IOM supports transportation for suspected and confirmed TB cases to National TB Program (NTP) centers through shuttle buses in key regions. Careful coordination between transportation systems, considering the contagious nature of TB, is prioritized to ensure safety and accessibility."

"Lack of health insurance and high medical fees make accessing healthcare unaffordable for us."

In response to illness, undocumented migrant workers often resort to self-medication with over-the-counter drugs. For more serious health issues, they rely on embassy assistance, which offers free health check-ups, medication distribution, and support for chronic diseases through monthly visits and partnerships with organizations like Médecins Sans Frontières (MSF).

"We often rely on the support of MSF and our embassy to receive our chronic medication."

Additionally, undocumented migrant workers diagnosed with TB reported the risk of losing their jobs. Some employers may terminate their employment upon learning of their diagnosis, contributing to further discrimination and economic vulnerability among migrant workers.

"One of the primary challenges we face with TB is the disruption our employment."

PLHIV & PWUD

In Lebanon, there are approximately 2,700 people living with HIV (PLHIV) and 3,100 people who use drugs (PWUD). In 2022, there were 5 reported cases of tuberculosis (TB) among PLHIV, while the number of TB cases among PWUD remains unknown. The vulnerabilities of these populations contribute significantly to their heightened risk of tuberculosis (TB) infection. The convergence of HIV and drug use, compounded by poverty and substandard living conditions due to unemployment and severe societal stigma, creates a perfect storm of risk factors for TB transmission.

One notable vulnerability identified by the CRG assessment is the heightened risk of detention and imprisonment faced by key populations (KPs), particularly those struggling with drug addiction. The criminalization of drug use exacerbates their marginalization, pushing them into the criminal justice system rather than providing them with the necessary support and treatment for their addiction. This further isolate them from healthcare services and increases their risk of TB infection. For individuals who use drugs, their substance use often takes precedence over their health, leading to neglect of important aspects of self-care such as TB prevention. Their compromised capacity to prioritize health and self-care due to substance use reduces their likelihood of seeking preventive measures or medical attention, further increasing their susceptibility to TB infection.

[154]https://www.emro.who.int/asd/country-activities/lebanon.html

For individuals who use drugs, their substance use often takes precedence over their health, leading to neglect of important aspects of self-care such as TB prevention. Their compromised capacity to prioritize health and self-care due to substance use reduces their likelihood of seeking preventive measures or medical attention, further increasing their susceptibility to TB infection.

In summary, the intersecting vulnerabilities of poverty, substance use, HIV status, societal stigma, and criminalization create a challenging environment for PLHIV and PWUD in Lebanon, placing them at heightened risk of TB infection and hindering their access to necessary healthcare services.

"The combination of HIV infection, poverty, and substandard living conditions creates a perfect storm for TB transmission, making PLHIV more vulnerable to TB compared to others."

"The majority of PWUD and PLHIV in Lebanon are either unemployed or engaged in precarious, informal work as daily laborers. This lack of stable employment opportunities further marginalizes them, making it challenging to access essential resources such as healthcare, housing, and social services."

"Primarily, we are discussing the behavior and character of individuals while they are using drugs. Often, they neglect their health, exhibiting a lack of concern even when faced with serious consequences such as tooth loss. Their capacity to prioritize health and self-care is compromised due to their substance use."

"We lack knowledge regarding who is HIV positive and who is not due to repressive laws and the fear instilled by high-risk services, preventing individuals from seeking information or assistance."

"People living with HIV (PLHIV) are at higher risk of contracting tuberculosis (TB), particularly those facing poverty, malnutrition, and residing in substandard housing conditions where hygiene is compromised. These factors render them more susceptible to TB compared to others."

According to interviews with TB decision-makers, partnerships between the national AIDS program and the national TB program have already been established. Diagnostic and treatment algorithms for KVPs are outlined in the National TB guidelines, with a predominant focus on PLHIV and less emphasis on PWUD. Notably, all TB patients undergo HIV screening, with the incidence of TB-HIV coinfection being notably low, consistent with available evidence. In 2019, Global AIDS Monitoring reported only three PLHIV receiving TB treatment , highlighting the rarity of this co-infection.

[155]Global AIDS Monitoring,2020. Country progress report. Retrieved from: Lebanon. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.unaids.org/sites/default/files/country/documents/LBN_2020_countryreport.pdf

Per the National TB guidelines, PLHIV are categorized as Group 1, denoting high-risk individuals, while PWUD are classified as Group 2, considered non-high-risk for TB unless immunocompromised.

According to TB decision makers, with the recent amalgamation of the National TB Program and AIDS Programs, forthcoming updates to the guidelines will integrate new treatment protocols tailored to the needs of HIV patients. However, the absence of sufficient information within the National Tuberculosis Program (NTP) regarding individuals co-infected with HIV and TB or those who use drugs and have TB reflects a critical gap in understanding and addressing TB within key populations. The available data concerning PLHIV, PWUD and gender minorities remains notably limited, warranting further research and attention.

"According to the National TB guidelines, people living with HIV (PLHIV) are classified as Group 1, categorized as high-risk individuals. Conversely, people who use drugs (PWUD) are classified as Group 2, not considered high-risk for TB unless immunocompromised. The guidelines specify that Group 1 individuals should be screened for both active and latent TB, while Group 2 individuals are screened for active TB exclusively, not latent TB. PWUD fall under Group 2 and are considered for curative rather than preventive treatment. With the recent merger of the National TB Program and AIDS Programs, guidelines will be updated to incorporate new treatment protocols for HIV patients."

"The NTP lacks information regarding individuals co-infected with HIV and TB or those who use drugs and have TB. Strengthening this component is paramount, and efforts are underway to enhance data sensitivity in this regard."

"The NTP centers refrain from inquiring about drug usage among TB patients to prevent potential stigma, demonstrating commendable ethical conduct. However, to effectively tailor TB services or programs for this demographic, it is imperative to gather comprehensive data on the prevalence of drug use among TB patients and other relevant metrics to inform our initiatives."

"When we have comprehensive and informative data and studies on TB prevalence among Key Populations (KPs), as well as their behaviors, beliefs, and practices regarding TB infection, we can effectively take action. This responsibility falls on the ministry. If there is a significant prevalence of TB among people who use drugs or people living with HIV, it necessitates new steps to be taken, not only by Civil Society Organizations (CSOs) but also by governments."

It is also noteworthy to mention that there is a general perception that the health of key populations (KPs) is not prioritized on the national health agenda due to a lack of interest in this group of the population and limited funding and resources. Additionally, the findings underscored insufficient collaboration between the National Tuberculosis Program (NTP) and Civil Society Organizations (CSOs) working with people living with HIV (PLHIV) and people who use drugs (PWUD).

"Harm reduction services are currently not prioritized on the national health agenda in Lebanon. The government lacks interest and resources to support these services, resulting in most of them being provided and managed by Civil Society Organizations (CSOs) focusing on People Living with HIV (PLHIV) and People Who Use Drugs (PWUD)."

"Even OST that was previously distributed by the Ministry of health at discounted prices is currently being purchased by CSOs for PWUD. OST now is more expensive than Heroin and PWUD on OST has to pay for it out of their pocket."

"I am not familiar with the TB guidelines or laws specific to Lebanon, and I am uncertain if Key Populations (KPs) are included in these guidelines. During our consultation, it became evident that there is a need to prioritize Key and Vulnerable Populations (KVPs) to better understand their unique needs."

"Harm reduction and HIV services are deteriorating, with their availability diminishing due to funding shortages. Civil Society Organizations (CSOs) are struggling to maintain their operations amidst the compounded security and economic crises in the country, making it increasingly challenging."

The assessment findings also emphasized the perceived challenges key populations (KPs) face in accessing essential health services in Lebanon, not specifically related to tuberculosis (TB) services. This is primarily attributed to the lack of prior experience among PLHIV/PWUD who participated in the study with TB services.

"I have limited experience with TB-HIV cases, having encountered only one case during my work experience. The patient was admitted to the TB sanitarium and expressed satisfaction with the services provided. However, tragically, the patient passed away from cancer two years later."

As per the study participants, key populations (KPs) such as PLHIV and PWUD in Lebanon encounter numerous barriers when attempting to access health services, notably stigma and discrimination, financial constraints worsened by unemployment and economic crises, and repressive laws criminalizing drug use. These barriers collectively contribute to the marginalization and restricted access to healthcare services experienced by PLHIV and PWUD in Lebanon, emphasizing the pressing need for interventions to tackle these structural and systemic challenges.

"It's evident that our region suffers from significant stigma and discrimination, which act as barriers preventing individuals from accessing necessary services, thereby exacerbating their vulnerability to various risks."

"People who use drugs often conceal their history of tuberculosis (TB) or TB-related experiences. While it's understandable that individuals may hesitate to disclose their HIV status due to stigma, there appears to be a similar level of stigma associated with TB."

"Furthermore, concerning stigma and discrimination, individuals often encounter the highest levels of prejudice from healthcare providers, particularly dentists and surgeons."

"Pharmacists refuse to sell syringes to people who use drugs because they perceive drug use as a criminal activity and are reluctant to engage in facilitating such behavior."

"In recent times, economic challenges have resulted in a scarcity of job opportunities and limited mobility, exacerbating the lack of access to insurance. Disclosing one's HIV status to insurance providers often leads to exclusion from coverage, rendering insurance benefits inaccessible. Moreover, the National Social Security Fund (NSSF) offers minimal protection, leaving individuals with HIV without adequate support. The prevailing unemployment further compounds these difficulties, leaving many individuals without viable options for financial security."

"The majority of Key Populations (KPs) are either unemployed or engage in daily wage jobs, leaving them without health insurance coverage. Their socioeconomic status has significantly declined amidst the ongoing economic crisis. Affording transportation, shelter, and basic necessities such as food and electricity has become increasingly challenging. Additionally, they are burdened with the expense of medical care."

"Women living with HIV face additional financial barriers in accessing HIV services, as they are often required to undergo annual and periodic examinations, including pap smears. Similarly, MSM (men who have sex with men) encounter similar challenges. Nowadays, these services have become increasingly expensive, with the cost burden falling on the patients themselves."

"A circular from the Ministry of Health and Ministry of Interior was issued advising hospitals not to report overdose patients to security forces in order to safeguard people who use drugs (PWUD) seeking medical assistance. However, in practice, this guideline has not been fully implemented due to the prevailing perception that drug use is a criminal offense.
"Additional advocacy and awareness efforts are imperative to educate the community that drug addiction is a health issue requiring treatment, not punishment."

"Commuting to healthcare centers has become an overwhelming burden for patients, impeding their ability to access essential services. The cost of transportation alone has become prohibitively expensive, let alone the additional burden of medical expenses."

The findings also revealed that the current tuberculosis (TB) services in Lebanon are not customized to meet the needs of key populations (KPs). Psychosocial support, mental health services were identified as crucial for both people living with HIV (PLHIV) and people who use drugs (PWUD). However, these essential programs are currently unavailable through the National Tuberculosis Program (NTP) services.

"We always call for free opioid substitution therapy (OST), mental health services, and social protection to address the holistic well-being of PWUD."

"Access to mental health services remains a critical need for PWUD."

"KPs and the LGBTQ+ community are often excluded from humanitarian assistance programs, which typically prioritize families, children, and women. This exclusion further marginalizes already vulnerable populations and exacerbates their social and economic challenges."

The findings also depict a prevalent pattern of stigma and discrimination against Key Populations (KPs), particularly individuals who use drugs (PWUD) and those living with HIV (PLHIV), in Lebanon. Healthcare providers, notably dentists and surgeons, are frequently associated with the highest levels of prejudice. Additionally, discrimination against PLHIV in the workplace is widespread, with employers resorting to various forms of mistreatment or dismissal of HIV-positive employees. This discriminatory conduct, often breaching labor laws, erects substantial barriers to employment and perpetuates stigma against PLHIV.

"People who use drugs often conceal their history of tuberculosis (TB) or TB-related experiences. While it's understandable that individuals may hesitate to disclose their HIV status due to stigma, there appears to be a similar level of stigma associated with TB."

"Furthermore, concerning stigma and discrimination, individuals often encounter the highest levels of prejudice from healthcare providers, particularly dentists and surgeons."

"Even among professionals who work directly with people who use drugs, prejudgment is prevalent. Presidents of associations, as well as psychiatrists and psychologists, sometimes employ outdated language and attitudes that should have been abandoned long ago."

"If you inquire with the Ministry of Labor, individuals with HIV are legally entitled to work. However, discrimination often occurs at the hands of employers, who may find numerous ways to dismiss or mistreat employees living with HIV. This can include finding excuses or causing psychological distress to force the employee out, despite it being against labor laws. Many employees, fearing scandal and lacking knowledge or resources to defend their rights, choose to leave their jobs without pursuing legal action or recourse through the judicial system."

It's important to note that Key Populations (KPs) raised concerns regarding penal record laws and their ramifications on their lives. According to interviewees, criminalization stemming from drug-related offenses may result in the creation of penal records, which subsequently hinder individuals' employment prospects and may limit their freedom to travel. These barriers not only perpetuate cycles of poverty and marginalization but also impede individuals' opportunities for reintegration into society and leading productive lives.

"The fear of societal stigma further complicates the lives of PWUD, making disclosure a challenging decision, even in professional settings. Despite some improvement in societal perceptions, the pervasive fear of being marked as a drug user continues to affect the personal and professional lives of individuals."

"Penal laws criminalizing drug users and the requirement for a penal record create significant barriers to employment and travel. "

The oppressive laws aimed at Key Populations (KPs) in Lebanon, criminalizing their existence, establish a legal framework that complicates reaching hidden groups and severely curtails their rights. The findings suggest that MSM individuals encounter severe persecution, such as expulsion from their countries and physical violence, and their efforts to organize and advocate for their rights are met with violence and imprisonment, underscoring the lack of protection and rights afforded to them. Additionally, all key populations, including people who use drugs (PWUD) and MSM individuals, face the risk of incarceration, at times infringing upon their human rights. It was also noted that MSM individuals are subjected to anal and urine tests while imprisoned without consent, indicating a violation of their rights and dignity.

"All the laws in the region are repressive, particularly towards key populations, criminalizing their existence and making it challenging to reach hidden groups. MSM individuals, for instance, face severe persecution, including expulsion from their countries and physical violence. Moreover, all key populations are at risk of incarceration, sometimes in violation of human rights. This includes forced anal and urine tests without consent, treating them as if they have no human rights or dignity."

"When MSM individuals began to organize events to demand their rights, they were met with violence and imprisonment."

"A circular issued jointly by the Ministry of Health and Interior aimed to shield people who use drugs from prosecution. However, despite this directive, many healthcare providers continue to notify the police when a patient seeks assistance, driven by deeply ingrained beliefs that drug use is inherently criminal."

Despite the ongoing infringement of their healthcare-related rights, Key Populations (KPs) reported encountering significant obstacles in accessing effective remedies and holding perpetrators accountable for human rights violations. The findings suggest that KPs frequently refrain from reporting rights violations due to a perceived lack of necessary rights or protections, as well as fears of community exposure and the resulting stigma.

"Key populations (KPs) often refrain from reporting rights violations because they perceive themselves as lacking the necessary rights or protections."

"Key populations (KPs) often choose not to report violations due to fears of community exposure and the associated stigma. This preference for silence is driven by concerns surrounding societal judgment and discrimination."

The findings also illuminate the gender disparities faced by women within Key Populations (KPs) in Lebanon, especially within the LGBTQ+ community, women living with HIV, and women who use drugs.

"Nowadays, we observe a degree of tolerance towards the LGBTQ+ community within certain segments of the Lebanese society, although this sentiment is not universally embraced across all communities or groups. Regrettably, there has been a surge in restrictions and incidents of violence against the LGBTQ+ community, often perpetrated by extremist religious factions. These challenges are proving difficult to address, despite Lebanon's historical reputation as one of the more progressive communities in this regard."

"Women living with HIV, especially those who are unmarried, divorced, or widowed, often face stigma and discrimination, perpetuating an inferiority complex. This vulnerable demographic is at increased risk of abuse and harassment due to societal biases and misconceptions surrounding HIV."

"Women who use drugs often endure abuse and are vulnerable to sexual violence."

Furthermore, alongside the numerous gaps in addressing the tuberculosis (TB) needs of Key Populations (KPs), evidence suggests a notable absence of community involvement in the TB response. There is limited collaboration with harm reduction Civil Society Organizations (CSOs) and inadequate dialogue with the national AIDS program.

"In programs targeting key populations, community inclusion is robust. However, there has been a notable lack of discussion about tuberculosis (TB) concerning key populations and people living with HIV in the region. TB has not been adequately addressed within these communities."

"The International TB community group does not have any members from the MENA region."

"The NTP program needs to strengthen its community inclusion initiatives by actively engaging with Civil Society Organizations (CSOs) that work with Key Populations (KPs). This collaboration can effectively link them to KPs, ensuring their participation and access to essential tuberculosis services."

Lebanese people living under extreme poverty

Since 2019, Lebanon has been grappling with a compounded crisis that has plunged 80% of its residents into poverty, with 36% falling below the extreme poverty line. The World Bank forecasts that 220,000 households in Lebanon are now living in extreme poverty. Although it's acknowledged that a considerable portion of tuberculosis (TB) patients in the country are impoverished, there's lack of precise data on the extent of extreme poverty among this group. Decision-makers at the National Tuberculosis Program (NTP) note that TB patient data isn't being effectively utilized to assess the needs of this specific demographic.

"While we understand that a significant portion of TB patients live in poverty, we lack precise data on the extent of extreme poverty among them. Currently, we gather information on employment status and household size, but we have yet to utilize this data to shape our interventions effectively. Our current data analysis fails to incorporate socio-economic indicators. Given Lebanon's economic challenges, it's imperative for our program to start documenting socio-economic status to guide future initiatives effectively."

The results underscore various challenges that make impoverished individuals susceptible to tuberculosis (TB), such as malnutrition, restricted healthcare access, insufficient water resources, and economic instability. This demographic relies solely on $140 monthly cash aid distributed by MOSA through the Emergency Social Safety Net Project (ESSN) and National Poverty Targeting Program (NPTP) initiatives, delivered as direct electronic payments.

According to the interviewees, cash assistance from organizations like MOSA is frequently insufficient to meet basic needs such as rent, utilities, and food. Consequently, this population prioritizes these essentials over their health, resulting in individuals being unable to seek timely medical attention.

"The Lebanese population grappling with extreme poverty faces challenges such as poor hygiene, overcrowding, and substandard living conditions. These conditions create fertile ground for various infectious diseases, including tuberculosis."

[156]https://neighbourhood-enlargement.ec.europa.eu/news/lebanon-eu-60million-humanitarian-aid-most-vulnerable30-03-2023-_en#:~:text=An20%estimated20%25%2080%of20%the,per20%capita20%in20%the20%world.

[157]World Bank, 2023. Lebanon - Emergency Crisis and COVID19- Response Social Safety Net Project : Second Additional Financing (English).

"Rental costs, along with utilities like electricity and water, continue to rise, making it difficult to afford basic necessities. Some families can only afford a few hours of electricity each day."
Despite the heightened vulnerability of this demographic to TB, the data revealed limited collaboration between the National Tuberculosis Program (NTP) and the Ministry of Social Affairs (MOSA). MOSA reported that Lebanese individuals living in extreme poverty have limited awareness of TB services available in the country, and the same holds true for the MOSA team assisting this segment of the population.

"There is a critical need for heightened awareness and outreach to educate people about available programs that could benefit them. It's imperative to acknowledge that despite existing services, many individuals remain unaware of them. TB services, in particular, require greater publicity."

Unfortunately, the participants representing this demographic in the Focus Group Discussion (FGD) lacked any prior experience with TB services. Consequently, their feedback primarily offered insights into their overall access to healthcare services.

According to this target group, accessing healthcare for people living in extreme poverty in Lebanon presents multifaceted challenges. Poor communities face significant barriers to healthcare due to inadequate infrastructure in some regions, leading to a lack of medical facilities and personnel. Even when services are available, financial constraints often prevent impoverished families from affording essential medical procedures or medications.

In certain areas, including Beirut and rural villages, healthcare services are completely absent, exacerbating the already dire situation. Even when discounted or free services are offered, hidden costs often burden patients financially, perpetuating the cycle of poverty.

"Some areas, including Beirut and rural villages, experience a complete absence of healthcare services. Even discounted or free services often incur costs, burdening patients financially."

"Financial barriers significantly impede access to healthcare, with many associations unable to meet the increasing demand for assistance."

"Hospitals no longer admit patients covered by certain assistance programs due to unpaid fees by the government."

"Public hospitals' high costs render surgical operations unaffordable for many, forcing patients to seek alternative, often inferior, care."

"Fearing the financial burden, some individuals avoid seeking medical care until their conditions worsen significantly."

"Transportation costs pose a significant burden on accessing healthcare services, exacerbating the challenges faced by vulnerable communities."

The findings also highlighted various concerns regarding the accessibility and equitable access to healthcare services and social protection for Lebanese individuals living in extreme poverty.

Both MOSA and representatives from this demographic reported that Syrian refugees tend to have better access to healthcare services and social support programs compared to Lebanese citizens. This perception stems from the absence of social assistance programs or healthcare coverage available to the Lebanese population. A significant disparity lies in the possession of UNHCR cards, which afford Syrian refugees access to free healthcare services at numerous health centers and hospitals. In contrast, Lebanese citizens do not enjoy similar entitlements.

"A significant portion, 90%, of UNHCR funds were directed towards supporting Syrian refugees in Lebanon, leaving only 10% for the Lebanese population. However, there has been some progress, with the current allocation now at 40% for initiatives benefiting Lebanese citizens. Despite this improvement, many Lebanese feel a disparity in access to healthcare and social support programs when compared to Syrian refugees who receive aid from UN agencies like UNHCR."

"Although we have a card from MOSA, but this card doesn't offer us access to free healthcare. We are often required to pay out of pocket for medical care, even at health centers and dispensaries."

The results also suggested that poor individuals face significant obstacles in seeking redress for health human rights violations. Due to their socioeconomic status, they often lack the means to access legal assistance and protection. Additionally, the pervasive influence of political affiliations and connections further exacerbates their vulnerability, as they are unable to leverage such networks to advocate for their rights. Consequently, when faced with medical errors and threats from healthcare providers, individuals in poverty feel powerless and marginalized, with little to no recourse for addressing their grievances.

"We don't seek legal help not because we lack financial means, but because we lack protection. When I underwent a medical procedure that resulted in an error, I was intimidated by the physician and felt powerless."

"We struggle to put food on the table, so the idea of affording legal support seems out of reach."

"To receive protection in Lebanon, one typically needs affiliation with a political party or connections to influential individuals. Unfortunately, individuals like us are left with no recourse or rights."

As to gender, the findings indicated that there's a nuanced understanding of gender dynamics within impoverished households. While women may sometimes be undervalued, it's not a pervasive issue. In fact, many housewives play a crucial role as family providers and are duly recognized for their contributions.

However, gender-related challenges persist, often rooted in religious or cultural beliefs. In certain cases, men restrict their wives from accessing medical care or leaving the house, reflecting a disparity in autonomy. Consequently, women may go untreated due to their confinement, highlighting a significant gender distinction in accessing healthcare. In addition, women consistently prioritize

the health and needs of their families above their own well-being. This selflessness underscores their resilience and dedication within impoverished communities, despite facing obstacles related to gender equity.

“I find a slight issue with the portrayal of gender dynamics, as it often seems as if women are undervalued. To be honest, this isn’t a common observation in impoverished households. In fact, many housewives have taken on the role of family providers and are recognized as such.”

“In certain instances, gender-related issues stem from religious or cultural beliefs, whether Christian or Muslim. Some men restrict their wives from seeking medical attention or leaving the house. Unfortunately, this results in cases where women remain untreated due to their confinement. This is perhaps the sole distinction between genders in such scenarios.”

“Women frequently prioritize the health and needs of their families over their own well-being.”

Discussion

The Tuberculosis CRG assessment stands as a pioneering study in Lebanon, aiming to evaluate the country’s TB response through a lens of rights, centered on people and transformed by gender considerations. The following section intends to delve into the primary themes revealed by the study, shedding light on the deficiencies in Lebanon’s TB response across the seven dimensions of the right to health framework.

AAAQ

The assessment findings provide a thorough analysis of the strengths and challenges surrounding Tuberculosis (TB) services in Lebanon. One notable strength is the extensive availability of decentralized and free TB services across all Governorates, ensuring fair access to care regardless of location or socio-economic status. This reflects a commitment to inclusivity within the healthcare system. The National TB Program (NTP) demonstrates a comprehensive approach to care delivery through a network of central and dispersed TB units, facilitating timely diagnosis, treatment, monitoring, and prevention measures. Positive patient feedback underscores the professionalism and competence of healthcare providers, indicating a high standard of care provision. Collaborations with international organizations further strengthen TB services, aligning them with global standards and best practices. However, the assessment also reveals significant challenges. NTP funding constraints jeopardize the sustainability of essential interventions and critical services like psychosocial support programs. Reduced operating hours of peripheral centers, along with shortages in infrastructure and human resources, pose additional obstacles that may compromise treatment quality and accessibility. Moreover, there is a notable quality concern due to insufficient awareness about TB services among the public and healthcare professionals at primary health care centers, leading to misdiagnoses, delayed diagnoses, and inadequate treatment. TB patients in Lebanon

face substantial costs related to their care, exacerbating accessibility barriers. Widespread stigma and fear of detention highlight the need for legal protection for vulnerable groups to facilitate their access to TB services.

To tackle these challenges, comprehensive strategies are essential to enhance awareness, secure additional funding, improve infrastructure, and establish standardized procedures. Significant efforts are also required to ensure financial risk protection for TB patients, expand Universal Health Coverage, and enhance access to social protection interventions. Furthermore, Legislative support is critical to enact policies that safeguard patient rights, address stigma, and ensure equitable access to care. By addressing these issues, Lebanon can strengthen its TB services, providing integrated and responsive care that caters to the diverse needs of patients nationwide.

Non-discrimination and equal treatment

The findings underscore the challenges and systemic disparities within Lebanon's healthcare system, which impede the National TB Program (NTP) from ensuring equal access to healthcare for all residents, regardless of nationality, gender, ethnicity, or socioeconomic status. Unequal access to medical services persists due to the lack of a comprehensive national health policy, resulting in limited access to health services particularly for vulnerable and impoverished population groups. Hospitals frequently deny admission to uninsured patients, forcing them to bear the financial burden of basic medical services. Discrimination based on social class and nationality, particularly against Palestinian and Syrian refugees, compounds these obstacles, evident in the difficulties TB patients encounter in accessing hospitalization and intensive care units.

Despite the NTP's commitment to equity, discrimination also persists within labor laws affecting TB patients, resulting in disruptions in employment, particularly for migrant workers and refugees. Lebanese TB patients also face disparities in accessing health services and social protection compared to Syrian and Palestinian refugees, underscoring the need for more equitable resource allocation and service provision. Additionally, stigma against TB patients in Lebanon is widespread, leading to significant psychological distress, financial strain, and social isolation. Insufficient funding hampers efforts to reduce stigma and discrimination, emphasizing the urgent need for targeted interventions and support to address this issue. Furthermore, the findings reveal that the NTP lacks governing laws and policies to protect TB patients against stigma and discrimination, including in employment.

Efforts are thus required to update TB laws and employment-related regulations, along with providing legal assistance to impoverished TB patients, to mitigate stigma and discrimination. Implementation of Universal Health Coverage is also crucial to addressing the systemic inequalities within Lebanon's healthcare system.

Health-related freedoms

The findings from the CRG assessment shed light on significant gaps and challenges within Lebanon's legal framework and healthcare system concerning the health-related rights of TB patients. TB patients expressed a sense of exclusion and lack of protection under the current legal framework, suggesting that only those with strong political affiliations receive adequate support. This highlights a glaring disparity in access to healthcare based on political connections, rather than on the principles of equity and inclusivity. Moreover, TB decision-makers acknowledge the outdated TB laws in Lebanon, dating back to 1951, which fail to address contemporary healthcare needs and rights of TB patients. These laws do not reflect the principles of community inclusion, patient rights, and gender equity, necessitating urgent reforms to align with modern healthcare practices. While recent efforts have been made to provide free TB services for non-Lebanese individuals, disparities persist, indicating the need for comprehensive legal reforms to ensure equal access to TB treatment and care for all individuals, regardless of nationality. Additionally, logistical challenges in managing foreign individuals with drug-resistant TB underscore the necessity for clear guidelines and policies to uphold individual rights while effectively containing the spread of the disease. Establishing policies to guide quarantine procedures and treatment protocols for such cases is crucial to ensure both public health safety and respect for individual rights.

Gender

The findings from the CRG assessment regarding gender disparity in TB services in Lebanon reveal a nuanced landscape characterized by both perceived equality and significant challenges. While there is an overall perception of gender equality in service provision within the National TB Programme (NTP), several gender-specific challenges persist, affecting access and utilization. TB decision-makers acknowledge efforts to maintain a gender balance within the NTP workforce and tailored treatment algorithms for women's reproductive health. However, there is a notable lack of gender sensitization among healthcare workers, particularly concerning transgender individuals, indicating a need for increased awareness and training in this area. Additionally, the inadequate utilization of detailed gender-disaggregated data hinder targeted interventions, emphasizing the importance of collecting and analyzing gender-specific information to inform programming effectively. Overall, while there is a perception of gender equality in TB services, the CRG assessment underscores the importance of recognizing and addressing underlying gender-specific challenges. Targeted interventions, increased gender sensitization, and improved data collection and analysis are essential to ensure equitable access and utilization of TB services for all individuals in Lebanon, regardless of gender identity or background.

Community participation

The findings regarding community participation in TB control programs in Lebanon reveal a mixed landscape of challenges and proactive approaches within the healthcare system. While there is recognition at the policy level of the importance of community engagement in TB interventions, practical implementation remains limited, primarily due to funding shortages. Although the National Tuberculosis Program (NTP) initiated a community health worker program, it had to be

discontinued due to insufficient funding, highlighting a significant barrier to community involvement. Decision-makers emphasize patient-centered care and prioritize community inclusion and patient rights, yet community participation was not integrated into The Lebanon National Strategic Plan to End Tuberculosis (NSP), 2023-2030, indicating a gap in policy implementation. The findings also highlighted that established collaborations with international organizations like IOM and UNHCR can support NTP in ensuring community engagement in TB control efforts. Overall, while there are challenges in implementing community engagement initiatives, proactive approaches by certain organizations show promise in empowering communities and enhancing TB control efforts, especially for Syrian refugees and migrant workers. However, there is a need for sustained funding and increased awareness to expand community participation and ensure the effectiveness of TB control programs across all population groups in Lebanon.

Remedies and accountability`

The findings related to TB patients' rights for remedies and redress in Lebanon highlight significant disparities and challenges, particularly for impoverished individuals. Outdated TB laws and the absence of provisions on patients' health rights create barriers for TB patients to seek redress, especially those from socioeconomically disadvantaged backgrounds who lack the means to access legal assistance and protection. Furthermore, the pervasive influence of political affiliations exacerbates their vulnerability, leaving them marginalized and powerless in the face of medical errors and threats from healthcare providers.

In contrast, refugees and migrant workers with TB encounter relatively better situations, as they have rights for redress through mechanisms established by organizations like UNHCR, UNRWA, and IOM. These organizations provide accessible points of contact, such as community health workers and field coordinators, for patients to voice their concerns and seek resolution. However, even these mechanisms may not adequately address issues such as employment termination due to TB infection. Overall, while some mechanisms exist for refugees and migrant workers, TB patients in Lebanon, particularly those from impoverished backgrounds, face significant obstacles in seeking redress for health human rights violations. Efforts are needed to strengthen accountability mechanisms and ensure that all TB patients have access to remedies and redress for violations of their rights. This includes updating TB laws, providing legal assistance to impoverished patients, and establishing more robust support systems within NTP to address grievances effectively.

Key Vulnerable Populations

Refugees: The findings regarding tuberculosis (TB) among refugees in Lebanon shed light on several vulnerabilities that increase the risk of TB infection within refugee communities. Factors such as occupational exposures, densely populated environments, socially active behaviors, economic hardships, inadequate nutrition, and fear of job loss contribute to the heightened susceptibility of refugees to TB. However, the National Tuberculosis Program (NTP) in Lebanon, in collaboration with UNHCR, UNRWA, and IOM, has implemented various measures to address TB among refugees. These partnerships aim to prevent TB outbreaks and ensure coordinated responses to TB cases

among refugees. Despite these efforts, refugees face challenges in accessing TB services, including resistance to contact tracing, financial obstacles, limited operating hours of health centers, and fear of detention. Moreover, disruptions to employment due to TB diagnosis pose significant risks to refugees' livelihoods, with no mechanisms in place to redress violations in employment rights. Overall, while collaborative efforts between NTP and international organizations have improved access to TB services for refugees in Lebanon, addressing the complex challenges faced by refugee communities requires ongoing commitment and innovative approaches to ensure equitable access to TB prevention, diagnosis, and treatment. Efforts to mitigate economic barriers, enhance community engagement, and strengthen social protections are essential to effectively control TB transmission and improve health outcomes among refugees in Lebanon.

Prisoners: The findings regarding tuberculosis (TB) among prisoners in Lebanon reveal significant vulnerabilities that contribute to the heightened risk of TB infection within carceral settings. Overcrowding, limited exposure to sunlight, poor hygiene conditions, high humidity levels, and malnutrition exacerbate the susceptibility of prisoners to TB. Despite the recognition of prisoners as a high-risk group for TB by the National Tuberculosis Program (NTP), the response to TB within Lebanese prisons faces several challenges. One of the primary challenges identified is the lack of comprehensive data on TB incidence, access to TB services, and service quality within prisons. Additionally, the existing TB guidelines do not provide specific roles and responsibilities for managing and screening TB patients in prison settings, leading to concerns about consistency and quality of care. This decentralized approach to TB management within prisons raises questions about the effectiveness of TB control efforts inside prisons in Lebanon. While the NTP has conducted active TB screenings in Lebanese prisons, these interventions have faced logistical challenges and human resource shortages, hindering their effectiveness. Moreover, interviews with prisoners infected with TB highlight deficiencies in the healthcare system within Lebanese prisons, including shortages in healthcare personnel and medications, delays in responding to medical needs, and high demand coupled with limited resources. Prisoners in Lebanese prisons face significant stigma associated with TB and imprisonment, exacerbating their marginalization within society. Issues surrounding medical confidentiality, HIV testing practices, and discriminatory treatment of marginalized groups further compound the challenges faced by prisoners in accessing healthcare services within prisons. Furthermore, the absence of specific legal provisions to safeguard prisoners' rights and disparities in the application of laws within the prison system underscore systemic issues that need to be addressed. Challenges in accessing legal representation and shortcomings in the system of accountability and remedies within Lebanese prisons further exacerbate the hardships faced by prisoners. While various international and national NGOs play a crucial role in aiding both national and foreign prisoners by providing essential services and safeguarding their human rights, their involvement in addressing the TB response for prisoners in Lebanon has been limited. Overall, addressing the complex challenges associated with TB among prisoners in Lebanon requires concerted efforts to strengthen the healthcare system within prisons, improve access to TB services, address systemic issues related to legal protections and accountability, and combat stigma and discrimination faced by prisoners within carceral settings. Collaboration between government agencies, international organizations, NGOs, and other stakeholders is essential to effectively address TB among prisoners and improve health outcomes in Lebanese prisons.

Undocumented Migrant workers: The findings regarding tuberculosis (TB) among migrant workers in Lebanon shed light on the significant challenges faced by this vulnerable population, particularly undocumented migrant women. Despite proactive measures in place for migrant workers with legal status, such as mandated TB screening upon arrival and collaboration between government ministries and international organizations, undocumented migrant workers encounter numerous barriers that increase their vulnerability to TB infection and hinder their access to healthcare services. Undocumented migrant women, estimated to number in the tens of thousands, face considerable obstacles in leaving the country due to impassable barriers, effectively rendering them "hostages" within Lebanon. Their precarious living and working conditions, characterized by inadequate housing, unstable employment, financial strain, and limited access to healthcare, significantly heighten their risk of TB infection. While the National Tuberculosis Program (NTP) response to migrant workers with legal status is comprehensive and collaborative, the same level of support does not extend to undocumented migrant workers. Stigma associated with their legal status acts as a significant barrier to accessing healthcare services, including TB diagnosis and treatment. Fear of discrimination and repercussions related to their immigration status deter many undocumented migrant workers from seeking medical assistance. While organizations like the International Organization for Migration (IOM) provide some secondary healthcare services for migrants, the coverage may not fully address the primary healthcare needs of undocumented migrant workers. Limited availability of services, transportation expenses, lack of health insurance, and high medical fees further impede their access to healthcare. Undocumented migrant workers diagnosed with TB face additional challenges, including the risk of losing their jobs due to employer discrimination. This exacerbates economic vulnerability and perpetuates a cycle of poverty and ill health among this population. Efforts to address the healthcare needs of undocumented migrant workers must prioritize eliminating barriers to access, combating stigma, and providing comprehensive healthcare services tailored to their unique needs. Collaboration between the MOPH and the Ministry of Labour, international organizations, embassies, NGOs, and civil society is essential to ensure that all migrant workers, regardless of legal status, receive equitable access to healthcare and support to prevent and treat TB and other health conditions.

PLHIV &PWUD: The findings regarding tuberculosis (TB) among key populations (KPs), specifically people living with HIV (PLHIV) and people who use drugs (PWUD), underscore the complex intersection of vulnerabilities that contribute to their heightened risk of TB infection in Lebanon. Poverty, substance use, HIV status, societal stigma, and criminalization collectively create a challenging environment for PLHIV and PWUD, exacerbating their susceptibility to TB and hindering their access to healthcare services. Key populations face numerous barriers in accessing essential health services, including stigma and discrimination, financial constraints, and repressive laws criminalizing drug use. These barriers perpetuate cycles of poverty and

marginalization, limiting individuals' opportunities for accessing healthcare and leading productive lives. While partnerships between national AIDS and TB programs have been established, there are notable gaps in addressing TB among key populations. Limited data and inadequate collaboration with Civil Society Organizations (CSOs) hinder the development of targeted interventions tailored to the unique needs of PLHIV and PWUD. Moreover, gender disparities within key populations, particularly affecting women, exacerbate vulnerability to TB and other health risks. Women living with HIV, unmarried, divorced, or widowed, face stigma and discrimination, increasing their risk of abuse and harassment. Similarly, women who use drugs are vulnerable to abuse and sexual violence, further complicating their access to healthcare services. Efforts to address TB among key populations must prioritize community involvement and collaboration with CSOs. Strengthening community inclusion initiatives and fostering dialogue between national TB programs and CSOs can effectively link key populations to essential TB services and support networks. Overall, addressing TB among key populations in Lebanon requires a multi-faceted approach that tackles structural and systemic barriers, promotes community involvement, and prioritizes the unique needs of PLHIV and PWUD.

Lebanese people living under extreme poverty: The findings shed light on the profound impact of extreme poverty on healthcare access and TB vulnerability in Lebanon. With 80% of the population experiencing poverty and 36% living below the extreme poverty line, individuals face numerous challenges that exacerbate their susceptibility to TB, including malnutrition, inadequate healthcare access, and economic instability. Despite the recognition that a considerable portion of TB patients live in poverty, there's a lack of precise data on the extent of extreme poverty among this group. Decision-makers at the National Tuberculosis Program (NTP) acknowledge the need to incorporate socio-economic indicators into their data analysis to effectively shape interventions and address the needs of impoverished TB patients. The insufficient collaboration between the NTP and the Ministry of Social Affairs (MOSA) further hinders efforts to reach individuals living in extreme poverty. Limited awareness of TB services among this demographic underscores the importance of heightened outreach and education to ensure that vulnerable populations are aware of available programs. Accessing healthcare presents multifaceted challenges for individuals in extreme poverty, including inadequate infrastructure, financial constraints, and hidden costs associated with medical care. Disparities in healthcare access between Lebanese citizens and Syrian refugees highlight systemic inequities in social protection programs and healthcare coverage. Moreover, individuals in poverty face significant obstacles in seeking redress for health human rights violations, further exacerbating their vulnerability. The pervasive influence of political affiliations and connections compounds their marginalization, leaving them with limited recourse for addressing grievances.

Gender dynamics within impoverished households reveal nuanced challenges, with women often prioritizing the health and needs of their families over their own well-being. While women's contributions are recognized, cultural and religious beliefs sometimes restrict their autonomy and access to healthcare. Overall, addressing TB and healthcare access among individuals living in extreme poverty in Lebanon requires a comprehensive approach that addresses systemic barriers, enhances collaboration between government agencies and civil society organizations, and promotes equity in social protection programs and healthcare coverage. By prioritizing the needs of vulnerable populations and addressing the underlying determinants of poverty, Lebanon can work towards improving health outcomes and reducing TB transmission in impoverished communities.

Conclusion

Drawing from the findings of the Tuberculosis CRG assessment in Lebanon, key stakeholders involved in the study emphasized the following recommendations. These recommendations underscore the significance of addressing the existing gaps related to the seven dimensions of the right to health framework.

Availability, Accessibility, acceptability, and quality

To enhance the availability, accessibility, acceptability, and quality of TB services in Lebanon, a multifaceted approach is essential, including the following:

1. Increase Funding and Improve Infrastructure: Advocate for increased commitment from the Ministry of Public Health (MOPH) to secure additional funding. This funding can be utilized to improve infrastructure, recruit additional human resources, and enhance the overall capacity of TB centers.

2. Conduct Robust Awareness Campaigns: Implement comprehensive awareness campaigns to educate the public about TB and available TB services. These campaigns should emphasize the importance of early detection, treatment adherence, and the stigma-free nature of TB services.

3. Enhance Data Collection Tools: Adapt TB cascade data collection tools to include gender, key vulnerable population affiliations, and socio-economic indicators. This will provide a more nuanced understanding of TB epidemiology and facilitate tailored interventions for specific population groups.

4. Provide Specialized Training for Healthcare Providers: Train healthcare providers in TB centers to meet the needs of TB patients, especially those belonging to high-risk groups. This training should focus on psychosocial support, stigma mitigation, cultural sensitivity, and tailored assistance for vulnerable groups.

5. Develop TB Prevention Guidelines: Implement infection control guidelines to prevent the spread of TB within healthcare settings and the community at large.

6. Establish Referral Policies and Guidelines: Develop clear referral policies and guidelines to facilitate the seamless transfer of TB patients from primary healthcare centers to specialized TB centers for comprehensive care.

7. Integrate Psychosocial Support Services: Integrate psychosocial support services into TB facilities to address the holistic needs of individuals affected by TB. This includes counseling services, support groups, and mental health interventions.

8. Connect Patients with Social Protection Programs: Ensure that TB patients are connected with social protection programs throughout their treatment period. This includes access to financial assistance, nutritional support, and housing assistance to mitigate the socio-economic impact of TB.

9. Advocate for Mandatory Private Insurance Coverage: Advocate for the inclusion of TB coverage under mandatory private insurance for migrant workers, ensuring equitable access to TB services for all individuals regardless of their immigration status.

10. Extend Operating Hours of Primary Healthcare Centers: Extend the operating hours of primary healthcare centers to better accommodate the schedules of working individuals, improving accessibility to TB services for all members of the community.

11. Integrate TB Services into Primary Health Care: Integrate TB services into Primary Health Care (PHC) centers to enhance accessibility and ensure comprehensive care for TB patients. Establish robust selection criteria for PHC facilities to ensure that they are equipped to provide quality TB services tailored to the needs of the local population.

12. Access to Social and Financial Support Programs: Ensure access to social and financial support programs for TB patients. Collaborate with relevant agencies and organizations to provide financial assistance, housing support, and other forms of social protection to mitigate the socio-economic impact of TB on affected individuals and their families.

13. Advocate for Mandatory Private Insurance Coverage: Advocate for the inclusion of TB coverage under mandatory private insurance for migrant workers. This advocacy ensures that migrant workers have access to comprehensive TB services and support, regardless of their employment status.

14. Utilize Smartphone Applications: Develop smartphone applications to support TB control, prevention, and services. These apps can improve patient compliance with TB treatment, increase awareness about TB within communities, foster community participation in TB response efforts, and safeguard patients' rights to healthcare services and information.

15. Update Standard Operating Procedures (SOPs): Revise and update the SOPs for screening and managing TB cases in prisons to ensure they align with current best practices and guidelines. This includes establishing clear protocols for TB screening, diagnosis, treatment initiation, and infection control measures within the prison setting.

16. Supply Portable X-Ray Equipment: Equip the prison medical unit with portable X-ray machines to facilitate prompt and accurate diagnosis of TB cases among inmates. Portable X-ray equipment enables quick and convenient screening for TB, allowing for timely identification and management of TB cases within the prison population.

Non-discrimination equal treatment, and health rights

1. Implement Patient Consent Form: Developing a patient consent form specifically tailored to TB patients ensures that they are fully informed and actively involved in their treatment decisions, empowering them and respecting their autonomy.

2. Develop Guidelines for Quarantine Processes: Creating comprehensive guidelines and policies for quarantine processes is crucial. These guidelines should prioritize public health while respecting individual rights, ensuring that TB patients are treated with dignity and their rights are upheld during quarantine.

3. Update TB Laws: Updating TB laws to reflect contemporary healthcare practices and patient rights is imperative. This involves revising existing laws to include provisions for community inclusion, patient rights, and gender equity, aligning them with international standards.

4. Facilitate Cooperation Between Ministry of Public Health and Ministry of Labor: Collaboration between the Ministry of Public Health (MOPH) and the Ministry of Labor (MOL) is essential to develop workplace policy guidelines regarding TB. These guidelines should promote an inclusive work environment free from discrimination, advocate for TB prevention initiatives among employees, and ensure that TB patients are supported in the workplace.

5. Addressing Stigma through Healthcare Providers: Implement targeted efforts aimed at addressing stigma and discrimination surrounding TB among healthcare providers. This involves training healthcare professionals to deliver care without prejudice, promoting empathy, and raising awareness about TB as a treatable condition.

Participation

1. NTP and MOSA Collaborations for PLUEP: Foster collaboration between the Ministry of Public Health (MOPH), Ministry of Social Affairs (MOSA), and non-governmental organizations (NGOs) to address the needs of People Living under extreme poverty (PLUEP). This partnership ensures a comprehensive approach to TB response, incorporating social and healthcare services.

2. NTP and CSOs Collaboration for Prisoners: Foster partnerships between the National Tuberculosis Program (NTP) and Civil Society Organizations (CSOs) working with prisoners. This collaboration ensures that TB services are effectively reaching incarcerated individuals, addressing their unique healthcare needs within correctional facilities.

3. NTP Partnerships with CSOs for Key Populations: Foster partnerships between CSOs working with Key Populations (KPs) and the NTP. These collaborations facilitate targeted interventions and outreach efforts to marginalized communities, ensuring equitable access to TB services and support.

4. Outreach to Undocumented Migrant Workers: Enhance collaboration with Médecins Sans Frontières (MSF), embassies, and other relevant organizations to reach out to undocumented migrant workers. This collaboration ensures that this vulnerable population receives access to TB screening, treatment, and support services, irrespective of their legal status.

5. Collaboration with Ministry of Labor: Collaborate with the Ministry of Labor (MOL) to create stigma-free work environments and safeguard TB patients' rights for employment. This partnership promotes workplace policies that protect the rights of TB patients, eliminate discrimination, and support their retention in the workforce.

6. Pool existing resources within IOM and UNHCR to develop NTP community engagement interventions .

Gender

1. Gender-Sensitive Policies and Protocols: Develop and implement gender-sensitive policies and protocols within the National Tuberculosis Program (NTP) to ensure that TB services are responsive to the specific needs and vulnerabilities of both men and women. This includes addressing gender disparities in access to TB services, treatment outcomes, and support mechanisms.

2. Enhanced Gender Sensitization Training: Provide comprehensive gender sensitization training for healthcare providers within TB centers to increase awareness and understanding of gender issues related to TB. This training should emphasize the importance of adopting a gender-transformative approach to TB care, addressing gender biases, and promoting equitable treatment for all patients.

3. Inclusive Data Collection and Analysis: Adapt TB data collection tools to include gender-disaggregated data and key indicators related to gender equity in TB services. This will provide a more comprehensive understanding of how TB affects different genders and help tailor interventions to address specific gender-related barriers and challenges.

4. Tailored Services for Vulnerable Groups: Develop and implement targeted interventions to address the needs of vulnerable populations, including women, children, LGBTQ+ individuals, and other marginalized groups affected by TB. This may involve providing gender-specific health education and counseling, offering specialized support services, and ensuring access to culturally sensitive care.

5. Promoting Gender Equity in TB Policies and Programs: Advocate for the integration of gender equity considerations into national TB policies, programs, and funding mechanisms. This includes ensuring that gender is mainstreamed across all aspects of TB planning, implementation, monitoring, and evaluation.

Remedies and accountability`

1. Strengthen Accountability Mechanisms: Enhance existing accountability mechanisms within the NTP to ensure transparency and accountability in service delivery. This may include establishing clear channels for reporting grievances, monitoring service quality, and holding healthcare providers accountable for their actions.

2. Guarantee Access to Remedies: Ensure that all TB patients have access to effective remedies and redress mechanisms in case of any violations of their rights. This can involve providing information to patients about their rights, facilitating access to legal assistance, and establishing procedures for addressing complaints and grievances promptly.

3. Update TB Laws: Advocate for the revision and updating of TB laws in Lebanon to reflect contemporary healthcare needs and patient rights. This includes incorporating provisions for patient rights, informed consent, confidentiality, and non-discrimination, as well as mechanisms for holding healthcare providers accountable for any breaches of these rights.

6. Offer Legal Assistance: Provide legal assistance to economically disadvantaged TB patients who may face barriers in accessing justice or remedies for violations of their rights. This can include partnering with legal aid organizations or pro bono lawyers to ensure that all TB patients have access to legal support when needed.

7. Establish Robust Support Systems: Strengthen support systems within the NTP to effectively address grievances and provide assistance to TB patients. This may involve appointing dedicated staff members or establishing committees to handle complaints, providing counseling and psychosocial support to affected individuals, and ensuring that mechanisms are in place to address issues promptly and effectively.

In conclusion, the recommendations outlined above underscore the imperative for a comprehensive approach to address tuberculosis (TB) in Lebanon, aligning with the seven dimensions of the right to health framework. These recommendations, emphasize the necessity of addressing availability, accessibility, acceptability, quality, non-discrimination, equal treatment, participation, gender considerations, and accountability in TB service delivery. Implementation of these recommendations is essential to ensure equitable access to high-quality TB services, respect for patient rights, and effective mechanisms for accountability and redress. By implementing these recommendations, the NTP can enhance TB patients' rights, and gender responsiveness within TB services in Lebanon, ensuring that all patients receive the care and support they need while upholding their rights and dignity throughout the treatment process.

TB CRG Action Plan- Lebanon

Introduction

In the final stage of the Tuberculosis CRG assessment in Lebanon, the MSWG members convened for their last validation meeting physically in Beirut on May 2, 2024, where they thoroughly deliberated on the findings and suggested recommendations that were gathered in the CRG assessment in Lebanon. During the first part of the meeting the MSWG members were tasked with prioritizing the recommendations that were collated in the assessment based on the criteria set by Stop TB partnership (Table 1).

Table 1: Prioritization criteria for recommendations and interventions

#	CRITERIA	VALUE
1	POTENTIEL FOR IMPACT: HOW MUCH WILL IT CONTRIBUTE TO IMPROVING TB OUTCOMES?	HIGH/MEDIUM/LOW
2	INNOVATION: IS IT A NEW SOLUTION TO A RECURRENT ISSUE?	YES/NO
3	POTENTIAL TO REMOVE BOTTLENECKS: DOES IT IMPROVE THE CARE-SEEKING PROCESS, ENHANCE THE QUALITY OF CARE, OR REMOVE BARRIERS TO ACCESSING CARE?	HIGH/MEDIUM/LOW
4	FEASIBILITY: IS THERE A REALISTIC CHANCE OF IMPLEMENTING THE PROPOSED SOLUTION, CONSIDERING FINANCIAL, TECHNICAL, AND HUMAN RESOURCES?	YES/POSSIBLY/NO
5	TIMELINE: IS THE SOLUTION ACHEVABLE IN THE PROPOSED TIMELINE?	YES/NO
6	HUMAN RIGHTS: DOES THE INTERVENTION DIRECTLY PROMOTE OR PROTECT SPECIFIC RIGHTS OF PEOPLE AFFECTED BY TB?	YES/POSSIBLY/NO
7	NATIONAL AND POLITICAL WILL: IS THERE A CONDUCIVE POLITICAL ENVIRONMENT TO IMPLEMENT AND MAINTAIN THE PROPOSED INTERVENTION?	YES/SOMEWHAT/NO

Following extensive discussions, the MSWG members prioritized and identified the following list of recommendations to enhance TB response in Lebanon:

1. Establish Cross-Sectoral/Inter-Ministerial Cooperation: Establish cross-sectoral/ inter-ministerial cooperation to formulate and execute comprehensive strategies targeting the social, economic, and non-health determinants associated with tuberculosis (TB), while safeguarding the rights of TB patients to equitable healthcare. By leveraging the expertise and resources across various sectors/ ministries including ministry of health (MOPH), ministry of social affairs (MOSA), ministry of interior (MOI), Lebanon national security, and ministry of labour (MOL) this cooperation can tackle the social, economic, employment, and other non-health determinants that contribute to TB incidence and hinder effective treatment outcomes.

2. Develop Clear Referral Policies and Guidelines: Develop clear referral policies and guidelines to facilitate the seamless transfer of TB patients from primary healthcare centers to specialized TB centers for comprehensive care.

3. Update TB Laws: Reflect contemporary healthcare practices and patient rights by updating TB laws, including provisions for community inclusion, patient rights, and gender equity, aligning them with international standards.

4. Ensure Access to Hospitalization Services: Ensure TB patients have free/subsidized access to hospitalization services in public hospitals.

5. Advocate for TB Coverage under Private Insurance and NSSF: Advocate for the inclusion of TB coverage under private insurance and NSSF.

6. Implement Comprehensive Awareness Campaigns: Educate healthcare providers and the community about TB and available services through comprehensive awareness campaigns emphasizing early detection, treatment adherence, and the stigma-free nature of TB services.

7. Adapt TB Cascade Data Collection Tools: Include gender, key vulnerable population affiliations, and socio-economic indicators in TB cascade data collection tools to provide a more nuanced understanding of TB epidemiology and facilitate tailored interventions for specific population groups.

8. Establish Partnerships between NGOs/CSOs and the NTP: Foster partnerships between NGOs/CSOs working with Key Vulnerable Populations (KVPs) and the NTP to facilitate targeted interventions and outreach efforts to marginalized communities, ensuring equitable access to TB services (Example REACT program).

9. Train CSOs Community Health Workers on TB: Provide training on TB to CSOs community health workers to enhance their capacity in addressing TB-related issues.

10. Ensure access to legal support: Integrate TB patients within the REAct project to monitor and respond to human rights violations and barriers in accessing TB services
In the latter segment of the meeting, the MSWG members were divided into four groups. Each group was tasked with working on the selected recommendations to translate them into an actionable plan. This plan aimed to identify partners, establish a timeframe, consider budgetary aspects, and outline necessary interventions. The proposed TB CRG action plan spans from 2025 to 2028.

This plan emphasizes the establishment of a governance structure to facilitate a coordinated multisectoral response, the development of updated TB laws and standard operating procedures, and the securing of financial resources before implementing other interventions.

What follows is the proposed TB CRG action plan that was endorsed by the national stakeholders in the TB response in Lebanon.

TB CRG Action Plan

INTERVENTION1: ESTABLISH CROSS-SECTORAL/INTER-MINISTERIAL COOPERATION			
Objective: To formulate and execute comprehensive strategies targeting the social, economic, and non-health determinants associated with tuberculosis (TB), while safeguarding the rights of TB patients to equitable healthcare.			
List of Activities	**Timeframe**	**Anticipated cost / cost considerations**	**Responsible entity**
Approach the world health organization (WHO) to seek their support in implementing Inter-sector/ Ministerial cooperation framework for the TB response in Lebanon including the ministries of health, social affairs, labor, interior, and general security. The work of this committee should be guided by the Multisectoral accountability framework for TB.	2025- 2028	WHO financial support is needed to secure logistics in the implementation of this cooperation	MOPH and WHO

INTERVENTION 2: DEVELOP CLEAR REFERRAL POLICIES AND GUIDELINES (SOPS)			
Objective: To reduce delay in diagnosis and facilitate the seamless transfer of TB patients from primary healthcare centers to specialized TB centers for comprehensive care.			
List of Activities	**Timeframe**	**Anticipated cost / cost considerations**	**Responsible entity**
Update existing referral guidelines and policies	2025-2026	Development of training material, and training expenses, and experts' fees	NTP
Disseminate new guidelines			
Train healthcare providers (NGOs, CSOs, PHCs, hospitals) in 2025			

INTERVENTION 3: UPDATE/ DEVELOP TB LAWS			
Objective: To ensure that TB laws are aligned with international standards and have the provisions for community inclusion, patient rights, and gender equity.			
List of Activities	**Timeframe**	**Anticipated cost / cost considerations**	**Responsible entity**
Conduct a legal landscape assessment to identify the gaps in the existing laws	2025-2026	Attorney consultation fees, and training expenses, and legal landscape assessment fees.	NTP and MOPH
Recruit an attorney			
Review and develop laws, decrees, and circulars for endorsement			
Dissemination of updated law			
Training of healthcare workers			
Solicit funding from international donors			
INTERVENTION 4: PROVIDE FREE/ SUBSIDIZED HOSPITALIZATION FOR TB PATIENTS IN PUBLIC HOSPITALS			
Objective: To provide TB patients with affordable access to hospitalization			
List of Activities	**Timeframe**	**Anticipated cost / cost considerations**	**Responsible entity**
Obtain approval from the MOPH	2025-2026	Expert fees to conduct the hospitalization Cost survey, and meeting expenses	MOPH, NTP, public hospitals and international donors (IOM)
Select the public hospitals that meets certain criteria set by NTP covering all regions in Lebanon			
Conduct cost survey to determine the costs of TB hospitalization care			
Solicit financial support from international donors			
Develop hospitals admission protocol			
Disseminate hospitalization protocol to all NTP centers and PHC facilities integrated with NTP			

INTERVENTION 5: ADVOCATE FOR TB COVERAGE UNDER PRIVATE INSURANCE AND NSSF			
Objective: To sustain NTP funding through private insurance and the national social security fund (NSSF)			
List of Activities	**Timeframe**	**Anticipated cost / cost considerations**	**Responsible entity**
Engage the private insurance syndicate in the discussion and the development of the proposal regarding TB coverage	2026- 2027	Attorney consultation fees	Intersectoral/ inter-ministerial co-operation
Engage the MOL, MOPH, NSSF, and COOP in the discussion and the development of the strategy for covering TB under NSSF			
Develop the protocols and policy on TB coverage			
Disseminate policy to all concerned parties			
INTERVENTION 6: DEVELOP AND IMPLEMENT A COMPREHENSIVE AWARENESS CAMPAIGN			
Objective: To increase awareness of healthcare providers and the community about TB and available services emphasizing early detection, treatment adherence, and the stigma-free nature of TB services.			
List of Activities	**Timeframe**	**Anticipated cost / cost considerations**	**Responsible entity**
Develop updated training material, and IEC awareness material and videos	2025	Development of material and video, developers' fees, and medical consultant fees ($10,000)	NTP &WHO
Train healthcare providers (internal medicine, and pulmonary) on updated TB guidelines and referral processes		Budget for 4 workshops/ year with one workshop/ region, including trainer's fees, logistics fees, and transportation expenses ($8,000)	NTP and Physicians syndicate
Deliver training for PHC health care providers		Budget for 4 workshops/ year with one workshop/ region, including trainers' fees, logistics fees, and transportation expenses ($8,000)	NTP in collaboration with CSOs, NGOs and IOM
Disseminate awareness messages and material through formal and informal channels and networks			
Train CHWs within UN and NGOs on TB awareness messages			

Intervention 7: Adapt TB Cascade Data Collection Tools			
Objective: To provide a more understanding of TB epidemiology and facilitate tailored interventions for specific population groups by including gender, key vulnerable population affiliations, and socio-economic indicators in TB cascade data collection tools			
List of Activities	**Timeframe**	**Anticipated cost / cost considerations**	**Responsible entity**
Evaluate and update available data collection tools and reporting processes	2025	Consultant fees to evaluate NTP data collection tools, training expenses	NTP, MOSA and I O M
Integrate the MOSA vulnerability assessment tool for active TB patients			
Train NTP staff on the updated data collection tool			
Intervention: Establish Partnerships between NGOs/CSOs working with Key Vulnerable Populations (KVPs) and the NTP			
Objective: To facilitate targeted interventions, and outreach efforts to key vulnerable communities			
List of Activities	**Timeframe**	**Anticipated cost / cost considerations**	**Responsible entity**
Hold a meeting with CSOs/ NGOs working with KVPs in Lebanon to inform them about the NTP TB strategy and engage them in the discussion about their role in the TB response	2026-2028	Meetings, and training expenses	NTP, LANA, Foundation merieux
Develop a memorandum of agreement between NTP and the various CSOs and NGOs			
Train CSOs/ NGOs on TB and TB services			
Integrate TB patients within REACT Project with the support of SIDC			SIDC, NTP
Train NTP Staff on documenting reported TB cases in REAct			
Establish partnership and cooperation with the Lebanese syndicate for social workers to train social workers on TB to increase community awareness about the disease and train workers on psychosocial support			NTP and social worker syndicate Lebanon (SWSL)

Annexes

Annex 1: Multiple stakeholders working group (MSWG) membership.

INSTITUTION NAME	REPRESENTATIVE NAME
Ministry of Labor	Dr. Ghassan Aawar
IOM	Mrs. Farah Jradi
UNRWA	Dr. Suha Ismail Dr. Mohmad Nasser
SKOUN	Mrs. Tatyana Sleiman Mrs. Michelle Wazan
SIDC	Mrs. Nadia Badran
MOSA	Mrs. Marie Ghia
Ajem	Dr. Lina Riachi
Foundation Meriux	Mrs. Josette Najjar
Ministry of interior	Dr Ibrahim Hannah
Legal affairs MOPH	Maitre Clutine Makhlouf
NTP	Dr. Hiam Yaccoub , Director Mrs. Anne-Marie Farhat- Monitoring and evaluation officer
MENANPUD	Mrs. Jessica Zalami
Nusroto	Pere Marwan Ghanem
UNHCR	Marie Akiki ABI Safi
Caritas	Ms. Cindy Hakme

Annex 2: Minutes of the first MSWG Meeting.

CRG Assessment Lebanon
Multiple Stakeholders Working Group
Minutes of the Meeting
October 31st,2023

Small Ville Hotel| Beirut- Lebanon

Meeting started at 10:00 am

Present: Rima Firzli (NAP), Mahmoud Nasser (UNRWA), Colonel Ibrahim Hanna (Ministry of Interior), Nadia Badran (SIDC), Bahia El Salman (MOSA), Josette Najjar (Foundation Meriux), Annemarie Farhat (NTP), Mario Mansur (MENANPAUD), Pere Marawn (Nursoto), Hiam Yaccoub (NTP), Farah Jradi (IOM), Elie Aaaraj (MENAHRA), Isabelle Salameh (MENAHRA), Arabia Osseiran (Consultant)
Meeting Purpose: The meeting aimed to convene with the members of the MSWG (Multi-Stakeholder Working Group) and introduce them to the CRG (Community Rights and Gender) assessment approach and methods.

Participants: The meeting was attended by 15 participants, including representatives from the Ministry of Health (NAP and NTP), Ministry of Social Affairs, Ministry of Interior, national CSOs, MENAHRA, UNRWA, IOM, and MENANPAUD representing PLHIV and PWUD.

Meeting Agenda

Introductions:

- Mr. Aaraj, Executive Director of MENAHRA, extended a warm welcome to all participants and provided an overview of the CRG assessment approach, underscoring its significance in taking proactive steps to eliminate TB in Lebanon.

- Dr. Yacoub, Director of the National Tuberculosis Program, presented an overview of the TB situation in Lebanon and the Ministry of Health's strategy to eliminate TB in the country. She emphasized that TB predominantly affects individuals living in poverty, which has led to it not receiving a high priority on the national agenda. Dr. Yacoub also pointed out that TB is prevalent among refugees, migrant workers, PLHIV, and vulnerable groups, including prisoners and impoverished individuals.

• Mrs. Osseiran, introduced the TB Community Rights and Gender (CRG) Assessment Approach and methodology, highlighting the following key points:

1. The CRG assessment approach is grounded in the international human rights framework, focusing on seven dimensions related to people's rights, including access to high-quality, stigma-free services, social and legal protection, and the role of governments in implementing gender policies in TB programs and services.

2. The CRG approach has been successfully implemented in more than 20 countries worldwide, with Lebanon's CRG assessment being the first of its kind in the region.

3. The study places great emphasis on community engagement and the involvement of all sectors engaged in TB services and programs. The MSWG plays a pivotal role in ensuring the active participation of key stakeholders in the project's planning and implementation.
Participant Comments:

• Dr. Mohammad Nasser highlighted the likelihood of an increase in TB and other infectious diseases due to dire and vulnerable conditions. He stressed the importance of including a broader spectrum of individuals in the initiative.

• Dr. Josette Nassar expressed concern that the role of the community within TB advocacy is not as prominent as CSOs working with People Living with HIV.

• Dr. Hiam Yacoub emphasized the need to identify suitable community-based organizations to integrate this strategy, especially since Lebanon is committed to eliminating TB.
Such collaboration will provide valuable insights into assessing and understanding the behavioral aspects of TB interventions.

Identifying and Prioritizing Key Vulnerable Groups (KVP):

The purpose of this task was to identify KVP and prioritize the KVP in relation to TB disease in Lebanon. Participants were asked to do the following:

1. Identify a list of KVP
2. Prioritize the list of KVP by using Participative Ranking Methodology (PRM) based on the Stop TB partnership criteria, including environmental risks, biological risks (reduced immunity, low levels of nutrition), behavioral traits (using drug), legal barriers, social-cultural barriers, and economic barriers (poverty)
3. Participants were split into groups to assess each KVP based on the criteria using a rate scale from 0-10 (10 being highest)

The initial KVP list that was proposed by the participant included the following people:

1. Prisoners & Detainees
2. PW(U-I) D
3. People Living with HIV
4. Refugees & Migrant workers
5. Extremely poor people
6. Frontline service providers (including medical, social, and internal security staff)

The outcome of the prioritization exercise and the discussion among and between the working groups was as follows:

4. Refugees & Migrant workers
5. Extremely poor people
6. Frontline service providers (including medical, social, and internal security staff)

KVP CATEGORY	FINAL SCORE	RATIONAL BASED ON PARTICIPANTS DISCUSSION
Lebanese living under extreme poverty	49	Live in unsanitary crowded places, malnutrition, extreme unfavorable economic conditions
Refugees	43.5	Malnutrition, living in unsanitary crowded places, high exposure to people infected with TB , severe poverty
Undocumented migrant workers	39.5	They live in crowded places with their peers, fear of using services due to legal status in the country, they come from countries that have high TB prevalence, severe poverty
Prisoners	37	Live in crowded places, increased exposure, limited access to medical services, and severe poverty
PLHIV &PWUD	32	PLHIV and PWUD poor nutrition status, PWUD risky behavior in smoking in closed crowded places, severe penal laws make them subject to stigma and discrimination, severe poverty, and poor health status

Accordingly, the participants reached a consensus regarding the top 5 KVP to be included in the TB CRG assessment, including Lebanese living under severe poverty, refugees, undocumented migrant workers, prisoners, and PLHIV and PWUD (as one group).

Recommendations:

The participants discussed the validity of the criteria that was used to assess the KVP risks. The following recommendations were made:

1. Amend the name of biological risks to be health status
2. Include barriers to access health services in the criteria

Identifying study participants and distribution of responsibilities:
Mrs. Osseiran, provided a concise overview of the target audience required to gather primary data for the study. Subsequently, a selection of individuals was identified from the MSWG members who will play a key role in recruiting study participants. The following table outlines the study participants and the responsible individuals within the MSWG for reaching out to the target audience:

CATEGORY	MAXIMUM NUMBER	DATA COLLECTION METHOD	CRITERIA FOR SELECTION	RESPONSIBLE PERSON (MSWG (MEMBER
People with TB (past or current)	24	Semi-structured individual interviews	Diagnosed with TB within the preceding 5 years Sampled through the included healthcare facilities to include a range of ages and all genders.	Dr. Hiam Yaccoub and Annemarie (NTP)
Healthcare providers in TB facilities	24	Semi-structured individual interviews	Provides health services to people affected by TB in an included facility; Sampled through the included healthcare facilities to include a range of facility-based TB care providers, with attention to gender distribution	Dr. Hiam Yaccoub and Annemarie (NTP)
TB managers, policy-makers and decision-makers	3	KIIs	Is in a management role in the TB response; and/or Develops TB guidelines or policy sampled through the NTP	Dr. Hiam Yaccoub and Annemarie (NTP)
Family/ household members of PWTB	24	3 FGD/ Max of 8/ group	Relative self-described as providing active support for PWTB; and/or Lived in the same house at the time the PWTB was sick, diagnosed and/or on TB treatment	Dr. Hiam Yaccoub and Annemarie (NTP)

CATEGORY	MAXIMUM NUMBER	DATA COLLECTION METHOD	CRITERIA FOR SELECTION	RESPONSIBLE PERSON (MSWG MEMBER
KVP experts/ stakeholders (2 PERSON/ group)	2 experts representing refugees	KIIs	Has personal experience or professional expertise related to one of the key research areas, Lega, Rights advocates, practitioners, and academics, Gender: Rights advocates, practitioners, and academics.	Farah Jradi (IOM), and Mahmoud Nasser (UNRWA)
	2 experts representing Lebanese living under poverty	KIIs		Bahia El Salman (MOSA)
	2 experts representing prisoners	KIIs		Colonel Hanna (MOI)
	2 experts representing migrant workers	KIIs		General security, Caritas and MSF
	2 experts representing PLHIV and PWUD	KIIs		Nadia Badran (SIDC)
	3 Gender experts	KIIs		TBD
	3 Legal experts	KIIs		TBD
KVP representatives (per included KVP group)	Refugees	4 FGDs/ max of 8 / group	KVPs are recognized as people at heightened risk of TB due to (1) environmental risks where they live or work, (2) biological or behavioral risks that compromise immune function, or (3) restricted access to quality TB services due to socioeconomic, cultural, legal, or other barriers.	Farah Jradi (IOM), and Mahmoud Nasser (UNRWA)
	Leb under poverty			Bahia El Salman (MOSA)
	Migrant workers			General security, Caritas and MSF
	Prisoners			Colonel Hanna (MOI) and ISF
	PLHIV and PWUD			Nadia Badran (SIDC)

Annexes

Annex 3: IRB Approval Letters.

HOTEL-DIEU DE FRANCE

USJ Université Saint-Joseph de Beyrouth جامعة القديس يوسف في بيروت

Comité d'éthique

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Pr Ronald Moussa
Pr Lina Iskandar Hawat
Dr May Fakhoury
M. Ayad Wakim

Beyrouth, le 29 janvier 2024

Docteur Hiam YAACOUB
(National Tuberculosis program,
Ministry of Public Health)

Dossier CEHDF 2331 (numéro à rappeler dans toute correspondance)

Titre du protocole : A qualitative assessment of TB and community participation, health and human rights, and gender in Lebanon.

Chère Collègue,

Lors de sa réunion du 25 janvier 2024, le Comité a étudié ce dossier introduit par la directrice du programme national de lutte contre la tuberculose pour examen en tant que Comité d'Ethique indépendant. Le Comité a pris acte de votre courriel daté du 18/12/23 ; ce courriel était accompagné du protocole de l'étude version 2 datée du 16/10/23 et de plusieurs documents en anglais : « *General information sheet, Interviewee additional information sheet: TB-affected individuals, Interviewee additional information sheet: TB managers, policymakers and decision-makers; key informants and stakeholders (all), focus group discussion additional information sheet: Family members of people with TB (past or current)/CSO representatives/KVP group members Interviewees Consent Form: All Interviewees, focus group discussion consent form: All focus group participants, researcher confidentiality agreement, In-depth Interview: People with TB (past or current), In-depth Interview: TB healthcare providers, Key informant interview: TB managers, policymakers and decision-makers, Key Informant Interview: Stakeholders and content experts – Key and vulnerable populations, Key Informant Interviews: Stakeholders and content Experts – Gender and TB, Key Informant Interviews: Stakeholders and Content Experts – Laws, policies and rights, Focus group discussion: Selected KVP group representatives, Focus group discussion: Community representatives: CSO and people affected by TB.Focus group discussion: Family members of people diagnosed with TB* ».

Après en avoir délibéré, le Comité estime à l'unanimité que cette étude ne soulève aucune objection d'ordre éthique ; il vous notifie donc bien volontiers son accord tout en vous invitant à lui faire parvenir les versions arabes du guide d'entrevue et du formulaire de consentement à approuver avant tout recrutement. Par ailleurs, le Comité vous informe que son autorisation à la réalisation de ce travail est valide pour une année renouvelable sous demande.

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Tous les membres du Comité étaient présents à cette réunion, à l'exception du Professeur Sami RICHA, du Docteur May FAKHOURY et de Monsieur Ayad WAKIM, excusés. Le Comité agit en concordance avec les « Bonnes Pratiques Cliniques » (GCP) décrites dans la « Déclaration d'Helsinki » (version d'octobre 2013) et les « Lignes directrices internationales d'éthique pour la recherche biomédicale impliquant des sujets humains » du Conseil des Organisations internationales des Sciences médicales (CIOMS) avec la collaboration de l'Organisation mondiale de la santé (OMS).

Avec nos meilleures salutations.

Professeur Sami RICHA
Président

HOTEL-DIEU DE FRANCE * comité d'éthique *

N.B. Tout chercheur ayant reçu l'accord du Comité d'éthique pour réaliser un projet pour lequel l'HDF est impliqué, est invité à communiquer avec la direction médicale et / ou la direction des soins infirmiers afin de recevoir l'autorisation de cette instance avant tout recrutement. Merci d'enregistrer votre étude sur le registre libanais des études cliniques. Prière d'aviser le CÉ de toute modification au protocole de recherche pouvant avoir une incidence sur le plan éthique et de l'informer des conclusions générales de l'étude.

Reference Number: 20/2023

Issued Date: Friday 22th of December, 2023

To: ***Dr. Hiam Yaacoub***
Principal Investigator

From: ***Dr. BASSAM MANSOUR***
Head of IRB, ZHUMC

Subject: **Approval for conducting study**

Dear Dr. Hiam YAACOUB,

This is to inform you that your study entitled **"Ethical Review of Tuberculosis Community Rights and Gender Assessment (CRG) in Lebanon"**, received the approval of the IRB Committee according to the IRB policy.

This is to note that the IRB approval was granted on Friday, 22th of December, 2023.

If the project is changed, it should be resubmitted to the IRB office for a determination of whether it still satisfies the exemption criteria.

Bassam Mansour, MD EDIC
Head of IRB, ZHUMC

Al Zahraa Hospital
Dr. Bassam Mansour
Head of IRB


MENAHRA
SCALING UP
HARM REDUCTION IN MENA