Independent Lebanese Committee for the Elimination of COVID-19
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Data Transparency During COVID-19: A Major Gap in Lebanon

Value of data in public health

Healthcare and health research are being radically transformed by the increasing availability of electronic data and the advances in the computing power required to process it. It is quite established by now that a health data science community that includes all stakeholders, working together to use data for the benefit of society through improved public health and well-being, is essential for better health [1]. In public health, data acts as the pillar that drives and influences evidence-based decision-making and solution finding.

Open data

Open data involves the public availability of data so that anyone can access, use and share it. The Open Data Charter (2015) describes six principles that aim to make data easier to find, use and combine: data should be open by default, timely and comprehensive, accessible and usable, comparable and interoperable, used for improved governance and citizen engagement, for inclusive development and for innovation [2]. In developing countries, open data has rapidly grown from a niche interest to an integral part of national politics. Government-led open data initiatives have spread around the world and the experiences of civil society or technologists using data to improve governance have likewise expanded (Vietnam and Argentina are good examples). It is increasingly seen as a catalyst for a "data revolution" in the process of decision making and accountability [3]. Policy makers, health professionals and local authorities need more pertinent information and less disinformation to take evidence-based decisions; data-driven decisions are more focused and efficient, especially in emergency situations [4].

Lebanon and COVID-19

An alarming situation

In Lebanon, the healthcare system is collapsing due to an ongoing complex socioeconomic crisis and a chronic dysfunctional political system [5, 6]. Hospital beds are saturated by resurging cases of COVID-19, putting the population in an alarming situation, despite an initial successful containment of the virus [7]. In this extremely difficult context, there is a gap in information related to COVID-19, coupled with misinformation on social media [8], which is hindering efforts to cope with the current outbreak [9]. Additional factors are noteworthy: the absence of a clear, detailed, and comprehensive strategy on any official platform, the multiplicity of data sources as well as the inaccurate official figures [10], coupled with the lack of transparency [11], and the inappropriate adherence of the population to preventive measures [12].

A major gap in knowledge

In addition, access to data related to COVID-19 cases has been impossible for researchers and practitioners, even after de-identification [13] and this in spite of the adoption in 2017 of the Access to Information law (Law No. 28/2017) [14]. Moreover, very little is known about the indicators and thresholds for action that are adopted by the government, such as the percentage of test positivity, the overall number of beds and their saturation in both public and private hospitals. This is unfortunate since simple and cost-effective epidemiological studies could help us have a clearer picture of the situation; in designing more appropriate measures, in addition to increasing trust in official institutions and leading to better compliance through adapted communication. Moreover, a gap in knowledge exists in regards to the social determinants of health (SDOH). The crucial factors that make up the SDOH play a large role considering the disparities that exist in Lebanon (i.e. socioeconomic statuses, occupation, education, race/ethnicity etc). Additionally, it enables us to understand and assess the risk of COVID-19 infection within communities. Filling in this gap with

tangible data has the potential to create targeted public health interventions within the country, allowing for more appropriate and effective strategies.

Recommendations

1. Create a public data platform/repository (a good example is Géodes, the public platform developed by the French health authorities available to researchers, health care professionals, and the broader public) [15]
2. Collaborate with researchers and practitioners; give them access to anonymized COVID-19 data that will allow:

- assessing beliefs and knowledge of patients versus controls regarding preventive measures
- assessing preventive measures' adherence and efficacy in decreasing virus transmission
- assessing the severity and mortality profiles to further protect vulnerable people
- validating screening tests through clinical epidemiology studies on outpatients or inpatients
- answering additional questions that may arise along the battle against COVID-19

3. More data on the SDOH must be shared. Using the SDOH as a key factors to drive policies and decisions.

References

[1]. Ford E, Boyd A, Bowles JKF, Havard A, Aldridge RW, Curcin V, Greiver M, Harron K, Katikireddi V, Rodgers SE, Sperrin M. Our data, our society, our health: A vision for inclusive and transparent health data science in the United Kingdom and beyond. Learn Health Syst. 2019 Mar 25;3(3):e10191.

[2]. Open Data Charter. (2015). International Open Data Charter. Open Data Charter. http://opendatacharter.net/principles/.

[3]. Davies T, Perini F. Researching the emerging impacts of open data: revisiting the ODDC conceptual framework. The Journal of Community Informatics. 2016 Jun 21;12(2).

[4]. Lancaster K, Rhodes T, Rosengarten M. Making evidence and policy in public health emergencies: Lessons from COVID-19 for adaptive evidence-making and intervention. Evidence and Policy. 2020;16(3):477-90.

[5]. Farha L, Abi Jaoude J. Lebanese Healthcare System: How Will the Aftermath Look? Cureus. 2020 Sep 6;12(9):e10270. doi: 10.7759/cureus.10270.

[6]. Rady A, Shankiti I, Brennan R, Mandil A. From health emergency preparedness to response action: a long journey in Lebanon. East Mediterr Health J. 2020 Aug 25;26(8):870-871. doi: 10.26719/2020.26.8.870. PMID: 32896877

[7]. Khoury P, Azar E, Hitti E. COVID-19 Response in Lebanon: Current Experience and Challenges in a Low-Resource Setting. JAMA. 2020 Aug 11;324(6):548-549. doi: 10.1001/jama.2020.12695.

[8]. United Nations Development Programme. The Ministry of Information partners with WHO, UNICEF and UNDP to counter the spread of COVID-19 misinformation in Lebanon. https://www.lb.undp.org/content/lebanon/en/home/presscenter/pressreleases/joint-fakenews.html

[9]Ali S. Combatting Against Covid-19 & Misinformation: A Systematic Review. Hu Arenas. 2020 Oct 7:1–16. doi: 10.1007/s42087-020-00139-1.

[10]. Asmar MK, Yeretzian JS, Rady A. Compiling comprehensive national health statistics in a fragmented health information system: lessons learned from Lebanon. EMHJ, 2016 Apr 19;22(1):52.

[11]. EuroMeSCo Network. The Socioeconomic Impact of COVID-19 on Lebanon: A Crisis Within Crises. June 2020. https://www.euromesco.net/publication/the-socioeconomic-impact-of-covid-19-on-lebanon-a-crisis-within-crises/

[12]. Domiati S, Itani M, Itani G. Knowledge, Attitude, and Practice of the Lebanese Community Toward COVID-19. Front Med (Lausanne). 2020 Aug 18;7:542. doi: 10.3389/fmed.2020.00542.

[13]. Joelle M. Abi-Rached Nahla Issa, Jade Khalife, Pascale Salameh, Ayah Karra-Aly, Michèle Kosremelli Asmar. Towards a Zero-COVID Lebanon: A Call for Action. October 2020. https://www.arab-reform.net/publication/towards-a-zero-covid-lebanon-a-call-for-action/.

[14]. Article 19, *Lebanon: Right of Access to Information Law a major step despite enforcement challenges*, 24 February 2017, available at: https://www.refworld.org/docid/58b3ff994.html [accessed October 2020]

[15]. Géodes: Available at : https://geodes.santepubliquefrance.fr/#c=home .