

# Lebanon COVID-19 Update

November 23, 2020

## Overview

Since early October, the COVID-19 caseload in Lebanon has continued to reach new heights in the face of multiple crises. As of November 23rd, the cumulative number of COVID-19 cases climbed to 117,517 people, while the number of newly confirmed cases per day regularly lands between 1,500 and 2,000.<sup>1</sup> The last time this number dropped into triple digits was late last month, and projections show that there is unlikely to be a plateau in cases anytime soon. This is part of a concerning trend throughout the region, as the West Bank, Gaza, and Jordan are showing similar rates of contraction.<sup>2</sup>

The explosion at the Port of Beirut in August, continued economic deterioration, and the lack of institutional protections for Syrian refugees in the country have put considerable strain on efforts to combat the virus. Many hospitals still face critical shortages of essential equipment and medicines, while their ICUs continue to pile up with patients. Several months on, medical staff are still feeling the after-effects of the blast as they work in damaged facilities while finding the means to treat new cases of COVID-19 and patients with chronic illnesses.<sup>3</sup> Additionally, the Syrian refugee population remains especially vulnerable to the disease due to lack of both economic protections and ease of access to medical facilities. As this group now makes up a substantial portion of the population, failure to prevent wide-scale outbreaks of the virus within refugee camps represents a nightmare scenario for containment.

In response, the Lebanese government has attempted to introduce efforts to slow the spread of the virus until a vaccine is available for mass distribution. On November 10th, the government declared that a two-week national lockdown would take place from the 14th to the 30th with curfews and mandates for wearing masks in public.<sup>4</sup> An effective virus response faces a number of roadblocks, the first being the provision of essential items of everyday life for unemployed and vulnerable citizens. According to Human Rights Watch, the government will need to provide its citizens with food and cash aid in order to endure the closure of businesses during the lockdown.<sup>5</sup> Secondly, many in Lebanon are weary of the current status quo and, given the lack of efficient public

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<sup>1</sup> [Worldometer Lebanon Coronavirus Cases](#)

<sup>2</sup> [European CDC Daily Confirmed Cases in Lebanon](#)

<sup>3</sup> [Responding to Surge in U.S. Covid Cases, Supporting Beirut Hospitals, and Preventing a 'Twindemic'](#)

<sup>4</sup> [Lebanon orders full lockdown to combat COVID-19, boost hospital beds](#)

<sup>5</sup> [Food and Cash Aid is Vital if Lebanon Goes Back into Lockdown](#)

information concerning the virus and fear of losing work, are ignoring the lockdown. Many are gathering in large market spaces to buy essentials, and reports indicate that many are not wearing masks or exercising social distancing.<sup>6</sup>

## Beirut Port Explosion Aftermath and Hospitals

The continuation of the pandemic has revealed the limitations of hospitals, particularly in the aftermath of the Port of Beirut explosion. As several hospitals were critically damaged by the blast, many patients have been re-distributed to other care facilities where they are facing shortages of basic needs, such as beds. With only a few hundred beds available among private and public facilities, the search to find openings for new patients is becoming even more difficult.<sup>7</sup> The result of insufficient space and crowding has forced many patients to self-isolate in their homes, which can be quite dangerous given the potential severity of the illness. Local news agencies have reported instances in which patients were forced to return to hospitals after their deteriorating health prevented them from staying at home.<sup>8</sup>

Lebanon's hospitals face growing financial burdens. Hyperinflation of the *lira* has made payment of medical bills extraordinarily difficult for many patients, including those who were injured during the blast or are struggling with a COVID-19 diagnosis. With drug supplies reaching critical lows, drug procurement prices are soaring. Hospitals now face the choice of raising prices to keep up with inflation or furloughing much-needed staff.<sup>9</sup> The availability of drugs and medical supplies for chronic illnesses is also strained, partially as a result of hoarding by private pharmaceutical companies. As a number of these companies are directly linked to drug importers, they can dictate the selective distribution of medicines through patronage. This means that citizens who are not a part of these patronage networks have extreme difficulty procuring prescriptions and often have to pay out of pocket.<sup>10</sup>

## Refugees and Vulnerable Communities

At the time of Anera's last COVID-19 update, it appeared that while contraction of the virus had not yet reached significant numbers in the refugee camps, the crowded conditions of the camps and limited access to healthcare services had the potential to allow the virus to spread quickly. Getting accurate counts of COVID-19 cases among refugee communities remains elusive around the world in general and in Lebanon in

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<sup>6</sup> [Crisis-weary Beirut residents defy new lockdown despite COVID surge](#)

<sup>7</sup> [COVID-19: Lebanon's hospitals in a 'catastrophic' situation](#)

<sup>8</sup> [Lebanese hospitals struggle with tide of COVID-19 patients](#)

<sup>9</sup> ['A matter of survival': Lebanon's hospitals on the brink as COVID cases surge](#)

<sup>10</sup> [Solutions for the "Vanishing Drug" Conundrum in Lebanon](#)

particular because of limited testing.<sup>11</sup> We do know that several major refugee camps throughout the region have been hit by the virus. And while Syrian refugees in the Bekaa Valley are farther removed from the virus clusters that have emerged in the major cities, the mechanisms in place to respond to the virus in the camps are insufficient if a full outbreak were to occur.

The secondary harm caused by the disease is easier to see. Job security for refugees and working-class families in Lebanon is rare, as many are employed in the informal sector. Refugees and their host communities are the most vulnerable to wage cuts and job loss. Roughly 60% of Syrians in Lebanon lost their jobs during the first lockdown.<sup>12</sup> Refugee communities and the Lebanese public in general are concerned about the economic consequences of the current lockdown. Cuts to humanitarian funding and a lack of sufficient food and cash assistance to vulnerable groups in Lebanon could produce long-lasting damage.

Then there is the impact that COVID-19 has had on resettlement. A report from the UNHCR found that worldwide resettlement for refugees has hit an astounding low point this year, with roughly 15,400 being relocated compared to over 50,000 last year.<sup>13</sup> Unsurprisingly, Syrians make up the bulk of this number. In the face of impending winter, refugees will be hard pressed to find shelter.

## Anera's Response

As the pandemic worsens in the region, Anera is working with our partners in Lebanon to prepare for the coming months. In order to meet rising needs for medicines, equipment, and PPE, our medical donations program is hard at work coordinating shipments with our donors that will go out to public and private hospitals throughout Lebanon. Recently, we worked with Americares to send out several thousand quick-response COVID testing devices to the Rafik Hariri University Hospital and the American University Hospital of Beirut.

Numerous other shipments, assembled with the help of partners including Direct Relief, Americares, Health Partners International Canada, Catholic Medical Missions Board, and MedWish, have been distributed to other hospitals, local facilities, and refugee camps. These items include N95 face masks, isolation gowns, and other PPE, as well as essential non-COVID items such as insulin, chemotherapy drugs, and I.V. injections. Our COVID response log can be found at [anera.org/response-log](https://anera.org/response-log).

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<sup>11</sup> [COVID-19 Outbreaks Are Now Emerging in Refugee Camps](#)

<sup>12</sup> [Vulnerable workers hardest hit by COVID-19 fallout in fragile Arab states](#)

<sup>13</sup> [UNHCR warns 2020 risks lowest resettlement levels in recent history](#)

In addition to medical aid shipments, Anera is engaged in several important outreach programs in both the cities hit hard by the virus and in the refugee camps. These include cash-for-work opportunities, food delivery programs for those in quarantine, and the distribution of hygiene kits. Anera will continue to monitor the situation as it unfolds in Lebanon and work with our partners to combat the spread of the virus.