

# Lebanon COVID-19 Update

October 6, 2020

## Overview

In the past two months, Lebanon has experienced an extreme growth in COVID-19 cases, surpassing 40,000 cases and 400 deaths. Over 1,000 new cases have been reported each day since September 24.<sup>1</sup> The overall fatality rate remains at just under 1%, but the infection rate has grown to a startling 10%. The World Health Organization (WHO) recommends that countries wait until the infection rate falls beneath 5% before reopening, as continued public interaction has been crucial to the spread of the virus.<sup>2</sup> Hospitals are still reeling from the August 4th explosion in Beirut, which has overwhelmed the country's already fragile health sector, placing severe limits on ventilators, ICU beds, and other critical medical equipment. Fears abound that Lebanon's healthcare system will be overrun if the caseload continues to increase at the same rate.

The source of the recent surge may have to do with the combined effects of the Beirut explosion, the re-opening of Lebanon's only international airport, and the lifting of some lockdown restrictions last month. Medical professionals and personnel alerted people on the risks of a potential surge after people were gathering at hospitals and in streets in the aftermath of the explosion. The blast injured more than 6,000 people while also critically damaging several of the major hospitals in the city that could have played an integral role in handling virus cases. Despite efforts to distribute patients among Lebanon's functioning treatment centers, blast victims had to crowd into limited treatment facilities. Paired with the waves of protest that immediately followed, social distancing measures fell by the wayside.

After a perceived calm in the storm when COVID-19 numbers appeared to be falling, the government announced that it would be lifting restrictions on businesses and public parks. On September 8, restaurants, pubs, theaters, and large private social gatherings were permitted to resume.<sup>3</sup> Six days later, there were 1,091 cases diagnosed – a record number for one day. On October 3, total cases per day reached 1,321.

The Baabda district, home to the presidential palace, has seen the greatest spread of the virus with over 100 confirmed cases each day since September 24.<sup>4</sup> Beirut, El Metn, and Tripoli trail closely behind as the virus is strongest in the country's urban coastal population clusters.

On Friday, October 2, Lebanon's Ministry of Interior announced an official one-week lockdown on 111 towns and villages across the country to control the recent spike in

COVID-19 cases. Localities in North Lebanon, South Lebanon, Mount Lebanon and Bekaa were listed in the lockdown decision. Restrictions were also placed on social and religious gatherings within these localities. In an effort to manage the caseload and impede transmission, Lebanese authorities are planning on introducing a new zonal strategy. The strategy will divide localities and impose restrictions based on their 'risk status' whether red, orange, or green.<sup>5</sup>

To curb the increase of cases, 'red zone' regions and hotspots will typically be placed under 14-day lockdowns. Red zone will be broadcasted on an online platform launched by the government's Disaster Risk Management Unit in coordination with the Ministry of Health.

The COVID-19 pandemic has recently hit Anera close to home, as now five of its staff members in Lebanon, three from its Beirut office and two from its Northern Lebanon office, have tested positive for the virus. More still have family members or close friends who are now testing positive as well. All five of Anera's infected staff are facing mild symptoms and are quarantining at home. Anera is having other employees in these offices get tested to ensure that there is no further outbreak. Anera will continue to monitor the situation and assist its infected staff however possible.

## Impact on Refugees

Lebanon's refugee populations are also being affected by the coronavirus spread in recent days. Though most Syrian refugees reside in the Bekaa Valley, outside of the major cities, estimates show that Syrians have more cases than any other minority population, while Palestinians have the third highest number of cases. The economic and health impact of COVID-19 is unprecedented, exacerbating an already extremely difficult living situation for refugees.

Before Lebanon's economic collapse, COVID-19 and the Beirut port blast, most refugees were facing greater economic vulnerability without sufficient access to basic necessities and livelihoods. When COVID-19 started to spread, nationwide campaigns disseminated messages and resources were mobilized to promote and implement improved sanitation and hygiene practices and social distancing protocols. However, this plan looked different for refugee communities where water, sanitation and hygiene (WASH) resources are scarce and unsafe. The overwhelming majority of Syrian refugees still live in extremely difficult conditions – in temporary structures and overcrowded tented settlements – the best circumstances for further spread of COVID-19.

The United Nations Relief Works Agency (UNRWA) is the only UN agency responsible for managing and providing services to approximately 450,000 Palestinian refugees living in 12 refugee camps across Lebanon including education, healthcare, basic needs, livelihoods,

and now COVID-19 prevention, testing and treatment. The US government's decision to cease all funding to UNRWA without any clear indication of when the cessation would be lifted has strained the organization. Despite generous funding from the European Union, UNRWA faced a \$50 million deficit last year that will be added to this year's deficit. Claudio Cordone, director of the UNRWA in Lebanon, in a statement during a visit to Ein El Hilweh refugee camp, warned about the dire need for funding to support Palestinian refugees. "We will witness a disaster on all levels if we do not secure donations; the agency is offering as many services as possible but there are limited financial capabilities."<sup>6</sup>

## The Condition of Lebanon's Hospitals

Moving forward, Lebanon faces the increased likelihood of a medicine price hike as the Lebanese currency continues to decline in value. Currently, medicine prices are subsidized by Lebanon's Central Bank. This means that hospitals can acquire imported medicines at cheaper rates than their market value so long as the subsidies remain. However, the Central Bank has indicated that subsidies will likely have to be cut, possibly as soon as November.<sup>7</sup>

Private hospitals will likely raise their exchange rates to try and meet increasing market prices for medicine and medical equipment. So far, the American University of Beirut Medical Center has been the only major facility to do so, but other hospitals are expected to follow suit.<sup>8</sup> The result is that patients will probably have to pay significantly higher costs up front, placing an even greater burden on those without insurance.

## Anera's Public Health Response

In-country access to medical supplies has also been limited following the explosion in Beirut. Containers filled with medicines were among those lost in the port explosion. Many shipments have since been rerouted through Tripoli, where they are less immediately available to the residents of Beirut. As the pandemic drags on, Lebanon's resources are being depleted. Shortages in basic medical necessities, such as ICU beds, are becoming increasingly more apparent.

The WHO reported this week that the occupancy rate of beds in intensive care units dedicated to coronavirus cases has reached 84%, while occupancy rate for regular beds reached 63%. These constraints on available medication and medical supplies make medical donations all the more necessary. Anera has already confirmed over 30 shipments of personal protective equipment (PPE), essential medicines, and medical equipment, including COVID-19 testing kits, as a part of our Beirut emergency response plan.

Through collaboration with donors such as Americares, International Health Partners,

Catholic Medical Missions Board, MedWish, Health Partners International- Canada, and Direct Relief, Anera looks and hopes to continue with these essential shipments that are saving lives and supporting the most vulnerable families in Lebanon.

Anera is also working to make vulnerable communities aware of safety and health precautionary measures they can take against COVID-19. Youth volunteers are working in their communities to share informational materials and address common questions about the virus in order to dispel misconceptions and empower people with the knowledge they need to protect themselves.

Anera's vocational education students are rapidly addressing one of the most essential safety needs by producing hand-sewn reusable face masks for school children, adults and medical personnel. This initiative is filling a huge gap while simultaneously taking eco-friendly environment factors into consideration. So far, Anera has produced more than one million masks.

Please visit our response logs on [COVID-19](#) and the [Beirut explosion](#) to learn more.



*An Anera sewing student makes face masks in Akkar, Lebanon.*

## Footnotes

<sup>1</sup> <https://www.coronatracker.com/country/lebanon/>

<sup>2</sup> <https://www.cnn.com/2020/09/22/middleeast/lebanon-coronavirus-economy-lockdown-intl/index.html>

<sup>3</sup> <https://lb.usembassy.gov/COVID-19-information/>

<sup>4</sup> [Lebanon National Operations Room Daily Report on COVID-19](#)

<sup>5</sup> [Surge in COVID-19 cases sees zonal containment trialed in Lebanon](#)

<sup>6</sup> [The European Union contributes EUR 30.6 million to support Palestinian Refugees in Lebanon](#)

<sup>7</sup> [Lebanon can only subsidize fuel, wheat for 3 more months: Report](#)

<sup>8</sup> [Lebanese Health Minister: Increasing Hospital Tariffs Not on Table](#)