

# Lebanon

COVID-19 response - Overview 2020



*Additional COVID-19 ward at Halba Government Hospital. © UNHCR*

*“Were it not for the support of UNHCR with the bill, I would not have been able to afford any of this”*

Fawzi, a 38-year-old refugee, living in the Akkar governorate of northern Lebanon, spent six days in the Intensive Care Unit in Halba Governmental Hospital, which was expanded with 10 Intensive Care Units and more than 50 regular beds in an isolated COVID extension ward to the hospital.

## Operational context

At the start of the global COVID-19 pandemic, the Lebanese Government imposed various confinement measures which proved to be successful in preventing the spread of the virus. Nevertheless, as of August 2020 the number of positive COVID-19 cases in Lebanon started to increase exponentially, pushing the country into the stage of community transmission and exerting additional strain on the health system with hospitals nearly reaching saturation by the final quarter of 2020.

The country’s deep economic and financial crisis has been exacerbated by the COVID-19 situation and by the devastating explosions in the Beirut port in August 2020, leading to a fast deterioration of the socio-economic situation of both Lebanese and refugees. The study [Compounding Misfortunes: Changes in Poverty Since the Onset of COVID-19](#) by UNHCR, the World Bank group and the Joint Data Centre of Forced Displacement finds that Lebanon has been particularly impacted by the COVID-19 pandemic, as it arrived when the country was already reeling from political and economic collapse, soaring inflation and a declining GDP. One-third of Lebanese (33 p.p., or 1.7 million people) are expected to have fallen into poverty, and as many as 840,000 Syrian refugees (56 p.p.) since many more Syrians were living just above the international poverty line when COVID-19 hit, making them much more vulnerable.

The [2020 Vulnerability Assessment of Syrian Refugees \(VaSyR\)](#) conducted by UNHCR, UNICEF and WFP also finds soaring levels of poverty among the Syrian refugees. Around 89% of Syrian refugee families in Lebanon are now living below the extreme poverty line, an increase from 55% in mid-2019. The 2020 VaSyR also finds that only 4% of the Syrian families are food secure, leading to growing needs for food assistance. With hyperinflation driving the cost of food and non-food items, refugees’ ability to survive is further reducing and the situation is creating hunger, increased debt, and mental and physical health problems, as well as increasing risks of evictions, exploitation, child labour, gender-based violence and desperate acts like onward movements by sea to Cyprus.

The rising competition over resources for survival is fuelling tensions between Lebanese and Syrian individuals and communities, increasing the propensity to violence and generally eroding the hospitality of host communities.

With the national health system on the brink of collapse and hospitals reaching full capacity across the country, UNHCR has continued working within the National COVID-19 Response, and in close collaboration with the Ministry of Public Health, to expand hospitals’ treatment capacity to ensure that all COVID-19 infected persons can obtain treatment in a timely manner without creating competition for care between individuals, regardless of nationality or

other background. In doing so, UNHCR also aims to contribute to maintaining social stability and mitigate the risk of intercommunal tensions arising due to lack of availability of needed medical care.

## Impact on UNHCR operations

While the COVID-19 related restrictions affected the implementation of some programmes, UNHCR adapted the delivery modalities of many protection services to remain responsive to the needs of refugees and developed remote case processing modalities for registration renewal and verification activities. In doing so, UNHCR expanded its availability through the national call centre and field hotlines to respond to an increasing number of protection, assistance and other queries. Individual case management was conducted by phone wherever possible. Core assistance programmes, including cash-based interventions and health, have been maintained throughout. As of July 2020, all four UNHCR reception centres gradually re-opened with precautionary measures in place to keep refugees and staff safe. Nevertheless, operations continuously adjusted in line with government decisions throughout 2020. In-person appointments at Reception Centres were prioritized for the most urgent protection, registration, documentation, status determination and resettlement cases. Resettlement departures were able to resume in late July.

## Key results of the response

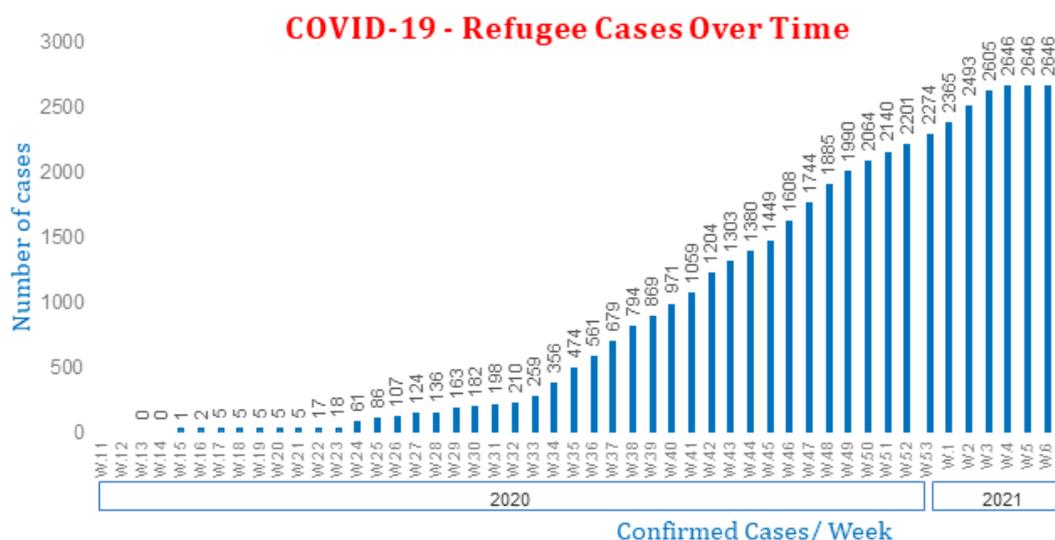
In its response to COVID-19, UNHCR has been working from the start within the framework of the National COVID-19 Response plan and in close collaboration with Government, WHO, UNICEF and other partners, to ensure that refugees' needs are addressed in a coordinated, equal and coherent manner without creating competition for care. UNHCR's contribution to the COVID-19 response falls within three main areas: **Prevention, through community engagement and hygiene materials; containing transmissions, through enabling quarantining/isolation of refugees living in overcrowded settings; and ensuring treatment, through reinforcing testing and hospitalization capacity.**

### Key results of UNHCR activities under the COVID-19 response in 2020:

#### Positive COVID-19 cases among persons of concern to UNHCR

In 2020, the positivity rates among refugees remained relatively low compared to the national figures. The majority (>90%) of refugee cases were detected in urban settings, while no major outbreaks were reported in informal settlements despite the fear of higher positivity rates in these settings at the start of the pandemic.

In 2020, a total of 2,339 Syrian refugees and 16 refugees of other nationalities tested positive for COVID-19, with the majority residing in urban settings and a total of 157 cases in informal settlements. By the end of 2020, 1,949 refugees had recovered while 90 had deceased.



### Prevention and awareness

UNHCR protection monitoring throughout 2020 indicated that the level of knowledge of refugees continued to improve on how to recognise COVID-19 symptoms, prevention measures as well as how to access information. The vast majority of surveyed refugees (93%) reported that they knew the COVID-19 symptoms and the precautionary measures to protect oneself against contracting the virus. Almost three quarters of respondents were aware of how and where to access PCR testing in case they or a family member suspected COVID-19. However, by November 2020, monitoring showed that a significant proportion of households were still not aware that costs for testing and treatment would be covered by UNHCR. Those respondents who indicated not to be aware, have been systematically contacted and informed by protection monitors on relevant information, preventive measures, and testing and treatment coverage by UNHCR whenever prescribed by the Ministry of Public Health.



*UNHCR and partners conduct COVID-19 awareness raising sessions with a refugee community in a collective shelter in the North ©UNHCR.*

### Containing transmissions

In 2020, UNHCR supported the establishment of 13 isolation facilities throughout the country. Of these, 10 sites are currently ready to receive patients with an operational capacity to host 569 COVID-19 infected persons in need of isolation outside their home. Two of the original centres (one in the Bekaa and one in the North) were closed down due to the repurposing of the buildings by their landlords, after having been operational for a several months throughout the year. The remaining isolation centre is in the process of being completed. Efforts to further expand the capacity at Municipal isolation centres are still ongoing in 2021 and additional locations, where needed, are being explored.

### Hospital expansion and provision of equipment

In light of the overstretched public health system, UNHCR supported Lebanon throughout 2020 with expanding the hospitalization capacity for COVID-19 through the design, construction and equipping of temporary COVID-19 units annexed to selected hospitals, or through the rehabilitation of existing unused structures within hospitals which were transformed into COVID-19 units. Besides civil works needed to expand the hospitals with additional wards, UNHCR's support also included infrastructural works which were necessary to expand the hospitals' central support systems, such as the central O2 and compressed air supply.

Overall, UNHCR's COVID-19 response encompassed a plan to add **800 hospital beds and 100 ICU beds** in hospitals across Lebanon, in a **phased approach** with activation upon reaching a certain threshold in the number of positive cases.

- **First phase**

In 2020, UNHCR completed a first phase of hospital expansions, adding **197 hospital beds and 25 intensive care beds**, by expanding or rehabilitating five governmental hospitals in Tripoli, Halba, Baalbek, RHUH and Saida. These hospitals were selected in coordination with the Ministry of Public Health on a needs-based approach, taking into consideration relevant factors, such as geographical dispersion as well as their potential for capacity expansion.

As per the National COVID-19 Response Plan's planning parameters, and the anticipated outbreak scenario, medical supplies, PPE's, medicines, hospital equipment and furniture were procured at the onset of the response to mitigate against the risk of delays in the availability and delivery of critical items in the international supply markets. As such, UNHCR quickly received in its warehouse medicine stock for over 22,000 COVID-19 patients as well as hospital equipment and supplies, including the 800 hospital beds, 100 ICU beds and 100 stationary and 20 portable ventilators to be distributed to the selected hospitals in line with the expansion works.

- **Second phase**

With the increasing number of COVID-19 cases and saturation of public hospitals in the third quarter of 2020, additional procurement of key medical equipment and supplies was initiated and the second phase of hospital expansions activated to create additional capacity to treat for COVID-19 in hospitals across the country. During this phase, three additional hospitals were selected for expansion (Baabda, Mashghara and one extra hospital in the Bekaa), on top of additional expansions in the five hospitals that were already equipped in the first phase (Tripoli, Halba, Baalbek, RHUH and Saida, see above).

The second phase is still ongoing and aims to provide an additional **148 hospital beds, 48 intensive care beds** and **8 dialysis units** for COVID-19 patients. By mid-January 2021, 32 out of the 48 planned ICU beds were installed and ready to be used.

- **Third phase**

Given the continued fast deterioration of the COVID-19 situation in the country, UNHCR is currently moving fast to provide the remaining beds and equipment to those hospitals that can quickly take on additional capacity, in line with their respective staffing and operational capacities and the related plans of key partners like the WHO.

### Key Figures

- **By end of 2020**, 2,339 Syrian refugees and 16 refugees of other nationalities had tested positive, including 1,949 recovered and 90 deceased.
- **7,433** refugees and **650** UNHCR and partner frontline staff trained on COVID-19 awareness.
- **488** refugees with medical background mobilised as **community health volunteers (CHVs)**.
- **3,362** site visits made by CHVs to share information and support residents on COVID-19 precautions, of which 77% in person, reaching around **71,966** persons per month; they also referred **171** symptomatic cases to the rapid response teams (RRTs).
- **Site community groups to support isolation** procedures established in almost **1,800 informal settlements** and collective shelters.
- **More than 531,928 refugees in overcrowded settings** reached with hygiene promotion and materials (100% of the informal settlement and collective shelter population)
- **10 UNHCR-supported Level 3 isolation facilities** are operational with a capacity of 569 beds.
- **22,500 vulnerable refugee families** (22,000 Syrian families and 500 families of refugees of other nationalities), not benefitting from any support, **received temporary cash assistance** as part of the COVID-19 response in 2020 to help mitigate the grave socioeconomic impact of the COVID-19 situation.
- As part of the **hospital expansion plans**, UNHCR has completed an additional capacity of **197 hospital beds** and **67 ICU beds** which are **ready for use** across all phases.

### Story from the field – “Setting up self-help booths across Lebanon so refugees can access vital services”

With the COVID-19 pandemic and the economic crisis in Lebanon, refugees are no longer able to access our centers as easily. UNHCR consulted with refugees to find solutions and enhance access to our services.

The self-service booth will give refugees access to a number of services which will allow them to remotely validate their cards, update their files and scan important documents from different locations across Lebanon.



## Social media highlights 2020

- A video on how UNHCR is supporting hospitals across Lebanon in expanding their treatment capacity for COVID-19 (🇬🇧 English)
- A video on how refugees can access UNHCR services without approaching our centers was highlighted (🇬🇧 English)
- Awareness video on how to apply self-protection from COVID-19 was posted (🇸🇦 Arabic)
- A message from a practitioner in Hariri governmental hospital about the reality of COVID-19 for people who still have doubts about its existence (🇸🇦 Arabic)



## Advocacy messages

In the context of the COVID-19 response, UNHCR is advocating for:

- One **coordinated and coherent national response** to the COVID-19 emergency, led by the Government with technical support from relevant partners, within which all Lebanese and non-Lebanese in the country have equal access to information, testing and treatment based on our common objective to save lives;
- **Non-stigmatization** of any individual or community based on real or perceived infection, by emphasizing that the virus does not discriminate based on nationality or other status, and by noting that fear of stigmatization, arrest or other risk may inhibit people's readiness to report symptoms and constitute a public health risk;
- **Non-discriminatory** application of movement restrictions and curfews announced by the central and local authorities, including by allowing refugees to undertake necessary movements to shops, pharmacies, ATMs and health care facilities with due respect for the precautionary and prevention measures;
- Allowing refugees with medical background to be engaged in health activities to reinforce the **health care response capacity**;
- A **moratorium on evictions** by landlords or municipalities of refugees and Lebanese unable to pay their rent, or for other reasons, as homelessness can exacerbate the risk of COVID-19 infection and transmission;
- Scaled up support and access to **basic assistance** as the COVID-19 emergency affects refugees and Lebanese families' already diminished livelihoods and ability to survive.

## Thanks to our donors

UNHCR is grateful for the critical support provided by donors who have contributed to the COVID-19 appeal in 2020:



We would also like to warmly thank the donors who have contributed to UNHCR's programmes with unearmarked and other softly earmarked funds:

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