

On Post-Hoc Policies in Conflict: Lebanon's Health Sector Revives Itself amid Political, Demographic and Economic Constraints

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Introduction

Lebanese health authorities are stepping up efforts to deal with the Coronavirus epidemic. Whether or not it will succeed remains uncertain; however, what is evident is that Lebanon's health sector has diligently turned their ad-hoc policy approach into a functioning containment strategy. The health sector has been impacted for months by Lebanon's escalating economic crisis. As the Coronavirus epidemic has reached Stage III and continues to spread in Lebanon, with over 700 cases¹ of COVID-19 reported to date, the authorities are stepping up containment measures. The country currently remains on lockdown with an imposed curfew, well into May 2020.² And miraculously, this little 'corrupt' and converging state, on the brink of economic ruin and political chaos, has done something 'right' when it comes to managing one of the biggest health crises of the 21st century.

The country has further resorted to the closure of Beirut's International Airport, its borders with Syria and well as its seaports, although these measures seem to be too little too late. People have only entirely stopped interacting after the declaration of a "state of health emergency." Unfortunately, this was not the case in the first weeks of the virus's appearance. The reality of the matter is that the stakes are high, and now, it is a question of avoiding a pandemic peak which could jeopardize the Lebanese health system at all costs. With developed nations struggling to contain the spread of the virus, according to researchers at the Global Health Institute of the American University of Beirut, Lebanon has done "much better" than other countries in containing COVID-19 until now, but insists that social and health systems' vigilance is much needed in this critical phase of the disease progression.³

Post-Hoc Policies and Health Security

For the moment, patient care is operational. An agreement between health authorities and the Lebanese Red Cross allows transfers to the hospital of people suspected of carrying the Coronavirus. Nineteen Red Cross centers have been made available, and 300 trained rescuers are on call in order to be able to carry out the transfers. To date, its emergency teams have made hundreds of transfers to the Rafik Hariri government hospital, to which, up until very recently, all patients, even mild, have been discharged.⁴ Currently, although under pressure, it is not yet entirely saturated. In a public announcement to the press the Head of the Coronavirus Unit at Rafik Hariri government hospital has ensured the public that they are doing well on both medical equipment and staff for the time being. The hospital has further taken the spread of the virus to increase its capacity to manage serious cases.⁵ Beginning with a mere four beds with

¹ Ministry of Information, Lebanon (2020), Retrieved at: <https://www.ministryinfo.gov.lb/en/46083>

² Reuters (2020), Lebanon Advised to Extend Coronavirus Lockdown to May 10, Retrieved at: <https://www.usnews.com/news/world/articles/2020-04-24/lebanon-advised-to-extend-coronavirus-lockdown-to-may-10>

³ Global Health Institute (2020), American University of Beirut, Retrieved at: <https://ghi.aub.edu.lb/COVID-19/days/index.html>

⁴ Ibid

⁵ Ibid

respiratory assistance, the hospital is not equipped to manage the rapid increase in the number of patients whose number increases by 30% on average every day.⁶ The crisis stems from the government's failure to reimburse private and public hospitals, including funds owed by the National Social Security Fund and military health funds, making it difficult to pay staff and purchase medical supplies. In addition, a dollar shortage has restricted the import of vital goods and led banks to curtail credit lines.⁷

The Coronavirus infection curve has not been entirely 'flat' per say, but it has increased at a rate contained enough to allow for an expansion of health care and hospital capacities. There are enough tests available across the country to test everyone with symptoms, for free at Lebanon's government hospitals or for a fee at the private ones. Although seen to be a little 'too late', Lebanon did announce it will begin mass testing for the virus as of April 19 – vowing to conduct approximately 1,500 tests per day and incorporate random testing to gather more accurate data on COVID-19 in the country.⁸ Results are efficiently returned within 24 hours.⁹

Precedence, Refugees and Parallel Political Systems

Indeed, Lebanon is not even close to being out of the woods yet – as is the case in every country around the world for the time being. The recent experience of states with a similar population size such as Singapore (population of around 5.1 million) for instance is a clear indication of the potential for cases to suddenly multiply more than tenfold when it hits marginalized and more impoverished communities.¹⁰ Lebanon's refugee camps currently pose one of the country's biggest health burdens if the virus contaminates of the country's many formal and informal camps. With more than 2 million Syrian or Palestinian refugees (estimates differ) living in tight spaces, dire conditions and without access to the luxury of social distancing or basic hygienic needs, Lebanon needs to prepare itself for a hit if matters escalate in this direction.¹¹ April 21, 2020 saw the confirmation of the first refugee case in the *Wave/* Camp in Eastern Lebanon, and health teams have reportedly entered the camp to test and isolate the man's contacts and test his family members.

Needless to say, the sector seems to be getting back in working order – as it develops itself and modernizes itself amid the Coronavirus outbreak. With 12,000 beds being made available in total across the country, the sector could make available some 500 beds with respiratory equipment, according to Lebanon's Head of the Health Committee. And in true Lebanese fashion, political actors have also gotten involved as well – with Lebanese Political Party Hezbollah coming up with a parallel (not-so-parallel) plan to contain the virus.¹² And Hezbollah is not alone. Traditional political parties have deployed a wide range of mechanisms

⁶ Ibid

⁷ Human Rights Watch (2019), Lebanon: Hospital Crisis Endangering Health, Retrieved at: <https://www.hrw.org/news/2019/12/10/lebanon-hospital-crisis-endangering-health>

⁸ Arab News (2019), Lebanon to start mass coronavirus testing, Retrieved at: <https://www.arabnews.com/node/1661396/middle-east>

⁹ Naharnet Newsdesk (2020), Americans in Lebanon Want to Stay because It's 'Safer', Retrieved at: <http://www.naharnet.com/stories/en/270953>

¹⁰ The Guardian (2020), Singapore extends lockdown as Covid cases surge past 9,000, Retrieved at: <https://www.theguardian.com/world/2020/apr/21/singapore-coronavirus-outbreak-surges-with-3000-new-cases-in-three-days>

¹¹ ANERA (2020), Refugees in Lebanon, Retrieved at: <https://www.anera.org/where-we-work/lebanon/>

¹² Middle East Monitor (2020), Hezbollah launches coronavirus plan, Retrieved at: <https://www.middleeastmonitor.com/20200401-hezbollah-launches-coronavirus-plan/>

to ‘combat’ the virus, including dressing up in customized gear, touring in convoys, and erecting ‘awareness checkpoints’ sporting customized face masks bearing logos of political parties. And although such measures are not beneficial, they reveal a great deal about the politics of these groups as well as their intention (and need) to regain legitimacy after being shaken by the country’s most recent revolution against the political elite. These political parties insist on nourishing and sustaining sentiments of insecurity and vulnerability amid the pandemic and the dire economic situation with the aim of shaping their own societies from outside state institutions, and governing them accordingly – one of the fundamental obstacles the health sector in Lebanon has attempted to overcome for decades now. Instead of operating from within the state and empowering state institutions and public hospitals, political parties have been racing to help the needy within their own constituencies. The Free Patriotic Movement opened a bank account to collect money for those in need for instance.¹³

Securing Stability amid Uncertainty

And in true opportunistic fashion, the Council of Ministers has capitalized on the Coronavirus to ‘revive’ its health sector entirely. In March 2020, it secured USD 40 million in funding from the World Bank to government hospitals as part of the ‘Health resilience project’ – the goal of which is to support hospitals already mobilized to fight COVID-19 in the purchase of equipment, and to equip nine new public establishments in the regions.¹⁴ The World Health Organization (WHO) is currently visiting these facilities to determine whether or not they will be able to receive and treat Coronavirus patients.¹⁵ In parallel, the government asked private hospitals, which currently represent 82% of the hospital supply in Lebanon, to step in to contain the outbreak. At the Hotel-Dieu de France hospital, a treatment center is already operational. The inflows of patients suspected of carrying the Coronavirus arrive in designated places across multiple hospitals, and time has been taken to establish special units in this regard. The designated special unit at Hotel-Dieu for example, could carry out between 30 and 40 consultations per day.¹⁶

Across the country, hospital teams are multiplying crisis meetings to prepare for a strong influx of patients in their departments. However, widespread apprehensions persist, in particular due to the length of hospitalization for the most serious cases – the major concern being especially people in need of respiratory assistance. Protective equipment is not produced in Lebanon. Importing them is very difficult with the economic crisis. If local distributors obtained at the end of 2019 that their needs were governed by the same subsidy mechanism as that which now applies to medicines, wheat and petrol (but up to 85% of the amounts committed), in application is still a problem. Lebanon’s Central Bank has urged banks to speed up procedures, but in the meantime, stocks are running low.

Limiting General Panic and Unifying the Rhetoric

At this stage it is important to limit the state of general panic among citizens, which not only worsens the situation, but also further induces the circulation of misinformation. People are rushing on the masks when

¹³ Gebran Bassil (2020), Official Twitter Account, Retrieved at:

https://twitter.com/Gebran_Bassil/status/1246369110482726912

¹⁴ World Bank (2020), Lebanon Health Resilience Project, Retrieved at: <https://projects.worldbank.org/en/projects-operations/project-detail/p163476>

¹⁵ Abdallah, S. (2020), Lebanon struggles to cope with COVID-19 amid financial crisis, Al-Monitor, Retrieved at: <https://www.al-monitor.com/pulse/originals/2020/03/corona-covid19-state-of-emergency-financial-crisis-hospitals.html>

¹⁶ Ibid

these are only useful for the personnel in contact with the sick or the sick themselves. A person who does not carry the virus has no reason to wear a mask. The Lebanese Red Cross, whose protection stocks are provided as humanitarian aid by the other branches of the NGO, is also constrained. For each intervention, the total cost of protection for the three rescue workers mobilized is USD 1800.¹⁷ But the financial question does not arise only at this level. The cost of a day of hospitalization, in cases where the use of a respiratory device is necessary, is in fact around USD 1000.¹⁸ At the rate of two weeks per person, the slate could amount to billions of dollars for a state already strangled financially.

Politics, economics, and public policy are key determinants of population health. There is a significant knowledge gap in the evidence on the relationship between political economy and health – especially in times of a pandemic like Coronavirus. In the region, and in Lebanon in particular, there is a need for higher-quality reviews and empirical studies in this area. One such area concerns the intersectionality between governance, politics, power, macro-economic policy, public policy, and population health, including the manner through which these aspects of political economy generate social class processes and forms of discrimination that have a differential impact across different social classes and marginalized groups. As the achievements in the Lebanese health sector across its history can be reduced to particular success stories, their dealing with Coronavirus is no different. Subsequently it is difficult to assess whether or not these successes are the ‘success of circumstance’ or if these reforms will serve as long-term results.

Moving past a prolonged Civil War era, and the ‘depression’ all Lebanese public sectors faced has proven to be extremely difficult in the Lebanese case. Since this era, the private sector has managed to surpass the public extensively. Recommendations on all fronts must encompass cost containment, the strengthening of the PHC sector, the control of pharmaceutical expenditures as well as controlling the capital expenditure in medical technology. The direct involvement of partisan politics in health system reforms in Lebanon further marginalizes vulnerable groups in policy processes. Their participation is pivotal toward strengthening policy design and ensuring their health needs are reflected. Health is the one area where there is absolutely no room for segregated policies – the health of every individual within a state’s borders impacts citizens and non-citizens alike.

One of the fundamental realities which contributes to the success of Lebanon’s post-hoc containment strategy for the moment, is that in contrast to other countries across the world, no senior politicians sought to dismiss, understate or downplay the risks of the virus in any capacity. The Ministry of Health, whose budget has been cut by 7% this year, is tasked with taking care of ‘those who have no health insurance’¹⁹ – that is to say a significant part of the population. Although the Ministry currently struggles with yet another hurdle of owing the private hospital sector USD 1.3 million,²⁰ it currently adopts two admirable post-hoc approaches: (1) treat the sick first, then discuss costs, and (2) seize the opportunity to give the Lebanon’s public health sector the overdue reforms, funding and restructuring it has been in need of for decades now.

Disclaimer: The opinions expressed in this article are the author's own and do not in any way represent the views of Friedrich-Ebert-Stiftung Lebanon

¹⁷ Ibid

¹⁸ Ibid

¹⁹ Ibid

²⁰ Ibid