Policy Dynamics: A COVID-19 Perspective on Lebanon

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The West-Asia North Africa (WANA) Institute documented a series of policy measures that were taken in response to COVID-19 in Lebanon. The WANA team explored the success, stringency, chronological patterns and future implications of these measures on the country. This document is an analytical read of Lebanon’s COVID-19 policy response which coincided with a prolonged economic impasse and a wave of a popular uprising that swept across the country in October 2019.

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As of May 31, 2020, a total of 1191 COVID-19 cases and 26 deaths were registered in Lebanon. Of those, 708 recoveries were reported. The country’s journey with the novel pandemic, however, started nearly 100 days earlier as Lebanon confirmed the first positive case of Coronavirus on February 21, 2020 for a 45-year old woman coming from the Iranian city of Qom.1

In response, a series of policy measures followed suit. Naturally, these measures spark a myriad of questions around their success, stringency, chronological patterns and future implications on the country. In this regard, an analytical read of Lebanon’s policy response unveils a siloed approach that could perpetuate further unrest and instability. That is: socio-political and economic woes from the past continue to exert an influence on Lebanon’s present handling of the pandemic.

Specifically, three troubling trajectories must be taken into consideration shall Lebanon wish to avoid the unintended consequences of its current policy response. These relate to: issues of the socio-political clientelistic model; provisions of social welfare and protection; and the epidemiological situation in the country. Together, said trajectories seem to further fuel shifts in Lebanon’s terms of political contention.

1 Background

In understanding the current crisis-response, some context is in order. The potential COVID-19 outbreak in Lebanon came already at the backdrop of a prolonged economic impasse and a wave of popular uprising that swept across the country as early as October 2019.

Significant differences in the perception of state-centric security existed prior to the arrival of COVID-19, and the presence of security forces was received varyingly across the country. That is: in some parts, this security presence is welcomed as it alleviates perceived direct threats, yet in other parts it did denote undesirable results for those who already suffer from the over-securitisation of their living spaces.2 Marginalised Lebanese communities and Palestinian camps are two cases in point here.

Similarly, gaps in the social protection landscape seem to have further cemented the Lebanese model of privilege and exclusion.3 Leaving, as way of example, over half of the population outside the umbrella of any health insurance and excluding the most vulnerable and poor from retirement

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schemes.\textsuperscript{4} World Bank estimates (November 2019)\textsuperscript{5} already projected that more than 50 per cent of the population could fall beneath the poverty line in 2020. The estimate is expected to skyrocket in the aftermath of the pandemic; reaching potentially as high as 75 per cent, according to Social Affairs Minister Ramzi Musarrafieh in his statement to the CNN.\textsuperscript{6} Clearly, the state has tight resources to cater for those needs, and hunger explicitly cedes fiercer protests.

The country also hosts a significant number of refugees. UNHCR data indicates that it has the largest number of Syrian refugees per capita with an estimate of 1.5 million Syrian refugees, an additional 18,500 refugees from Ethiopia, Iraq, Sudan and other countries, as well as more than 200,000 Palestinian refugees under UNRWA’s mandate.\textsuperscript{7} Stigma, irregular employment, near absence of sanitary and hygiene supplies, as well as overcrowding of camps are all but some compounding fears\textsuperscript{8} as the COVID-19 related crisis persists.

In terms of capabilities and readiness, Lebanon has a 2.4 rate of hospital beds per 1000 of its population (according to 2014 estimates)\textsuperscript{9}, a low number compared to global rates, which constitutes a bottleneck in delivering an effective COVID-19 response. Only 128 hospital beds and seven ICUs were available nationwide for coronavirus patients in the beginning of the outbreak, according to health experts.\textsuperscript{10} Later, the Ministry of Health stated that the total capacity for coronavirus patients is at 576 beds, 234 intensive care units and 263 ventilators, projecting a 50 per cent increase to these numbers by the end of April.\textsuperscript{11}

In parallel, government policies over the past decades have culminated in unprecedented macro-economic, fiscal and monetary downturns, as highlighted by an LCPS paper.\textsuperscript{12} This underscores the country’s chronic “twin deficit” in fiscal balance and the sovereign debt crisis that stripped out the cash, making liquidity a major crisis for Lebanon. Combined, such contextual characteristics expose the significant architectural policy gaps that the current COVID-19 response stands short of addressing. Simultaneously, they also explain why the Lebanese street is in no mood today for exculpating the government.

\textsuperscript{4} El Masri, Sawsan. “Gaps and Efforts in Social Protection.” Social Watch. \url{http://www.socialwatch.org/node/11031}
\textsuperscript{7} See UNHCR Data on Lebanon. Accessed May 28th, 2020. \url{http://reporting.unhcr.org/node/2520}
\textsuperscript{9} World Bank Data. Accessed May 20th 2020. \url{https://data.albankaldawi.org/indicator/SH.MED.BEDS.ZS}
2 Policy Responses

In the absence of a vaccine, it is both difficult and premature to assess the success of countries in their fight against the novel coronavirus pandemic. The literature, however, does point to several contributing factors that can be used as a benchmark for measuring initial success. In contextualising such success in the Arab world, some experts refer to the ‘low level of testing and reporting’ in some countries, the speculation about the potential effect of warmer weather, the demographic profile of the region, as well as the pace of introducing early prevention measures such as lockdowns and curfews.

Examining the overall policy response in Lebanon against the above-mentioned factors, a distinct characteristic is observed: Lebanon was relatively swift in implementing a strict lockdown. This textbook security response is praised by observers and is often cited as an attributing factor to both the fall of the new confirmed daily cases since late March, as well as the numbers remaining ‘overall manageable’ when compared to other countries in the region. Yet, strict and swift lockdowns are also an evident attributor to the ‘success stories’ of fighting COVID-19 worldwide. Hence, Lebanon is no exception here. As important, total lockdowns also bring forward their own set of security challenges and economic fallouts.

As far as testing is concerned, for instance, the number of tests has been ‘low so far’ according to Walid Ammar, head of Lebanon’s Ministry of Public Health. In explaining, Ammar cited that they have reached one thousand tests a day in their best-case scenario, given that no enough testing kits and reagents are available to carry out the testing, and no enough swabs to get samples. This poses a real challenge to assessing Lebanon’s policy response, as it increases the likelihood of having more infected cases that goes reported/discovered. Further, there exists several ‘black holes’ for testing, as CEO of Rafik Hariri University Hospital describes, which include communities living in refugee camps, prisons and remote rural areas.

Demographically, Lebanon does indeed have a young profile. The latest available data shows that nearly 40 per cent of the population is below the age of 25, and 45 per cent are between the 25-54 bracket, leaving around 15 per cent only above the age of 55. When compared to the European countries that have been hit harder by the pandemic such as Italy or Spain, the demographic profile of Lebanon cannot be dismissed. A significant part of Lebanon’s ‘success’ ought to be contributed to this non-policy related factor of age.

On the stringency of its response, Lebanon does have a high stringency level standing at (89.41/100), according to the Coronavirus Government Response Tracker of the University of Oxford. In short, the tracker aggregates the policy scores into a common ‘stringency index’ by simply recording the number and strictness of government policies, and not the appropriateness or effectiveness of the country’s response per se. It is driven by measures ranging from school and workplace closing to restrictions on internal movement, testing policy and emergency investment in healthcare.

In Lebanon, the first of such measures was taken on 28 February 2020 when travel restrictions for non-residents from countries with large COVID-19 outbreaks, including China, Italy, South Korea, and Iran was placed. Later, schools, universities, vocational institutions and nurses were ordered to a close from 29 February until the evening of 8 March, before full closure of all entertainment venues, such as cinemas, nightclubs and restaurants was put in place. Financially, a previously awarded World Bank loan of $39m (March 12) was assigned to equip and prepare public hospitals with the needed necessities, along with a $10m donation from the Higher Relief Council.

Further, on 15 March 2020, the President of Lebanon and the Lebanese Supreme Council of Defence announced the first order of draconian restrictions: a “state of medical emergency” along with a “general mobilisation” which enforced a wide-scale closure of all commercial stores, a halt to all non-essential activities, and ordering all non-essential public and private institutions to close as well – with the exception of those needed to fulfil vital needs such as bakeries, pharmacies, supermarkets, and banks.

Combined, such measures – and more – explain the high stringency rating level that Lebanon scores. Yet, despite the relative success and high stringency of Lebanon’s response, what could the future hold if the response is examined within the broader ‘system’ context it bluntly lacks, as opposed to the ‘subsystem’ characteristic it embodies?

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21 Ibid
23 Saif El-Deen, Wissam. “Corona: Lebanon Extends ‘General Mobilisation’ Until 7 June.” Anadolu Agency (May 2020). https://www.aa.com.tr/ar/%D8%A7%D9%84%D8%AF%D9%88%D9%84-%D8%A7%D9%84%D8%B9%D8%B1%D9%8A%D8%A9/%D9%83%D9%88%D8%B1%D9%88-%D9%86%D8%A7-%D9%84%D8%A8%D9%86%D8%A7%D9%8A%D9%85%D8%AF-%D8%A7%D9%84%D8%AA%D8%B9%D8%A8%D8%A6%D8%A9-%D8%A7%D9%84%D8%B9%A7%D9%85%D8%A9.%D8%AD%D8%AA%D9%89-7-%D9%8A%D9%88%D9%86%D9%8A%D9%88/1846721
3 Future Implications

As suggested earlier, the potential COVID-19 outbreak and the policy responses that followed were all but an added layer to the earlier, and far more prolonged, multi-layered crises threatening Lebanon’s economic and socio-political stability.

In this sense, the novel coronavirus seems to be simply an exacerbating factor to said crises, one that Lebanon will struggle with for years to come. This struggle stems from the response’s tendency to overlook several structural issues that existed long before the pandemic became a threat, and jump right into prescribing short-term cures for such a critical malady.

For instance, the response’s most-cited factor for success, the strict lockdown and swift curfew, was born with an inherent fallibility; it is perceived as a mainstay of the state’s exercise of power, the same power that the street is keen on defying and fighting-back against. Hence, it is no wonder that protestors rebelled against the lockdown and have taken back to the streets again.24 Lebanon is on the brink, and a gripper security handle will only cede further insecurity.

This produces three potential consequences for the country. The first consequence is a probable deepening of the classic clientelistic formula of political loyalty in exchange for provisions of social welfare and protection. To elaborate, as more people are exposed to the socioeconomic implications of the pandemic, notwithstanding the surface-level policy response in terms of social solidarity programmes and/or safety nets, traditional political and sectarian elite will have more leverage in providing their resources. Chasms in Lebanon’s sectarian power-sharing formula and rentier economy are simply aggravated with the COVID-19 crisis, and no signs of the state’s ability to offer the basics of services and needs are in sight. The alternatives, critically yet expectedly, are for citizens to either revert to non-state actors or paramilitary groups in their search for such provisions, or simply take to the streets.

The second consequence is levelled against issues of social cohesion and protection. In short, strategies and tactics appropriate for the arena of a ‘business as usual’ mode have no place in the current arena of an unprecedented pandemic. Improvised and vulnerable groups are being hit the hardest by the crisis, from day workers and informal labourers to refugees and the already unemployed.

The spill-over of the financial and health crises on the social landscape have sent far-reaching ripples. It is impacting the increasingly-shrinking middle class as unemployment, underemployment, informality of labour have all been on the rise, with a parallel sharp decline in nominal income of Lebanese households, prompting calls for a social protection emergency response.25 More vulnerable groups such as refugees are pushed to seek informal employment,


which in turn increases their risk of exposure and poses serious challenges to the policy environment regulating livelihood programmes where most direly needed.\textsuperscript{26}

The third consequence is an ambivalence towards the epidemiological trajectory of the country. That is, the uncertainty engulfing Lebanon’s ability to maintain a relatively flat curve considering the limited available resources as well as the issue of access/reach to remote locations and potential hotspots.

To elaborate, one looming fear Lebanon faces during the COVID-19 is the spread of the virus in Syrian and Palestinian refugee camps, which are both overcrowded and underequipped. On 22 April, the first case between Palestinian refugees was registered in al Jalil camp of the Bekaa Valley for a woman in her 40s, in an alarming development given the potential rampant spread of the virus into the cramped confines of the camp, where physical distancing is almost out of options.\textsuperscript{27}

So far, it has not spread into the camp, but camps nonetheless remain an uncharted COVID-19 territory.

Thus far, all three of these consequences have already manifested themselves in Lebanon’s journey with the novel coronavirus pandemic, including signs of a pandemic of hunger\textsuperscript{28} and of political unrest and violence.\textsuperscript{29} A disconnect seems to exist between the government’s textbook response and the increasingly more difficult realities on the ground. Therefore, the relatively successful short-term policy response to the pandemic should neither overshadow the broader negative impacts of long-adopted socioeconomic policies, nor dismiss the gaps in cross-cutting policy areas. If anything, the COVID-19 pandemic brought its own momentum to the Lebanese street, and the government’s response thus-far seems to have only fuelled such momentum unabated.

\textsuperscript{26} Durable Solutions Platform and others. “What Next for Livelihoods Programs in Lebanon?” Joint DSP, DRC, IRC, MC, NRC and Save the Children Policy Brief (May, 2020).
\texttt{https://reliefweb.int/sites/reliefweb.int/files/resources/What\%20Next\%20for\%20Livelihoods\%20Programs\%20in\%20Lebanon.pdf}

\textsuperscript{27} Chulov, Martin. “Fears realized as first Covid-19 case found in Lebanon refugee camp.” The Guardian (April, 2020).

\texttt{https://www.nytimes.com/2020/05/06/opinion/lebanon-protests-coronavirus.html}
