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On managing health in conflict: Refugees, political will and international obligations amid coronavirus in Lebanon

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Abstract

Background: Since the beginning of the Coronavirus outbreak in Lebanon, discriminatory practices against the country's refugee population have been prevalent. These practices have included imposing curfews when curfews are lifted for citizens, restricting movement even when lockdowns are suspended, disregarding international legal frameworks and leaving international organizations to assist refugees without government support throughout this pandemic.

Aim: The aim of this commentary is to highlight Lebanon's legal obligations towards refugees in times of crisis as they intersect with their obligations at the international level.

Objectives: 1. Highlight Lebanon's overall approach to Coronavirus within the refugee community; 2. Discuss their obligations towards the refugee community in times of crisis in compliance with international frameworks; 3. Provide recommendations for cooperative approaches and ways forward.

Methodology: This commentary undertook an extensive desk review as well as Key Informant Interviews to validate the data extracted.

Keywords: Refugees, international law, Lebanon, coronavirus, health, conflict

Introduction

Since the COVID-19 outbreak, and its spread across the country, Human Rights Watch (HRW) reported that more than twenty Lebanese municipalities introduced discriminatory restrictions on Syrian refugees that do not apply to Lebanese residents as part of their efforts to combat the spread of the virus ^[1]. HRW has additionally raised concerns about Syrian refugees' not having access to health care or updated information on how to protect themselves against the virus ^[2]. The human rights organization additionally confirmed that since early March 2020, eight municipalities, citing COVID-19 concerns, implemented curfews that restrict the movement of Syrian refugees prior to the government officially calling for a nationwide curfew.

Up until July 2020, few confirmed cases of COVID-19 had been recorded in Syrian refugee camps in Lebanon, though it must be duly noted that testing has been limited to non-existent ^[3]. By 8 June, 2020, eighteen positive COVID-19 cases were confirmed among Syrian refugees in the country – with one refugee registered as recovered, making it a total of 19 cases ^[4]. On 15 March 2020, Lebanon's President announced a 'medical state of emergency,' and the government ordered all non-essential public and private institutions to close except those meeting vital needs ^[5]. The government subsequently announced that it would immediately be suspending travel from countries with major COVID-19 outbreaks, and included Syria on that list ^[6]. Lebanon then closed all air, land, and sea borders on 18 March 2020 ^[7] – these travel restrictions have since been lifted.

¹ Human Rights Watch (2020), Lebanon: Refugees at Risk in COVID-19 Response, Retrieved at: <https://www.hrw.org/news/2020/04/02/lebanon-refugees-risk-covid-19-response>

² Ibid

³ Mhaissen, R. (2020), COVID-19 and Syrian Refugees in Lebanon, *Friedrich-Ebert Stiftung*, Retrieved at: <http://library.fes.de/pdf-files/bueros/beirut/16356.pdf>

⁴ Ibid

⁵ Ibid

⁶ Ibid

⁷ Garda World (2020), Lebanon: Government closes borders as of March 19 /update 9, Retrieved at: <https://www.garda.com/crisis24/news-alerts/324576/lebanon-government-closes-borders-as-of-march-19-update-9>

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The travel restrictions have since been replaced a necessary 72-hour quarantine in a hotel designated by the Lebanese Ministry of Tourism for which travelers have a prepaid booking followed by a PCR test^[8].

Simultaneously, on 18 March 2020, the municipality of Brital in Baalbek announced that to “prevent the aggravation and spread of COVID-19,” Syrians were only allowed to move throughout the area between 9 AM and 1 PM, and then only to perform “necessary” tasks, such as going to a pharmacy or supermarket^[9]. The municipality additionally insisted that municipal police would enforce these measures strictly, and that Syrians caught violating them will be met with legal consequences including the potential confiscation of their official documentation and identification^[10]. The Kfarhabou municipality in North Lebanon announced measures to combat the spread of COVID-19 on 16 March 2020, including a curfew on Syrian refugees between 3 PM and 7 AM^[11]. On 19 March, another municipality, Darbaashtar, prohibited Syrians from leaving their homes or receiving visitors^[12]. In all three cases, and in complete contrast, the only restrictions on Lebanese residents of these areas were on movement except for emergencies without any additional legal threats or obligations^[13]. Additionally, at least eighteen municipalities in the country’s Beqaa valley (where close to one third of all Syrian refugees in Lebanon reside) have mandated restrictions that only target the refugee population^[14]. In Bar Elias, for example, refugees must delegate someone to procure and provide for their basic needs in the informal tented settlement where they reside, as well as coordinate such movements with the municipality in order to ensure the residents of these informal settlements are not “breaking the law”^[15].

Discriminatory measures against refugees in the country are sadly not a new phenomenon. No fewer than 330 municipalities had imposed curfews on Syrians as of January 2020 for a variety of reasons – and some for no stated reasons *et al.*^[16] Human Rights Watch has criticized these measures for contravening Lebanon’s international human rights obligations and Lebanese domestic law on several accounts^[17].

Lebanon’s International Obligations amid a Coercive Environment for Syrian Refugees

Due to highly restrictive Lebanese residency policies, a mere twenty-two percent of an estimated 1.8 million Syrian refugees in Lebanon (estimates highly debated and varied) have the legal right to reside in the country, leaving the overwhelming majority to live in the country and move

across borders irregularly^[18]. This not only renders these individuals subject to arbitrary arrest, detention, and harassment; their lack of legal status essentially means they cannot move freely through the ever-present checkpoints that predate COVID-19 and means that they have difficulty accessing services such as health care or education^[19]. It further means that they face difficulty in registering births, deaths, and marriages^[20].

Lebanon’s Higher Defense Council entered a number of decisions into effect in the year 2019, which increased pressure on Syrian refugees in the country. These effects included but were not limited to: (1) swift deportation of those who enter Lebanon irregularly in violation of the non-refoulement principle, (2) the demolition of refugee shelters, and (3) a crackdown on Syrians working without authorization^[21]. On 26 August 2019, Lebanese General Security (the governmental agency tasked with the management of the entry and exit of foreigners) publically stated that it had deported 2,731 people to Syria since 21 May 2019, placing them at risk of arbitrary detention and torture^[22].

For its part, Lebanon is a party to the International Covenant on Economic, Social, and Cultural Rights (ICESCR), which requires state parties to take steps to achieve “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”^[23]. State parties additionally have an obligation to protect the right to seek, receive, and impart information necessary to promote and protect rights, including the right to health^[24]. The Committee on Economic, Social and Cultural Rights regards as a “core obligation” providing “education and access to information concerning the main health problems in the community, including methods of preventing and controlling them”^[25]. Every state is obligated to ensure the protection of these rights to every individual on its territory, without discrimination^[26].

Lebanon has also ratified the International Covenant on Civil and Political Rights (ICCPR), which guarantees the right to freedom of movement^[27]. While states may under certain circumstances restrict movement temporarily, such limitations and restrictions need to be enacted in law and must be deemed necessary “to protect national security,

¹⁸ UN Habitat & UNHCR (2018), Housing, Land and Property Issues of Syrian Refugees in Lebanon from Homs City, *United Nations*, Retrieved at: https://www.un.org.lb/library/assets/UNHABITAT-UNHCR_HLP%20ISSUES%20OF%20SYRIAN%20REFUGEES%20IN%20LEBANON%20FROM%20HOMS_NOV%202018_web-093805.pdf

¹⁹ Ibid

²⁰ Ibid

²¹ ACHRights (2019), Report On Arbitrary Deportation Of Syrian Refugees In Lebanon, Retrieved at: <https://www.achrightrights.org/en/2019/08/09/9829/>

²² Human Rights Watch (2019), Syrians Deported by Lebanon Arrested at Home: New Policy Forcibly Returns Thousands, No Due Process, Retrieved at: <https://www.hrw.org/news/2019/09/02/syrians-deported-lebanon-arrested-home>

²³ UN OHCHR (2020), Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Retrieved at: <https://www.ohchr.org/en/issues/health/pages/srrihealthindex.aspx#:~:text=The%20human%20right%20of%20everyone,of%20physical%20and%20mental%20health&text=The%20right%20to%20health%20contains,consequential%20medical%20treatment%20and%20experimentation.>

²⁴ Ibid

²⁵ Ibid

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²⁷ UN OHCHR (1999), CCPR General Comment No. 27: Article 12 (Freedom of Movement), Retrieved at: <https://www.refworld.org/pdfid/45139c394.pdf>

⁸ U.S. Embassy in Lebanon (2020), COVID-19 Information, Retrieved at: <https://lb.usembassy.gov/covid-19-information/>

⁹ Ibid

¹⁰ Ibid

¹¹ Ibid

¹² Ibid

¹³ Ibid

¹⁴ Sewell, A. & Chehayeb, K. (2020), How COVID-19 is limiting healthcare access for refugees in Lebanon, *The New Humanitarian*, Retrieved at:

<https://www.thenewhumanitarian.org/feature/2020/04/21/Lebanon-coronavirus-refugee-healthcare>

¹⁵ Ibid

¹⁶ Ibid

¹⁷ Ibid

public order, public health, or morals, or the rights and freedoms of others”^[28]. Restrictions on movement must be proportionate in judging the areas concerned, the period of restriction, the number of individuals concerned and/or affected, as well as the impact on their lives, in comparison with the aim to be achieved^[29]. Restrictions on rights, including freedom of movement and the right to health, simply cannot be imposed on a discriminatory basis, particularly by nationality, legal status or country of origin. This fundamental principle applies even during conflict settings, or other forms of states of emergency^[30].

How Lebanon Manages Refugee Camps in Times of COVID-19

Since the first COVID-19 case was detected in Lebanon on 21 February 2020^[31], there have been escalating concerns regarding the spread of the virus inside the country’s overcrowded Palestinian and Syrian refugee camps. Local and regional concern has centered on the country’s refugee camps, where needless to say, overcrowding and fears of refugee infection and transmission are coupled with dire living conditions and little to no access to health care services^[32]. Such conditions prevent refugees from purchasing and having access to hand sanitizers, masks and medical gloves, as water shortages also make hand washing close to impossible^[33]. Al-Monitor has reported that Lebanese security forces patrol the camps on a daily basis to make sure no one leaves unless necessary^[34].

As discussed, the Lebanese government announced a general mobilization across the country on 15 March 2020, including in refugee camps, as part of efforts to contain the spread of the virus^[35]. Municipalities where refugee camps are located persisted to coordinate with Lebanese security forces to enforce the decision banning movement unless necessary – ultimately rendering Syrian refugees who were already suffering economically in Lebanon, now struggling to cope with the outbreak of the virus and the potential for its spread in the close quarters of the camps^[36].

A reported and contested 1.8 million Syrians are estimated to be in Lebanon, living in some 1,700 informal camps (not official refugee camps such as the ones the Palestinian refugees currently reside in) according to the United Nations refugee agency (UNHCR)’s latest statistics – despite the fact that this number is consistently disputed amid irregular migration trends^[37]. These numbers come at a time when Lebanon is already struggling through an ongoing economic

and financial crisis, as its government strives to obtain foreign and domestic aid for its already strained public health system^[38]. Following the Beirut blast on 4 August 2020, the Lebanese government prepared hospitals to receive a greater number of cases daily^[39]. As of the time this paper is written, cases in Lebanon have peaked at more than 116,000 cases with over 2000 new cases daily^[40].

In order to skew and contain the spread of COVID-19 in the country’s formal and informal camps, Lebanese security forces had started carrying out disinfection operations in a number of them^[41]. They additionally patrol the camps to ensure the implementation of the curfew during the general mobilization period in cooperation with municipalities and the local community in implemented strictly and respected^[42].

At the moment, UN agencies, including the UNHCR, are working closely with Lebanese authorities to support and expand the existing capabilities in ICUs and hospitals receiving the infected individuals in order for all patients to be treated independent of any forms of discrimination^[43]. They have developed quarantine procedures to be carried out as soon as a case was detected in informal refugee camps or in collective shelters where refugees live in close proximity to one another and in large numbers^[44]. In order not to place pressure on the current limited number of beds in hospitals, UNHCR are creating additional capacity and coordinating with the government. They strongly recommend that the activities of refugees need to be included in the government-led national plan, and that they are ready to cover the cost of treatment of each refugee case detected^[45].

Syrian and Palestinian camps currently have the same fears as far as the spread of COVID-19 is concerned. Since the first case was reported in Lebanon in February, Representative of Hamas in Lebanon Ahmed Abdel Hadi insisted that since the first case was reported in Lebanon in February 2020, that all Palestinian parties have deployed efforts and adopted “preventive measures” to contain the spread of the virus among Palestinian refugees^[46]. The Representative further insisted that Lebanon’s Minister of Health ensured him that should cases be detected among refugees in the camps, that they would be treated at government hospitals and transferred via the Lebanese Red Cross to the hospitals approved by the Ministry of Health^[47].

²⁸ Ibid

²⁹ Ibid

³⁰ Ibid

³¹ Al Arabiya (2020), First coronavirus case confirmed in Lebanon: Health minister, Retrieved at: <https://english.alarabiya.net/en/News/middle-east/2020/02/21/First-coronavirus-case-confirmed-in-Lebanon-Health-minister>

³² Diab, J. L. (2020), International Migration and Refugee Law in Times of Health Crisis: When Movement is Restricted and Social Distancing is Impossible, *Groningen Journal of International Law*, Retrieved at: <https://bit.ly/2x9b20H>

³³ Ibid

³⁴ Kranz, M. (2020), New coronavirus clusters in Lebanon’s marginalized communities, *Al-Monitor*, Retrieved at: <https://www.al-monitor.com/pulse/originals/2020/06/lebanon-coronavirus-refugees-foreign-workers-clusters.html>

³⁵ Ibid

³⁶ Ibid

³⁷ UNHCR (2020), Fact Sheet: Lebanon, Retrieved at: <https://www.unhcr.org/lb/wp-content/uploads/sites/16/2020/02/UNHCR-Lebanon-Operational-Fact-sheet-January-2020.pdf>

³⁸ Diab, J. L. (2020), On Post-Hoc Policies in Conflict: Lebanon’s Health Sector Revives Itself amid Political, Demographic and Economic Constraints, Beyond the COVID-19 Lockdown Paper Series, *Friedrich-Ebert-Stiftung*, Retrieved at: <https://bit.ly/3eX508z>

³⁹ Sherlock, R. (2020), After Beirut Explosion, Lebanon Sees A Spike In Coronavirus Infections, *NPR*, Retrieved at: <https://www.npr.org/sections/coronavirus-live-updates/2020/09/02/908726243/after-beirut-explosion-lebanon-sees-a-spike-in-coronavirus-infections>

⁴⁰ Lebanese Ministry of Public Health (2020), COVID-19 Coronavirus Cases in Lebanon, Retrieved at: <https://www.moph.gov.lb/maps/covid19.php>

⁴¹ Ibid

⁴² Ibid

⁴³ UNHCR (2020), Response to Coronavirus – COVID-19, Retrieved at: <https://www.unhcr.org/lb/corona>

⁴⁴ Ibid

⁴⁵ Ibid

⁴⁶ Hamdan, H. (2020), How is Lebanon dealing with refugee camps amid coronavirus outbreak?, *Al-Monitor*, Retrieved at: <https://www.al-monitor.com/pulse/originals/2020/04/lebanon-syrian-palestinian-refugee-camps-coronavirus.html#ixzz6XYLthrcE>

⁴⁷ Ibid

Currently, the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) is in charge of Palestinian refugees in Lebanon, and serves as the main UN agency tasked with their wellbeing. Numbers of the Lebanese Central Administration of Statistics and the Palestinian Central Bureau of Statistics puts the estimated number of Palestinian refugees living in Lebanon at 174,000, residing in twelve camps^[48]. However, there are nearly 475,000 Palestinian refugees registered with the UN refugee agency in Lebanon, in which an estimated 270,000 actually reside inside the country^[49]. According to Abdel Hadi, UNRWA is not playing its role in helping people when it comes to the repercussions of COVID-19^[50].

Concluding Remarks

Lebanon's Caretaker Minister of Health, Hamad Hassan, publically stated that the responsibility for refugee health care should be shared by the Lebanese government and by the United Nations agencies responsible and operating on Lebanese grounds^[51]. He has additionally criticized the international community for being "slow to react" to the COVID-19 crisis^[52]. The UN Refugee Agency (UNHCR) said that it was already conducting awareness campaigns and distributing hygiene materials, and would be willing to cover all costs of testing and treatment of refugees should cases be detected in any camps or informal settlements^[53]. UNHCR currently serves as the main subsidizer of the costs of basic medical care for Syrian refugees in the country^[54]. Testing and treatment for COVID-19 is currently free at the Rafik Hariri University Hospital (RHUH) in Beirut for authorized individuals following a call to and screening by the Health Ministry's hotline^[55].

It remains unclear what documentation hospitals will require from refugees who wish to receive treatment or get tested. Despite the fact that the UNHCR-provided information to refugees on COVID-19 states that the Lebanese Red Cross "may be available to transport the most severe cases to treatment centers," it is not clear on what basis the severity will be assessed or if this measure will be enough for Syrian refugees to access the hospitals. It is additionally unclear, in the post Beirut Blast era, what the status of the Red Cross's availability is to meet all needs. In a recent survey conducted by the Norwegian Refugee Council, 81% of the

refugees in the sample "lacked knowledge" that they should immediately call the Health Ministry hotline if they develop symptoms of the Coronavirus, or if they want to report a suspected case^[56].

In focus group discussions conducted between March 5 and 6, 2020 with Syrian refugees in the Beqaa and in Tripoli, Oxfam found that knowledge and awareness in refugee communities in both major cities on the Coronavirus, the manner in which it spreads, as well as the preventive measures that should be undertaken, seemed "minimal"^[57]. The focus groups additionally found that refugees expressed fear of increased discrimination and stigmatization if they contracted COVID-19 – a factor they said deterred them from seeking both seeking the medical attention they require, as well as inquiring about their symptoms or other concerns^[58].

It is pivotal to take international frameworks that govern these complexities, as well as unforeseen international conflicts into account whilst addressing marginalized and vulnerable communities' needs. International human rights law (IHL) requires governments and heads of state to address the health needs of refugees and, in the context of the COVID-19 pandemic, any restrictions on basic rights for reasons of public health or national emergency must be non-discriminatory in their essence as well as necessary and proportionate^[59].

Moving from this point, the Lebanese government must explicitly communicate to the Syrian refugees currently residing within its borders, that they are capable of access medical assistance without any threat upon their livelihoods if they experience COVID-19-like symptoms, regardless of whether or not they have a legal residency in the country or other documentation. The government should additionally prioritize information sharing with refugee populations – as it becomes increasingly clear that every life counts if the government is concerned about the health and safety of its own citizens.

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⁴⁹ Ibid

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⁵¹ Alarabiya (2020), Syrian refugees in Lebanon face coronavirus threat without soap or sanitizer, Retrieved at: <https://english.alarabiya.net/en/News/middle-east/2020/03/20/Syrian-refugees-in-Lebanon-face-coronavirus-threat-without-soap-or-sanitizer>

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