

# **Lebanon Explosion**

Update for Partners: August 18, 2020

# **SITUATION**

178 deaths, 6568 people with injuries and burns

# Severe damage to critical health infrastructure:

- 3 hospitals nonfunctional
- 3 hospitals substantialy damaged
- 500 hospital bed equivalents lost
- 17 containers with essential medical supplies destroyed

# **WHO PRIORITIES**

- Immediate emergency care for injured patients
- Ongoing assessments of health impact and humanitarian health needs
- Coordination of the international response, including EMTs
- Continuity of COVID care
- Procurement of PPE for health workers and
- Provision of essential medical supplies to fill urgent gaps
- Rapid restoration of functioning of damaged health facilities

### **FUNDING NEEDS**

US\$ 76 million to procure medical supplies and restore hospital capacity

### **Current Situation and Impact on Health Sector**

The recent explosion near the main port in Beirut on 4th August 2020 caused widespread damage and resulted in more than 178 deaths and over 6000 injured. These casualties have significantly overwhelmed the health system that was already reeling from a socio-economic crisis and the ongoing COVID pandemic.



Furthermore, the Ministry of Public Health (MOPH) central warehouse where WHO-supported essential medical supplies were stored has been severely damaged, necessitating immediate relocation to a different site. Moreover, a recently delivered shipment of Personal Protection Equipment (PPE), stored at the Beirut port warehouse, pending transfer to MOPH warehouse, was completely destroyed, leaving the nation in need of urgent trauma and PPE supplies.

The Post Disaster Needs Assessment (PDNA) indicates that three major hospitals are now non-functioning, and three others are functioning far below capacity. In addition, many health centers and primary care facilities are also damaged and/or out of action. WHO is deeply concerned about the hospital and health workforce capacity, supplies of medicine, and potential chemical contamination and is supporting MOH in its efforts to coordinate the restoration of health facilities.

Though the acute health response addressed trauma and emergency medical needs, it is obvious that another major humanitarian crisis in Lebanon is evolving: Up to 300 000 people have been displaced from their homes and need urgent support for shelter and food assistance. The displacement of so many people has accelerated the spread of COVID-19 and risks the outbreak of other diseases, including other respiratory and water-borne diseases.

## **WHO** Response

WHO has developed a strategic response plan to limit illnesses and deaths attributable to the blast through ongoing care for the injured, maintenance and restoration of essential health and COVID-19 services, and urgent support for mental health and psychosocial needs.

The strategic response plan pursues five major objectives and key activities, which will be complemented by a strong Monitoring and Evaluation (M&E) structure:

**Objective I:** Leadership and coordination of collective response efforts:

 Coordinate with MOPH and partners to assess and identify mental health and psychosocial support needs.

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 Support community health centres to respond to increasing mental health and psychosocial needs, including specialized mental health consultations, pharmacological interventions as necessary, and referrals for social and related services.

**Objective II:** Ensure maintenance of essential health services and service delivery, as well as rapid resumption of disrupted essential services:

- Support basic physical restoration and equipping of severely damaged primary health care centres, especially those with large catchment areas and vulnerable patient populations.
- Support rapid restoration of function of health assets such as central drug warehouse (including safe storage, adequate ventilation, ability to maintain cold chain, and administrative necessities).

### **Objective III:** Ensure continuity of COVID-19 response activities:

- Maintain activities outlined in the national COVID-19 response plan, including but not limited to:
  - 1. Provide support for health facilities to maintain epidemiological surveillance for outbreak prone diseases, disease outbreak investigation and control.
  - 2. Support capacity building in the realm of COVID-19 triage and management.
  - 3. Ensure implementation of comprehensive infection prevention and control measures in health facilities, field hospitals, ad hoc medical tents and mobile clinics.

### Objective IV: Address mental health and psychosocial impact of port blast :

- Continue supporting Embrace MHPSS hotline to support referral mechanism.
- Support community health centres to respond to increasing mental health and psychosocial needs, including specialized mental health consultations, pharmacological interventions as necessary, and referrals for social and related services.

### **Objective V:** Assess environmental impact of port blast:

- Support assessment of potential for environmental contamination following Beirut port blast.
- Support capacity building of clinicians to identify signs and symptoms of chemical toxicity, as needed based on assessment.

### **Budget plan**

Priority objectives		Amount in US\$
Objective I	Leadership and coordination of collective response efforts	110,350
Objective II	Ensure maintenance of essential health services and service delivery, as well as rapid resumption of disrupted essential services	71,584,650
Objective III	Ensure continuity of COVID-19 response activities	1,450,000
Objective IV	Address mental health and psychosocial impact of port blast	2,555,000
Objective V	Address environmental impact of port blast	300,000
Total		76,000,000

### **Contact**

#### **Country Office:**

Dr. Iman Shankiti, WHO Representative, <a href="mailto:shankitii@who.int">shankitii@who.int</a>