



# Beirut Port Blast EMERGENCY STRATEGIC RESPONSE PLAN

August – December 2020



**World Health  
Organization**  
Lebanon

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## BACKGROUND & SITUATION ANALYSIS

On 4 August 2020, a major explosion in main port of Beirut reaped devastating consequences on the city and its people, leaving over 170 reported deaths, more than 6 500 injured, and displacing approximately 300 000 people. The blast also left approximately 120 patients in critical condition and between 21-200 people are still reported missing. Particularly impacted by the blast are the vulnerable populations, such as the elderly. Moreover, the ongoing political unrest resulted in additional protests throughout the capital city, and clashes led to over 200 people needing medical treatment on site or in hospital in the days following the blast.

In addition to the loss of lives, livelihoods, and homes in the aftermath of the port blast, massive structural damages were noted even several kilometres away, and this includes significant damage to health infrastructure. Three major hospitals in Beirut were totally incapacitated, and three others were partially damaged, causing a partial disruption in their services as well. In all, approximately 500 hospital beds were lost. According to a rapid assessment, 23 primary health care centres were damaged, four of which were destroyed, affecting access to healthcare for 160,000 patients in their catchment areas. Medical equipment, supplies, medications, and personal protective equipment inside the affected health facilities were also destroyed, lost or damaged.

The Central Drug Warehouse, which stored medications for acute diseases, cancer, HIV and

tuberculosis, as well as vaccines with the appropriate cold chain mechanisms, saw near total structural damage and is no longer operational.

Shortages of medical equipment, PPE, and essential medications as well as shortages of healthcare personnel were noted even prior to the blast. Effects of the blast caused further depletion of supplies (including PPE), medications, and other resources in primary, secondary, and tertiary care settings, as facilities were overwhelmed with casualties of the blast and utilized supplies while caring for injured individuals.

WHO is also anticipating an increased need for Mental Health Support Services (MHPSS), as a large portion of the population is struggling with the repercussions of the blast.

Prior to the blast, Lebanon had been facing a significant economic and political crisis, while also hosting more than 1 million refugees. These factors in addition to the alarming uptrend of COVID-19 cases since mid-july have strained the healthcare system. The COVID-19 response remains critical and urgent, given the recent upward epidemiological trend. Major concerns regarding the resurgent spread of COVID-19 are due to many factors: high risk of exposure for health workers due to crowding of emergency departments and shortage of PPE; high risk of accelerated community transmission due to crowding; increased population vulnerability coupled with poor adherence to public health and social measures; and reduced number of beds and

ICU capacity for COVID-19 care due to the blast casualties and infrastructural damage.

To date, WHO has undertaken rapid standardized assessments of health facilities, distribution of trauma kits and surgical supplies, distribution of PPE, support of initial mental health and psychosocial support efforts, and coordination of

international emergency medical teams. Moving forward, WHO response will be based on engagement of the entire health sector (public and private); focus on the most vulnerable individuals and populations; establishing the foundation for longer term recovery and health systems strengthening; and protecting and supporting healthcare workers.



## GOAL

The Strategic Response Plan aims to limit the morbidity and mortality attributable to the blast through various activities including ongoing care for the injured, maintenance/restoration of essential health and COVID-19 services, and urgent support for mental health and psychosocial needs.



# OBJECTIVES & PRIORITY ACTIVITIES

## Objective I: Leadership and Coordination of Collective Response Efforts

### Priority Activities:

- a. Establish a country level Incident Management Team with critical functions in accordance with WHO's Emergency Response Framework (leadership to ensure efficient response across work areas)
- b. Establish emergency health sector coordination and further strengthen harmonisation of activities including information sharing, and contingency planning amongst all health and non-health partners, stakeholders, and donors to ensure sufficient coverage and access of health services in Greater Beirut
- c. Lead coordination and tasking of international emergency medical teams, in collaboration with the Ministry of Public Health, to facilitate support for affected facilities and for COVID-19 response as needed
- d. Conduct rapid needs assessments including in-depth Health Resources and Services Availability Monitoring (HeRAMS) in order to define major resources and gaps, including health infrastructure and supply needs
- e. Support national counterparts to establish strategic response plan for Beirut port blast
- f. Conduct mapping exercises to assess COVID-19 services, MHPSS services, and RCCE activities across MOPH, partners and agencies
- g. Coordinate WHO's response to media and public queries for information. Develop and disseminate internal and external communication products, including Statements, Press Releases and Situation Reports

## Objective II: Ensure maintenance of Essential Health Services and service delivery, as well as rapid resumption of disrupted essential services

### Priority activities:

- a. Support rapid reactivation of damaged healthcare facilities identified via standardized assessments by WHO to restore functionality and service delivery by conducting the following activities:
  1. Enhance access to quality Essential Health Services including for Emergency Preparedness and response by:
    - i. Procurement of trauma kits to enhance medical emergency response capacity

- ii. Procurement of surgical kits to enhance medical emergency response capacity
  - iii. Procurement of personal protective equipment for hospitals that received trauma cases and have depleted stocks as well as those treating COVID-19 patients
  - iv. Procurement of needed stocks of essential medications (acute, chronic, and mental health medications)
  - v. Procurement of needed laboratory reagents, equipment, supplies, and diagnostic kits
- 2. Support basic physical rehabilitation and equipping of five severely damaged hospital facilities, especially those with large catchment areas and vulnerable patient populations
- 3. Support basic physical rehabilitation and equipping of severely damaged primary health care centres, especially those with large catchment areas and vulnerable patient populations
- 4. 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)
- b. Provide human resources support to strengthen service provision capacities of affected health facilities
- c. Support proper medical waste management at affected health facilities to ensure proper disposal of hazardous waste
- d. Support surveillance and data management of post-blast injuries and wound infections
- e. Support provision of outreach services to affected populations for primary healthcare services, including for chronic diseases and mental health, and subsequent linkage to nearby operational primary healthcare centres for appropriate follow-up
- f. Develop RCCE core messaging and activities to support the resumption and maintenance of disrupted essential health services

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

#### Priority Activities:

Maintain activities outlined in the national COVID-19 Response Plan (Annex), 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
4. Support increased critical care capacity for treatment of COVID-19 patients

5. Contribute to robust risk communications and community engagement strategies and campaigns to provide technically accurate messaging to different audiences including affected and vulnerable populations as well as healthcare workers
6. Ensure dissemination of evidence-based information related to COVID-19 through establishment of partnerships with healthcare workers, social media influencers, and media
7. Support the RCCE National Coordination Task Force for COVID-19 efforts to reinforce RCCE messaging and products with a special emphasis on the impact of the port blast on the resurgence of COVID-19 cases

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

Priority activities:

- a. Coordinate with MOPH and partners to assess and identify mental health and psychosocial support needs
- b. Continue supporting integration of mental healthcare into primary healthcare by building upon initiatives such as the mental health Gap Action Programme (mhGAP)
- c. Continue supporting Embrace MHPSS hotline to support referral mechanism
- d. Support community health centres to respond to increasing mental health and psychosocial needs, including pharmacological interventions as necessary, and referrals for social and related services
- e. Support establishment or reactivation of Inpatient Mental Health Services in at least two hospitals in Beirut
- f. Reinforce RCCE support to promote post blast mental health and psychosocial initiatives

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

Priority activities:

- a. Support assessment of potential for environmental contamination following Beirut port blast
  - Establish partnership with environment experts to conduct analysis of air, water and soil quality prior to, during, and following the Beirut port blast in order to determine the impact of the plume; this includes:
    - i. Analysis of data pertaining to likely chemicals and other hazards
    - ii. Conduct assessment of contamination of sea water, and safety of consumption of fresh sea food products

- iii. Monitor short- and medium-term effects of the hazards exposure on the population most affected within the 5- 7 km radius of the blast
  - a. Develop key RCCE messages to promote awareness about environmental risks using relevant communication channels and products to reach the community if needed in accordance with the assessments
  - b. Support capacity building of clinicians to identify signs and symptoms of chemical toxicity, as needed based on assessment



## MONITORING & EVALUATION

The Monitoring and Evaluation (M&E) Framework aims to assess the performance of the response activities through Iterative Data Analyses at regular intervals conducted by the WHO Country Office. The Beirut Port Blast M&E Framework is aligned with the COVID-19 M&E framework where the concurrent response activities align.

Key Performance Indicators (KPIs) below, as guided by the logical framework, will be used to assess the overall performance of the response plan. Data obtained will allow for derivation of evidence, identification of gaps as well as successes and lessons learned in order to adjust program activities and response operations.

Therefore, the objectives of the Beirut port blast monitoring and evaluation framework are:

- To monitor blast response activities at the country level through regular data analysis
- To support informed and participatory decision-making regarding activities and interventions for technical support to national counterparts
- To support transparent resource allocation in the response
- To document evidence for operational reviews or after-action reviews as well as lessons learned to support the programming cycle.



## MONITORING FRAMEWORK

Objective	Indicators	Target
Objective I: Leadership and coordination of collective response efforts	WCO contingency plan and business continuity plan activated	[Yes]
	Sector coordination mechanism established	[Yes]
Objective II: Ensure maintenance of essential health services and service delivery, as well as rapid resumption of disrupted essential services	# of hospitals restored with basic functionality	3
	# PHC restored with basic functionality	16
	# of trauma kits and medical supplies procured and distributed	288
	# of human resources deployed for critical support of functionality at MOPH	15
Objective III: Ensure continuity of COVID-19 response activities	Total Regular beds dedicated for COVID-19	3900
	Total ICU beds dedicated for COVID-19	600
	# of affected hospitals that have received support- supplies including PPEs	5
	# of hospitals supported by EMTs twinning for COVID-19 case management	6
	Average COVID-19 testing capacity per day	10,000
Objective IV: Address mental health and psychosocial impact of port blast	# of new health facilities providing mental health services	2
	# of thematic guidance and IEC material developed for MHPSS	12
Objective V: Assess environmental impact of port blast	Initial environmental health assessment conducted within one month	[Yes]

# BUDGET

Priority Objective	Amount (USD)
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
<b>Total</b>	<b>76 000 000</b>