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Lebanon: Cholera Outbreak

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Lebanon: Cholera outbreak

By: Furqan Naqvi

Background:

Lebanon shares its border with Syria to the north and east, and with Israel to the south, while Cyprus Island lies to the West of it across the Mediterranean. In particular Lebanon’s rich history is largely influenced by it being cross roads with the Arab hinterlands and the Mediterranean Basin. With a population of over 6 million, it largely consists of two major religious groups with additional 1.5 million Syrian refugees, 59% of which are Muslims (Shia, Sunni, Druze, Suffi) and 39% Christianity ((mostly Maronites, Greek Orthodox, Melkite). Lebanon is primarily a parliamentary democratic Republic, in which highest offices are proportionally reserved for representatives from certain religious communities. Constitution allows people to change government. Unemployment, underdeveloped infrastructure, unreliable electricity, along with a failing government are some of the most major challenges faced by the country.

Issues:

1. Description:

Cholera is a bacterial infection and is carried in water as well as faeces, and can be caught by drinking contaminated water, or by food that has been contaminated. Lebanon has been a victim of a rising public health crisis after its former garbage crisis ended. In particular, the emergence of food and water-borne diseases such as cholera have been a debilitating threat to the nation in recent memory, as the country grapples with an overwhelming number of Syrian refugees from the neighboring countries.

2. Basic Epidemiology:

The conflict in Syria has displaced 1.1 million Syrians, who are officially registered with the United Nations High Commissioner for Refugees. In addition, an estimated 500,000 refugees are unregistered and live in crowded tent settlements in relatively impoverished areas with poor sanitation and environmental conditions. Makeshift camps have thousands of refugees where sewage or garbage is being burned or thrown into rivers. This widespread water contamination means that cholera can spread quite rapidly under given circumstances such as these, and hence runs the greater risk of infecting the population.

3. Interventions commenced and challenges faced:
As part of improving public health preparedness for cholera, a technical assessment was recently held in Lebanon’s regional office. The WHO has recently conducted field assessments in informal refugee settlements such as Bekaa and Sedon areas in Lebanon that were primarily concerned with identifying the sanitary conditions and health concerns of the tent settlements. However such an increase in the refugees has over stretched the water and sanitation resources and health care. Additionally, makeshift landfills on vacant lots make rotting garbage hills, despite the best efforts of health authorities to clean them entirely. Also, given the poor living conditions, people do not wash their hands before eating, which risks the contamination turning into an epidemic.

4. Personal suggestion on tackling the issue:

In light of the crisis at hand, initiatives to collect samples of contaminated water sources and test them for cholera bacteria should take place, with the response being to provide purified, bottled water and sanitizers in a set quota in fixed time periods if the sample results test positive for cholera. This can be done through initiating a campaign that collects foreign aid and donation, channelling it into the cause of providing clean water, digging wells, or providing sanitizers effectively, but equally. A record can be kept through statistical depiction of distribution of resources in a number time.

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