

Tourist Well-Being and Health Emergencies Areas

Lebanon scale





Analysis of Threats and Enabling Factors for Sustainable Tourism at Pilot Scale

Touristic well-being and health emergencies areas Lebanon scale



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OVERVIEW

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REVIEW

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List of abbreviations

MoPH	Ministry of Public Health
WHO	World Health Organization
UNWTO	United Nations World Tourism Organization
IDAL	Investment Development Authority of Lebanon
WTTC	World Travel & Tourism Council
IHMSP	Institute of Health Management and Social Protection
CDC	Centers for Disease Control and Prevention
IAMAT	International Association for Medical Assistance to Travelers

I. Introduction

This report is going to tackle the threats to touristic areas co-evolution at a national scale as well as tourist Well-being and health emergencies in Lebanon. It will also assess the wellbeing of tourists visiting Lebanon and review the available health emergencies in the country. Besides, it will study coronavirus economic and social effects (Covid-19) and evaluate the pandemic impact on tourism industry in Lebanon and will end up by suggesting effective recovery plans, strategies and approaches to rescue tourism at Lebanon national level.

In addition, it sets a comparative analysis of Covid-19 pandemic effects on tourists visiting the country. Furthermore, it provides a reflection as well on the economic and social impact of the reduction of tourist flow caused by Covid-19 pandemic.

All compiled information and data concerning tourist's well-being and health risks, is taken from several published reports and articles written about Lebanese healthcare system and tourism sector. It is as well referred to from available data and statistics of national ministries. In addition, Graphs illustrating health care, tourist flow and budgets are all handled and presented using the information of R project featuring the collected data (R StudioTeam, 2020; IDAL, 2019; UNWTO, 2015-2020).

The touristic and healthcare system along the Lebanese coast will be evaluated, including the number as well of both hotels and hospitals beds together with medical centers compared to the number of local population and tourists.

In addition, a comparative analysis is going to be conducted concerning tourist number before 2020 and the one during Covid-19 pandemic in Lebanon, especially during the lockdowns. Finally, the economic and social impacts of the reduced tourist flow during COVID-19 pandemic will be researched to be able to take the most effective recovery measures.

II. The Mediterranean basin: the world's leading tourist region

The Mediterranean basin is obviously, the main destination of tourists from all over the world, regardless the highly competitive attractions of other touristic areas (Garcia *et al.*, 2014). In fact, with more than 300 million international tourist arrivals, representing almost 30% of total world tourists in 2014, the Mediterranean is indeed the world's most important leading tourism destination in terms of both international and domestic tourism (Figure 1). According to the United Nations World Tourism Organization (UNWTO), the international tourist arrivals have grown from 58 million in 1970 to nearly 314 million in 2014, with an expectation of 500 million by 2030 (Figure 2). strikingly, about 50% of these arrivals are targeting the coastal areas (UNWTO, 2015-2020).

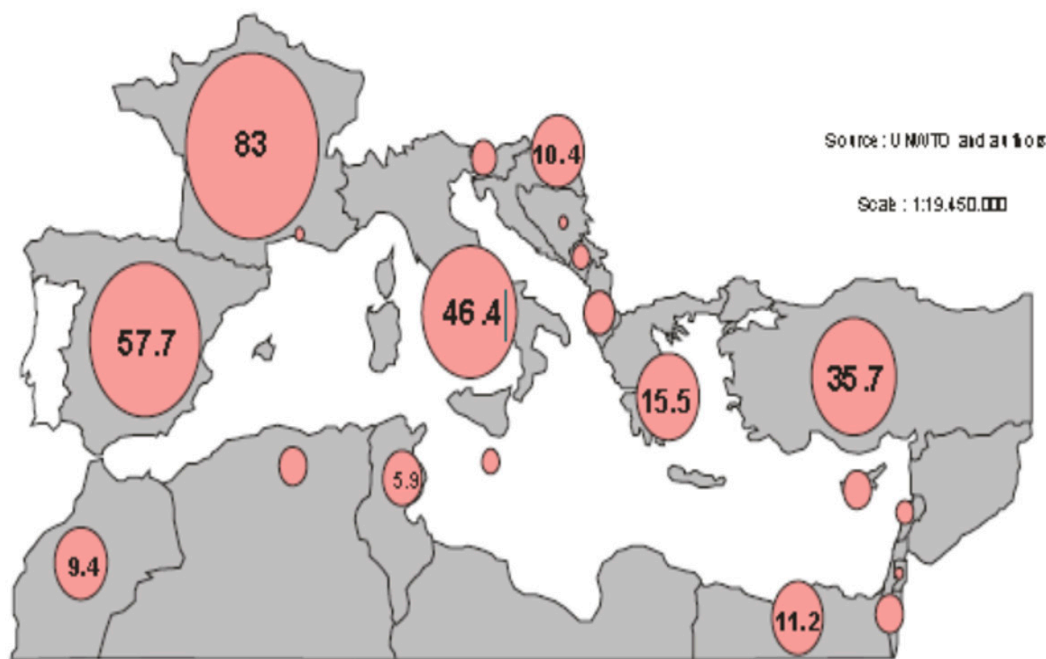


Figure 1. Distribution of international tourists in the North and South Mediterranean countries, Millions of tourists (UNWTO ,2012)

In 2016, Tourism contributed with more than 333 billion USD to the economy of the Mediterranean countries. During the last 20 years, the direct contribution of tourism to GDP in the Mediterranean region has increased by 53%. Thereby, making Tourism the major pillar of Mediterranean economies, providing a remarkable employment increasing rate (11.5% of total employment in 2014) and flourishing economic growth (11.3% of regional GDP).

The number of tourist arrivals to the Mediterranean countries almost doubled between 1995 and 2014 (Figure 2; UNWTO, 2015-2020). In the Mediterranean basin, tourism is very important for the economic well-being of the nested countries. In fact, tourism represents more than 70% of the Production Value and Gross Value Added to the economy of the coastal areas (UNWTO, 2015-2020).

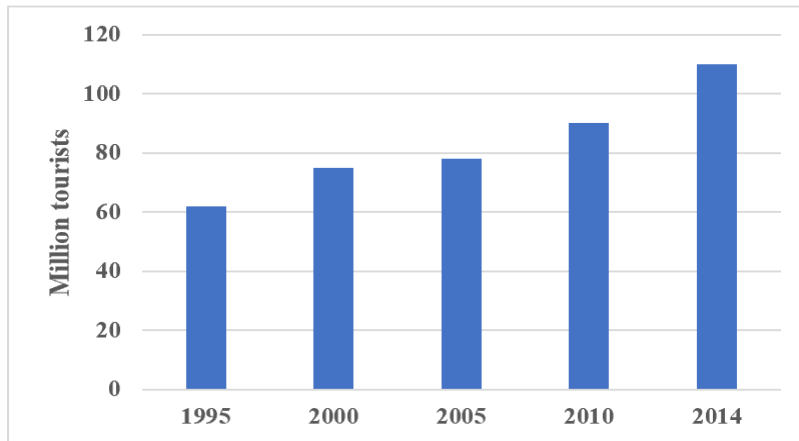


Figure 2. International Tourism Arrivals to the Mediterranean countries' trends from 1995 to 2014 (UNWTO, 2015-2020).

However, the distribution tourist arrival is unbalanced, with major pressure in the north and northwest shores (75.4% tourists and 78.9% bed places) (Figure 3) at the expense of other touristic areas. In fact, the southern and eastern Mediterranean shores have been affected by conflicts and unstable social, political conditions. Thereby, reducing greatly tourist flows and arrival rates. Nevertheless, it was thanks to tourist expenditure which exceeded 1,000 USD, that tourism contributed effectively to a remarkable increase in the national GDP in Lebanon, which went up from 5% in 2000 to more than 15% in 2015.



Figure 3. International Tourists pressure to the Mediterranean countries in 2015 (UNWTO, 2015-2020).

As a major source of income and employment, both the travel and tourism sectors in Lebanon have always contributed to the local economy. The direct contribution of travel and tourism to GDP reached USD 3.8 billion in 2018 (7%) and is expected to grow to 8.8% of GDP by 2028 (WTTC, 2018). The total direct and indirect contribution of tourism to the Lebanese national economy was estimated to be USD 10.4 billion or 19.1% of GDP (Table 1), the second highest ratio in the Middle East (IDAL, 2019).

Table 1. Total contribution of travel and tourism to GDP in Lebanon (Knoema).

Date	Level (%)	Total Contribution (BillionUSD)
2020	20.0	12.3
2019	19.5	11.2
2018	19.1	10.4
2017	19.2	10
2016	18.8	9.3
2015	17.7	8.7
2014	17.9	8.6
2013	19.7	9.1
2012	20.8	9.1

Hotel occupancy rate in Beirut, for instance, competed well in 2017, while it was 61.5%, compared to 79.3% for Dubai and 46.6% for Amman (Bank Med, 2017). International and even local tourism has an important impact on the economic activity generated by industries such as hotels, travel agents, airlines and other passenger transportation and food services. It includes the activities of restaurant and leisure industries as well directly revived by tourists (WTTC, 2018). Although, the total number of passengers arriving to Lebanon had steadily increased between 2010 and 2018, the number of tourist's arrival kept decreasing until 2014. Yet, it went on increasing continuously to reach 50% in 2018 if compared to 2014 (Figure 4).

Both travel and tourism industries contributed effectively to improving employment rates in Lebanon. For example, 394,300 jobs were generated in 2018, representing 18.4% of total national employment (IDAL, 2019). The tourism sector has been witnessing a double-digit average annual growth rate of 10% since 2014, with tourist arrivals reaching 1.9 million by the end of 2018 - the highest rate since the last record number of 2.1 million in 2010 (4). In fact, the average length of stay in 2017 was 3.2 days (IDAL, 2019).

While large international operators have largely benefited from coastal tourism, local communities have encountered several socio-economic and environmental changes. Thereby, threatening natural local preservation, economy, and social assets due to the pressure of tourist flow which ultimately trigger large development projects to respond

to the tourism sector needs. One of the most important components to support public health and tourists' wellbeing is clearly the availability of highly equipped medical centers and hospitals highly skilled medical staff.

Lebanon health care system is known as the highest standards in the Middle East along with the steadily growing health-tourism and cosmetic sectors (Banque BEMO, 2013). According to Bloomberg Global Health Index, Lebanon was ranked as the third healthiest Arab country in 2017 and the 23rd worldwide for its healthcare efficiency in 2018 (IDAL, 2019).

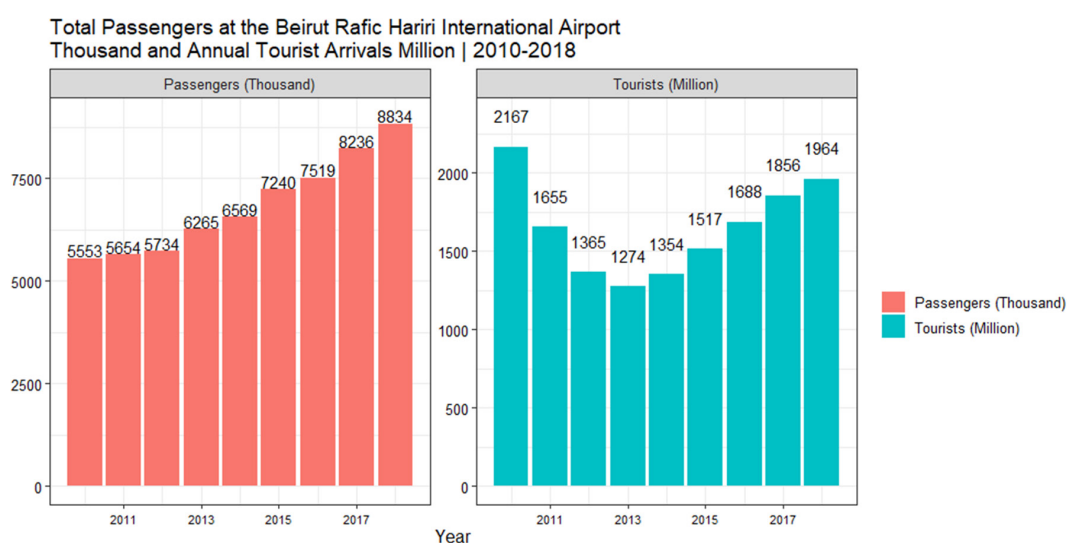


Figure 4. The total number of passengers and tourists' arrivals to Lebanon (WTTC, 2018).

The Lebanese population is well-known with its highly advanced academic and educational qualifications and skills as well as with a significant proportion of healthcare professionals and experts. In fact, the number of doctors is estimated to be twice as much than the regional average (WTTC, 2018). In addition, Hospitals in Lebanon are distinctly competitive thanks not only to their highly qualified and skilled medical staff but also to their highly sophisticated technological infrastructure.

III. Well-preserved tourists wellness in the Mediterranean region

Tourists' well-being in the Mediterranean coastal area has benefited greatly from the well-preserved touristic areas characterized by their easy access thanks to being one of the closest destinations to Europe. Moreover, they are known for their inexpensive air travel services, affordable prices by providing competing full board packages for tourists, as well as being widely famous for its amazing landscapes, sand, sun, and sea (Plan Bleu, 2017).

It is worth saying that the international tourism in the Middle East rebounded in 2015 (+5%) after two years of a harsh decline, scoring important results in most touristic destinations. In fact, the touristic region attracted 3 million international tourists at that time much more than the number in 2013. Thereby, reaching roughly a total of 51 million tourists (Figure 5). After 2015, growth was expected to keep on rising for the Middle East region (+2% to +5%). Yet, despite both the unchanging situation during the period between 2017 and 2019 in the share of tourists' arrival in the Middle East and North Africa, and as well as the steady increase in the same indicator presented by the South Mediterranean and European countries, there had been a crucial potential to attract more tourist's once the political and health-related constraints would be settled.

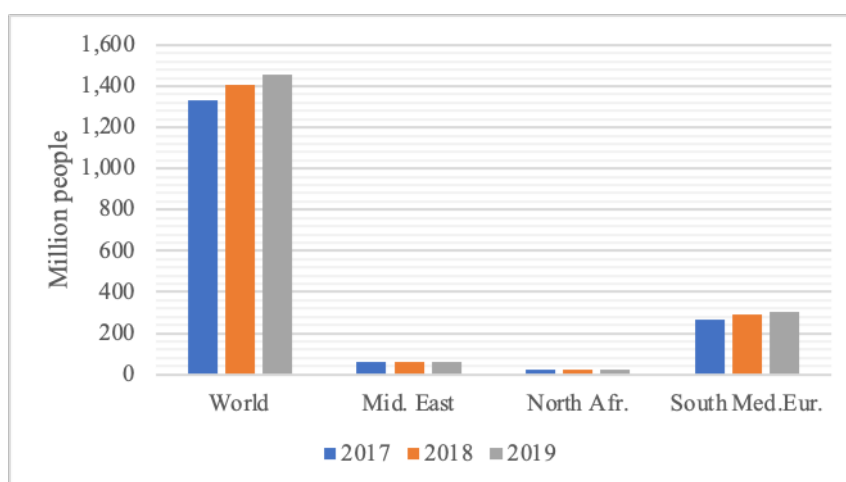


Figure 5. Share of tourists' arrival in the Mediterranean basin compared to world average (UNWTO, 2020).

Travel for holidays, recreation and other forms of leisure accounted for just almost half of all international tourist arrivals (53% or 598 million) in 2014 (Figure 6). Only 14% of international tourists reported travelling for business and professional purposes, while others representing nearly 27%, travelled for other reasons like visiting friends and relatives (VFR), religious reasons and pilgrimages, health treatment, *etc.* The purpose of the visit for the remaining 6% was not specified.

INTERNATIONAL TOURISM 2014

International tourist arrivals (ITA): 1133 million
International tourism receipts (ITR): US\$ 1245 billion

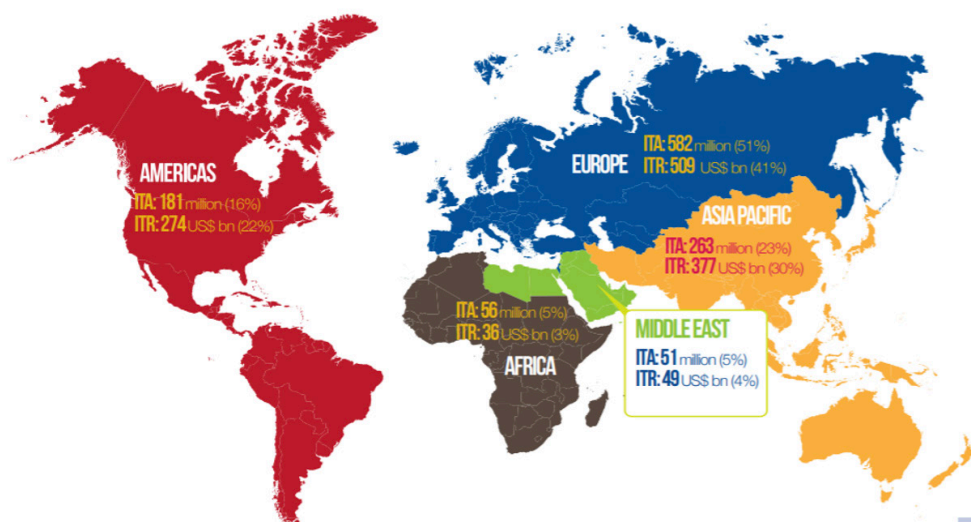


Figure 6. International tourism arrival and receipts in 2014 (UNWTO, 2015).

III.1. Favorable characteristics for tourist well-being

The notion of tourist well-being can mainly be related to their happiness and comfort in terms of holiday organization, subjective wellbeing, destination marketing and mainly their health status. Over the last few years, the coastal and marine tourism has been extending largely. Thereby, improving tourism industry by including different facilities such as setting golf courses, building swimming pools, providing leisure parks, offering visits to local museums and patrimonial, archaeological sites. Over the recent years, tourists have changed their touristic patterns and tastes. In fact, they are no longer opting for long stays in one place, but instead they tend to go more for intermittent tourism in different locations with short stays.

To make touristic places more attractive for tourists, healthcare service should be highly advanced and developed. Luckily, Lebanon healthcare system is indeed highly diverse. In fact, it consists of effective public and private healthcare providers, as well as skilled and highly qualified financial managers, and worthwhile political agendas including passing a variety of laws and legislations (Reindel and Zucco, 2010). This system represents a set of a wide range of public and private stakeholders. In fact, it consists of both state hospitals, that are run by the MoPH, and private hospitals. Furthermore, Lebanon health service is known for its qualified doctors and paramedical staff, as well as its highly equipped laboratories and pharmaceutical products. In addition to its effective national social security fund and health insurance companies, as well.

Hospitals in Lebanon are well renowned for its surgical fields of oncology, digestive, cardiovascular and brain surgeries. In addition, cosmetic surgery stands as a crucial component of Lebanon medical tourism. All the above factors have led to a remarkable increase in the number of foreign patients visiting the country for the sake of different purposes. In fact, they opt for Lebanon to undergo plastic surgery, dental interventions, eye care, and many other health care interventions. Even though Lebanon offers highly dexterous surgeons and physicians, health care costs in Lebanon are significantly lower than the costs in developed countries. Therefore, health care in Lebanon is highly luring for investment opportunities for many Banks (Banque BEMO, 2013). Some local banks used to offer feasible loans for local people who wanted to get plastic surgeries. There is a total of 164 hospitals contracting with the MoPH, among which 136 are private, while 28 are public (MoPH, 2021; Figure 7). There are also various nongovernmental organizations and dispensaries targeting primary health care in underprivileged regions (Ammar, 2009) and other entities catering mostly towards the provision of curative care (CDR, 2011).

Most hospitals in general and especially private hospitals are found in Mount Lebanon, while numbers are strikingly lower Nabatiyeh. On the contrary, most public hospitals are found in North of Lebanon and Nabatiyeh, with the lower number in Beirut and South Lebanon.

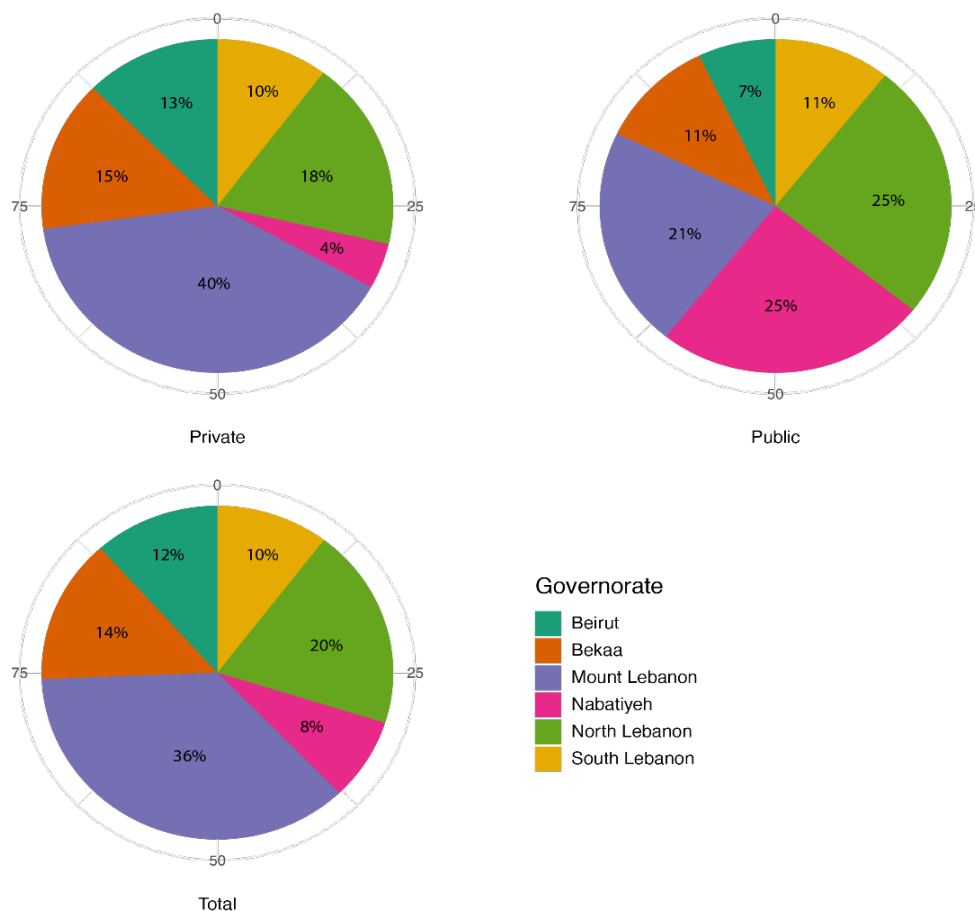


Figure 7. Percentages of private and public hospitals in Lebanon by governorate.

The trend of health care professional's distribution between 2012 and 2019 is presented in Figure 8 (MoPH, 2019). The health care service is partly funded by the government (IHMSF, 2012; Sfeir, 2007) and services are mostly paid directly by the client or through private health insurance. The system is largely dominated by the private sector (IHMSF, 2012; Kronfol *et al.*, 2014), which remains highly specialized in carrying tertiary health care (DeJong and Meyerson-Knox, 2011; Jaana *et al.*, 2018). By 2018, the country scored a surplus of medical doctors and a shortage of nurses and midwives. The total hospital bed capacity was 20.3 beds per 10,000 people (WHO, 2018).



Figure 8. Distribution of health care professionals per 10,000 citizens from 2012 to 2019.

III.2. Towards a generalization of travel medicine

Travel medicine and travel insurance became one of the crucial requirements for safe travel and tourists' wellbeing. The CDC and WHO recommend the following vaccinations for Lebanon: hepatitis A, hepatitis B, typhoid, rabies, anthrax, meningitis, polio, measles, mumps, and rubella (MMR), TDAP (tetanus, diphtheria, and pertussis), chickenpox, shingles, pneumonia and influenza (Passporthealthusa, 2021).

Private clinics offer a wide variety of healthcare services such as medical clearance to candidates for visas, medical advice for travelers, as well as comprehensive risk assessment, travel tips, personalized vaccination, routine, and travel-related vaccines. Besides, they offer preventive treatment prescription against malaria and other health problems, as well as post-travel follow-up adapted to all types of travelers based on international requirements and standards (Passporthealthusa, 2021; HDF, 2018; CDC, 2021).

Healthcare that meets international standards is only available in Beirut but the quality of care outside the capital can vary it may be the result of the severe shortage of nurses. Many doctors are trained abroad and speak several languages such as English and French. Qualified pharmacists are available in all licensed pharmacies, but support staff can also prescribe medication without consulting the pharmacist (BLOMINVEST, 2020).

Lebanon tourism industry has been historically important to the local economy and currently it remains one of the major pillars of the national economy and a major source of revenue for Lebanon, accounting for 18 percent of gross domestic product (GDP) in 2018 (IAMAT, 2021). In fact, 10% of tourists coming to Lebanon are attracted by medical tourism. However, the industry has been undergoing a serious economic crisis since 2019, exacerbated by both COVID-19 pandemic effects and Beirut Port explosion in 2020.

IV. Tourism and health risks: effects of Covid-19

Lebanon is one of the most dynamic healthcare markets in the Middle East with a growing health tourism service and cosmetic surgery sector as well. However, this system has witnessed severe repeated crisis that have led to changes both in the nature and quality of the healthcare provision. In fact, the recent economic crisis in Lebanon has negatively affected the normal functioning of hospitals and medical centers. In addition, Local currency devaluation and the COVID-19 pandemic resulted in structural deficiencies caused by insufficient funds, skilled medical staff immigration, inflated private services, and inefficient public healthcare.

Moreover, Lebanon health care system has been highly consumed since 2012 due to the increasing number of Syrian refugees who were in bad need to health care services. The situation of the national health care degraded by the devastating impact of COVID-19 pandemic. Things went worse on 4th August 2020, with the disastrous blast in Beirut marine port which caused 200 victims and more than 200,000 injured and as a result has led to a direct devastating damage to several hospitals classified among the best in Beirut and the Middle East.

Currently, the Center for Disease Control and Prevention (CDC) classifies Lebanon at Level 4 COVID-19 risk and advises travelers to avoid all travels to Lebanon (CDC, 2021). In response to the COVID-19 pandemic, the government has initiated a “whole government response” strategy through a public-private partnership, with the National Committee for COVID-19 (NCC). Besides, to direct the strategy and the Ministry of Public Health (MoPH)-together with other ministries, the government emphasized on taking national protection measures and strengthening the population immunity to guarantee both the well-being of local population and tourists. Thereby, protecting lives, preventing the spread of the virus and protecting public health.

IV.1. An unprecedented pandemic

Tourism is one of the most directly affected sectors because of the pandemic. Despite that, the government succeeded in containing the virus thanks to the large vaccination campaigns. The appearance of new strains might complicate the situation and raise the need for new vaccines, which calls for immediate and long-term proactive responses. COVID-19's impact on global tourism has been overwhelming and immediate. It might last for several years due to the world economic crisis results.

Lebanon tourism sector has been heavily affected not only by COVID-19 pandemic, but also by the precedent economic crisis and the recent, unprecedented, Beirut port blast. In fact, the number of tourist arrivals scored its lowest monthly record in March 2020, when both the global pandemic and the national airport closure reached their peaks. It fell indeed to less than 200,000 in the first half of 2020, compared to more than 923,000 in the same period in 2019 according to the Ministry of Tourism (Akleh, 2020).

The total number of passengers recorded by Beirut International Airport fell to less than two million in the first 10 months of 2020, compared to 7.7 million passengers in the same period of 2019 (Figure 9). Besides, the number of aircraft movements fell by 65.1 percent year-on-year, while total freight handled by the airport edged down by 31.2 percent (Akleh, 2020). The occupancy rate at Beirut's 4-and 5-star hotels fell to a low of 22% in Q1 2020, down by 48.1 percentage points compared to the same period in 2019. As for the Average Room Rate and Room Yield, they declined from USD \$189 and \$132 to lows of \$130 and \$28, respectively in Q1-2020 (Blominvest Bank, 2020a).

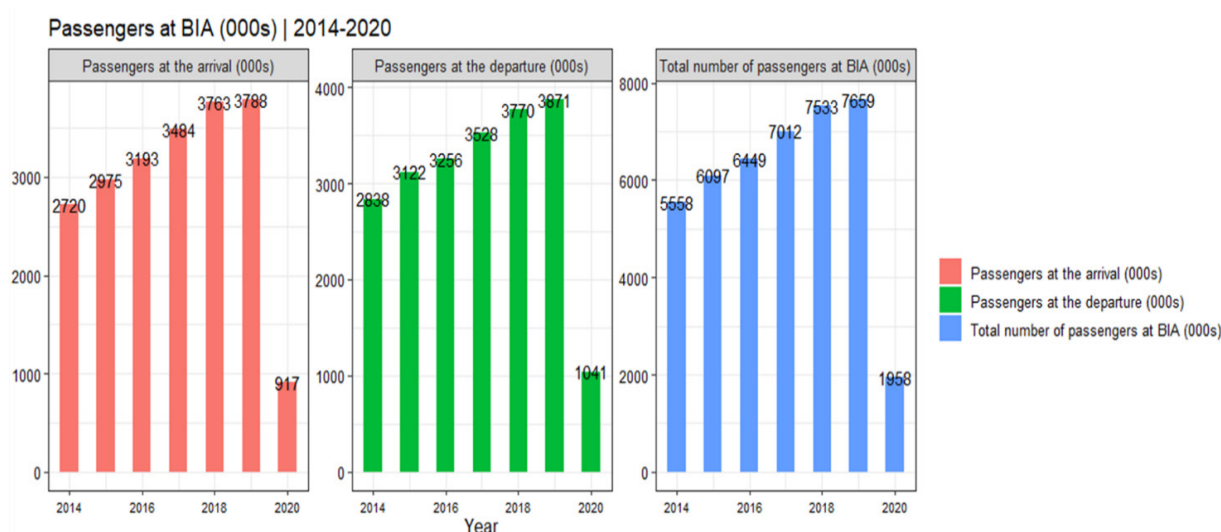


Figure 9. The number of passengers at Beirut International Airport (BIA) during the first 10 months of each year between 2014 and 2020.

IV.2. Proven risks for international tourists

Travel and Tourism industry has been adversely affected by the deep economic crisis since the beginning of 2020, along with COVID-19 pandemic effects and the aftermath of Beirut Port explosion. According to central bank data, tourism receipts in Lebanon during the first quarter of 2020 decreased by 42.4%, reaching the lowest point compared to the same quarter of 2019, and by 32% compared to the previous quarter (Blominvest Bank, 2020b; Karam, 2020).

On the other hand, Lebanese health care system constraints added more to these shortcomings. Lebanon has a highly fragmented health care service. It is increasingly oriented towards curative care with a rapid growth in the number of hospitals and centers for the sake of their highly advanced services in terms of technology. Ninety percent of all hospital beds are provided in the private sector which are specialized in tertiary health care. Whereas the number is much lower for beds available for intensive health care and cardiovascular care with a limited number of ventilators.

None can deny that Lebanese health care system has been struck by many calamities especially in 2019 and 2020. Furthermore, COVID-19 global pandemic has had a severe impact on the Lebanese health care system, notably in the last quarter of 2020, when this system was highly accessed by the large number of COVID-19 patients requiring emergencies. Most cases were received and hospitalized in the governmental hospitals. In addition, 2020 summer was also devastating due to the huge explosion that struck Beirut Port. The waves from this explosion caused damage to several of Beirut's largest university hospitals, such as, St. George Hospital and the Lebanese Hospital Geitaoui. In addition, it had an indirect effect on the increase of Covid-19 victims due to the

unregulated instantaneous response to rescue the injured of the blast. What made the situation worse was the disastrous situation of the emergency units which suffered bitterly from overcrowded medical units with people looking for their missing family members and relatives within the hospitals which hosted the victims.

The health care service has been making efforts and taking different measures to face the Lebanese financial crisis that started in 2019 and is now getting worse and worse over the last years. Therefore, the Lebanese health care sector is slowly turning from a prominent tertiary hub into an exclusive primary care provider (Farha and Abi Jaoud, 2020). All hospitals expanded the number of beds allocated for COVID-19 treatments with all necessary equipment.

V. General containment and its consequences

In January 2020, Lebanese government established Covid-19 (NCC) National Committee to manage the pandemic national preparedness and response. After the confirmation of the first case of COVID-19 in February 2020, the government initiated a “whole government response”, with the cooperation of several organizations such as the NCC, as well as the MoPH together with the support of other ministries involved in the implementation of the new measures that were meant to contain the devastating effects of the pandemic.

In fact, there were several effective and harsh measures taken to contain the situation. Those measures were giving up the access to public transport, banning the flights from and to countries that had experienced exponential growth patterns of COVID-19. Moreover, all amenities like day care centers, schools, universities, nightclubs, pubs, gyms, theatres, malls, restaurants, tourist sites, and public gardens were all closed (Khoury *et al.*, 2020). Then, for further protective measures, the government declared “public mobilization, it also” issued stay-at-home orders, and closed the borders, with full lockdown of nonvital services.

The first lockdown that took place in spring and summer 2020 was successful thanks to the reduction in the number of contaminated cases which did not exceed 100 patient a day. COVID-19 pandemic began to pick up pace in the country just weeks prior to August 2020 explosion when the infection rates soared to reach hundreds of new cases per day.

But with the growth of economic activities and travel, the number of cases rose again to reach 3,000-5,000 per day, notably after the 2021 New Year. Therefore, the MoPH announced a second strong lockdown starting from mid-January to last for almost 3 months with gradual return to quasi normal providing the number of cases would be reduced. First results showed the reduction of daily cases to nearly 2,000, with a reduction in fatal daily cases from 75 to 45. Furthermore, The NCC assessed the situation after two-three weeks and consequently made the decision to schedule certain specific economic and leisure activities.

The government benefited from the first lockdown by increasing hospital preparedness, including securing personal protective equipment (PPE), purchasing additional ventilators, training additional staff, and developing testing capabilities, notably PCR (Khoury *et al.*, 2020). Currently, COVID-19 is still the main challenge for the healthcare system in Lebanon. In fact, although, hospitals have toiled to launch vaccination campaigns, led mainly not only by medical staff but also by elderly, the path to strengthen the whole social immunity and to reach a decent level seem a bit slow and inefficient due to the difficulties in providing the convenient quantities of vaccines that did not exceed 30 thousand per week.

VI. Tourism in the Mediterranean: a stricken sector and measures undertaken

VI.1. Declining indicators

Both tourist number and passengers' arrival rate decrease together with the economic crisis in the country after 2019, badly impacted the Hospitality, Food and Beverage industries. In fact, these were considered as the second biggest employers after the public sector in Lebanon. Indeed, Four and five-star hotels recorded an average occupancy of 13% over the first eight months of 2020, compared to an average of 72% in 2019, according to (Ernst & Young, 2021). In addition, according to the local media reports, more than 17,000 hotel employees had lost their jobs in the first months of 2020 (Karam, 2020). Furthermore, according to the president of "Owners of Restaurants, Cafes, Night Clubs and Pastries" Trade Union in Lebanon, a total of 785 fast-food businesses shut down during the period from September 1st, 2019, through February 1st, 2020, with 25,000 redundant, unemployed workers, leaving 125,000 families at risk (Karam, 2020).

Moreover, Tourist flow reduction had worsened the situation by the closing down of several small local businesses that relied heavily on the tourism sector. Families benefiting from these businesses spent most of the lockdown periods with an inadequate income to no-income at all.

Although more than 53% of destinations had eased travel restrictions in September 2020, many governments remained cautious about the harmful impact on international tourism caused by the lockdowns introduced during the first half of the year. In North Africa, tourist arrivals suffered the biggest devastating effect (-62%) in the first half of 2020 (UNWTO, 2020; Figure 10). For instance, The Middle East witnessed a 57% decrease within the period between January and June 2020 and has lost 19 million international tourist arrivals as well compared to the same period of the previous year. According to UNWTO's seventh report on travel restrictions, a total of 5 destinations in the Middle East had eased restrictions on the 1st of September 2020. Yet, eight destinations in the Middle East (62% of all destinations in the Middle East) remained closed.

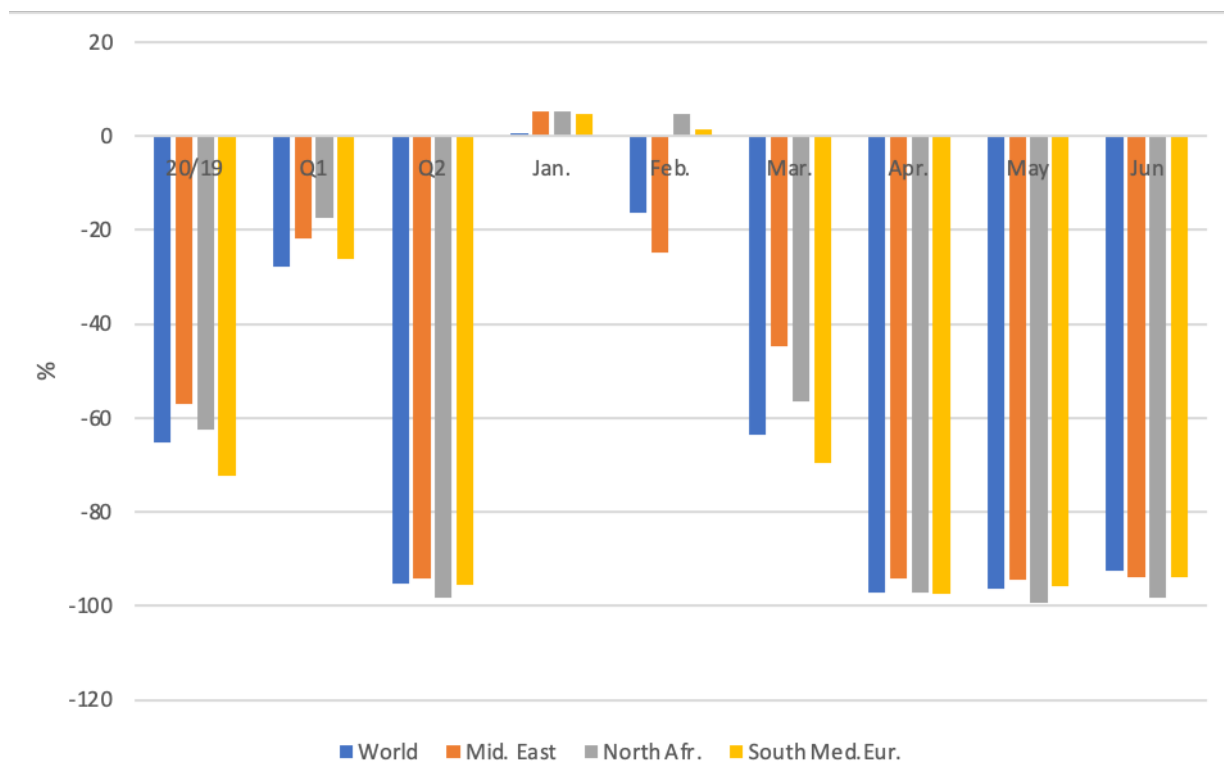


Figure 10. Decline of tourism arrival (2019 considered as 100% control year) with the outbreak of COVID-19 (UNWTO, 2020).

Following the travel ban induced by countries between March and May 2020, the Middle Eastern airlines posted a 93% flight traffic decline in July, compared with a 96% demand drop in June 2020. Capacity decreased by 86%, and load factor dropped to 38%. According to the standard for data intelligence and global benchmarking (STR), the Middle East hotel occupancy fell 42% to 35% in July, the average daily room rate (ADR) decreased 10% and the revenue by available room (RevPAR) dropped 47%.

The massive drop in international travel demand over the period January-June 2020, with 65% down in the number of international tourists, was obvious through the of 440 million international arrivals, and about USD 460 billion in export revenues from international tourism (UNWTO, 2020b). This is around five times the loss in international tourism receipts recorded in 2009 amid the global economic and financial crisis.

COVID-19 socio-economic impact on Lebanon is hard to estimate, as it multiplied the number of unemployment and exacerbated the impact of poverty in the country. This unprecedented global health problem has resulted into the outbreak of the most severe economic crisis throughout the Lebanese history after September- October 2019, leading to massive business closures (Abi-Rached and Diwan, 2020).

The economic crisis led to a sharp fall of the national GDP which reached about 5% in 2019 and 10% in 2020 with almost 25% inflation. Due to the pandemic, an estimated rise of unemployment 2020 from 12% to 30% was expected. By January 2020, nearly 220,000 jobs were lost compared to October 2019. Similarly, poverty rose from 22% to more than 55% (WB, 2020a). The line of tourism arrival to Lebanon had been already declining since 2018, which witnessed a rise of tourist arrival by 5.8% only, nearly half of 2017 rate (WB, 2019). Therefore, the economic crisis impact, coincided with both COVID-19 pandemic and Beirut marine port explosion in August 2020, with a total direct damage estimated at USD 4.2 billion, had deadly impact on tourism business in the country (WB, 2020b).

VI.2. Various difficulties

Lebanon healthcare system is highly correlated with the economic, political, social, and demographic aspects of the country. In fact, it has been under several threats that are affecting its efficiency and structure, and it has been recently exhausted due to several factors. First, the Syrian war has led to a refugee inflow since 2011 that required a potential and efficient healthcare system, to resist the growing demand for healthcare service. It has also caused a distortion in the healthcare and insurance system. The Lebanese population reached 6 million in 2016, with almost 25% Syrian and Palestinian refugees, thereby, increasing healthcare expenditure during 2011-2016 to reach almost USD 3.5B (Blominvest Bank, 2018).

In addition, the Lebanese economic, political, and social sectors deteriorated, reaching the bottom in 2019. In fact, Lebanon suffered widely not only from lack of funds and resources, but also from inflation and the degrading efficiency of public services, thereby, affecting the health care system and mostly hospitalization. Many small-scale hospitals and medical centers faced threats of potential bankruptcy.

Nevertheless, with the continuous financial burden, even large tertiary medical centers badly needed to yield to these circumstances and took serious measures to stay afloat (Reuters 2020). The most noteworthy measures included laying off a considerable number of hospitals staff and closing some of the hospital divisions that were operating at suboptimal capacity.

Continuous pressure on the healthcare system after Covid-19 pandemic led to more and more stress on healthcare professionals. The number of COVID-19 infections was relatively high if compared to the limited Lebanon population size (with rates reaching as high as 250 cases per million as of July 2020 (Khoury *et al.*, 2020). This rate rose to near 1,000 cases per million between December 2020 and February 2021.

VII. Deserted seaside resorts in summer 2020

VII.1. Crisis Aspects

A part from the chaotic scene caused by the political and economic crises, together with COVID-19 pandemic effects, the biggest nonnuclear explosions on August 4, - 2020, as well as the increasing concerns about tourism well-being and tourist wellness, the steady damage of Lebanon Health service deepened the crisis further because of main hospitals closure. Moreover, the explosion led to hundreds of deaths, and thousands of injured, leading to a severe colossal physical and additional financial burden on the country (Guglielmi, 2020).

In addition to all the above detrimental circumstances, many highly qualified physicians and nurses as well as skilled hotel managers left Lebanon for better opportunities abroad, because of pay cuts that were later accompanied by an economic inflation together with Lebanese currency devaluation. In fact, Lebanese Pound lost approximately 80% of its value, the import of medications and medical equipment, as well as fine food and wines from Europe, became exceptionally difficult and restricted with closedown of the most famous fashion homes in Beirut (Farha and Abi Jaoud, 2020).

VII.2. Some recovery endeavors

International tourism could play a crucial part in recovering the situation back to the previous position in 2019 during a period of 2.5 to 4 years thanks to several factors including:

1. The growth of traveler confidence rate, widely depending on safety perception and the pandemic widespread.
2. The gradual removal of travel restrictions and lockdown.
3. The prevailing economic conditions. In fact, the first two factors are expected to support recovery. Yet, the deteriorating economic environment could make the recovery process too slow and unproductive.

For a fast-socio-economic recovery from the consequences of COVID-19, the UNWTO emphasized the promising role of internal tourism. For instance, records show that in 2018, around 9 billion domestic tourism trips were planned worldwide, which is six times the number of international tourist arrivals (1.4 billion in 2018) (UNWTO, 2020c). Several measures were suggested as well such as ways undertaking proactive steps to promote and activate domestic tourism, by offering incentives such as bonus holidays and vouchers to people travelling within their own countries. Indeed, some countries succeeded in scoring almost the same or higher domestic tourism turnover than the international one (65% for OECD countries, USD 1 Trillion for the USA).

The marketing, promotion as well as financial incentives including the subsidized tourism for hotel accommodation is now widely adapted in France, Italy and Thailand, or tax reduction like the one experienced in Indonesia for domestic tourism. To market local tourism, France launched a campaign called: This Summer, I visit France!

Affected by the coronavirus outbreak, some countries attempted to recover by resorting to several measures such as tax reduction, tax payment adjustment like what Cyprus did by reducing VAT temporarily. Besides, some other countries tried to provide direct support to touristic services providers including the organizers of package travel, hotel businesses, and car rental companies. Apart from the above measures, many governments toiled to provide unemployment allowance to businesses with suspended operations, as well as financing 70% labor payment for businesses recruiting more than 5 workers (UNWTO, 2021).

Since March 2021, Cyprus has allowed vaccinated travelers to avoid both quarantine and negative coronavirus test restrictions. Next, From June 2021, the unrestricted use of beach will be allowed, and the outdoors activities and outside seating areas at cafés and restaurants and some museums will be reopening. Cyprus also announced an “Extraordinary Plan for the Support of Domestic Tourism”, containing support of feasible prices for hotel rates and accommodation, including families with children.

Similarly, Lebanon government decided a modest economic package to face the impact of the new shock on the population:

- (a) The Cabinet decided in late February 2020 an emergency Social Safety Net (SSN) targeting 200,000 poor households with a monthly payment of USD 150 per household.
- (b) the Ministry of Public Health required the rise of its budget by 10% to pay for the USD40-60 million estimated extra health costs generated by the estimated treatment costs of Covid-19-affected patients.
- (c) the Lebanese government required from banks to reschedule small and medium-sized enterprises (SMEs) loans at lower interest rates. However, this national package addressing national assistance and recovery is equivalent to 1% of GDP, which is less than those undertaken by other countries (2-3% GDP).

In response to the COVID-19 pandemic, the Bank of Lebanon issued a circular on March 24, 2020, allowing the economic businesses to lend money without interests for 5 years, to allow them to pay salaries. The WB launched two projects: A Health Resilience Project (USD 40 million) to strengthen the Ministry of Public Health’s response to the COVID-19 crisis, by equipping public hospitals and increasing the ability to test and treat cases, as well as a major multi-year fund (USD 600 million) to support social safety nets in Lebanon.

VIII. Prospects for the development of Mediterranean tourism considering the lessons learned from the coronavirus crisis

To promote tourism in Lebanon, the minister of tourism devised several platforms (websites, social media channels, *etc.*) that include:

Things to do

- Lodging
- Food and drink
- Specific attractions and businesses
- Pictures and descriptions
- Event calendars
- Printed brochures with photos and captivating language
- Press releases
- National publications
- Interview or travel writers
- Announcements
- Media placements and blogs.

Considering the long-term implications of the crisis, it is crucial to promote a structural transformation toward a resilient and sustainable tourism. The recovery of the tourism sector is based on four main points: Health, support, knowledge, and promotion.

In fact, along with public health issues, addressing the crisis economic impact on workers and businesses is also important. Indeed, different measures have been taken such as stimulus packages providing support in form of liquidity and relief (*e.g.*, tax and VAT postponements, loans, advisory services complying with the new rules) to the self-employed, small businesses, health care sector and all tourism businesses. Those measures will facilitate the sector recovery (OECD, 2020). On the other hand, promoting domestic tourism may represent the main chance leading to the steady process of recovery.

After recovery, new policies should be introduced concerning both sustainability and structural tourism problems. Thereby, attempting to avoid over tourism, enhance new businesses, introduce and promote digitalization and connectivity as important factors, especially during the after-crisis respecting social distancing and providing less crowded destinations (OECD, 2020).

IX. Conclusions

The Mediterranean basin is one of the major world tourists' destinations with a share of almost 25% from the World count. However, there is an opportunity to expand this share if local tourism organizations and businesses look for longer term profit by providing feasible packages to families with leisure, culinary, cultural, and spiritual programs beside the 3S (Sea, Sand & Sun). With the economic crisis and COVID-19 outbreak, the travel to Lebanon showed significant traffic decline by 93% in July 2020, associated with 86% and 38% decrease in capacity and load factor respectively. The Middle East hotel occupancy fell almost under 42% to 35% in July, the average daily room rate (ADR) decreased by 10% and the available room revenue (RevPAR) dropped by 47%. By January 2020, near 220,000 jobs were lost in Lebanon compared to October 2019. In parallel, poverty rose from 22% to more than 55%.

Improving the tourists' arrival and expenditure, Lebanon needs the coastal ecosystems recovery and restoration by addressing the negative aspects that are threatening the ecosystem balance discussed earlier through the present report. This is to create clean sanitary conditions for incomings and local tourists. Lebanon gradual recovery of health care infrastructure, tourism sector and COVID-19 impact, along with the social immunity rise of the local community, all could contribute to the revival and the booming of tourism business thanks to the direct and indirect employment share in the national GDP. The government should provide support not only to local economy but also to health care system, industry, agriculture, and tourism. It is as well important that the government does not only allocate resources to reconstruct the coastal area but also to revive the whole country by offering good opportunity for both seasonal and permanent agro tourism and ecotourism as well. Lebanon shall reform its policy by focusing more on receiving more tourists and importing less items to feed them, which can be achieved thanks to local farming system development.

X. References

Abi-Rached, J.M., and Diwan, I., 2020. The socioeconomic impact of Covid-19 on Lebanon: a crisis within crises. EUROMESCO SPOT-ON N°19 - JUNE 2020. <https://www.euromesco.net/publication/the-socioeconomic-impact-of-Covid-19-on-lebanon-a-crisis-within-crisis/>

Akleh, T., 2020. Tourist arrivals in Lebanon slump to less than 200000 in h1, Arabian Business, 2020. [Online]. Available: <https://www.arabianbusiness.com/politics-economics/454741-tourist-arrivals-in-lebanon-slump-to-less-than-200000-in-h1>. [Accessed: 13-Feb-2021].

Ammar, W., 2009. Health beyond politics, Lebanese American University, 2009.

CDR, 2011. Public health, 2011.

AUBMC, Private Clinics/Travel Medical Services. [Online]. Available: <http://www.aubmc.org.lb/clinical/FM/Pages/main/Private-Clinics-Travel.aspx>. [Accessed: 15-Feb-2021].

Bank Med, 2017. Analysis of Lebanon's Travel and Tourism Sector - October 2017 (<https://www.bankmed.com.lb/BOMedia/subservices/categories/News/20171024141829789.pdf>)

Banque BEMO, 2013. Hospital Industry in Lebanon.

BLOMINVEST BANK, 2018. The Lebanese Healthcare Sector: In Urgent Need of Reforms.

BLOMINVEST BANK, 2020. Civic Protests and Coronavirus Measures Slashed the Number of Tourists by 48.3%YOY in Q1 2020.

BLOMINVEST BANK, 2020. The Number of Passengers at Beirut Airport More than Halved by April 2020. <https://blog.blominvestbank.com/33732/the-number-of-passengers-at-beirut-airport-more-than-halved-by-april-2020/#prettyPhoto>

CDC, 2021. COVID-19 in Lebanon, 2021. [Online]. Available: <https://wwwnc.cdc.gov/travel/notices/Covid-4/coronavirus-lebanon>. [Accessed: 15-Feb-2021].

DeJong, J., and Meyerson-Knox, S., 2011. Lebanon: an overview, Montreal.

Ernst and Young, 2021. Occupancy rate in lebanon's hospitality sector at 76% in July 2021. Available at: <https://economics.creditlibanais.com/Article/210675#en>

Farha, L., and Abi Jaoude, J., 2020. Lebanese Healthcare System: How Will the Aftermath Look? Cureus, 12: 9-10.

García, F.A., Antonia, B., Vazquez, R., Macias, R.C., 2014. Trends and evolution of tourism in the Mediterranean Basin. International Geographical Union Regional Conference.18-22 August 2014, Krakow, Poland. DOI: 10.13140/2.1.2666.6885 [accessed Feb 18 2021].

Guglielmi, G., 2020. Why Beirut's ammonium nitrate blast was so devastating. Nature, Nature.

HDF, 2018. Travel Clinic, Hotel-Dieu De France, Université Saint Joseph, 2018. [Online]. Available: https://hdf.usj.edu.lb/clinic_voyageur_en.html. [Accessed: 15-Feb-2021].

IAMAT, 2021. Lebanon: Travel Health Information, 2021. [Online]. Available: <https://www.iamat.org/country/lebanon>. [Accessed: 15-Feb-2021].

IDAL, 2019. Tourism Sector in Lebanon 2019 Factbook.

IHMSP, 2012. Institute of Health Management and Social Protection, National health statistics report in Lebanon.

Jaana, M., Majdalani, M., Tamim, H., Rahbany, R., 2018. Perceived healthcare workforce needs in Lebanon: A step towards informed human resources planning and professional development. The Eastern Mediterranean Health Journal, 24: 855-865.

Karam, M.A., 2020. It's a catastrophe: Lebanon's travel and tourism sector is on its last legs, ameinfo, 2020. [Online]. Available: <https://www.ameinfo.com/industry/tech-and-mobility/lebanons-tourism-sector-economic-crisis-Covid-19>. [Accessed: 10-Feb-2021].

Khoury, P., Azar, E., Hitti, E., 2020. COVID-19 Response in Lebanon Current Experience and Challenges in a Low-Resource Setting.

Knoema. Total contribution of travel and tourism to GDP in Lebanon. [Online]. Available: <https://knoema.com/>

Kronfol, N., Khalife, J., Romanos, J., Makouk, J., Noun, P., Ammar, W., 2014. Observations on the Ministry of Public Health program of support to the hospitalization of patients in Lebanon. Journal Medical Libanais, 62: 33-39.

MoPH, Health Facilities, 2021. [Online]. Available: <http://www.moph.gov.lb/>. [Accessed: 10-Feb-2021].

MoPH, 2019. Statistics 2019.

OECD, 2020. Tourism Policy Responses to the coronavirus (COVID-19).

Passporthealthusa, 2021. Vaccinations, [Online]. Available: <https://www.passporthealthusa.com>. [Accessed: 15-Feb-2021].

Plan Bleu, 2017. Sustainable tourism in the Mediterranean. State of play and strategic directions. Paper 17. <https://planbleu.org/en/publications/sustainable-tourism-in-the-mediterranean-state-of-play-and-strategic-directions/>

Reindel, S., and Zucco, M., 2010. Healthcare in Lebanon: healthcare in Lebanon guiding principle.

Reuters, 2020. Major Beirut medical centre lays off hundreds as crisis bites, reuters. [Online]. Available: <https://www.reuters.com/article/us-lebanon-crisis-aub-idUSKCN24I2GW>.

R StudioTeam, 2020. R Studio: Integrated Development Environment for R. R Studio, PBC, Boston, MA.

Sfeir, R., 2007. Strategy for national health care reform in Lebanon.

WHO, 2018. Lebanon, 2018.

UNWTO, 2015. Tourism Highlights 2015 Edition. Available at: <https://www.e-unwto.org/doi/pdf/10.18111/9789284416899>

UNWTO, 2020a. World tourism barometer. Volume 18 (5) August/September, 2020. Available at: <https://www.e-unwto.org/doi/epdf/10.18111/wtobarometereng.2020.18.1.5>

UNWTO, 2020b. News Release, Madrid 15 September, 2020. Available at: <https://webunwto.s3.eu-west-1.amazonaws.com/s3fs-public/2020-09/200915-press-release-barometer-en.pdf>

UNWTO, 2020c. UNWTO Highlights Potential of Domestic Tourism to Help Drive Economic Recovery in Destinations Worldwide. Madrid, 14 September, 2020. [200911-domestic-tourism-en.pdf \(amazonaws.com\)](https://webunwto.s3.eu-west-1.amazonaws.com/s3fs-public/2020-09/200911-domestic-tourism-en.pdf)

UNWTO, 2021. COVID-19: Measures to support the travel and tourism sector. 10 February, 2021. Available at: <https://webunwto.s3-eu-west-1.amazonaws.com/s3fs-public/2020-06/europe.pdf>

WB, 2019. World Bank. Lebanon's Economic Update - April 2019. Available at: <https://www.worldbank.org/en/country/lebanon/publication/economic-update-april-2019>

WB, 2020a. World Bank Updated Poverty Numbers in Lebanon. March 15, 2020.

WB, 2020b. The World Bank in Lebanon, Overview. Available at: <https://www.worldbank.org/en/country/lebanon/overview#1>

WTTC, 2018. Travel & tourism economic impact 2018 Lebanon.

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