

AMNESTY INTERNATIONAL PUBLIC STATEMENT

Date: 9 February 2023 index number: MDE 18/6410/2023

LEBANON: GOVERNMENT MUST ENSURE MEDICATION IS AVAILABLE AND AFFORDABLE

“The price of one box with 28 tablets of a daily, simple medication to regulate blood pressure, after lifting the subsidy, exceeded the monthly minimum wage.”¹ – a pharmacist in Tariq El-Jdideh district in Beirut.

Since 2019, a catastrophic economic crisis has left Lebanon mired in poverty and social unrest.² The authorities’ failure to address the crisis has left millions of people unable to access their rights, including food, water, education and health. The impact of the economic crisis on the right to health, and particularly the availability and affordability of medicines, has been acute.

The decision of the Lebanese government and Central Bank in November 2019 to lift subsidies on most medications caused the prices to skyrocket, leaving millions of people without access to vital medication.³ The government failed to introduce an adequate social safety net to mitigate the impact of the economic crisis on people’s ability to access essential services, including healthcare. As a result, demand for free or low-cost medication provided by public Primary Health Care Centres (PHCCs) across the country drastically increased, but those centres were unable to keep up with demand to due decreasing resources. Further, short-sighted government policies and failures caused shortages of vital medication in the country, even for people who could afford them. According to UN Economic and Social Commission to Western Asia, the percentage of households deprived of healthcare increased from 9% in 2019 to 33% in 2021, with more than half of all households in Lebanon unable to obtain medicine they needed.⁴

Amnesty International researchers conducted research on the accessibility of medication in Lebanon between 19 July and 12 August 2022. They visited three PHCCs in Baalbeck and Beirut and interviewed 23 people, including patients, directors of relevant departments in the Ministry of Public Health, local governmental authorities, officials at PHCCs, pharmacists, local NGOs and representatives of pharmaceutical companies.

As a result of this research, Amnesty International is calling on the Lebanese authorities to protect the right to health, including by:

- Increasing budget allocations for PHCCs across the country, including in areas that are traditionally underserved, to enable them to keep up with the demand for low cost or free medication.
- Addressing shortages in subsidized medication, including cancer medication, by investigating allegations of hoarding and smuggling and holding those responsible to account. In consultation with civil society and groups working with cancer patients, ensure that the amount of medicine imported is sufficient for the population’s needs.
- Addressing shortages in unsubsidized medicine by ensuring that the Central Bank pays importers any hard currency it owes them so that they can settle their debts with international suppliers. The Central Bank should also develop clear and cohesive regulations for commercial banks to allow importers of vital goods to continue their operations.

¹ Interview in person with a pharmacist, Beirut 19 July 2022.

² The World Bank, *Lebanon Economic Monitor, Spring 2021: Lebanon Sinking (to the Top 3)*, 31 May 2021, <https://www.worldbank.org/en/country/lebanon/publication/lebanon-economic-monitor-spring-2021-lebanon-sinking-to-the-top-3>

³ Amnesty International, “Lebanon: Government recklessness in medication subsidy reform violates right to health and life”, 16 December 2021, <https://www.amnesty.org/en/latest/news/2021/12/lebanon-government-recklessness-in-medication-subsidy-reform-violates-right-to-health-and-life/>

⁴ UN News, *Lebanon: Almost three-quarters of the population living in poverty*, 3 September 2021, <https://news.un.org/en/story/2021/09/1099102>

- Increase expenditure on, and strengthen, social assistance programmes to respond to the growing need for support and ensure that everyone who needs it can access social assistance in a timely way. Where the government is unable to meet the funding requirements, it should request specific international assistance to this end as a priority.
- Urgently implement economic and financial reforms that the government agreed to in the staff-level agreement with the International Monetary Fund and that are necessary to mitigate the impacts of the economic crisis on the rights of the population, in a manner consistent with human rights obligations.

Amnesty International is also calling on the international community to:

- support the Lebanese government in ensuring the right to health of its population, including through increased funding to and for PHCCs, local authorities, and other organisations providing affordable and accessible health services and medication to the population, without discrimination.

ACUTE ECONOMIC AND HEALTHCARE CRISIS

Government inaction to address the economic crisis as well as short-sighted Central Bank policies have plunged at least 80% of Lebanon's population into poverty and led to a devastating healthcare crisis.⁵ Since 2019, the Lebanese lira has lost 95% of its value, and the World Bank expected inflation to average 186% in 2022.⁶ As of January 2023, the minimum wage was equivalent to just 40 USD, down from 450 USD in 2019. Banks have imposed informal capital controls, restricting the amount of money that people can withdraw from their own accounts.⁷ Meanwhile, the prices of all goods and services have risen tenfold since 2019,⁸ and by September 2022, food inflation had reached 208%,⁹ leaving millions of people unable to afford essentials, such as food and healthcare.

In 2021, the UN found that multidimensional poverty in Lebanon, or the percentage of people unable to access health, education and public utilities, had reached 82%, nearly double the figure in 2019.¹⁰ Yet, Lebanon's existing social protection system is woefully inadequate and leaves the majority of the population without any protection.

On 7 April 2022, the International Monetary Fund (IMF) and the Lebanese government reached a staff-level agreement for about \$3 billion USD worth of Special Drawing Rights (SDRs) over a 46 month period, contingent on a series of reforms, including bank and debt restructuring strategies, an audit of the Central Bank, a reformed bank secrecy law, passing a 2022 budget, and the unification of the multiple exchange rates.¹¹ As of February 2023 the Lebanese government had not made substantive progress on most of these reforms.

The economic crisis has placed further strain on the already fragile health sector in Lebanon. The collapse in the value of the lira made it difficult for hospitals to afford medicines and medical supplies, and the loss in the value of doctors and

⁵ OHCHR, *Lebanon: UN expert warns of 'failing State' amid widespread poverty*, 11 May 2022,

<https://www.ohchr.org/en/press-releases/2022/05/lebanon-un-expert-warns-failing-state-amid-widespread-poverty>

⁶ World Bank, *Lebanon Economic Monitor, Fall 2022: Time for an Equitable Banking Resolution*, 23 November 2022,

<https://www.worldbank.org/en/country/lebanon/publication/lebanon-economic-monitor-fall-2022-time-for-an-equitable-banking-resolution>

⁷ Reuters, "Lebanon's Central Bank sets new rate for withdrawals from dollar deposits", 9 December 2021,

<https://www.reuters.com/world/middle-east/lebanons-central-bank-sets-new-rate-withdrawals-dollar-deposits-2021-12-09/>

⁸ The Tahrir Institute for Middle East Policy, *The IMF: No Silver Bullet for Lebanon*, 18 May 2022,

<https://timep.org/commentary/analysis/the-imf-no-silver-bullet-for-lebanon/>; Al Arabiya News, "Lebanon's average salary plummets 84 percent over 12 months", 28 February 2021,

<https://english.alarabiya.net/News/2021/02/28/Lebanon-s-average-salary-plummets-by-84-percent>

⁹ The World Bank, *Food Security Update*, 13 October 2022,

<https://thedocs.worldbank.org/en/doc/40ebbf38f5a6b68bfc11e5273e1405d4-0090012022/related/Food-Security-Update-LXXI-October-13-2022.pdf>

¹⁰ OHCHR, *Lebanon: UN expert warns of 'failing State' amid widespread poverty*, 11 May 2022,

<https://www.ohchr.org/en/press-releases/2022/05/lebanon-un-expert-warns-failing-state-amid-widespread-poverty>

¹¹ IMF, *IMF Reaches Staff-Level Agreement on Economic Policies with Lebanon for a Four-Year Extended Fund Facility*, 7 April 2022, <https://www.imf.org/en/News/Articles/2022/04/07/pr22108-imf-reaches-agreement-on-economic-policies-with-lebanon-for-a-four-year-fund-facility>

nurses' salaries led to a mass exodus.¹² Other crises, including the Covid-19 pandemic and the 2020 Beirut Port explosion that damaged 292 of the country's 813 health facilities, further stretched hospitals' capacities.¹³ Yet, the state owes private and public hospitals millions of US dollars in unpaid dues exacerbating the difficulties they are facing in providing people with adequate healthcare.

Governorates located in remote areas or further away from Beirut are suffering disproportionately during the crisis, due to a lack of resources from the central government.

CASE STUDY: BAALBECK-HERMEL GOVERNORATE

Baalbeck-Hermel has historically suffered from inadequate government funding and an unequal distribution of resources that left a large portion of its population without adequate access to public services such as healthcare, water, electricity and education as well as vital infrastructure.

Four health workers told Amnesty International that problems accessing medication and healthcare in general are exacerbated in areas such as Baalbeck-Hermel governorate, which has one of the highest poverty rates in Lebanon.¹⁴ Save The Children found in January 2022 that more than half of families in the governorate live in poverty, unable to meet their children's needs, and that their conditions are deteriorating rapidly.¹⁵

Baalbeck-Hermel is facing a devastating staff shortage in its healthcare centres, primarily as a result of a hiring freeze in the public sector since 1996. Most of the workers in the healthcare centres in the governorate were hired between 1993 and 1996. Some have left the country and others have retired.

According to the Ministry of Public Health, Baalbeck-Hermel has 23 public healthcare centres.¹⁶ However, the head of the governorate's healthcare department told Amnesty International that most of these centres have been inactive for a few years, and only a handful are functioning because of lack of staff and funding. If functional, these centres have the capacity to provide services to more than half a million residents and around 340,000 Syrian refugees, according to the governorate's healthcare director.¹⁷

The 2019 economic crisis exacerbated the problems. The head of the healthcare department explained:

"Smaller healthcare centres in villages and towns are mostly closed due to the lack of personnel... We have one centre running on a nurse and an administrative officer only and other centres closed down because there are no healthcare workers. People have to travel a long way and pay the increasingly insane cost of petrol to access better-equipped PHCCs located in the central areas. The heartbreak is when they travel all that way and don't find their medications".¹⁸

A nurse who serves as the director of a small government-run healthcare centre in a village in the Baalbeck area explained to Amnesty International the impact of the crisis on its operations. The centre's budget, usually part of the municipal budget, had been totally cut since 2019. The dispensary has relied on donations and small symbolic fees paid to doctors by patients. Doctors also come to the centre less often than before the crisis. The nurse added:

"Due to the inflation and the high cost of fuel, doctors who used to come to the centre on daily basis before the crisis, now only come when urgently needed and upon my call... We used to offer all types of services: doctor consultations, vaccines, X-rays, and chronic and non-chronic medications. It is not the case anymore. Today, even the most basic medications such as painkillers and antipyretics are consistently unavailable. I stopped making extra efforts to provide child vaccines, because I cannot store them properly without electricity."

¹² WHO, *Joint statement by Dr Tedros Adhanom Ghebreyesus, WHO Director General, and Dr Ahmed Al Mandhari, Regional Director for the Eastern Mediterranean, on Lebanon*, 19 September 2021, <http://www.emro.who.int/media/news/joint-statement-by-dr-tedros-adhanom-ghebreyesus-who-director-general-and-dr-ahmed-al-mandhari-regional-director-for-the-eastern-mediterranean-on-lebanon.html>

¹⁴ Interview in person with the head of the health department in the governorate of Baalbeck-Hermel (previously cited); interview in person with a PHCC pharmacy director in an NGO, Baalbeck, 3 August 2022; interview in person with a director of an NGO that provides healthcare services, Baalbeck, 3 August 2022; interview by voice call with a health worker, 25 July 2022

MEDICINE BECOMES UNAFFORDABLE

Prior to the crisis, Lebanon imported more than 95% of its pharmaceutical products, with a cost of more than one billion USD annually.¹⁹ Medicine importers pay for the imports in dollars, but the prices of the medications are set in Lebanese lira (LL) by the Ministry of Health. Since 1997, the Central Bank had pegged the Lebanese lira to the US dollar (USD) at an unofficial exchange rate of 1,507.5 LL per one USD. However, in 2019, importers started facing problems exchanging Lebanese liras to dollars at banks due to the dollar shortage in the country and resorted to converting dollars on the unofficial market at rates higher than the official rate.

In November 2019, the Central Bank issued a decision guaranteeing 85% of the foreign currency needed to buy medicines at the official USD exchange rate. This meant that importers were forced to buy the remaining 15% on the informal market at the unofficial exchange rate, which was much higher, losing large sums of money in the process.²⁰

According to the Central Bank's data, between January 2019 and July 2021, the government spent 1.8 billion USD in medication subsidies. Despite the large sums of money that the government spent on these subsidies, Lebanese witnessed severe shortages of essential medication, often with life threatening consequences. Across Lebanon, patients and doctors warned that the lack of medication was having fatal consequences, as patients were forced to stop their treatments and doctors had to postpone surgeries.²¹

The Central Bank, drug importers and MoPH blamed the shortage on the smuggling of subsidized products, the stockpiling and hoarding of chronic medicines, and delays in processing import requests.²²

With the Lebanese pound rapidly losing its value and the depletion of the Central Bank's foreign currency reserves, the Ministry of Public Health announced on 9 November 2021 the lifting of all foreign exchange subsidies on all medications except those treating cancer and some other chronic diseases with immediate effect.²³ As a result of the lifting of subsidies, the prices of most medicines rose exponentially.

¹⁴ Interview in person with the head of the health department in the governorate of Baalbeck-Hermel (previously cited); interview in person with a PHCC pharmacy director in an NGO, Baalbeck, 3 August 2022; interview in person with a director of an NGO that provides healthcare services, Baalbeck, 3 August 2022; interview by voice call with a health worker, 25 July 2022

¹⁵ Save the Children, *Rising Numbers of Lebanese Families Unable to Afford Food, Education for their Children*, 26 January 2022, <https://www.savethechildren.net/news/rising-numbers-lebanese-families-unable-afford-food-education-their-children>

¹⁶ Ministry of Public Health, *National PHC Network*, <https://moph.gov.lb/en/Pages/3/749/primary-health-care#/en/view/966/national-phc-network>

¹⁷ Interview in person with the head of the health department in the governorate of Baalbeck-Hermel (previously cited); OCHA, *Bikaa and Baalbeck-Hermel governorates profiles*, September 2018, https://www.ecoi.net/en/file/local/1457807/1788_1550153665_3100.pdf

¹⁸ Interview in person with the head of the health department in the governorate of Baalbeck-Hermel (previously cited).

¹⁹ International Trade Administration, "Lebanon – Country Commercial Guide", 26 July 2022

<https://www.trade.gov/country-commercial-guides/lebanon-pharmaceuticals#:~:text=Lebanon%20imports%20approximately%2080%20percent,constitute%20around%2025%20percent%20each>.

²⁰ Amnesty International, "Lebanon: Government recklessness in medication subsidy reform violates right to health and life", 16 December 2021, <https://www.amnesty.org/en/latest/news/2021/12/lebanon-government-recklessness-in-medication-subsidy-reform-violates-right-to-health-and-life/>

²¹ CBC, "Lebanese doctors say patients will die if drug shortage continues", 14 June 2021 <https://www.cbc.ca/radio/asithappens/as-it-happens-the-monday-edition-1.6065136/lebanese-doctors-say-patients-will-die-if-drug-shortage-continues-1.6065243>

²² Amnesty International, "Lebanon: Government recklessness in medication subsidy reform violates right to health and life", 16 December 2021, <https://www.amnesty.org/en/latest/news/2021/12/lebanon-government-recklessness-in-medication-subsidy-reform-violates-right-to-health-and-life/>

²³ The World Bank, *Lebanon Economic Monitor: The Great Denial*, Fall 2021, <https://openknowledge.worldbank.org/bitstream/handle/10986/36862/LEM%20Economic%20Monitor%20Fall%202021.pdf?sequence=2&isAllowed=y>; <https://www.moph.gov.lb/en/Media/view/56375/abiad-medicine-crisis>

One pharmacist told Amnesty International that “The price of one box with 28 tablets of a daily, simple medication to regulate blood pressure, after lifting the subsidy, exceeded the monthly minimum wage.”²⁴ Another pharmacist told Amnesty International: “People hit rock-bottom. They cannot afford the new prices, so they replace their medication with whatever medication they find in affordable prices, even if it puts their lives in danger.”²⁵

The Minister of Public Health Firas Abiad said he recognized that the loss of subsidies without a social security net was a “crime”, but he added that the decision was based on “financial necessity”.²⁶

HIGH DEMAND FOR FREE OR LOW-COST MEDICATIONS

In this context, Primary Health Care Centres (PHCCs) have become the only option in the public sector, that residents have to access free or affordable medication. PHCCs are public facilities that provide free or low cost medical services and medications to all people living in Lebanon, without discrimination including on the basis of nationality.

As of August 2022, there were 262 PHCCs. These PHCCs are managed by non-governmental organizations, municipalities, medical schools or the Lebanese Army, but they are accredited and monitored by the Ministry of Public Health.²⁷ They are also funded by the Ministry of Public Health’s budget as well as international aid.

The Ministry of Public Health is responsible for purchasing medication, and the Lebanese office of the international organization YMCA then distributes chronic and basic medication to the PHCCs.²⁸

The PHCCs cover general medicine; family medicine, including paediatric, obstetrical and gynaecological services; cardiovascular diseases; dentistry; and provision of medication for chronic diseases such as diabetes and high blood pressure, as well as for allergies, infections and other conditions.

To access these services, patients need to visit a PHCC doctor, open a medical file and enrol in the treatment relevant to their case, if it is available. The healthcare and medication provided by these PHCCs are free of charge or obtained for a small fee.

Six health workers in Lebanon’s public health system told Amnesty International in August 2022 that in the past year, there had been a substantial increase in the number of people seeking free medication, including for chronic diseases, because they could no longer afford the skyrocketing prices after the lifting of subsidies. The head of the YMCA medication programme said: “The new prices of medications are outside most people’s reach. Sometimes prices exceed double the minimum wage”.²⁹

In 2016, around 1.5 million people in Lebanon used the services of these centres.³⁰ By 2021, the number had risen to over 2.5 million.³¹ The director of the primary healthcare and social health department in the Ministry of Public Health told Amnesty International in August 2022 that the number of patients accessing health services, including medication, at PHCCs had increased by 62% since 2020.³²

²⁴ Interview in person with a pharmacist, Beirut, 19 July 2022.

²⁵ Interview in person with a pharmacist, Beirut, 20 July 2022.

²⁶ Reuters, “‘People will be harmed’ as Lebanon cuts medicine subsidies”, 18 November 2021, <https://www.reuters.com/world/middle-east/people-will-be-harmed-lebanon-cuts-medicine-subsidies-2021-11-18/>

²⁷ Interview with Dr Randa Hamadeh, head of the primary healthcare and social health department at the Ministry of Public Health, Beirut, 12 August 2022.

²⁸ Interview by voice call with the director of YMCA medication programme, 8 August 2022; In 1993, the Ministry of Public Health signed an agreement with the Lebanese office of the international organization YMCA to distribute chronic and basic medication to the PHCCs because it did not have the resources to ensure the sustainable delivery of medications across Lebanon. According to the agreement, the YMCA is responsible for the distribution of all medicines purchased by the Ministry based on an “essential drug list” formed and revised yearly by the Ministry, the World Health Organization (WHO) and external health experts.

²⁹ Interview by voice call with the director of YMCA medication programme, 8 August 2022.

³⁰ World Bank, see (in Arabic) <https://documents1.worldbank.org/curated/fr/296471503427179956/PAD2358-ARABIC-PAD-LebanonHealthResilienceArabicPAD.docx>

³¹ See <https://documents1.worldbank.org/curated/fr/296471503427179956/PAD2358-ARABIC-PAD-LebanonHealthResilienceArabicPAD.docx>

³² Interview with Dr Randa Hamadeh (previously cited).

The director of the pharmacy unit in a local NGO accredited by the Ministry told Amnesty International that the demand for free or low-cost medication had more than doubled since 2020 at the four PHCCs they manage in Beirut and Akkar in northern Lebanon.³³

Five people who started using the public health system after 2019 when they could no longer afford to buy medicines spoke to Amnesty International: three said that they had lost their jobs while two said that their salaries in lira had lost their value. One of them, a 73-year-old retired teacher with irregular blood pressure, a minor heart condition and diabetes, said that she could no longer afford medication after the subsidies were lifted, so she went to her local PHCC. She added:

*“My retirement salary after teaching for 30 years in public schools equals the price of one of my diabetes medications... Many of my friends, including a retired professor at the Lebanese University and a former bank branch manager, transferred their medical files to PHCCs close to their home locations. The era during which we were able to afford private clinics and pharmacies is over”.*³⁴

INSUFFICIENT FUNDING FOR PHCCS

However, the increase in demand for affordable or free medication provided by PHCCs was not met with increased funding to these centres, resulting in medication shortages.

In fact, the government reduced its total spending on the health sector by 40% between 2018 and 2022, according to the minister of public health: the MoPH total budget decreased from 486 million USD in 2018 to 37 million dollars in 2022.³⁵ Only 3% of the ministry's budget is allocated to PHCCs.³⁶ Despite the economic crisis and people's reliance on PHCCs, the ministry did not increase the PHCC's share of the budget. Further, the head of YMCA medication programme told Amnesty International that the government budget allocated for medication for chronic diseases decreased from seven billion LL in 2019 to five billion LL in the 2022 budget.

In addition to the decrease in the amount of money allocated to the provision of affordable healthcare and medication, the currency devaluation meant that the money itself lost 95% of its value. For example, while seven billion LL in 2019 were equivalent to around 4.5 million USD, the five billion LBP allocated for chronic disease medication in the 2022 budget was equivalent to only around \$135,135 USD.

For more than a decade, the government relied significantly on international assistance to fund the health sector and several other sectors. The international community continues to provide such support, exemplified by the EU's latest 20 million euro assistance to support the most marginalized in accessing food, healthcare and other essential services.³⁷ Abiad announced that the Ministry would work with the international community to provide PHCCs with additional support to ensure free medications for chronic diseases.³⁸ However, international assistance for the health care sector is not keeping up with the demand, according to people interviewed by Amnesty International in Lebanon.

The YMCA officer explained why international and UN assistance for its medication programme was decreasing:

*“After the 4 August port explosion, we requested support from the entire world and received big quantities and all sorts of medications. But, in the last year, many crises erupted in the world causing severe medical needs in different countries. Our share from that international pool shrank significantly. Our supply became way smaller, while the demand became much larger.”*³⁹

³³ Interview in person with the director of the department of PHCC pharmacies in Al-Makassed NGO, Beirut, 28 July 2022.

³⁴ Interview with Nadia, Beirut, 12 August 2022.

³⁵ L'Orient Le Jour, “Une nouvelle stratégie nationale de santé pour faire face aux défis”, 2 February 2023 https://www.lorientlejour.com/article/1326633/une-nouvelle-strategie-nationale-de-sante-pour-faire-face-aux-defis.html?utm_source=olj&utm_medium=email&utm_campaign=alaune

³⁶ Ministry of Finance, *Citizen Budget*, 2020, <http://www.finance.gov.lb/en-us/Finance/BI/ABDP/Annual%20Budget%20Documents%20and%20Process/Citizen%20Budget%202020en.pdf>

³⁷ ECHO, *Lebanon: €20 million in humanitarian aid for the most vulnerable people*, 21 April 2022, <https://reliefweb.int/report/lebanon/lebanon-20-million-humanitarian-aid-most-vulnerable-people>

³⁸ Ministry of Public Health, *Abiad Introduced his Plan to Address the Medicine Crisis*, 9 November 2021, <https://www.moph.gov.lb/en/Media/view/56375/abiad-medicine-crisis>

³⁹ Interview with the head of YMCA medication programme (previously cited).

Two Ministry of Public Health officials and four PHCC directors said that the assistance received from the international community and international organizations was insufficient. They added that all types of medications are regularly in short supply.⁴⁰

The director of the pharmacy unit in a PHCC told Amnesty International that they consistently struggle with shortages as the YMCA supplies are never enough. She said:

*“We used to serve 200 to 300 chronic patients per month. After the crisis, we began serving 700 to 800 patients per month, so we request extra quantities of medications, but then we receive 80 to 90 new patients during the month. We’re always in shortage of medications and capacities. We work hard to find alternatives and knock on all international doors for supply. We receive donations and they help for a very short while before we face new shortages... To see all these patients desperate for their medications, some cry, some tell us that they haven’t taken their medications for months... heartbreak after heartbreak, day after day”.*⁴¹

Four people using PHCCs told Amnesty International that the medicines they needed were often unavailable at the PHCCs. A 40-year-old woman from Nabi Othman in Baalbeck said:

*“Before the crisis, services and medications were available in all dispensaries. Now I go to several centres to find a medication. Transportation is costly, so I don’t go unless it is something very serious.”*⁴²

MEDICINE BECOMES UNAVAILABLE

In addition to the removal of subsidies driving up the prices of medicine exponentially, government decisions and failures have led to severe shortages of medication in Lebanon – even for people who can afford them.

The government did not remove subsidies on medication used to treat chronic conditions such as cancer. The government did so ostensibly to ensure a continuous and affordable supply of these medicines to the patients who need them. However, the lack of government funds to pay for necessary quantities of medication, in addition to a lack of accountability for hoarders and smugglers hoping to benefit from the government subsidies led to severe shortages in subsidized medication.

Although the supply of unsubsidized medication in the market improved following the removal of subsidies, residents still face acute shortages due to the inability of importers to bring in the necessary quantities of medicine as a result of the banking and financial crisis that has impacted the liquidity of these importers.

SHORTAGES OF SUBSIDIZED MEDICATION: THE CASE OF CANCER PATIENTS

Cancer medications are one of the few categories of medicine that remain subsidized by the government. However, there are severe shortages of cancer medicines.

Since 2019, the Ministry of Public Health has partially blamed the shortages on hoarding and smuggling by traders.⁴³ Traders benefit from the government subsidies to purchase medicines at low rates, and then hoard them until they can either sell them at inflated prices on the black market in Lebanon or smuggle them abroad or sell them once the subsidies are lifted. In August 2021, the Lebanese army raided the warehouse of an importer, where they confiscated large quantities of subsidised medicines, including cancer medicine, many of which were already expired.⁴⁴

⁴⁰ Interview with Dr Randa Hamadeh (previously cited); interview in person with the head of the health department in the governorate of Baalbeck-Hermel, Baalbeck, 3 August 2022; interview in person with director of the department of PHCC pharmacies in Al-Makassed NGO (previously cited); interview in person with a PHCC pharmacy director at an NGO, Beirut, 2 August 2022; interview in person with a PHCC pharmacy director in an NGO, Baalbeck, 3 August 2022; interview in person with a director of an NGO that provides healthcare services, Baalbeck, 3 August 2022.

⁴¹ Interview in person with director of the department of PHCC pharmacies in Al-Makassed NGO (previously cited).

⁴² Interview by voice call with Hawraa, Al Nabi Osman, 23 July 2022.

⁴³ Sawt Beirut, “وزير الصحة لصوت الناس: صمامات القلب متوفرة.. وهذا ما يحل بأدوية السرطان”, 14 August 2022, <https://www.sawtbeirut.com/lebanon-news/>

⁴⁴ Lebanese Armed Forces official website, “دعم مستودعي أدوية في عين المريسة”, 27 August 2021

In August 2022, the health minister stated that given the cancer medication shortages, the Ministry needed a bigger budget for cancer medication and that the prime minister agreed to increase it from 25 million USD to 30 million USD per month. He added, however, that: “the Ministry is already getting 20 million USD worth of cancer medications, supposed to cover 70-80% of the national need. Where are they? Either we got the number of patients wrong or there’s theft happening”.⁴⁵ Despite some raids on warehouses hoarding or stockpiling subsidized medicine, efforts to combat the phenomenon were not systematic or adequate, and these abuses are still prevalent.⁴⁶

The MP Fadi Alame, who is a member of the Parliamentary health committee, said in January 2023 that the committee found that more than 200 cancer medications were unavailable in Lebanon. He added that the committee’s efforts to secure medical aid from the international community “had not yet had a positive outcome.”⁴⁷

Dr Hani Nassar, head of Barbara Nassar Association for Cancer Patient Support, a private centre that is funded through donations and provides medication and care to cancer patients who can’t afford their own treatment, told Amnesty International that smuggling was initially a cause for shortages, but then “MoPH took different measures to combat smuggling, including the decision to import limited quantities of cancer medications to cover the needs of the registered number of cancer patients. This measure became a cause of shortage later when the number of patients grew, and the new patients had to wait till next month’s shipment”⁴⁸.

Another reason for the shortages provided by Nassar is delays by the Central bank in providing importers with the hard currency they need at the subsidized rate in order to purchase these medications.⁴⁹

The Ministry of Public Health has a long-standing cancer care programme for people unable to afford their treatment. However, the programme has not been functioning effectively since the beginning of the economic crisis, according to three cancer patients and Dr Nassar. Two patients enrolled in a cancer programme said they had not been able to get their medication regularly, so they imported their medication from abroad informally, risking improper storage and counterfeit medicines.

Fadia, a breast cancer patient, had to skip a radiotherapy session due to lack of medication at the care programme. She said:

*“I hear the same promise every time I don’t receive my medication. It’s always ‘next week’. It has been three months. I live in constant fear of not being able to find my next session’s medicine.”*⁵⁰

Dr Nassar told Amnesty International: “We’re receiving up to 300 calls a day from people seeking our services, including medication. This is a 90% increase compared to two years ago. How can we accommodate everyone?”⁵¹

Further, although the government subsidizes the cancer medication, it does not subsidize other medical supplies that cancer patients require. For example, many patients with colon cancer now cannot afford colostomy bags, which are unsubsidized. Dr. Nassar said that patients are buying one bag and resorting to cleaning it after each use instead of

<https://www.lebarmy.gov.lb/ar/content/%D8%AF%D9%87%D9%85-%D9%85%D8%B3%D8%AA%D9%88%D8%AF%D8%B9%D9%8A%D9%86-%D9%84%D9%84%D8%A3%D8%AF%D9%88%D9%8A%D8%A9-%D9%81%D9%8A-%D9%85%D9%86%D8%B7%D9%82%D8%A9-%D8%B9%D9%8A%D9%86-%D8%A7%D9%84%D9%85%D8%B1%D9%8A%D8%B3%D8%A9>

⁴⁵ Sawt Beirut, “وزير الصحة لصوت الناس: صمامات القلب متوفرة.. وهذا ما يحلّ بأدوية السرطان”, 14 August 2022,

<https://www.sawtbeirut.com/lebanon-news/>

⁴⁶ Middle East Eye, “Lebanon: Army raids expose medicine hoarders amid dwindling supplies”, 3 September 2021,

<https://www.middleeasteye.net/news/lebanon-medicine-shortage-army-raids-hoarders-supplies-dwindling>

⁴⁷ National News Agency, “علامة: لجنة الصحة تسعى في لقاءاتها مع السلك الدبلوماسي إلى تأمين مساعدات بالأدوية”, 24 January 2023

<https://www.nna->

[lebarmy.gov.lb/ar/%D8%B3%D9%8A%D8%A7%D8%B3%D8%A9/589819/%D8%B9%D9%84%D8%A7%D9%85%D8%A9-%D9%84%D8%AC%D9%86%D8%A9-%D8%A7%D9%84%D8%B5%D8%AD%D8%A9-%D8%AA%D8%B3%D8%B9%D9%89-%D9%81%D9%8A-%D9%84%D9%82%D8%A7%D8%A1%D8%A7%D8%AA%D9%87%D8%A7-%D9%85%D8%B9-%D8%A7%D9%84%D8%B3%D9%84%D9%83-%D8%A7%D9%84%D8%AF%D8%A8%D9%84%D9%88%D9%85](https://www.lebarmy.gov.lb/ar/%D8%B3%D9%8A%D8%A7%D8%B3%D8%A9/589819/%D8%B9%D9%84%D8%A7%D9%85%D8%A9-%D9%84%D8%AC%D9%86%D8%A9-%D8%A7%D9%84%D8%B5%D8%AD%D8%A9-%D8%AA%D8%B3%D8%B9%D9%89-%D9%81%D9%8A-%D9%84%D9%82%D8%A7%D8%A1%D8%A7%D8%AA%D9%87%D8%A7-%D9%85%D8%B9-%D8%A7%D9%84%D8%B3%D9%84%D9%83-%D8%A7%D9%84%D8%AF%D8%A8%D9%84%D9%88%D9%85)

⁴⁸ Interview by voice call with Dr Hani Nassar, 26 July 2022.

⁴⁹ *ibid.*

⁵⁰ Interview by voice call with Fadia, 12 August 2022.

⁵¹ Interview by voice call with Dr Hani Nassar, 26 July 2022.

discarding it and using a new one. This can lead to serious complications and infections for an already compromised immune system, he said.⁵²

Cancer patients have been campaigning for their own rights. In August 2021, cancer patients gathered outside the UN building in Beirut, protesting against the cancer medicine shortage and calling on the UN to support them. On 2 October 2022, dozens of cancer patients and other demonstrators marched in downtown Beirut to denounce medicine shortages, expensive and out-of-reach treatments, and medication trafficking, as well as the government's failure to provide the necessary funds to help patients.⁵³

SHORTAGES OF UNSUBSIDIZED MEDICATION

As discussed above, the government removed subsidies on most medication in November 2021, largely because the government could not afford to continue subsidizing the quantities of medicines needed in the country, resulting in large and life-threatening shortages.

Although the availability of medicines improved after subsidies were lifted, shortages persisted. In December 2021, pharmacists, doctors, hospital directors and patients with chronic or other diseases told Amnesty International that even when they had the money to buy unsubsidized medicines, it was often not available in Lebanon.

The shortages are largely due to the liquidity problems that importers are facing, exacerbated by the lack of lines of credit available to them in Lebanon in the midst of the banking crisis, and the fact that international suppliers are demanding payment in full prior to delivery.⁵⁴

A staff member at a local pharmaceutical company explained to Amnesty International that they were having problems importing medicine due to mounting debt owed by local importers to companies abroad, accumulated between 2019 and 2021, before the lifting of subsidies on these medications. She said:

“Many companies did not pay their bills to the foreign pharmaceutical companies for six months because the Central Bank wasn't providing the subsidy money. The companies abroad won't send us new orders before settling these old bills”.⁵⁵

In July 2022, the head of the Lebanese Syndicate of Drug Importers said that the local importers collectively owe the international pharmaceutical companies USD 400 million.⁵⁶

The difficulties in importing medicine, as well as the fact that most people are now unable to afford unsubsidized medicine have resulted in a decrease in the quantity of medication that importers are bringing into the country. Lebanon's pharmaceutical imports plummeted from 1.184 billion USD in 2020 to 750 million USD in July 2022, according to the International Trade Organization.⁵⁷

Three pharmacists told Amnesty International that the era of having a pharmacy fully stocked ended with the start of the economic crisis, and that they no longer receive high-quality medication as this is usually more expensive. In short, the

⁵² Interview by voice call with Dr Hani Nassar, 26 July 2022.

⁵³ L'Orient Today, “Cancer patients protest in Beirut, call for solution to medicine shortages”, 2 October 2022, <https://today.lorientlejour.com/article/1313377/cancer-patients-protest-in-beirut-call-for-solution-to-medicine-shortages.html>

⁵⁴ National News Agency, “علامة: لجنة الصحة تسعى في لقاءاتها مع السلك الدبلوماسي إلى تأمين مساعدات بالأدوية”, 24 January 2023 [https://www.nna-](https://www.nna-leb.gov.lb/ar/%D8%B3%D9%8A%D8%A7%D8%B3%D8%A9/589819/%D8%B9%D9%84%D8%A7%D9%85%D8%A9-%D9%84%D8%AC%D9%86%D8%A9-%D8%A7%D9%84%D8%B5%D8%AD%D8%A9-%D8%AA%D8%B3%D8%B9%D9%89-%D9%81%D9%8A-%D9%84%D9%82%D8%A7%D8%A1%D8%A7%D8%AA%D9%87%D8%A7-%D9%85%D8%B9-%D8%A7%D9%84%D8%B3%D9%84%D9%83-%D8%A7%D9%84%D8%AF%D8%A8%D9%84%D9%88%D9%85)

[le](https://www.nna-leb.gov.lb/ar/%D8%B3%D9%8A%D8%A7%D8%B3%D8%A9/589819/%D8%B9%D9%84%D8%A7%D9%85%D8%A9-%D9%84%D8%AC%D9%86%D8%A9-%D8%A7%D9%84%D8%B5%D8%AD%D8%A9-%D8%AA%D8%B3%D8%B9%D9%89-%D9%81%D9%8A-%D9%84%D9%82%D8%A7%D8%A1%D8%A7%D8%AA%D9%87%D8%A7-%D9%85%D8%B9-%D8%A7%D9%84%D8%B3%D9%84%D9%83-%D8%A7%D9%84%D8%AF%D8%A8%D9%84%D9%88%D9%85)

⁵⁵ Interview by voice call with a staff member of a pharmaceutical company, 27 July 2022

⁵⁶ “انقيب مستوردي الأدوية: ديون شركات الاستيراد بلغت 400 مليون دولار”, *Sawt Beirut*, 20 January 2022, <https://www.sawtbeirut.com/lebanon-news>

⁵⁷ International Trade Administration, “Lebanon – Country Commercial Guide”, 26 July 2022

<https://www.trade.gov/country-commercial-guides/lebanon-pharmaceuticals#:~:text=Lebanon%20imports%20approximately%2080%20percent,constitute%20around%2025%20percent%20each.>

pharmacists only receive irregularly limited amounts of lower quality medications. One of them, who manages a pharmacy in Beirut, said:

*“The crisis hits the chronic medications more than other medications. We receive two or three boxes of the still-subsidized medications to cover our month’s demand. It’s nothing. As for the unsubsidized medications, their prices skyrocketed, people cannot afford them. My pharmacy is half empty all day long. Our business shrank dramatically.”*⁵⁸

DANGEROUS COPING MECHANISMS

Many patients in Lebanon have been left to fend for themselves, searching for solutions to the high costs and shortages of medicines that expose them to serious health risks.

Pharmacists, the directors of the drug bureau in the YMCA, NGOs managing the PHCCs, and managers of pharmacies in the PHCCs all described the emergence of an informal drug market that is not regulated by the Ministry of Public Health.⁵⁹ A pharmacist in Ras Beirut said:

*“Some private pharmacies are taking it on themselves to bring medications for their chronic patients. The price won’t be subsidized for sure, but the medication will be available. Can you blame them?”*⁶⁰

People have also been purchasing medication from abroad through relatives or intermediaries, which has led to a growing unofficial network for importing medication in suitcases from Syria, Turkey and other countries. This means the market has an uncontrolled supply of medication not accredited or authorized by the Ministry of Public Health.⁶¹ Interviewees told Amnesty International they were concerned about what they called the “suitcase traders”, and believed they sold expired medication after changing the expiry date on the box or counterfeit drugs.⁶²

One pharmacist said:

*“My clients show me these medications, I don’t know what to say. On the one hand, you cannot tell a diabetes patient not to take their medication but on the other hand, who knows what this drug is made of? We’re just asking them to be careful and observe their symptoms and stop the use immediately if side effects appear”.*⁶³

Further, pharmacists told Amnesty International that people were substituting their medication based on lack of availability or affordability, often without or against a doctor’s advice, and consequently suffering complications. A pharmacist in Beirut said: “They [patients] come to me after the complications happened, asking for medication to treat the complications”.⁶⁴ Three pharmacists in the private sector and two directors of pharmacies in PHCCs told Amnesty International that some doctors had been warning their patients against the use of unapproved medication.⁶⁵

Richard, aged 35, told Amnesty International that he was diagnosed in 2020 with Crohn’s disease, a chronic autoimmune disease in the digestive system. His medication became unavailable in 2021, so he started buying it from abroad. Two to three months later, he developed fever, fatigue and other symptoms, and medical tests appeared to show that the disease had advanced. The doctor prescribed a new treatment protocol administered through injections in a hospital every two weeks. He said:

“I cannot find the treatment in Lebanon which I needed to buy myself. The doctor suggested that I go to Turkey to buy it. The injection costs 1,100 USD from Turkey, through a merchant. I don’t know about the quality and whether it’s stored properly in low temperature [when transported], so I am taking the risk... After I paid this merchant, the hospital refused to give me the treatment because the brand of the drug isn’t known to them and the Ministry of Public Health didn’t

⁵⁸ Interview in person with a pharmacist, Beirut, 19 July 2022.

⁵⁹ Interview in person with a pharmacist, Beirut, 19 July 2022; interview in person with a pharmacist, Beirut, 21 July 2022; interview in person with a pharmacy director at an NGO, Beirut, 2 August 2022; interview in person with a pharmacy director in an NGO, Baalbeck, 3 August 2022.

⁶⁰ Interview in person with a pharmacist, Beirut, 21 July 2022.

⁶¹ Arab Weekly, “Medicine shortages in Lebanon spark panic, smuggling”, 8 February 2021, <https://the arabweekly.com/medicine-shortages-lebanon-spark-panic-smuggling>

⁶² WHO defines a “counterfeit drug” as a drug that is deliberately and fraudulently mis-labelled with respect to identify and/or source. WHO, 63rd World Health Assembly Provisional agenda item 11.20, 22 April 2010, https://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_23-en.pdf

⁶³ Interview in person with a pharmacist, Beirut, 21 July 2022.

⁶⁴ Interview by voice call with a pharmacist, Beirut, 20 July 2022.

⁶⁵ Interview by voice call with a pharmacist, Beirut, 20 July 2022.

*ensure its quality. I stayed on steroids because my treatment was delayed, till I found another small hospital that agreed to do it. I am very scared and anxious of complications and side effects in case the medication is fake. But I do not have a choice”.*⁶⁶

Three pharmacists, three cancer patients and the head of a cancer support organization told Amnesty International that in the face of shortages, many patients are “importing” their own chemotherapy protocols and other cancer medications to continue their treatment in hospitals. Dr Hani Nassar said that that bureaucracy and recurring strikes by public employees have caused further delays in the distribution of medicines when they become available.⁶⁷

Laure, a breast cancer patient, explained the dilemma of having to make choices in the absence of guidance:

*“I found myself lost in a maze with no exit. I sought guidance from my doctor who said he could not prescribe a generic that is not on the official medication list of the Ministry. I had to take it upon myself to ask around and do my own online research to choose a generic. I am not a doctor; I cannot choose my own life-saving treatment. My sister shared a post on Facebook asking for help in finding my medication. She received tons of messages from strangers who said they could bring in the medicine from abroad for up to USD 1,200. It is insane. We cannot even know if it is a fake medicine.”*⁶⁸

Patients have sometimes resorted to rationing their consumption of medicine in order to save money, but often at the expense of their health. A pharmacist in Beirut told Amnesty International:

*“One of my regular clients with diabetes came this morning with problems in his leg veins. When I asked him how this happened, he explained that in the last few months, he couldn’t afford both of his diabetes medications, due to a skyrocketing cost of living. He is supposed to take one pill of each medication a day. When the subsidy was lifted on one of these two medications, its cost exceeded 1 million Lebanese liras, two and half times the monthly minimum wage, while the other remained at 100,000 liras. So, my client stopped taking the unsubsidized pill, and decided to take two pills of the still-subsidized drug.”*⁶⁹

The patient confirmed the story to Amnesty International and explained:

*“I’m not ignorant, don’t judge me. I’m a bank’s branch manager, my salary in liras was worth the equivalent of USD 3,000 before the crisis, now it’s worth less than USD 80. I can barely afford food and electricity for my family”.*⁷⁰

LEGAL FRAMEWORK

The economic crisis resulting from the Lebanese government’s financial mismanagement, corruption and other factors has depleted the government’s financial resources, exacerbating the challenges caused by already limited funding for public services, including healthcare.⁷¹ The lifting of subsidies on medication drastically increased prices, which in the absence of a comprehensive social protection plan, impacted people’s ability to afford it. In addition, the lack of foreign currency or financial ability of pharmaceutical companies to import medication has hindered the ability of people in Lebanon to find medication.

The UN Committee on Economic, Social and Cultural Rights (CESCR) and other human rights monitoring bodies have noted that states continue to have human rights obligations even during economic crisis when “some adjustments” in the implementation of some rights are at times inevitable.⁷²

Lebanon has ratified a range of international and regional human rights treaties that require the right to health be respected, protected and fulfilled. These include the International Covenant on Economic, Social and Cultural Rights (ICESCR); the Convention on the Elimination of All Forms of Discrimination against Women; the International Convention on the Elimination of All Forms of Racial Discrimination; the Convention on the Rights of the Child; and the Convention on the Rights of Persons with Disabilities.

⁶⁶ Interview by voice call with Richard, 28 July 2022.

⁶⁷ Interview by voice call with Dr Hani Nassar, 26 July 2022.

⁶⁸ Interview by voice call with Laure, 21 July 2022.

⁶⁹ Interview in person with a pharmacist, Beirut, 19 July 2022.

⁷⁰ Interview by voice call with a bank manager, Beirut, 19 July 2022.

⁷¹ The World Bank, *Lebanon Economic Monitor: The Great Denial* (previously cited).

⁷² CESCR letter, 16 May 2012, Ref: CESCR/48th/SP/MAB/SW, ohchr.org/english/bodies/cescr/docs/Lettercescrtosp16.05.12.pdf, p. 2.

Realization of the right to health requires that healthcare facilities, goods and services are available in sufficient quantity; and accessible to everyone without discrimination, which includes physical accessibility, availability, affordability and information accessibility.⁷³

Furthermore, according to the CESCR, “States parties [to the ICESCR] have a joint and individual responsibility to cooperate in providing disaster relief and humanitarian assistance in times of emergency... Each State should contribute to this task to the maximum of its capacities... The economically developed States parties have a special responsibility and interest to assist the poorer developing States in this regard.”⁷⁴ Elsewhere, the Committee has clarified that “international cooperation for development, and thus for the realization of economic, social and cultural rights is an obligation of all States. It is particularly incumbent upon those States which are in a position to assist others in this regard.”⁷⁵

RECOMMENDATIONS

TO THE LEBANESE AUTHORITIES

- Increase budget allocations for PHCCs across the country, including in areas that are traditionally underserved, to enable them to keep up with the demand for low cost or free medication.
- Address shortages in subsidized medication, including cancer medication, by investigating allegations of hoarding and smuggling and holding those responsible to account. In consultation with civil society and groups working with cancer patients, ensure that the amount of medicine imported is sufficient for the population’s needs.
- Address shortages in unsubsidized medicine by ensuring that the Central Bank pays importers any hard currency it owes them so that they can settle their debts with international suppliers. The Central Bank should also develop clear and cohesive regulations for commercial banks to allow importers of vital goods to continue their operations.
- Ensure that the government pays all its dues to hospitals in a timely manner so that they can purchase necessary medicines and medical supplies.
- Set up a complaints mechanism at the Health Ministry for patients who have been sold expired or counterfeit medicine, investigate these allegations, and hold those responsible to account.
- Increase expenditure on, and strengthen, social assistance programmes to respond to the growing need for support and ensure that everyone who needs it can access social assistance in a timely way. Where the government is unable to meet the funding requirements, it should request specific international assistance to this end as a priority.
- Urgently implement economic and financial reforms that the government agreed to in the staff-level agreement with the International Monetary Fund, that are necessary to mitigate the impacts of the economic crisis on the rights of the population, in a manner consistent with human rights obligations.

TO THE INTERNATIONAL COMMUNITY

- Support the Lebanese government in ensuring the right to health of its population, including through increased funding to and for PHCCs, local authorities, and other organisations providing affordable and accessible health services and medication to the population, without discrimination.
- Ensure diligent monitoring and evaluation of international aid programmes to ensure that the money is not being squandered through corruption or mismanagement and is being directed towards fulfilling the population’s economic and social rights.

TO THE WORLD BANK:

⁷³ UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment 14: The Right to the Highest Attainable Standard of Health (Art. 12), 11 August 2000, UN Doc. E/C.12/2000/4

⁷⁴ CESCR, General Comment 14 (previously cited).

⁷⁵ CESCR, General Comment No. 3: The Nature of States Parties’ Obligations, E/1991/23, 14 December 1990.

- Work with the government to devise and fund a rights-based social protection programme that ensures that everyone is able to access an adequate standard of living; and that moves towards universal social protection; in a manner consistent with human rights law and standards.