



World Health Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

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Displaced children from Ajdabiya play football inside the former construction camp where they are housed in Benghazi
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Libya crisis

HIGHLIGHTS

285	DEATHS
1,865,000	IN NEED OF HUMANITARIAN ASSISTANCE INTERNALLY
134,973	DISPLACED PERSONS
110,000	REFUGEES
1,200,000	CHILDREN VACCINATED

According to the Libyan Red Crescent (LRC), more than 285 people have been killed since the attacks in July and August, and at least 2 million people may be affected by food shortages due to on-going violence in Tripoli and Benghazi.

More than 100,000 Libyans have crossed the Tunisian border over the past month to escape the clashes. Tripoli Local Council's Crisis Committee estimated that some 134,973 people (some 35,887 families) had been internally displaced by the fighting as of the last week of August.

The Ministry of Health has warned of a possible collapse of the health system after the evacuation of 3,000 health workers from the Philippines and India (accounting for 80% of Libya's hospital staff).

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The current fighting in Tripoli and Benghazi has resulted in damages to the international airports in both cities and the main oil storage tanks in Tripoli leading to a possible environmental disaster. Regular electricity cuts, interruptions of communications and shortage in fuel continue to be an obstacle.

More than 100,000 Libyans have crossed the Tunisian border over the past month to escape the clashes. In mid-August 2014, Tripoli Local Council's Crisis Committee reported that almost 143,974 people (some 35,887 families) had been displaced by the fighting, many staying with relatives in other parts of the country. Prior to this recent wave of violence, Libya was already overstrained with more than 50,000 internally displaced people (IDPs) as a result of the 2011 conflict. Additionally, there are almost 110,000 Syrians in Libya, according to unconfirmed estimates.

The deteriorating security situation has led to the evacuation of a number of international organizations, leaving tens of thousands of displaced and vulnerable people relying on unprepared networks run by volunteers. The Libyan Red Crescent (LRC) is one of the few actors left on the ground. Some organizations are now operating either from Tunisia via local partners.

Most flights from Tunisia and Egypt to Libya have been halted for security reasons, except for flights coming from LABREQ airport (LAQ) in AL BAIDA, closing a vital link to the outside for Libyans and foreigners alike. The closure of Libya's airports has also created difficulties for medical transfers. The land crossing at Musaid on the Egyptian border is also closed, leaving Ras Jdair on the Tunisian border as the only available option.

Impact on health system

Even before the latest escalation in violence, the health system was weak as a result of the 2011 conflict and the lack of investment in health during the pre-revolution era. The Ministry of Health has established a crisis committee to lead the humanitarian response, although additional capacity-building within the committee.

Libyan hospitals are flooded with patients. The Ministry of Health has warned of a possible collapse of the health system after the evacuation of 3,000 health workers from the Philippines and India (accounting for almost 80% of Libya's hospital staff). Despite MOH calls for nationals health workers to report to work, health facilities at all levels are still functioning at minimum staff capacity.

Medical supplies are running low, as most of the storage warehouses have been destroyed or are located in inaccessible conflict areas. There is a growing concern about low stocks of vaccines, medicines for chronic diseases and chemotherapy, as

well as critical shortages in immunosuppressants, HIV medicines and blood derivatives. The MOH crisis committee is finalising agreements with more than 18 local medical suppliers to fill shortages in medicines and medical supplies.

A number of hospitals have approached WHO directly requesting support in procuring a number of medical items.

Public health concerns

- a. High risk of Ebola due to the large influx of illegal migrants passing through Libya on their way to Europe, especially in specific cities located on the Coastal Road, Zawara, Sobrata, Garabuli and Ajdabya to the East .
- b. Increased possibility of measles outbreaks after confirmed cases in Benghazi in October 2013.
- c. Polio is also a threat due to the presence of Syrian refugees in Libya.
- d. Vaccination of pilgrims poses some concerns. The National Centre for Disease Control has adopted a vaccination programme as requested by the concerned health authorities in Saudi Arabia for season 2014 in light of WHO recommendations.

Health needs, priorities and gaps

Health needs assessments are on-going, although collecting health information from affected areas is a challenge due to insecurity and restricted access.

Health officials are reporting severe shortages of cancer drugs and kidney dialysis supplies, laboratory reagents, and anaesthetics. Emergency items such as dressing materials and intravenous fluids are in short supply in some hospitals. Procurement and supply chain problems are expected.

The health care system is currently confronted with a number of crucial gaps and challenges, including extensive shortages of fuel affecting the capacity of the health facilities, over-burdening of hospitals and Primary Health Care (PHC) clinics in areas with a high influx of IDPs; and compromised care for patients with chronic diseases (diabetes, blood hyper and hypotension, patients with cancer, HIV patients, etc.), disabilities and mental health disorders.

These challenges are enhanced with the delayed capacity to respond to urgent health needs due to incomplete and irregular health care information and unavailability of health care providers in security compromised areas.

Health response

The main priorities for WHO's health response in Libya are:

- Protection of health care workers and hospitals
- Trauma and injury care (including mental health care)
- Epidemic and pandemic control
- Supply of essential medicines, medical supplies and lab reagents
- Gap-filling in other public health areas such as Mother and Child Health, and Water, Sanitation and Hygiene

Since the evacuation of the UN from Tripoli for security reasons, WHO is coordinating the health response from Tunisia in communication with the national authorities, its team in Libya and health partners in and out the country.

WHO is also working closely with the Ministry of Health to establish a health coordination network covering all of Libya. This network consists of hubs in the four major cities: Tripoli, Benghazi, Misurata, Sabha. The main goal of this network is to run a countrywide assessment of the health situation and needs and to provide support under the coordination of WHO.

Libyan Red Crescent (LRC) staff and volunteers are evacuating people trapped in the conflict zones and, together with ICRC, is also facilitating the delivery of medical supplies to hospitals. However, some LRC staff in Zawia, Khoms, Eljmail and Zwara have reported difficulties in accessing and transporting medicines and medical supplies for chronic diseases and for nursing mothers.

UNHCR is working with several NGOs and partners to respond to the needs of refugees, asylum seekers, and IDPs, as well as potential asylum seekers in detention centres. On 18 August UNHCR began providing aid into western Libya from Tunisia, including urgently needed medical supplies to help tens of thousands of displaced people. Members of the Taher Al Zawi nongovernmental organization have been distributing the aid. UNHCR, through International Medical Corps, has also provided essential medicines and other core relief items to a number of hospitals.

Despite suspending its mental health programme in Libya, Medecins Sans Frontiers continues to monitor hospitals in Libya in case emergency supplies are needed.

Resource mobilization

The Libyan Humanitarian Relief Agency (LibAid), which has led the humanitarian response in 2012-2013, has not yet received any funding from the government.

The European Union has provided €215 000 to support the International Federation of the Red Cross and Red Crescent (IFRC). This funding will provide food assistance to 15,000 displaced persons and vulnerable host families, essential household items to 1000 families, and psychosocial support to 4000 families across the country. It will also support LRC volunteers with basic safety, protection tools and insurance.

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