A joint WHO/UN humanitarian team has been in Libya to negotiate ways of providing humanitarian support to the Libyan people and other nationalities displaced as a result of the conflict. The team held constructive negotiations in the Tunisian border city of Zarzis and the Libyan capital Tripoli to facilitate the flow of humanitarian goods, including much-needed medicines, vaccines and medical equipment, and to evacuate critically-ill and injured patients. Libyan officials agreed in principle to facilitate delivery of humanitarian and medical aid.

According to Libyan officials, the main problem facing Libyans is the inability to deliver oil needed for civilian purposes. This is seriously affecting daily life. As the country lacks a public transportation system, lack of fuel for the civilian population means children are unable to get to school, medical staff and other workers are unable to get to work, and food and other basic commodities are not being transported.

WHO concluded a rapid assessment mission this week in Misurata to evaluate the health situation and medical needs of 450 000 people (61 000 families), now living under an emergency situation for the third consecutive month.

The assessment showed that despite the movement of military operations away from Misurata (40 km from the city centre), which has resulted in fewer casualties over the last week, there are still gaps in the provision of health services.

There is an acute shortage of nurses, especially specialized nurses. Misurata has lost about 80% of its nurses as a result of their departure from the city or problems with health facilities. Doctors in certain specialties are needed (nephrology, neurology, psychiatry, oncology, cardiology, pediatrics, maxillofacial surgery).

Certain items have reached a critical shortage such as chemotherapy drugs, anti-tetanus anti-toxoid and childhood vaccines, except BCG which is currently available. There is an acute shortage of antibiotics which may lead to cases of resistant infections in intensive care units.

Medical equipment is needed to support the reconstruction of health facilities and to allow alternative units to keep working until the reconstruction of these health facilities.

There is only one general hospital, which has been under construction for the past 2–3 years, one private hospital, a cancer institute, a large polyclinic and four other hospitals specialized in dialysis, diabetes and gynaecology and post-operative care. Before the conflict, Misurata almost totally depended on Tripoli for several health services and medical supplies.

The situation has become increasingly difficult with an increasing number of injured people and a lack of human resources, much-needed equipment and medicines. Regional and international bodies such the Arab Medical Union, Italian medical teams and the International Medical Corps are providing support, especially with medical teams. WHO is providing medical support, coordinating shipment of medicines and vaccines and assisting in the evacuation of seriously-ill patients.

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