



World Health Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

**Situation report no. 1
4-14 August 2014**



Libyan Red Crescent providing medicines to Ali Askr Hospital

Libya crisis

HIGHLIGHTS

2,500,000	TARGETED POPULATION
80,185	INTERNALLY DISPLACED PERSONS
333,915	REFUGEES
1.200,000	CHILDREN VACCINATED

In June 2014, fighting between rival militias erupted in the cities of Tripoli and Benghazi in Libya, leading to thousands of families fleeing their homes in Tripoli and Benghazi. Many foreign workers fled the country and most embassies and international companies pulled out of Libya.

According to the Ministry of Health, two central governmental medical supply and drug stores in Tripoli and Benghazi were looted and destroyed. Drugs, medical equipment and supplies are now running dangerously low.

As health coordinating agency in the UNCT, WHO is coordinating with the UNCT team from Tunisia the activation of the contingency plan to support the Libyan MOH in controlling the health situation.

As a consequence of the General National Conference (GNC) proposal to prolong its period beyond the termination date, in June 2014, fighting between rival militias erupted in the cities of Tripoli and Benghazi in Libya.

Thousands of families fled their homes in Tripoli and Benghazi, and most embassies and international companies pulled out of the country. Several aid and UN agencies have suspended or cancelled their work on the ground, including the International Committee of the Red Cross (ICRC), Médecins sans Frontières (MSF) and the Danish Refugee Council (DRC).

Electricity and telecommunications (including Internet and communications) are irregular in most parts of Libya and extensive shortages of fuel have left populations in Tripoli and Benghazi without transportation or without supplies that should have been transported.

Impact on health system

The recent fighting has led to an increased number of war-related traumas and injuries. Large hospitals in Tripoli and Benghazi are overwhelmed with patients requiring emergency and trauma care. These hospitals are also challenged by shortages in essential medicines and qualified health staff.

The Emergency Medical System (EMS) was already weak before the escalation in violence, has collapsed in many areas. Deficiencies in the system include the lack of monitoring of the response time and the limited skills of the ambulance attendants who are mostly first aid workers. Despite availability of ambulances and air ambulances, emergency transportation is not possible as physical accessibility to hospitals is adversely affected in Libya due to the prevailing security situation as well as fuel shortages and poor communications. Five newly equipped ambulances were hijacked and stolen on August 28, 2014.

The main trauma hospital in Benghazi (Al Jala) is closed, and another major hospital in the city (Al Hawwary), including the kidney dialysis facilities, is not accessible as it is located in an area where fighting is ongoing. Other facilities such as Cordoba Renal Dialysis Unit in Tripoli, Ali Askar Neurosurgery Hospital in Tripoli, and al Jimail Hospital are also inaccessible as a result of the insecurity.

The remaining health facilities at all levels in Tripoli are functioning at very low capacity due to lack of access for both patients and health workers due to insecurity. The emergency rooms in Tripoli Medical Center, Central Hospital and Abusleem Hospitals are barely functioning.

According to the Ministry of Health, two central governmental medical supply and pharmaceutical stores in Tripoli and Benghazi were looted and destroyed. Although shortages of certain medical supplies existed before the conflict, the recent looting of specialized drugs and the destruction of the Government Central Medical Supply Stores in Tripoli in July and in Benghazi in August has had disastrous consequences on the availability of essential medicines in the country. It will be very difficult to replace the stock quickly as the Ministry of Finance has allocated funds only for salaries.

Essential medicines, medical equipment and supplies are now running dangerously low, for example medical supplies for chemotherapy. Shortages of reagents required by the blood banks and laboratories also pose a major challenge. WHO has been requested to support the provision of surgical sutures, orthopaedic devices and anaesthetics.

There are severe shortages in foreign health workers as they have left the country. Health personnel remaining in affected areas are unable to report to work, either because it is not safe to do so, or because they cannot find fuel to drive to work.

The immunization programme for children against vaccine-preventable diseases is currently not affected, but shortages of certain vaccines are anticipated. The amount of stocks are unclear, and maintenance of the cold chain is a challenge due to irregularity of electricity supply.

Public health concerns

1. Collapsed health system, including disruption of disease surveillance system.
2. As the number of internally displaced persons increases and access to health services in insecure areas is becoming more difficult, there are major concerns that basic health services such as routine vaccinations, antenatal care and treatments of non-communicable diseases are no longer accessible.
3. Increased risk of outbreaks due to a collapse of the disease surveillance system.
4. Increased war-related trauma cases.

Health needs, priorities and gaps

1. Updating/ assessing the health sector status and coordination
2. Shortages in medicines of certain programs (diabetes, HIV, hyper and Hypo tension, Renal dialysis....etc.) and vaccines
3. Shortages in qualified health staff

WHO action

WHO is monitoring the situation and is in regular contact with the MoH including the head of the MOH crisis committee to coordinate efforts in sustaining health system capacity and bridging gaps in provision of medicines and medical supplies.

WHO is coordinating with the UNCT team from Tunisia and health partners on the activation of the contingency plan to support the Libyan health system in its response.

The deteriorating health care status of the population in Libya due to the displacement, disruption of the health services, loss of foreign labour, as well as lack of fuel and electricity require urgent action to ensure the provision of a minimum package of comprehensive health services to the IDPs and the population in security compromised areas. In close consultation and collaboration with the health authorities, WHO is encouraging the establishment of hubs staffed by public health focal points that will coordinate the following activities:

- Ensuring access to regular and reliable health data from all cities /governances for a continuous health situation monitoring and assessment of needs.
- Strengthening the existing PHC network in conflict areas by ensuring regular supply chain and availability of necessary medical equipment, as well as medical personnel
- Covering the needs of the population in the affected areas via a number of mobile clinics that provide an agreed “minimum package of services” (including chronic diseases treatment and management of mental health problems and disabilities)
- Strengthening the referral system for chronic diseases’ patients, trauma and obstetric patients (piloting areas with difficult access and high number of wounded)
- Improving the immunization coverage for polio and measles and enhancing the outreach of the routine immunization
- Enhancing the capacity of the health network to detect and timely respond to outbreaks (piloting secure regions)
- Building the capacity of national and international health actors to provide quality

**Resource
mobilization**

health care

Currently a vacuum exists to facilitate the very limited coordination of donor support. Authorities' response is weak and donors are needed.

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