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Libya conflict lingers leaving nearly 2 million in need of health care



Speaking at a special briefing on Libya in Geneva, His Excellency Dr Reid Oakely, Libya’s Minister of Health (right) and Dr Syed Jaffar Hussain, WHO Representative for Libya (left), appealed to the international community to step up to assist nearly 2 million people. Photo credit: WHO Chris Black.

For more information: [Libya Crisis Health Sector update](#)

Libya



Health Sector funding requirements for 2016: US\$ 50 million

If you would like to support WHO’s operations in Libya please contact Faisal Yousof: yousaff@who.int

As Libya’s yearlong peace talks aimed at establishing a unity government stall again, the lives of millions of people needing urgent health care linger in the balance.

“The health situation in Libya is rapidly deteriorating, with extensive displacement, damage and closure of health facilities in conflict areas. Repeated rounds of violence have not allowed for a proper recovery of the health system, which even prior to the crisis was struggling to meet the basic needs of the Libyan population,” said H.E. Dr Reid Oakely, Libya’s Minister of Health.

Dr Oakely spoke during a briefing on the Libya humanitarian crisis organized by WHO on 27 January. Dr Margaret Chan, WHO Director-General; Dr Bruce Aylward, Executive Director a.i, Outbreak and Health Emergencies; Dr Ala Alwan, Regional Director for WHO’s Eastern Mediterranean Regional Office; and Dr Syed Jaffar Hussain, WHO Representative for Libya participated in the debate, which was attended by more than 30 representatives from WHO Member States. [Read the full story](#)

Since the escalation of the conflict in July 2014, violence and instability have spread to almost every part of the country, with more than 3 million people – nearly half of the total population – affected. Almost 2.5 million people are in need of urgent humanitarian assistance, of which 1.9 million people have serious, unmet health needs. WHO and health partners require a total of US\$ 50 million in 2016 to meet the urgent life-saving needs of nearly 2 million people.

More support needed

Several donors are supporting WHO’s work in Libya, including ECHO and the Republic of Korea. Their contributions enabled the Organization to deliver emergency healthcare to the population most in need and at risk, including the delivery of essential medicines, capacity building, and the early detection of communicable diseases. Still WHO’s Dr Hussain noted more needs to be done:

“We have acute shortages of life saving medicines, all across Libya, it’s not one particular place, hospitals, clinics, everywhere.”

“We have more than 40% health facilities being closed down, dysfunctional for various reasons. They are either in a conflict zone, or there are no human resources, or there is no electricity even to run the hospital.”

“Can we afford to wait for the political decision making to materialize and then we embark on humanitarian response? Can a patient with insulin dependent diabetes wait for a new prime minister to come and reform the health system so that she can receive insulin? Can we wait for that? Absolutely not. Because there may be people dying on a daily basis because they do not have access to life saving medicine and health care.”

This report, which is not exhaustive, is designed for operational use and does not reflect any official position of the WHO Secretariat. The designations employed and the presentation of the material do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.



EWARS in a box in South Sudan and soon Ethiopia



For more information:

[Photo essay on EWARS in a box pilot](#)

Read about the [pilot](#).

Learn more about EWARS:

<http://ewars-project.org/>

[South Sudan](#)

[Ethiopia](#)



One EWARS in a box kit costs approximately US\$ 15 000 and can support surveillance for 50 health facilities or mobile clinics, to cover up to 500 000 people. Photo Credit: WHO Christopher Haskew

The global Early Warning and Response System (EWARS) project is a WHO initiative to detect disease outbreaks early on to be able to contain them in emergencies. It supports Ministries of Health and health partners by providing technical support, training and field-based tools.

EWARS is committed to supporting disease surveillance, alert and response even in the most difficult operating environments. “EWARS in a box” is a kit of durable, field-ready equipment needed to establish and manage surveillance or response activities in field settings.

Dr Christopher Haskew, WHO Epidemiologist, coordinates the project, and said the kits are “designed with frontline users in mind, and built to work in difficult and remote operating environments.”

A single kit costs approximately US\$ 15 000 and can support surveillance for 50 fixed health facilities or mobile clinics.

It contains mobile phones, laptops and a local server to collect, report and manage disease data. Solar generators and chargers allow the system to function without 24-hour electricity. This equipment allows the recording and transmission of disease information for up to 500 000 people.

WHO launched the pilot phase of EWARS in a box in South Sudan in December 2015.

“This innovative project really increases the reach of the surveillance system in South Sudan and lets us know when a disease outbreak might be happening in areas hosting internally displaced persons at the earliest opportunity,” said Dr Abdulmumini Usman, WHO Representative in South Sudan. “This gives us the best possible chance of reacting and stopping it before it is too late.”

Scaling up in Ethiopia

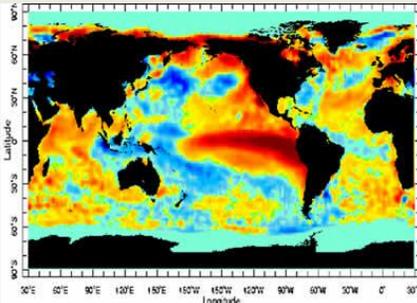
Global EWARS is ready to be deployed rapidly to other countries whenever an emergency is declared. The project also aims to scale up in 2016 to include a total of eight additional priority countries.

WHO is working with the Ethiopian Ministry of Health and partners to respond to the public health consequences of El Niño. Millions have been affected by drought. Following the success of the “EWARS in a box” pilot in South Sudan, Ethiopia requested WHO to expand the project there. WHO is working towards distributing 20 EWARS in a box kits to 1000 health centres across Ethiopia.

For more information contact to Global EWARS Project. info@ewars.ws



El Niño threatens health of millions worldwide



Climate patterns of El Niño 2015-2016. Credit: WMO

"It could take years to recover without an adequate, efficient and timely preparedness and response to El Niño," said Dr Richard Brennan, Director WHO Emergency Risk Management & Humanitarian Response Department.

For more information:
Read the [full story](#)

Read [El Niño and Health Global Overview](#) with region-specific information and 28 country fact sheets

Read the [two page summary](#)

Follow [El Niño](#)

Image of [health consequences of El Niño](#)

Funding support for health in El Niño affected countries: US\$ 76 million

If you would like to know more about WHO's support for the El Niño preparedness and response please contact:

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Health consequences of El Niño



Throughout 2016, WHO and its partners predict a major global increase in health-related emergencies due to El Niño.

El Niño is a warming of the central to eastern tropical Pacific Ocean which affects rainfall patterns and temperatures in many parts of the world but most intensely in the tropical regions of Africa, Asia-Pacific, and Latin America which are particularly vulnerable to natural hazards. Typically, some places receive much more rain than normal while others receive much less.

"From Ethiopia to Haiti to Papua New Guinea, we are seeing the damage from El Niño, and we believe the impact on public health is likely to continue throughout 2016, even after El Niño winds down," said Dr Richard Brennan, Director of WHO's Emergency Risk Management & Humanitarian Response Department. "To prevent unnecessary deaths and illnesses, governments must invest now in strengthening their preparedness and response efforts."

According to a new report by WHO, severe drought, flooding, heavy rains and temperature rises are all known effects of El Niño that can lead to food insecurity and malnutrition, disease outbreaks, acute water shortages, and disruption of health services. The health implications are usually more intense in developing countries with fewer capacities to reduce the health consequences.

WHO's immediate response

WHO and partners are working closely to support governments and the health sector in their preparedness and response for El Niño. To support national emergency measures in many countries, WHO has deployed specialized health emergency and technical personnel to Ethiopia, Indonesia, Papua New Guinea, Somalia, Tanzania and several Pacific Islands. WHO will continue to scale up its support to countries for their preparedness and response to El Niño throughout 2016.

Thus far, requests for financial support by seven high-risk countries (Ethiopia, Lesotho, Kenya, Papua New Guinea, Somalia, Tanzania and Uganda) facing the health costs of El Niño have reached US\$ 76 million. It is expected that more countries will seek financial support to address the health consequences of El Niño effectively.



WHO's commitment to support people affected by the Syria crisis

For more information on each of the countries affected:

- [Syrian Arab Republic](#)
- [Egypt](#)
- [Iraq](#)
- [Jordan](#)
- [Lebanon](#)
- [Turkey](#)

Read WHO's [remarks](#) from Member State briefing on the Syria Response at the United Nations in New York on 12 January.

WHO funding requirements for the Syrian Arab Republic in 2016:

US\$ 155 million for inside Syria
US\$ 14 million for refugees outside Syria

If you would like to support WHO's operations in the Syrian Arab Republic, please contact Faisal Yousaf: yousaff@who.int

Dr Margret Chan, WHO Director-General, and Dr Bruce Aylward, Executive Director a.i, Outbreak and Health Emergencies, participated at the [Supporting Syria and the Region](#) conference held in London on 4 February 2016. Co-hosted by the United Kingdom, Germany, Kuwait, Norway and the United Nations, the conference brought world leaders together with the objectives of raising US\$ 7 billion in immediate humanitarian aid, mustering long-term support and protecting civilians. WHO welcomed the outcome of the conference to take an ambitious new approach to provide longer term support for refugees: through concrete action on livelihoods and jobs, and improved access to education. Healthy lives are essential to meet this approach.

WHO remains committed to supporting efforts to respond to the critical health needs of the millions of people affected by the conflict inside and outside of the Syrian Arab Republic.

- Last year saw numerous attacks on health facilities in the Syrian Arab Republic, and more than 640 health workers have been killed since the crisis began.
- After almost five years of conflict, an estimated 58% of public hospitals and 49% of primary health centres are either only partially functional or have closed.
- Much of the Syrian population, including many seeking refuge in neighbouring countries, are increasingly vulnerable to diseases.
- In 2015, WHO dispatched medical aid for more than 17.2 million treatments to people across the Syrian Arab Republic.
- In 2016, the health sector requires nearly US\$ 1 billion in funding. WHO requires more than US\$ 170 million for its operations to support the Syrian Arab Republic. Of this, US\$ 155 million is for operations in the Syrian Arab Republic and US\$ 14 million to support refugees' access to health services in Egypt, Jordan, Turkey, Lebanon and Iraq. **New funds are urgently required to sustain operations in 2016.**

WHO relies on voluntary contributions to provide assistance to Syrian people inside and outside of the Syrian Arab Republic. In the period 2012-2015 WHO received the following financial contributions:

Donor	Contribution (amounts in US\$)
Kuwait	65,000,000
USAID	44,156,494
ECHO	30,270,885
United Kingdom	25,100,918
Norway	19,178,464
CERF	15,788,314
Canada	8,788,452
UNOCHA	8,025,138
Australia	6,857,661
Finland	4,188,258
Saudi Arabia	2,107,000
Italy	1,087,829
Russian Federation	1,000,000
United Arab Emirates	960,000
League of Arab States	428,038
Irish Aid	386,100
Luxembourg	365,854
Hungary	19,157
Grand Total	234,308,562