



World Health Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

## Situation report no. 3 24 November 2014



### Libya crisis

To date, WHO has provided 20 surgical supply kits and 34 trauma kits to the Libyan health authorities from its supply store in Dubai

**2.5 million** in need of humanitarian assistance

**1.5 million** migrant workers

**331 000** displaced persons

### HIGHLIGHTS

To fill shortages in medicines and medical supplies, WHO has provided 20 surgical supply kits for 2000 surgical interventions and 34 trauma kits which will cover 3400 medical interventions.

A United Nations inter-agency assessment mission took place from 17-22 October to assess the operational environment in Tripoli. It is now estimated that 2 million people may have been affected by the conflict, which has generated shortages in food, fuel, water, medical supplies and electricity, as well as reduced access to health care and public services.

The Humanitarian Country Team estimates that approximately 331 300 displaced persons are considered to be particularly at risk, including 50 000 people who remain displaced since 2011.

Security conditions and access to some affected areas remain a major challenge for both national/ international humanitarian aid workers and are hampering the delivery of vital aid to affected populations in some areas.

After the evacuation of UN international staff, the UN is carefully monitoring security developments with a view to redeploying international staff to Libya at the earliest possible opportunity.

## Situation update

Fighting reportedly continued in most areas west and south-west of Tripoli leading to massive displacements. While overall casualty figures remain unknown, in the Kikla area, authorities have confirmed 140 deaths and more than 450 injured due to clashes which started 10 October 2014. The Kikla authorities described the humanitarian situation as “catastrophic” as supplies are unable to be delivered to the town due to closure of the Gharyan-Kikla road.

Since the beginning of November, Benghazi has seen fighting in the central and western areas of the city as well as around Benina Airport and in Benghazi’s Bouatni neighbourhood leading to high casualty numbers.

The security and humanitarian situation in Awbari remained critical due to escalation of the fighting. This has resulted in significant displacement of Touareg families outside the city seeking shelter and medical aid. Victims from Tabu are transported to Murzuq Hospital located 200 km South West of Awbari.

UN Secretary-General Ban Ki-moon visited Tripoli on 11 October and stressed that fighting must stop as a first priority and Libya’s problems can only be solved through dialogue. On 17 October UNSMIL proposed the cessation of military operations in the areas of Kikla and Qalaa (north-western Libya) for at least four days to facilitate the delivery of humanitarian assistance. On 24 October, UNSMIL visited a camp for Internally Displaced Persons from Kikla and met with representatives of the crisis committee who reported large numbers of critically injured cases and noted a lack of humanitarian assistance.

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The UN mission indicated that 36 984 refugees and asylum-seekers, of which 18 710 are Syrian nationals, may have left the country in July and August. The conflict may have contributed to a faster transit of illegal migrants to Europe. The number of migrants in Libya is estimated at around 1.5 million.

### **Impact on health system**

Several residential areas in Benghazi (east) and Kikla (west) have been subjected to regular shelling for the past few months. Some areas in Benghazi were also subject to air attacks. Health needs are increasing day by day and accurate assessment of health needs poses huge challenges due to the insecurity. The health care system is confronted with a number of crucial gaps and challenges. Access to health services has become a major concern mainly in Benghazi. Ongoing fighting has led to restrictions of movement for people and health

workers in the conflict areas. Following the escalation of fighting on 15 October, hospitals in Benghazi are struggling to cope with the large numbers of casualties. Benghazi Medical Center is now the main provider of hospital care services in the city due to Al Jala Hospital, the main trauma hospital in Benghazi, being only partly functional. The second wing of Benghazi Medical Center was opened to provide obstetrics and gynecology services to Benghazi and neighbouring areas, and a new dialysis unit opened in Tawkara (70 km East of Benghazi) to patients of Al Hawwary. Many hospitals are being forced to close due to security reasons.

Care for patients with chronic diseases, disabilities and mental health disorders has been compromised by closure of PHC Polyclinics, and new waves of internal displacement of population added to the burden on the hospital staff in Benghazi.

There is a shortage of medical professionals due to the departure of foreign medical workers in addition, ensuring the safety of health staff in the affected areas is a serious concern

Extensive shortages of medicines and medical supplies currently exist, and very low stocks of vaccines are predicted. Most of the medical warehouses are either destroyed or located in conflict areas. There are severe shortages of medicines for chronic diseases including insulin, with critical shortages in HIV medicines, blood derivatives, laboratory reagents, anaesthetics and kidney dialysis supplies. Severe shortages of dressing materials, internal fixators for fractures, and intravenous fluids are also reported in some hospitals.

## Public health concerns

- a. No outbreaks have been reported in Libya to date, though Ebola remains a threat in light of the high influx of illegal migrants.
- b. WHO is currently coordinating with the Ministry of Health National Center for Disease Control to conduct a workshop on Ebola preparedness and readiness for Libya. The training aims to support operational readiness in the areas of leadership and coordination, measures at points of entry, capacity of surveillance, infection control precautions, laboratory diagnosis, and risk communications under the International Health Regulations 2005. Following the training, an assessment mission is planned to take place to identify critical gaps in national preparedness and response capacity for Ebola.

## Health needs

Health needs are increasing in conflict areas across the East, West and South of the country. However, the security situation is impeding the conducting of a comprehensive assessment of health needs. Reports and requests from national health institutions and crisis committees in the conflict areas shows severe shortages of medicines and medical supplies in Benghazi Medical Center, Zintan Hospital, Almarj Hospital, Alabyar Hospital and others. Access to hospitals remains a challenge for national health staff and international aid workers.

Hemodialysis, orthopedic, HIV, oncology items, among other medical and surgical supplies, consumables and devices are urgently needed. Some hospitals, especially

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in the East, are out of stock and unable to receive new stocks due to transportation problems.

## Health response

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The national network created in collaboration with the National Centre for Disease Control, drug supply authorities and health information authorities will conduct an assessment on the status of health services as soon as the security situation allows teams to access the health facilities. WHO's assistance will be based on needs and information identified by this network.

WHO is currently coordinating with national health authorities and the international community to support MOH in procuring medical supplies from neighboring countries, including sending supplies from WHO's supply hub in Dubai. To date, WHO has provided 20 surgical supply kits and 34 trauma kits for a total of 5400 interventions.

Following the launch of the Libya Humanitarian Appeal, UNSMIL Coordination Section is preparing for a humanitarian mission to Libya with the participation of several UN country agencies. The mission aims to address issues related to the implementation of provisions of the appeal in areas such as: provision of life-saving protection and humanitarian assistance in the form of health in emergencies, food assistance, non-food items (NFIs), hygiene kits, access for internally displaced children to education, psychosocial support to those in need, humanitarian assistance to migrants and vulnerable persons, including transportation to country of origin, post-arrival and family reunification assistance.

Security conditions and lack of access to some affected areas remain the major challenges for both national and international humanitarian aid workers and are hampering the delivery of vital aid to affected population in some areas.

## Resource mobilization

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The Humanitarian Appeal for Libya requests US\$35 million to provide Internally Displaced Populations (IDPs) and other conflict-affected populations with life-saving protection and humanitarian assistance; ensure access to education and psycho-social support for children; and support for vulnerable migrants in need of evacuation. UN agencies, along with international and national NGOs, stand ready to scale up the humanitarian response through local implementing partners and national staff. However, funding is critically needed. To date, despite expressions of interest at the donor meeting in October 2014, marginal financial contributions have been made to the Humanitarian Appeal.

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