A BRIEFING ON THE HEALTH SITUATION IN LIBYA

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Surge and Crisis Support, WHO HQ

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WHO Representative and Head of Mission
World Health Organization, Libya
## HEAT MAP

<table>
<thead>
<tr>
<th></th>
<th>Very high</th>
<th>High</th>
<th>Moderate</th>
<th>Low</th>
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</thead>
<tbody>
<tr>
<td>Public health risks</td>
<td>Heat matrix</td>
<td></td>
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<tr>
<td>Disruption of health supplies</td>
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<tr>
<td>Overload of health services</td>
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<tr>
<td>Trauma and injuries</td>
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<tr>
<td>Maternal mortality</td>
<td></td>
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<tr>
<td>Mental health disorders</td>
<td></td>
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<tr>
<td>Neonatal mortality</td>
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<tr>
<td>Complications of NCDs</td>
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<tr>
<td>Acute respiratory infections</td>
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<tr>
<td>Measles and Polio</td>
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<tr>
<td>Severe acute malnutrition</td>
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<tr>
<td>Chemical hazards</td>
<td></td>
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</tbody>
</table>
A HEALTH SYSTEM COLLAPSED

- Non-functional hospitals and health facilities
- Acute shortage of medicines, vaccines and supplies
- Increased health risks for internally displaced and refugees
- Lack of financial and human resources
- Attacks on health (since 2014 (through Q1 2016): 37 attacks on health care resulting in 59 deaths and 65 injuries
- Conflict has resulted in fragmented decision-making and response
- Increased health vulnerabilities—health system in development mode
AVAILABILITY OF HEALTH CARE SERVICES

- Nutrition services: 69%
- Dx and treatment of NCDs: 41%
- Child Immunization: 41%
- Normal delivery/new born care: 39%
- Dx and treatment of Leishmaniasis: 37%
- Surgical services: 37%
- Laboratory diagnostics: 36%
- Curative care for under 5: 33%
- Comprehensive EmOC: 32%
- Antenatal care: 22%
- Dx and treatment of TB: 20%
- Blood transfusion: 20%
- HIV & AIDS antiretroviral prescription: 5%
ACCESS TO HOSPITALS

- Teaching tertiary: 42% accessible, 58% inaccessible
- Secondary hospital: 57% accessible, 43% inaccessible
- Rural hospital: 59% accessible, 41% inaccessible
# Availability of Services - MCH

<table>
<thead>
<tr>
<th>Types of Basic Health Services</th>
<th>% of facilities providing the service</th>
<th>No. Of Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Antenatal care - post conflict</td>
<td>22.4%</td>
<td>233</td>
</tr>
<tr>
<td>2. PMTCT Services - post-conflict</td>
<td>0.6%</td>
<td>6</td>
</tr>
<tr>
<td>3. Normal delivery and/or newborn care services post-conflict</td>
<td>3.9%</td>
<td>41</td>
</tr>
<tr>
<td>4. Comprehensive emergency obstetric care - post-conflict</td>
<td>3.2%</td>
<td>33</td>
</tr>
<tr>
<td>5. Child immunization services - post-conflict</td>
<td>41.1%</td>
<td>428</td>
</tr>
<tr>
<td>6. Curative care for under 5 - post-conflict</td>
<td>33.1%</td>
<td>345</td>
</tr>
</tbody>
</table>

PMTCT services post – conflict were available in less than one percent of the facilities.
## LIFE-SAVING SERVICES/TRAUMA CARE

<table>
<thead>
<tr>
<th>Types of Basic Health Services</th>
<th>% of facilities providing the service</th>
<th>No. Of Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Surgical services- post-conflict</td>
<td>36.5%</td>
<td>380</td>
</tr>
<tr>
<td>2. Blood transfusion services- post-conflict</td>
<td>2.0%</td>
<td>21</td>
</tr>
<tr>
<td>3. Laboratory diagnostics- post-conflict</td>
<td>35.8%</td>
<td>373</td>
</tr>
<tr>
<td>4. Pharmaceutical service- post-conflict</td>
<td>70.5%</td>
<td>734</td>
</tr>
</tbody>
</table>
LIBYA HUMANITARIAN RESPONSE PLAN

2016

A BRIEFING ON THE LIBYA HUMANITARIAN CRISIS | 23 June 2016

OPERATIONAL PRESENCE: NUMBER OF PARTNERS

18

HUMANITARIAN ACTORS

STRATEGIC OBJECTIVE 1
SAVE LIVES AND IMPROVE ACCESS TO BASIC SERVICES

PEOPLE IN NEED
2.44M

PEOPLE TARGETED
1.3M

REQUIREMENTS (US$)
$165.6M

STRICT UNE 2

STRICT UNE 3

IMPROVE RESILIENCE OF AFFECTED COMMUNITIES

LIBYA HUMANITARIAN RESPONSE PLAN

Humanitarian Actors

2.44M

PEOPLE WHO NEED HUMANITARIAN ASSISTANCE

25 June 2016

World Health Organization
Regional Office for the Eastern Mediterranean
Health sector objectives

- Improve access to basic life-saving primary and emergency secondary healthcare services.
- Reduce communicable diseases transmission and outbreak.
- Strengthen the existing health structure to avoid the collapse of the health system.

Key health sector priorities

- Provision of life-saving medicines and supplies to meet the acute shortages
- Support to the national health network
- Provide temporary assistance via mobile and medical outreach services.
- Strengthening capacity of local health partners.
Trauma Care

- Emergency medical referral system
- Capacitate key health facilities
- Provide a reliable supply chain for priority health facilities
MAIN PRIORITIES

• Support Emergency Medical Services

MAIN CHALLENGES

• Restricted movement
• Inadequate communication
• Fast pace of changes
• Limited international support on the ground
• Fewer Health Care Workers in conflict zones
• Limited or no financial support
Current Capacity of Misrauta Health System

- Misrauta Hosp under maintenance since 2007
- Only Emergency department shifted-GYN/Med working from other hospitals

<table>
<thead>
<tr>
<th>S.NO</th>
<th>Department</th>
<th>Beds Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medicine</td>
<td>57</td>
</tr>
<tr>
<td>2</td>
<td>Surgery and Emergency</td>
<td>117</td>
</tr>
<tr>
<td>3</td>
<td>Pediatric and Neonates</td>
<td>60</td>
</tr>
<tr>
<td>4</td>
<td>Obstetrics and Gynecology</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td>Total Bed Capacity</td>
<td>324</td>
</tr>
</tbody>
</table>
## Misurata Hospital Outputs

### Bed Occupancy rate and Mortality rate in Emergency Unit

<table>
<thead>
<tr>
<th>Month</th>
<th>Beds Occupancy</th>
<th>Mortality rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>106.10 %</td>
<td>3.10 %</td>
</tr>
<tr>
<td>February</td>
<td>105.30 %</td>
<td>3.20 %</td>
</tr>
<tr>
<td>March</td>
<td>117.75 %</td>
<td>2.10 %</td>
</tr>
<tr>
<td>April</td>
<td>78.13 %</td>
<td>3.60 %</td>
</tr>
</tbody>
</table>

### Outpatients Consultations Frequency

<table>
<thead>
<tr>
<th>Month</th>
<th>Orth</th>
<th>Med</th>
<th>Surgery</th>
<th>Gyne/Obs</th>
<th>Others</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>1922</td>
<td>2128</td>
<td>760</td>
<td>720</td>
<td>4331</td>
<td>9861</td>
</tr>
<tr>
<td>February</td>
<td>2508</td>
<td>2023</td>
<td>823</td>
<td>730</td>
<td>4140</td>
<td>10224</td>
</tr>
<tr>
<td>March</td>
<td>2685</td>
<td>2248</td>
<td>948</td>
<td>890</td>
<td>7569</td>
<td>14340</td>
</tr>
<tr>
<td>April</td>
<td>2119</td>
<td>3123</td>
<td>865</td>
<td>905</td>
<td>4212</td>
<td>11224</td>
</tr>
<tr>
<td>Total</td>
<td>9234</td>
<td>9522</td>
<td>3396</td>
<td>3245</td>
<td>20252</td>
<td>45649</td>
</tr>
</tbody>
</table>
Ambulatory Field hospital (Damaged)
Moved to another place: 30 beds, 2 OTs, 2 ICU beds

Misurata Central Hospital
Trauma building
117 Beds
5 OT Rooms
8 ICU Beds

Hospital full and Patients are stable/minor surgery
Hospital full and Patients need ICU care

Transfer to Rural Hospital
Qaser Ahmed
60 Beds
Doctors 13
2 OT Rooms
Nurses 15
2 HDU Beds
Helpers 15
55 Beds
Doctors 12
2 OT Rooms
Nurses 18
Helpers 18

Transfer to Private Hospital
Alsafwa Hospital
80 Beds
5 ICU Beds
2 OTS (Maxillary facial surgery)

Aljazeera Hospital
Alhekma Hospital
65 Beds
5 ICU Beds
2 OTS
80 Beds
8 ICU Beds
3 OTS
Strategy for strengthening Emergency Medical Services for vulnerable populations

- Strengthening Hospital services especially emergency departments
- Providing required health human workforce
- Urgent provision of life-saving medicines/supplies
- Establishing an effective (but urgent) patient triage system
- Employing a system approach rather than vertical approach
- Minimizing likelihood of outbreaks
- Working with other sectors for primary prevention
MEDICAL SUPPLY CHAIN

Expected ↑ more shortages of medical supplies
- ↓↓ funds + poor supply + ↑↑ emergencies + un-controlled resources

AL BAIDA HOSPITAL MEDICAL WAREHOUSE - 7 FEB.2016
NON-COMMUNICABLE DISEASES

Expected ↑↑ mortality and morbidity of NCDs

- inadequate supply of medicines
- + poor diagnostic capacity +
- ↑↑ IDPs + weak PHC
COMMUNICABLE DISEASES

Expected transmission of CDs

- inadequate surveillance +
- poor diagnostic capacity +
- IDPs and illegal immigrants +

H1N1 Infection
ACCESS TO HEALTH SERVICES

Access to health care services
- ↑non-functioning HF + ↑HRH

UBARI HOSPITAL
DEFICIENCIES OF HRH

Expected

- Inadequate (esp. in the South)
- Poor security
- Restriction for international support

DEC. 2014: SOURCE DIRECTOR

- 14 NON-LIBYANS DOCTORS
  - 8 FROM S. KOREA
  - 3 FROM SUDAN
  - 3 FROM EGYPT INCLUDING A DENTIST
- NURSES (NON-LIBYANS) 7
  - 5 FROM PHILIPPINES

GHAT JAN 2016:

- ALL THE KOREAN DOCTORS LEFT – NO SALARIES
MENTAL HEALTH

Expected ↑ ↑ Post-2011 conflict-related stress + Insufficient HR in the field + closure of HF + IDPs
INFANT HEALTH

Expected ↑ in measles and fear of polio

Interrupted PHC including vaccination + access restriction + ↑ IDPs + ↑ possibility of outbreaks + refugees with no access to EPI services + irregular electricity and supply.
CONCLUSION

- Current health system is greatly incapacitated and fragmented (mostly due to conflict but also due to chronic challenges)
- Urgent and incremental reforms are needed - health system has to respond to vulnerable populations
- WHO will carry out a health facility assessment and health service availability assessment in July and August
- The dilemma of local expertise has to be solved urgently
- Access is a major issue and outreach services should be put in place
- Looking into an emergency referral system for violence wounded
- Have supported massively with supplies, medicines and support to immunizations
- **Funding**
THANK YOU