



Humanitarian response for Libya and Neighbouring Countries Conference, 24 March 2011

Outcomes and recommendations

Summary:

Following a teleconference on 16 March with 22 key humanitarian organisations from Europe and the Middle East on needs in and around Libya, a face-to-face meeting was convened in Cairo on 24 March. This brought together 42 organisations from 9 countries, representing the multilateral system, western international NGOs, Islamic INGOs and local Egyptian and Libyan NGOs. The meeting focused on needs in different parts of Libya and neighbouring countries. It discussed the up-to-date situation, shared wide experiences, created new connections and improved information flows. The participants agreed that ongoing communication is vital – the meeting suggests issues that need to be developed. Several new partnerships were created.

The participants also discussed humanitarian needs in Yemen and the need to work with local communities and NGOs there.

A description of organisations' work in and around Libya can be found on:

- <http://northafrica.humanitarianresponse.info/>
- <http://www.humanitarianforum.org/pages/en/reports-and-resources.html>.

Opening session:

Dr Hany El Banna, chairman of The Humanitarian Forum, welcomed the participants. He thanked the League of Arab States for hosting and supporting such a crucial initiative. The wide participation illustrates the commitment and dedication to meet the emerging humanitarian needs in and around Libya. Dr. Hany said he was looking forward to strong recommendations from such a dedicated group of apolitical humanitarian agencies to help Libya. He added that local communities and the NGO sector are important; they both face many challenges and we must invest in a strong, broad NGO sector to help people cope with disaster and unrest, such as the one we're facing in Libya.

Her Excellency, Dr Sima Bahous, Assistant Secretary General for Social Affairs at the League of Arab States, welcomed the participants on behalf of His Excellency Amr Moussa and her department. She stated, "We must boost efforts to ensure the delivery of humanitarian aid to countries hit by unrest" and added that, "This good participation reflects a strong desire to react fast to the problems in the region". She called on the Libyan Government to ensure communications and humanitarian access. She praised the deep experience of Arab organisations and challenged the

participants to help build an action plan for the region quickly, referring to the worsening humanitarian situation in Yemen, Syria and elsewhere.

Humanitarian situation – current update:

To commence the discussion, Khaled Khalifa, UN OCHA, gave a brief presentation on the humanitarian situation in and around Libya¹. He highlighted the needs and gaps in the area of shelter, health, food security, and protection. The speed with which events are occurring points to the difficulty of obtaining up-to-date data. He encouraged field-level offices to contribute and confirm humanitarian needs.

To ensure the discussion could lead to the development of practical recommendations, working groups were formed to discuss the following areas: medical relief, other needs (shelter, WASH, food, etc) and information (access, media, communication). Together, these groups looked at resources against needs, now and in the future. The groups were encouraged to identify specific opportunities for working together – eg contacts, medical supplies, logistics.

Medical Relief:

This working group was facilitated by Dr. Salih Al Ansari (World Assembly of Muslim Youth, WAMY). This group discussed the needs and gaps, identifying bottlenecks. The discussion helped compare the activities/resources of organizations against short-term and long-term needs. As a result, areas of partnerships and collaboration were identified, and recommendations for the future were put forward.

The main challenges and needs the group discussed were:

- *Medical staff and equipment:* According to the Arab Medical Union (AMU) there is a shortage of specialised surgeons in the areas of orthodontics, cardiology, anaesthetics, gynaecology, paediatrics and brain surgery (approximately 70 surgeons). There is also a shortage of nurses, approximately 300. Based on reports from Islamic Relief, there is also a need of ambulances with ICU units.
- *Capacity of local medical staff and facilities:* Libyan doctors and surgeons are not accustomed to deal with trauma. Local doctors require supervision from more experienced medical staff. The WHO representative reported that Tobruk hospital has limited staff and supplies to meet the growing needs. As a result, there is a great need to build a hospital at Kilo 43 en route to Ashdabia (near Tabruk).
- *Access and information:* The majority of organizations have access to Libya through Salloum. AMU has reached areas such as Al-Baida and Bengazi. However there is limited information on the medical needs in western Libya. It has been reported that the injured are unable to reach hospitals. Fear has stopped the injured even agreeing to relocate to seek medical assistance. Other organizations have reached Misutra through Malta (by sea).

¹ The presentation is available on the Humanitarian Forum website:
http://www.humanitarianforum.org/data/files/libya_humanitarian_briefing.pdf.

Outcomes and recommendations:

- AMU currently works with volunteers. For the long-term, contracts for medical staff will be required. According to a needs assessment by AMU, recruitment of staff will cost approximately USD 1.2 million. **Representatives of the Human Appeal Foundation agreed to fund ten percent of AMU's project, pledging USD 120,000.**
- **AMU offered to provide logistical support to organizations that wish to access Libya.** AMU has approval from the Egyptian Ministry of Defence to access Libya from the Egyptian border. It has also warehouses in south east Libya to store medical supplies and equipment.
- The group discussed “floating” hospitals under the protection of international law. Given the current circumstances, it is almost impossible for surgeons and doctors to perform complex operations. Safety and access are key to guaranteeing that medical assistance can be delivered immediately.
- In the short-run, an evacuation plan must be devised to ensure that the injured receive immediate medical attention. In the long run, a contingency plan to access the west must be developed. It was suggested that more warehouses should be built towards the west of Libya. As access increases, more efficient medical response can be developed.
- INGOs should publish a joint international appeal.
- The Islamic Development Bank (IDB) also highlighted that it would be granting a significant amount to provide urgent medical aid assistance to those affected by the Libyan crisis.
- A coordination mechanism needs to be developed to facilitate partnerships and exchange of information. International organizations would like to see one formal agency (such as the Arab League) to rely on for information. This will reduce the potential of duplication and improve coordination of efforts.

Other needs:

The group discussion was facilitated by Dr. Ameer Zemali (ICRC). He commenced the discussion by providing insight into the principles of International Humanitarian Law (IHL) and its provisions stating that the basic needs of civilians (such as food, shelter, health, and protection) must be met. He evoked the presence of the ICRC in Libya and its neighboring countries and the activities undertaken there to help the people affected by the conflict, in coordination, in particular, with the other components of the Red Cross/Red Crescent Movement, on the basis of the Fundamental Principles of this Movement. This introduction allowed participants to compare information regarding the different needs across Libya.

The group agreed that the most pressing needs exist in western Libya, especially in the areas of Musatra, Al Zawaya, and Al Zentaan. These needs can only be met through the coordination of efforts between local and international/regional organizations. To ensure that different needs are met, the group made the following recommendations:

- Information-sharing and coordination are vital, as some areas are well-provided (eg food) but others are not. There is a great need to ensure the inflow of in-kind support, such as infant milk, mobile blood banks, generators for hospitals, tents (for some cities) and certain medical equipment.
- Accurate information must be collected and disseminated.

- A detailed report on needs must be published and disseminated to organizations operational within and around Libya.
- Greater attention on the victims of the Libya crisis must be created. Case studies must be shared with international organizations to ensure more pressure is created.
- International organisations need to partner with local NGOs and develop their local capacity through training.
- The need for organizations to coordinate with the League of Arab States (via the health and humanitarian aid department) to ensure greater coordination at an Arab-level is attained.

Information (access, media, and communication):

The third group discussion was facilitated by Khaled Khalifa (UN OCHA). To commence the discussion, the group identified the challenges to collecting accurate information:

- The situation changes fast on the ground and is unpredictable.
- Safety and confidentiality of people gathering information.
- Contradictory information from the same location.
- Specific, humanitarian information is needed (much of the information available is descriptive/opinion).
- Poor available technology (the AMU is establishing satellite communication).
- Very little information from western Libya.

Outcomes and recommendations:

Action 1: Improving existing information

- Participants are encouraged to use the reports from OCHA (<http://northafrica.humanitarianresponse.info/>), OIC (www.ichad-oic.com) and AMU.
- All organisations' reports could use a standard terms/format. They can all be circulated informally, eg to the participants at this conference and via <http://northafrica.humanitarianresponse.info/>. The reports could also be translated, where possible.

Action 2: focal points for information, using <http://northafrica.humanitarianresponse.info/> as a hub (this is *not* a cluster system)

- **Focal points** for specific issues:
 - (a) **medical needs – AMU and OIC offered to jointly act as the focal points**
 - (b) local partners in Libya – the participating organizations give a good starting point; they are encouraged to develop a database of local implementing organizations; volunteers are welcome to take this area forwards
 - (c) **public messages – Oxfam offered to work with an Arabic organization (volunteers welcome)** to collect and share advocacy/position statements. Some points that were raised for further discussion are: use of language/terms (eg “civilians”), protection of civilians, contingency plan for region, civil/military relations, clear leadership/coordination by the Coalition Forces.

- All organisations are encouraged to send the focal points information and provide feedback on their reports.
- **UNDP offered to analyse/finalise information, perhaps using volunteers placed in the focal point organizations.**

Action 3: future

- There should be further information-sharing meetings like this one. This will be vital for future needs in the region, such as Libya, Bahrain, Yemen.
- The media should use existing reports by humanitarian organizations.
- There could be a regional information network in the future (OCHA/IRIN is developing this).

Plenary discussion:

In a general discussion, the working groups' discussion was welcomed. The following points were emphasised:

- Information sharing is vital.
- **Egyptian humanitarian organizations agreed that there should be greater coordination of efforts. The first coordination meeting was announced courtesy of the Food Bank.** The first meeting took place on Sunday, 27 March, which saw the participation of 9 local organizations.
- Partnerships are important – who can give what ? who needs what ? Some examples of projects are: medical kits (WHO), surgeons and nurses (AMU), ambulances (LAS).
- Local communities and NGOs are vital (as are diaspora). NGOs need to be supported with training.
- Logistics can be shared, eg strategic stock depots. It may be possible to arrange joint purchasing through the OIC.
- Messages should be shared. In the future, it may be possible to develop joint advocacy.
- The LAS could form a standing committee for the region, eg a Crisis Management Group. This would be made up of Governments, multilateral organisations and INGOs. It would build on the Social Affairs department's humanitarian division and the Health Ministers committee.
- These mechanisms need to complement existing mechanisms.

Discussion about Yemen:

In a separate session on Yemen, the following points were raised:

- Yemen is a complex country, with political and tribal affiliations. The population is also heavily armed.
- There is an urgent – and increasing – humanitarian need. It is important to assess current needs and prepare for different future scenarios.
- It takes a long time for an organisation to get started in Yemen – they should not wait.
- The Ministry of Health has managed not to take sides so far, so it could be a good partner.

- NGOs have a vital role in identifying and providing for needs. The international community needs to identify and develop their capacities. Humanitarian Forum Yemen² is doing this.
- INGOs and NGOs need to share information. Partnerships are vital. Again, HFY provides a model.
- The LAS and OIC have key roles.

² There is more information on HFY on:
<http://www.humanitarianforum.org/countries.php?action=view&id=3>.