









# Eye Health for displaced persons in conflict countries: A case study from Tunisia

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#### **Crisis and unrest in Libya**

- February 2011: More than 70 nationalities (90.000 migrants /2 weeks) were fleeing Libya towards Tunisia following the intensification of conflicts in this neighboring country.
- As a result, Tunisia, which was neither accustomed nor prepared to handle this kind of event, suddenly faced the obligation and the duty to assist these migrants and refugees.













# More than one million refugees during the Lybian revolution



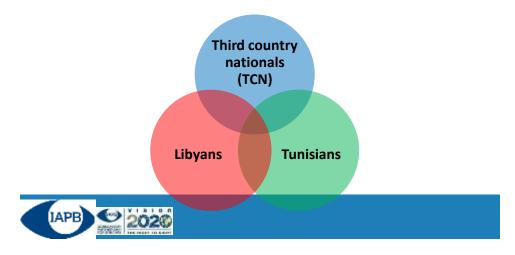
Adopted in Tunisia in homes by Tunisian families and their children in shools







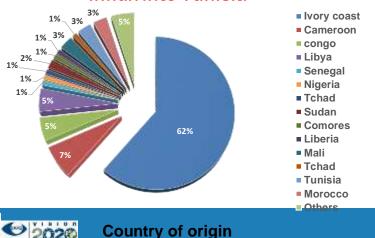
# Demography and geography of the population influx into Tunisia







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#### **Tunisian authorities response**

- Tunisian authorities responded immediately, deploying the army to assist the Tunisian civil protection who manages the border crossing, to handle the situation.
- Tunisian doctors and nurses also volunteered to assist with the immediate medical needs of the migrants.
- Shortly afterwards UN organisations, international and national NGOs arrived to complement these efforts.
- Camps have been setup at Choucha, close to Ras Jdir (7 km), to host the incoming TCNs and have been in place since.
- Here, the immediate needs in terms of shelter, food and medical care are seen to by the Tunisian authorities and international organisations in collaboration.







#### The health response

- At the beginning of the crisis the immediate health care needs were manly focused at the Ras Jdir border crossing.
- The Tunisian civil protection agency has a medical post at the border and together with the military provided the initial first aid.
- After that a number of medical posts were created alongside, first by Tunisian health personnel followed by national and international NGOs and organisations.













#### The health response

- The nearest regional hospital -that of Benguerdane- moved some of its personnel to the border to manage care more efficiently.
- By contrast, the Libyan migrants in need of health services have mostly made their own way to the first point of contact with the health system, including cases of Libyan ambulances delivering patients straight to Tunisian emergency departments.















#### Coordination with International NGO and organisations



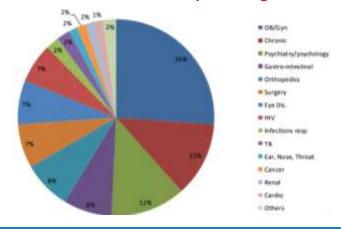








#### Main results of health activities and the epidemiological situation



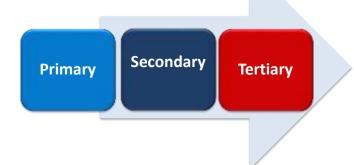


Medical problems in migrants



### Eye health care





Most of refugees could have Lybian primary EHC either from the public health system in Libya or Tunisia





#### Eye health care



- 2nd and 3rd was difficult to offer at the beginning due to the war and lake of security.
- Those EHC were offered either by Tunisian Governomental health services, NGO's or private sector
- Nadi Al Bassar, Tunisian NGO on the border (1st aid and referal)







#### **Tunisian-Libyan border(1500) consultations)**







### Eye health care

Medical supply (consumable.....) through borders or via other country

Eg: Mosrata embargo and Malta







# In Libya (Obari): cataract campaign

















- Private sector (Clinique Ophtalmologique de Tunis)
- Number of Libyan patients from 2011 to 2015:

Consultations: 4584

Trauma: 420

Ophthalmic care: 1182



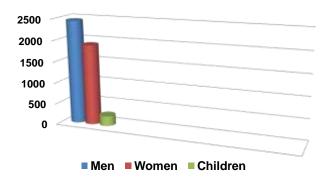






# Libyan Patients treated in Clinique Ophtalmologique de Tunis From 2011 to 2013

#### **Distribution of patients**

























## Victimes of the Libyan revolution

















### **Financing**



1st few months: free

Libyan-Public support

Libyan authority

(before the fall of Government)





#### Conclusion



- Includ traumatology in scientific program of National Ophthalmological Societies
- -Regional and subregional Workshop
- -An institution in each country with Ophthalmic subspeciality which can handle ophthalmic trauma on large scale

Nadi Al Bassar will help to create such an institute in each vulnarable country in the Middle East and Africa region

- ➤ Ophthalmologists (Sub-speciality)
- ➤ Maxillo facial
- ➤ Anesthesist

Team Work











