

# HEALTH SECTOR BULLETIN

**August 2020**



## Libya

Emergency type: Complex Emergency

Reporting period: 01.08.2020 to 31.08.2020

| Total population     | People affected              | People in need                 | People in acute need |               |
|----------------------|------------------------------|--------------------------------|----------------------|---------------|
| 6.7 million          | 1.8 million                  | 900,000                        | 300,000              |               |
| IDP                  | Returnees                    | Non-displaced                  | Migrants             | Refugees      |
| 216,000              | 74,000                       | 278,000                        | 276,000              | 48,000        |
| Target Health Sector | People in need Health Sector | Required (US\$ m)              | Funded (US\$ m)      | Coverage (%)  |
| 203,137              | 525,992                      | 28 (non-COVID)<br>16.7 (COVID) | 7.5 and 7.3          | 26.8 and 43.4 |

| KEY ISSUES   | 2020 PMR (Periodic Monitoring Report)<br>related indicators (July)  |               |
|--|---|---------------|
| <ul style="list-style-type: none"> <li>• Lack of accountability</li> <li>• Absence of leadership and oversight</li> <li>• Acute shortages of tests, equipment and supplies</li> <li>• Inadequate health care services</li> </ul> <ul style="list-style-type: none"> <li>○ WHO issued a statement on rapidly escalating rates of COVID-19 in Libya.</li> <li>○ 38% of medical procedures took place in areas of severity scale higher than 3</li> <li>○ A systematic evaluation of EWARN is in place.</li> <li>○ “Health Diplomacy” project</li> <li>○ Weakened Health Information Management System</li> </ul> | Number of medical procedures provided (including outpatient consultations, referrals, mental health, trauma consultations, deliveries, physical rehabilitation) | <b>20,826</b> |
|  | Number of public health facilities supported with health services and commodities   | <b>49</b>     |
|  | Number of mobile medical teams/clinics (including EMT)  | <b>31</b>     |
|  | Number of health service providers and CHW trained through capacity building and refresher training   | <b>898</b>    |
|  | Number of attacks on health care reported   | <b>2</b>      |
|  | Percentage of EWARN sentinel sites submitting reports in a timely manner  | <b>69%</b>    |
|  | Percentage of disease outbreaks responded to within 72 hours of identification  | <b>81%</b>    |
|  | Number of reporting organizations   | <b>11</b>     |
|  | Percentage of reached districts   | <b>91%</b>    |
|  | Percentage of reached municipalities  | <b>45%</b>    |
|  | Percentage of reached municipalities in areas of severity scale higher than 3   | <b>40%</b>    |

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### SITUATION OVERVIEW

Egyptian-Greek maritime agreement prompts Turkey to renew hydrocarbon exploration in the eastern Mediterranean.

There are political tensions resurfacing within GNA Presidency Council. With the military frontlines now far from Tripoli and public discontent on the rise due to increasing power and water shortages in the West, the rivalry and divisions that prevailed within the Presidency Council (PC) are reappearing.

Municipal elections tentatively scheduled for 5 September in Misrata, and for 18 August in Kikla, Ghat and Traghan.

Great Man-Made River (GMMR) Authority reports 149 attacks on wells in 2020. Water shortages in western region exacerbate impact of prolonged power cuts in the summer heat.

LAAF announced resumption of oil production and export from Libya.

On 6 August, an armed group near the town of Azzawya (western Libya) intercepted a truck on its way to Benghazi and Tobruk to deliver WHO supplies. They directed the driver to deliver the supplies to a nearby health care facility. WHO has repeatedly asked the national authorities in Tripoli to intervene and ensure the supplies are restored to WHO for distribution to health facilities in the east. As of 31 August, the supplies were not released back to WHO. Following incident of aid diversion by armed group, WHO requested the intervention of the national authorities and stresses principles governing humanitarian action.

The US and Germany continued to engage with the Libyan parties and regional powers, notably Egypt and Turkey, on a ceasefire and the establishment of a demilitarized zone (DMZ) around Sirte and al-Jufra.

Since LNA and allied armed forces withdrew from Tripoli in June 2020, the focus of the conflict has turned to Sirte and surrounding areas. Should the GNA launch a military offensive to take Sirte, there will be significant humanitarian impact, including displacement and possible targeted retribution against individuals based on allegiance to either side that will require immediate response by partners.

On 21 August, Prime Minister (PM) al-Sarraj and House of Representatives (HoR) Speaker Saleh issued separate statements calling for a ceasefire. As President of the Presidency Council (PC) of the Government of National Accord (GNA), al-Sarraj “instructed all military forces” to cease hostilities. The statement stressed that an “effective” ceasefire required the demilitarization of Sirte and al-Jufra and called for the resumption of oil production and exports, as well as the accumulation of revenues in a dedicated external account of the National Oil Corporation (NOC) at the Central Bank of Libya (CBL), available for use by the Libyan authorities after the conflict is settled. The PM also reiterated his call for presidential and parliamentary elections to be held in March 2021 on the basis of an agreed constitutional framework. Acting SRSG Williams welcomed points of agreement in declarations by Prime Minister al-Sarraj and HoR Speaker Aquila Saleh calling for a ceasefire. Key military and political actors in the East and West dismissed the calls for a ceasefire. International reactions were overwhelmingly supportive.

GNA affiliated armed groups appeared to be vying for territorial control and areas of influence in the capital.

IOM and UNHCR called for urgent action after at least 45 die in largest recorded shipwreck off the Libyan coast in 2020.

UNSMIL continued receiving information on migrants and asylum-seekers being subject to exploitation, forced labor, torture and ill-treatment, enforced disappearance, extortion and lack of food and access to health care.

IOM/DTM published the Migrant Round 31 (May-June 2020) data collection, in which at least 600,362 migrants of over 46 nationalities were identified in Libya.

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Over the week, the Libyan Coast Guard (LCG) returned 285 migrants and asylum-seekers to Libya including 74 people (24 children and two women) to Tripoli on 18 August. As of 23 August, 7,127 refugees and migrants have been registered as rescued/intercepted at sea by the LCG and disembarked in Libya.

The frequency of the protest in Libya has been consistent for the last week of August. The demonstrations are characterized with blocking of roads and burning of tires. A number of protesters have been arrested while some are injured. In Tripoli, local security forces had blocked some roads and established checkpoints to deter the protesters from marching towards the venue of demonstrations despite the imposed curfew. There had been heavy deployment of security forces.

### PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

**26 August, WHO issued a statement on rapidly escalating rates of COVID-19 in Libya**

<http://www.emro.who.int/lby/libya-news/who-alarmed-over-rapidly-escalating-rates-of-covid-19-in-libya.html>



... Over the past 2 weeks, the number of confirmed cases of COVID-19 in Libya has more than doubled. Given the acute shortages of tests and laboratory capacity, the real number of cases is likely to be much higher.

Community transmission has been reported in some of the country's main cities, including Tripoli and Sebha. Compounding the situation, Libya's health care system has been badly disrupted by years of conflict. Approximately 50% of primary health care facilities are closed. In those that remain open, health care staff are working long hours to care for COVID-19 and other patients, including providing children with immunization services, which have been adversely affected by the ongoing conflict and aggravated by the COVID-19 pandemic. In the first half of August 2020, at least 8 health care staff in the south of the country tested positive for COVID-19.

"We are alarmed at the rapid spread of the virus in the country," said Elizabeth Hoff, WHO Representative in Libya. "While the number of new cases has increased dramatically, contact tracing remains difficult. The stigma associated with COVID-19 is so great that infected people are reluctant to come forward for health care and

unwilling to disclose the names of others with whom they have been in close contact. We are in a vicious cycle. The virus is spreading because infected people and their contacts are lost, preventing follow up. The ever greater numbers of infected patients are placing a huge strain on the health system, which is already unable to cope with normal workloads" ...

**Monthly COVID-19 Confirmed Cases and Deaths (as at 28 August 2020)**



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### Sirte preparedness plan

As part of inter-sector preparedness plan for Sirte, the health sector will aim to secure access for supplies (medicines, consumables and medical equipment) and medical teams to identify and meet critical needs in affected areas for up to 100,000 people in need. The sector is to provide static and mobile essential health services at the potential IDP sites (camps, settlements, shelters, host community. Lifesaving and life-sustaining medicines, supplies, and equipment will be provided to functioning PHC facilities and hospitals (a total of 44). Referral of emergency cases both to public and private health facilities will be supported as well as support outreach immunization services in new IDP sites and host community. The sector will expand communicable disease surveillance, detection and response, including EWARN coverage to all IDP sites. Assessment and identification of essential PHC facilities in need of physical rehabilitation and further support (supplies and capacity building) will be carried out. Operational partners will include: WHO, UNICEF, UNFPA, IOM, UNHCR, UNDP.

### COVID-19 highlights (as of 28 August):

- Cumulative confirmed cases: 13,423
- Cumulative recovered cases: 1,410 (10.5%)
- Active cases: 11,781
- Total Deaths: 232
- Cumulative positivity rate: 10.5%
- Case fatality rate to date: 1.73%
- Non-Libyan confirmed cases: 0
- 1,886 confirmed cases per 1 million population
- 34 deaths per 1 million population
- Total tests done in 22 labs: 128,158 (79,657 in Tripoli, 14,453 in Benghazi, 18,096 in Misurata, 7,330 in Sabha, 4,709 in Zliten, 2,224 in Zawiya, 120 in Gharyan, 878 in Emsaed, 13 in Tobruk, 3 in Al-Jofra, 7 in Zuwara, 133 in Sabratha, 529 in Zintan, 4 in Yefren and 2 in Ghadames).
- Transmission scenario classification of Libya is “community transmission”.
- COVID-19 lab network expanded to 22 labs.



### Key gaps

#### *The spread of the virus:*

- COVID-19 is spreading fast (the number of confirmed patients has quadrupled in the space of just a few weeks).
- The absence of governance, leadership, capacity and coordination is leading to the unchecked spread of the virus.

#### *Lack of accountability:*

- There is no accountability at top levels of government.
- Public anger is growing over the inadequate response and lack of accountability. It is perceived that the authorities have wasted hundreds of thousands of dollars buying equipment and supplies (e.g., ambulances) that do not meet the

specifications required to respond to COVID. Because of the lack of transparency around COVID-19 expenditures, there is no information on the amount spent and the equipment purchased. Without detailed knowledge of what has been purchased and what is still required, it is difficult for health partners to fill gaps in the response.

#### *Absence of leadership and oversight:*

- The authorities have still not endorsed the national plan for COVID-19.
- The proliferation of COVID-19 committees with unclear or overlapping mandates is exacerbating the situation. Many committee members clearly lack the technical expertise and experience needed to act in either an advisory or executive capacity.



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- The National Centre for Disease Control (NCDC) – which would normally be responsible for leading the response to the pandemic - has received no funds from the government with recent proposals to reform NCDC leadership. This possible change of leadership in the middle of the crisis has further eroded public trust.
- There is very little interaction between the central authorities and the municipalities who are at the forefront of trying to manage the COVID-19 response.

### *Acute shortages of tests, equipment and supplies:*

- Only 10 of the country's 19 laboratories are functioning and have the capacity to test COVID-19 samples. There is no comprehensive surveillance and testing strategy and there are chronic shortages of equipment and test kits.
- Despite repeated requests, urgently needed COVID-19 supplies continue to be blocked at Libyan ports for weeks on end. This is in stark contrast to other countries that have recognized the threat posed by COVID-19 and have put measures in place to ensure that supplies are released within 24-48 hours.
- Libya did not pursue its early attempts to join the consortium set up to manage global COVID-19 supplies. As a result, instead of benefiting from the highly advantageous arrangements put in place by the consortium, it is having to source its own supplies bilaterally, at much higher prices than those negotiated by the consortium.
- Libya has signed up to the COVAX initiative but has not participated in any meaningful way. COVAX has been set up by GAVI to help ensure that all countries have access to a COVID-19 vaccine once it has been developed. The role of the COVAX facility is to work with manufacturers on behalf of countries, to help all COVAX member states secure critical doses of COVID-19 vaccines. If Libya wishes to benefit from COVAX, it will have to play an active role and sign the COVAX "Confirmation of Intent to Participate" and subsequent contribution agreement.



### *Inadequate health care services*

- Health care workers have had to wait for several months to receive their salaries. Overall, there is a lack of capacity (health care staff, medicines, supplies and equipment) to respond not only to COVID-19 but to keep other essential health care services running.

### *Reputational risk:*

Libya faces a pandemic on top of divided governance, a collapsing economy, widespread corruption, an armed conflict and a severely disrupted health system. The absence of national leadership has led to unrealistic expectations being placed on WHO. WHO's mandate is to provide technical guidance and advice to the government and support its efforts to prevent, detect and respond to cases of COVID-19. This can only be done when WHO is able to work with a functioning government. The extraordinarily complex

political and security environment in Libya is hampering efforts to contain the spread of the pandemic at all levels. National authorities are to be requested to work with WHO and health sector to identify solutions to overcome the current "politicization" of the COVID-19 response (an increasing number of requests are received from different national level stakeholders "to take over" certain government related functions (e.g. centralized procurement of supplies, including vaccines, forecasting and planning the overall health response, etc.). The main factors preventing a



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meaningful response are beyond WHO's control and can only be resolved through a negotiated political settlement that sets Libya on the path to stability and democracy.

Concrete steps have been proposed to overcome the current challenged situation.

1. Appoint a Minister of Health as soon as possible.
2. Endorse the national plan; streamline the number of committees and clarify their mandates.
3. Reinforce the key role of the NCDC, which has the technical expertise and experience to manage the response.
4. Improve accountability and transparency – the public has a right to know.
5. Set up a mechanism to hold regular meetings between the central authorities and affected municipalities to review the situation, assess needs and constraints, and use the information to support a targeted local response.
6. Follow the example of other countries and sign a blanket waiver for all COVID-19 supplies arriving at Libyan ports.
7. Prepare detailed specifications for all COVID-19 equipment and supplies, to ensure that health care workers, ambulance drivers and other staff are protected against the virus and can work in safety and security.
8. Join/actively participate in the COVID-19 supply consortium and the COVAX Initiative to ensure that Libya can benefit from privileged access to supplies and a vaccine (when the latter becomes available).

### 2021 HNO/HRP:

As per the HNO/HRP timeline the deadline for sectors to provide inputs for HNO is 21 September. The following feedback is to be provided:

- Briefly describe changes in the context since the last HNO in relation to the environment in which affected populations live.
- What are some of the underlying factors driving people's needs?
- What are the impacts of the crisis in terms of people's ability to cover their essential needs or access essential goods and services?
- What coping strategies have people put in place to mitigate, resist and /or recover from challenges and shocks?
- What are the resulting humanitarian needs in the immediate period and in the longer term? What, if any, key changes in humanitarian needs (scale or type of needs) that have emerged in the last 12 months and why?
- Explain the total number of People in Need (PiN) for your sector, how this number was arrived at (indicators, datasets used) and provide a short severity analysis of needs by geographic location and population groups, age and gender.
- How will humanitarian sectoral needs change over the next 12 months and what assumptions underpin this analysis?
- Identify monitoring data, indicators and other information the sector will regularly collect and analyze and share for joint inter-sectoral monitoring.

| OUTPUT INDICATORS   | Al Jabal Al Akhdar | Al Jabal Al Gharbi | Aljara | Aljufra | Alkufra | Almargeb | Almarj | Azzawya | Benghazi | Derna | Ejdabia | Ghat  | Misrata | Murzuq | Nalut | Sebha | Sirt | Tobruk | Tripoli | Ubari | Wadi Ashshati | Zwara | Grand Total |
|---|--------------------|--------------------|--------|---------|---------|----------|--------|---------|----------|-------|---------|-------|---------|--------|-------|-------|------|--------|---------|-------|---------------|-------|-------------|
| 1.1.1 Number of outpatient consultations (excluding mental health, trauma consultations, physical rehabilitation) | 107                | 733                |        |         | 580     | 1,234    | 80     | 386     | 2,912    |       | 1,703   | 1,637 | 1,232   | 181    |       | 2,295 |      |        | 5,761   |       |               | 288   | 19,129      |
| 1.1.2 Number of patients referred for treatment between different levels of care and locations                    |                    | 2                  |        |         |         | 1        |        | 9       |          |       |         |       |         |        |       |       |      |        | 72      |       |               | 5     | 89          |
| 1.1.3 Number of trauma/injury related consultations   | 1                  | 49                 |        | 168     | 4       | 137      |        | 23      | 80       |       | 5       |       | 251     | 55     |       | 72    |      |        | 172     |       |               | 9     | 1,026       |
| 1.1.4 Number of mental health consultations   |                    | 9                  |        |         |         | 18       |        | 2       | 11       |       |         |       | 45      |        |       | 31    |      |        | 145     |       |               | 20    | 281         |
| 1.1.5 Number of physical rehabilitation (disability) sessions/consultations                                       |                    |                    |        |         |         |          |        |         | 169      |       |         |       | 12      |        |       |       |      |        | 112     |       |               |       | 293         |
| 1.1.6 Number of vaginal deliveries attended by a skilled attendant  |                    |                    |        |         |         |          |        |         |          |       |         |       |         |        |       |       |      |        | 5       |       |               |       | 5           |
| 1.1.7 Number of caesarian sections supported  |                    |                    |        |         |         |          |        |         |          |       |         |       |         |        |       |       |      |        | 3       |       |               |       | 3           |
| Number of medical procedures provided   | 108                | 793                | 0      | 168     | 584     | 1,390    | 80     | 420     | 3,172    | 0     | 1,708   | 1,637 | 1,540   | 236    | 0     | 2,398 | 0    | 0      | 6,270   | 0     | 0             | 322   | 20,826      |

### The Inter-Sectoral Framework 2021 HNO/HRP (aligned with global JIAF):

The sectors were asked to review the previous indicators and update or change based on the context, available datasets.

- Incidence rate for selected disease relevant to the local context (acute diarrhea): source - EWARN
- Percentage of population that can access primary healthcare within one hour's walk from dwellings: source – MSNA

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### 2020 MSNA

The results for the 2020 MSNAs have now been published (data sets for the [Libyan MSNA](#) and the [Migrant and Refugee MSNA](#)). A dedicated meeting with the health sector is scheduled for the week of the 7<sup>th</sup> September to go through the results, establish some areas of interest for the qualitative component, identify potential areas for new assessments/areas of focus, and most importantly to get feedback from the partners on the findings.

### Availability of Health Information: Core Indicators:

The health sector was requested to update on the available core indicators for Libya. The review has indicated non-availability of most of the core indicators with the exception of performance indicators reported and captures through a standard 4W.

| <i>Core Indicator</i>   | <i>Availability</i>      |
|---|--------------------------|
| # Total Population  | Available                |
| # People in need of humanitarian health assistance                  | Available                |
| # People targeted for humanitarian health assistance                | Available                |
| Requested fund by health sector                                     | Available                |
| # Health facilities   | Not available with MoH   |
| # Under 1 targeted for measles vaccine                              | Not available with MoH   |
| Crude mortality rate  | Not available with MoH   |
| Under five children mortality ratio                                 | Not available with MoH   |
| # Targeted people reached   | Available through 4W     |
| Funds received  | Available                |
| # Functioning health facilities                                     | Not available with MoH   |
| # Accessible facilities   | Not available with MoH   |
| # Sentinel surveillance sites                                       | Available through 4W     |
| # Sites reporting timely  | Available through 4W     |
| # Attacks on health facilities and personnel                        | Available through 4W     |
| # Doctors per 10000 population                                      | Not available with MoH   |
| # Nurses per 10000 population                                       | Not available with MoH   |
| # Health workers trained/ retrained                                 | Available through 4W     |
| # Catchment population  | Not available through 4W |
| # Consultations   | Available through 4W     |
| # Deliveries  | Available through 4W     |
| # Normal Deliveries assisted by skilled attendants                  | Available through 4W     |
| # Under 1 vaccinated against measles                                | Not available with MoH   |
| # Active health cluster/sector partners                             | Available through 4W     |
| # Beneficiaries from the medical kits and treatment course provided | Available through 4W     |
| # Trauma cases supported  | Available through 4W     |
| # Mental health and psychosocial support interventions provided     | Available through 4W     |
| # CEMoNC units  | Not available with MoH   |
| # Mobile clinics supported  | Available through 4W     |
| # BEmONC units  | Not available with MoH   |
| # of health facilities with IPC program                             | Not available with MoH   |
| # of health facilities with full minimum health service packages    | Not available with MoH   |
| # outbreaks detected and investigated with 72 hours                 | Available through 4W     |
| Total number of outbreaks   | Available through 4W     |
| Number of physical rehabilitation sessions.                         | Available through 4W     |
| # primary health care units   | Not available with MoH   |
| # primary health care units fully functional                        | Not available with MoH   |
| # primary health care units partly functional                       | Not available with MoH   |
| # primary health care units nonfunctional                           | Not available with MoH   |
| # of hospitals  | Not available with MoH   |
| # of hospitals fully functional                                     | Not available with MoH   |
| # hospitals partly functional                                       | Not available with MoH   |

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|   |                        |
|---|------------------------|
| # hospitals nonfunctional                                   | Not available with MoH |
| Estimated number of pregnancies per year                    | Not available with MoH |
| # ANC visits a pregnant woman has received during pregnancy | Not available with MoH |
| # midwives per 10000 population                             | Not available with MoH |
| # children (6 months - 15 years) who had measles vaccine    | Not available with MoH |
| # 3rd dose of DPT/PENTA (0-12 months)                       | Not available with MoH |
| # children (0-12 months)                                    | Not available with MoH |
| # children (6 months - 15 years)                            | Not available with MoH |

### Access related issues

OCHA released the following information with regard to access related issues for the health sector. A total of 136 access constraints reportedly impeded health activities during May.

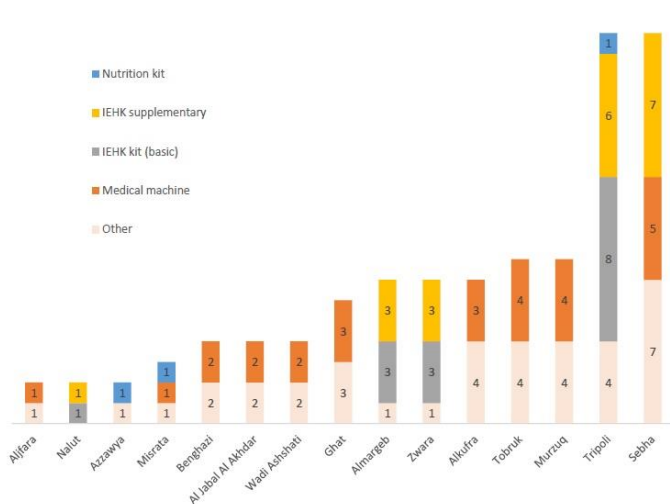
| Type of Constraint   | Number of incidents/access constraints | % of incidents/access constraints |
|--|--|-----------------------------------|
| Denial of the existence of humanitarian needs or of entitlements to humanitarian assistance.         | 0                                      | 0%                                |
| Restriction of movement of agencies, personnel, or goods into Libya.                                 | 85                                     | 62%                               |
| Restriction of movement of agencies, personnel, or goods within Libya.                               | 47                                     | 35%                               |
| Military operations and ongoing hostilities impeding humanitarian operations.                        | 3                                      | 2%                                |
| Violence against humanitarian personnel, assets and facilities                                       | 0                                      | 0%                                |
| Interference in the implementation of humanitarian activities  | 0                                      | 0%                                |
| Presence of Mines and UXOs   | 1                                      | 1%                                |
| Physical environment   | 0                                      | 0%                                |
| Restrictions on, or obstruction of, conflict affected populations' access to services and assistance | 0                                      | 0%                                |
| Other  | 0                                      | 0%                                |
| <b>Total</b>   | <b>136</b>                             | <b>100%</b>                       |

| Mantika            | No. of Access Constraints | % of Access Constraints |
|--------------------|---------------------------|-------------------------|
| Al Jabal Al Akhdar | 7                         | 9%                      |
| Al Jabal Al Gharbi | 12                        | 5%                      |
| Aljbara            | 1                         | 1%                      |
| Aljufra            | 0                         | 0%                      |
| Alkufra            | 10                        | 7%                      |
| Almargeb           | 4                         | 3%                      |
| Almarj             | 14                        | 10%                     |
| Azzawya            | 2                         | 2%                      |
| Benghazi           | 37                        | 27%                     |
| Derna              | 3                         | 2%                      |
| Ejdabia            | 10                        | 7%                      |
| Ghat               | 0                         | 0%                      |
| Misrata            | 9                         | 7%                      |
| Murzuq             | 0                         | 0%                      |
| Nalut              | 1                         | 1%                      |
| Sebha              | 4                         | 3%                      |
| Sirt               | 4                         | 3%                      |
| Tobruk             | 3                         | 2%                      |
| Tripoli            | 10                        | 7%                      |
| Ubari              | 0                         | 0%                      |
| Wadi Ashshati      | 1                         | 1%                      |
| Zwara              | 4                         | 3%                      |
| <b>Total</b>       | <b>136</b>                | <b>100%</b>             |



### HEALTH SECTOR ACTION/RESPONSE

Number of provided standard health kits by Mantika and severity scale



#### 4W health sector performance (July):

- 11 organizations reported for July related activities.
- Health sector reached 20 out of 22 districts. 45 out of 100 municipalities were reached. 18 (45%) of reached municipalities were in areas of severity scale higher than 3.
- A total of 20,826 medical procedures were provided, including 19,129 outpatient consultations, 89 referrals, 1,026 trauma related consultations, 291 mental health consultations, 293 physical rehabilitation consultations, 2 assistance with vaginal deliveries and 3 caesarian sections supported.
- 38% of medical procedures took place in areas of severity scale higher than 3 while 58% of medical procedures are provided in areas of severity scale equal to 3.

- 27% of mobile medical teams are operational in areas of severity scale higher than 3. 71% of teams are in severity scale equal to 3.
- 10 out of 45 health facilities supported with mobile medical teams are in areas higher than 3 (as per severity scale), 44 facilities in areas equal to 3.
- 25 health facilities are supported with MHPSS services.
- A total of 31 mobile medical teams are being operational.
- Only 69% of EWARN sites provide regular reports. 81% of disease outbreaks are being investigated within 72 hours.
- 38 public PHC facilities and 11 public hospitals are supported with supplies and services.
- 87 different items of medical equipment are being distributed across the country.
- 75 standard health kits are provided as well.
- 0 health facilities received support with physical rehabilitation.
- 9 detention centers, 2 disembarkation points, 9 IDP camps/settlements are covered by health sector partners.
- 622 health care provided have undergone through capacity building support.
- 276 community health workers were trained.
- 2 Flash Updates on attacks on health care were produced.

#### COVID-19 inter-sector response (4W OCHA)



As requested by OCHA, it is essential to continue to report on COVID-19 related activities through earlier developed the Kobo tool – <https://ee.humanitarianresponse.info/x/#4rEvl7vj>. The health sector was advised to update the Kobo tool accordingly to capture COVID-19 response correctly and accordingly. As previously mentioned partners can report at any time and all reporting can be viewed through the real-time online portal - <https://bit.ly/2E9N2h1>

**EWARN updates:** The production of weekly EWARN bulletins remains disrupted. A systematic evaluation of EWARN is in place: Weekly meetings with EMRO and NCDC are in place to strengthen EWARN system, enhance performance indicators and resume weekly bulletin issuing. The new platform developed by EMRO office. On-line demo training conducted targeted surveillance administration and selected 8 sites. There are

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two training planned (epidemiology science training for NCDC surveillance administration and surveillance officers training on EWARN new platform and how to collect data on priority diseases and use new application for sending data. New application can facilitate data analysis and generate weekly bulletin automatically. The second objective is expanding EWARN system coverage to include 125 new reporting sites. WHO will support NCDC by procure new electronic devices for new reporting sites and take responsibility to train 80 new surveillance officers. The work plan is developed for next two months and still under discussion with NCDC and EMRO EWARN unit.

**AFP updates:** Weekly AFP updates are being published.

**Bi-weekly operational updates:** Regular biweekly (1-15 August) health sector operational update was produced.

Bi-monthly consolidated list of capacity building events supported by the health sector: The health sector was requested to provide details of supported (August) and planned (September) capacity building events across Libya by 2 September. The consolidated update will be disseminated separately.

### Coordination meetings:

- **Sub-national health sector coordination meeting in Sabha, 30 August**

The regular sub-national health sector coordination meeting took place in Sabha on 30 August. The materials will be disseminated separately.

- **Mental Health Psychosocial Technical Working Group, 18 August**

The first meeting of the technical working group was conducted on 18 August. The materials included: meeting minutes, including links to valuable MHPSS/COVID resources from IASC; MoH presentation on health systems disparities in Libya; MHPSS Actors Program Information; HI: PSS hotline; IOM: PSS hotline for mixed migrants; IMC: in-person counseling and psychiatry services; Save the Children PFA Training Opportunity.

In case of further questions, please contact Amal Ataya ([aataya@iom.int](mailto:aataya@iom.int)) and Christine Rufener ([crufener@internationalmedicalcorps.org](mailto:crufener@internationalmedicalcorps.org)).

- **The EU TF Technical Working Group meeting, 19 August**

The EU TF Technical Working Group meeting took place on 19 August. The following organizations were present: EU Delegation, EU TF Team DG NEAR, DG ECHO, WHO, IOM, UNHCR, UNICEF, UNDP, UNFPA, GIZ, AICS, DRC, IMC, IRC, CESVI, ICMPD, MMC, Global Initiative, Altai Consulting, Peaceful Change Initiative. The minutes and materials of the meeting were circulated separately by the EU.

### “Health Diplomacy” project

Political Dialogue and National Reconciliation Project “Track-Two Activities to enhance Dialogue through Health Diplomacy”. The following project is being implemented by the UNSMIL and UNDP, as part of track-two efforts under UNSMIL’s intra-Libyan dialogue strategy.

|                           |   |
|---------------------------|---|
| Objectives:               | Officials and informal medical leaders in Libya across conflict divides have support for, and access to, dialogue and agreements on COVID-19 treatment and management: (a) providing a basis for cooperation on health issues in support of reconciliation and the overall political process; and (b) reducing elite level and societal polarization and potential for conflict escalation around COVID-19. |
| Relevant Project Outputs: | Political Dialogue Output 1: Safe and neutral platform provided within the framework of the political dialogue, helping to foster confidence building between actors and relevant stakeholders.   |

# HEALTH SECTOR BULLETIN

## August 2020

|                        |  |
|------------------------|--|
|                        | <p>National Reconciliation Output 1: Space for Dialogue is created and maintained in key locations with potential to contribute to the national reconciliation process.</p> <p>Secondary Output</p> <p>Political Dialogue Output 2: Government of National Accord has strengthened capacity to respond to immediate public priorities.</p> |
| Implementation period: | April/May 2020- December 2020  |

For more inquiries, please contact Andrew Cheatham, Project Manager, Political Dialogue, National Reconciliation, UNDP Libya, [andrew.cheatham@undp.org](mailto:andrew.cheatham@undp.org)

## UPDATES FROM PARTNERS

### *UNHCR Libya Health Response, August 2020*

**Urban:** Through IRC, UNHCR continues to provide healthcare in Tripoli and Misrata also to refer urgent medical cases from urban with a total number of 1057 of medical consultations and 142 referrals.

The 24/7 medical emergency hotline team continue to support PoCs, 101 PoCs were assisted. This hotline is operated by UNHCR partner IRC and Libyan red crescent

**Disembarkation:** UNHCR-IRC medical team Provided 62 medical consultations at disembarkation points West and Central region.

**Detention Centers:** Through its implementing partners IRC and PUI, UNHCR provided 1175 medical consultations in East and West detention centers.

**COVID-19 Response:** Through its partner PUI and in coordination with the Consultative Medical Committee to combat corona in the East of Libya, UNHCR conducted needs assessment for COVID-19 response Benghazi.

### *UNFPA, Ensuring safe birth in the underserved area of Ghat*



On 22 August, in partnership with the Libyan Red Crescent (LRC), UNFPA deployed a mobile medical unit in Ghat area, to ensure the provision of essential reproductive health services in the deep southwest. In three days, the team already ensured the safe delivery of six newborns and conducted 31 obstetric consultations and 15 pediatric consultations. This intervention is key to allow access to quality essential SRH services in an area that lacks obstetricians and gynecologists in a radius of 400 km, where women mostly have to deliver at home or to travel over 500

km to reach the nearest health facility in Sabha. In parallel, UNFPA continued to support the provision of essential SRH services at primary healthcare level through the mobile medical units in Tripoli and Sabha, which assisted a total of 460 women and 5 men over the month of August. They also conducted 15 MHPSS consultations and several awareness sessions on hand hygiene, respiratory hygiene, and COVID-19 and pregnancy, reaching 1,312 individuals this month. The triage of a total of 1,681 cases was also supported according to NCDC guidelines.

**IOM**



# HEALTH SECTOR BULLETIN

## August 2020

During the month, IOM medical teams provided 5260 consultation services to migrants, refugees and IDPs and referred 64 migrants to secondary/tertiary hospitals for further management. Following are further details:

The medical teams provided medical consultations for 1315 migrants and 2035 migrants received health promotion and disease prevention activities in Dahr Aljabal DC, Tariq Al-Sikka DC, Shouhada Alnasr DC, Abu Issa DC, Ganfouda DC, Tokra DC, Kufra DC, Souq AL Khamees DC, Zwara DC all over Libya. Most of activities included health awareness sessions among migrants, distribution IEC materials flyers and posters, fumigation, disinfection and cleaning activities. A total of 19 migrants were referred from these detention centers to the secondary and tertiary health care hospital for further management.



IOM medical team through Migrant Resource and Response Mechanism (MRRM) program conducted medical consultations to 1651 migrants in urban areas in Zwara, Sabha, Qatroun, Tripoli, Hay Al-Andalus Office and Bani Waleed. Moreover, IOM medical team referred 28 migrants to the secondary and tertiary health care hospitals. IOM medical team also conducted health awareness sessions and distributed IEC materials on COVID-19.

IOM through its support to four Primary Health Care Centers (Alawaineya, 17 Feb PHC, Shouhada Abduljalel PHC, Alsiraj PHC) conducted medical consultations for 917 IDPs along with supporting these centers with medicines, medical consumables and IEC materials on COVID-2019

IOM medical team in coordination with NCDC conducted two days training (3 batches) for health workers on COVID-19 Case Management Infection Prevention and control supported by DFID in August 5-12, 2020. A total of 56 health care workers trained. Pre- and post- test results showed significant improvement of knowledges of participants of the training.



IOM also conducted two days training (2 batches) for PoE health workers on COVID-19 Case Management Infection Prevention and control supported by DFID in August 16-19, 2020. A total of 22 health care workers were trained in Tripoli.

IOM provided training for health workers on COVID-19 infection prevention, IPC measures, lab diagnostics and medical waste management in Sebha, August 30-31, 2020 A total of 18 health care workers trained. Pre- and post -test results showed significant improvement of knowledges of participants of the training.



Through its mobile outreach services, IOM's medical mobile team supported health care services for migrants, IDP's and conflict affected populations targeted in urban locations (Surbana Shelter (Hai Al-Andalus), Sudanese Shelter (Souq Al-Jumai) and Abdulsalam Shelter (Janzour Area), Janzour, Abu Salim, Ain Zara and Tojura urban locations) in Tripoli, which benefitted of total 1377 persons and referred 19 cases from above shelters for hospital management.

IOM medical team supported the migrants rescued at sea at different disembarkation points and screened 1455 migrants (Zwara, Abusitta, Al Khums); during the screening 175 migrants provided medical consultation.



# HEALTH SECTOR BULLETIN

## August 2020

IOM Medical teams supported the NCDC staff at Ras Jdeer, Wazin and Meatiga Airport by providing medical check up to all passengers returning to Libya as part of IOM Covid-19 response plan. A total of 195 travelers were screened by checking temperature and general condition, while samples for PCR tests were collected. The travelers were also provided health awareness sessions at the airport.

IOM successfully installed 2 Thermal cameras in Benina and Misurata airports and 3 Thermal cameras in Amsaad, Rasjadeer, Wazen PoEs.

IOM medical team conducted medical pre-departure medical screening for 552 migrants located in IOM Tripoli office, Tajoura Hear center, Disable Rehabilitation Center in Janzour to assess their fitness for Travel (FTT).

### IRC

The International Rescue Committee (IRC) is supporting Primary healthcare clinics (PHCCs) in Tripoli: With support from DFID, the mobile medical team (MMT) supporting Elmgarief and Bab Al Hurria PHCCs conducted 413 consultations including general, reproductive and mental health consultation have been provided with 18 referral cases.

With support from SIDA, the IRC mobile medical team continued to conduct visits to Tariq Asikka Detention Center (DC) and Al Harat PHCC and conducted a total of 305 consultations (105 at Tariq Asikka DC and 200 at Al Harat PHCC) with 24 medical referrals from Al Harat to secondary and tertiary hospitals.

Support from UNHCR: The IRC medical team in Tripoli operates daily at the CDC in Gurji and conducted over 240 consultations which include General, Reproductive and Mental health services, along with more than 74 referrals to public and private clinics. IRC medical team supported the registration process at UNHCR office – Serraj by providing daily medical screening and when needed the medical team also provided medical consultations at the registration time of the Person of Concerns (PoCs) newly released DCs. Activities at Gergarish PHCC were suspended as of August 9<sup>th</sup> due to the pressure from the community to stop treating migrants and refugee communities.

Through partnership with the Libyan Red Crescent (LRC) in Tripoli, the IRC medical team continued to provide 24/7 hotline and ambulance transportation services. In August, the IRC referred a total of 24 PoCs to secondary and tertiary public and private hospitals.



In Misrata the MMT continues to visit 3 PHCCs (Al Jazeera, AlSkirat and Sidi Mbarak) and provided a total of 662 consultations and 201 medical referral cases to secondary and tertiary public and private hospitals.

The IRC is continues to host 44 PoCs at the LRC shelter providing them with essential needs, food, and primary and specialized health care and referral of cases as needed, protection, psychological support and they are staying in the shelter under our responsibility waiting to be evacuated.

With support from the Italian Cooperation for Development Agency (AICS), the IRC in partnership with Handicap International (HI) completed the need assessment of five (5) clinics in Misrata in preparation to provide support with medical equipment and supplies, renovation and community awareness raising sessions. In addition, the IRC completed the recruitment of staff and initiated the procurement of medical equipment and supplies. In addition, on August 10<sup>th</sup>, the IRC and HI met and discussed the project implementation, challenges and support needed

# HEALTH SECTOR BULLETIN

## August 2020

On August 29<sup>th</sup>, The IRC collaborated with Rapid Response Team (RRT) from the national center for Disease Control (NCDC) to conduct field tests for COVID-19 among the Niger community after one case died of COVID-19.

The International Rescue Committee (IRC) is providing Rescue At Sea (RAS) to survivors: With support from UNHCR, the IRC continues to conduct Rescue At Sea (RAS) and have successfully responded to twelve (12) rescue activities in August as following: Al Khoms Naval Base: One Rescue Operation. There was a total of 77 people rescued. Tripoli Naval Base: Nine (9) Rescue Operations. There was a total of 636 people rescued and there were reports of 10 deaths. Azzawya oil refinery port: One Rescue Operation. There was a total of 70 people rescued.

### *PUI*



During the month of August 2020, Première Urgence Internationale provided primary health care services for migrants, IDPs, refugees and host communities in detention centers, IDP camps, refugee camps and urban areas. Regular, urgent and follow-up medical consultations were provided for the targeted beneficiaries in Benghazi and Al Kufra regions. Over the mentioned period, a total number of 1,124 beneficiaries were provided medical assistance. This includes 470 GMC, 317 OPD and 5 SRH medical consultations. The most prominent diseases that were recoded were mainly URTI, UTI, skin infection and gastrointestinal diseases.

Additionally, Première Urgence Internationale conducted health awareness sessions in detention centers reaching 644 beneficiaries through group and individual sessions. These awareness sessions focused mainly on COVID-19 preventive measures and WHO technical guidelines were disseminated.

These activities were carried out with the support of DG ECHO and UNHCR.

### *IMC*

Dominant concern during the past months was the development of the COVID19 situation in Libya. During the reporting period, a 30% increase in total cases and also 30% increase in CFR was observed. The increased number of cases can be explained also by the number of tests performed in the 8 centers this month. CFR was still low at around 1.4% in the areas where IMC supported COVID activities. As of July 31, 2020 3,621 cases were confirmed. This number increased to 12,598 by August 29<sup>th</sup>. The bi-weekly increase is from 6,699 cases to 12,598. Though some staff in facilities supported by IMC have been confronted directly with the worsening COVID situation, all have remained functional to provide the essential health services. The total number of consultations from all projects was 6,658 for August, while in the past two weeks (15 – 30 August), we saw 3,440 in the supported health care facilities. So the number is almost similar to the first 2 weeks of the month. The most common morbidities across all the projects (non-COVID) were similar to previous reports: Hypertension, Diabetes, and muscular-skeletal diseases.

OFDA funded activities: IMC's mobile medical teams visited 27 locations to ensure availability of quality primary health care services. This included 2 school buildings, which were added to the Benghazi team's schedule to provide services for new IDPs in the area from Tarhouna. The influx of IDPs to that area continues but due to security issues, a closer follow up of the medical conditions was not possible yet. IMC performed a total of 746 medical consultations, with 333 in the last 2 weeks of reporting. Mental health services were offered to 74 people (44 females and 30 males). In this context, 1 hygiene kit and 53 dignity kits were distributed (August total comes to 105). IMC offered awareness session on various health topics to 706 individuals, where 366 attended in the past 2 weeks. With OFDA support, 264 patients were screened for signs and symptoms of COVID 19 (99 males and 165 females). None of them was declared suspected case for further investigation.

# HEALTH SECTOR BULLETIN

## August 2020

EUTF-funded COVID-19 response activities: IMC teams provided primary health care services in one PHCC serving mixed migrants in the Hay Al-Andalus area. IMC's team of CHWs also disseminated sensitization messages as a part of health awareness to mixed immigrant population on COVID-19. Patients included people from Nigeria, Sudan, Ghana, Togo, Somalia, Benin, Mali, Eritrean, and the Gambia. The most common morbidities among those were: anemia, musculo-skeletal issues, gastrointestinal, dermatological, hypertension, urological conditions and dental problems. Under this project, IMC provided medical consultations for 710 patients in the past two weeks and 1254 as total for the month. The 710 are 479 male and 241 female patients. Main morbidities were common urinary tract infections and musculoskeletal conditions. The teams did not observe a change of diseases seen and treated. Few cases, but more than last months, were seen as dermatological problems.

GIZ funded activities: IMC continued to provide support to the primary health care sector through our project funded by GIZ. Currently the project is in phase-II of implementation with 3 supported field teams on the ground in Zintan, Nalut and Al-Bawnis. While other sites in Ghadames, Jufra and Misullata are supported with PPE donations and COVID-19 trainings. For GIZ supported projects, IMC trained 44 more staff (22 males and 22 females). Further 11 staff underwent real clinical tutorials (on the job training sessions) in the last two weeks of the month. 82 health awareness sessions were provided with a total of 441 people reached in the last two weeks. For August, 815 people participated in health awareness activities in 138 different activities.

UNFPA funded programs: The medical staff under this grant performed 295 consultations in the last two weeks, bringing the number up to 545 patients treated in August. The vast majority of these were female patients seeking sexual and reproductive health services; however, 2 male patients were also seen during this period. 268 males and 456 females (total of 664) were reached by awareness sessions by the community health workers under this project in August.

EUTF-funded activities under the PEERS project in consortium with CESVI: During the reporting period, a total of 34 medical consultations were held. 1 case was closely followed up by the IMC psychiatrist. During the health awareness sessions, a total of 300 people (222 males and 78 females) were reached.

### *Common Feedback Mechanism (CFM)*

The ETS-managed CFM answered 387 health-related calls in August: 94% COVID-related and 6% health-sector related. The vast majority of the humanitarian health sector related callers were from the West (91%), with most of them being IDPs (45%), refugees (29%) and non-displaced (16%). The remaining 363 COVID-19 related calls asked for information, including: awareness messages, useful numbers and location of emergency centres. 98% of these calls were from the West and 83% of all COVID-related callers were males.

Health Sector Open cases: The vast majority belongs to callers who do not have access to services, due to the unavailability of the required type of medical care (cancer at the top of the list) and unavailability of partners providing services in their area (Zwara municipality). For those cases, callers were requesting medical treatment for diabetes & hypertension, disabilities (children), and cancer. Other medical conditions included TB & Hepatitis, GIT related, Thyroid related, Eye conditions and war injuries. Those cases could not be closed due to the following reasons: IMC is the partner offering medical assistance, who can provide primary healthcare only, and most of the issue cases are not considered as primary apart from diabetes & hypertension; no service provider at the beneficiary's region; and the MRRM didn't call the beneficiary back after telling them that they will do so.

Challenges: CFM support for calls related to the Health Sector could be improved with more frequent access to information about the health services mapping and/or any information about the commitments of the health sector, including periodic updates on the FAQ and Services mapping. Further enhancements could be further obtained if the focal points could use the SugarCRM to provide with referral feedback, if you need any support on this front kindly let us know.



# HEALTH SECTOR BULLETIN

## August 2020

### SELECTED PHOTOS





# HEALTH SECTOR BULLETIN

## August 2020

### INFORMATION SOURCES:

The health sector Libya web page was reactivated: <https://www.humanitarianresponse.info/en/operations/libya/health>

<https://www.who.int/health-cluster/countries/libya/en/>  
<https://www.humanitarianresponse.info/en/operations/libya/health>  
<https://www.facebook.com/Ministry.of.Health.Ly/>  
<https://www.facebook.com/NCDC.LY/>  
<https://ncdc.org.ly/Ar/>

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