

HEALTH SECTOR BULLETIN

January 2020



Libya

Emergency type: complex emergency

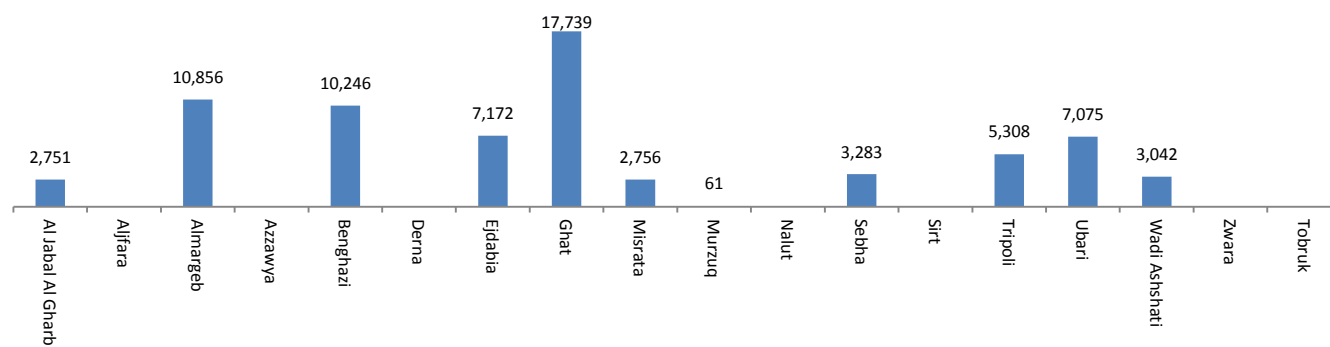
Reporting period: 01.01.2020 to 31.01.2020

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	30	0	0

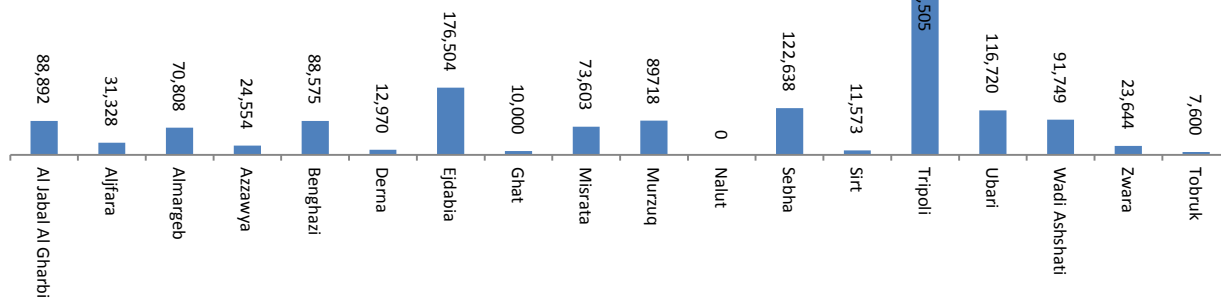
Health sector key achievements under 2019 HRP

#	Indicator (HEALTH SECTOR)	Target	2019
1	Number of beneficiaries reached with specialized healthcare services through Emergency Medical Teams	70,000	72,725
2	Number of targeted migrants in detentions centers receiving a minimum package of health services through fixed or mobile facilities	5000	43,500
3	Number of targeted people receiving a minimum package of health services through fixed or mobile facilities	388,000	1,498,117
4	Total number of beneficiaries reached	436,000	1,614,342
5	Number of health facilities supported with specialized Emergency Medical Teams	20	36
6	Percentage of sentinel sites submitted their weekly reports	100%	84%
7	Percentage of alerts and outbreaks verified and responded in 72hours	100%	78%

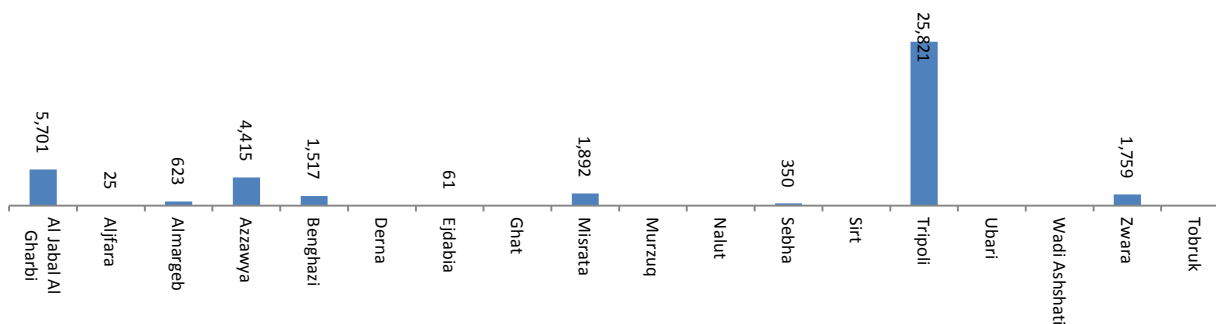
72,725 - # of beneficiaries reached with specialized healthcare services through Emergency Medical Teams



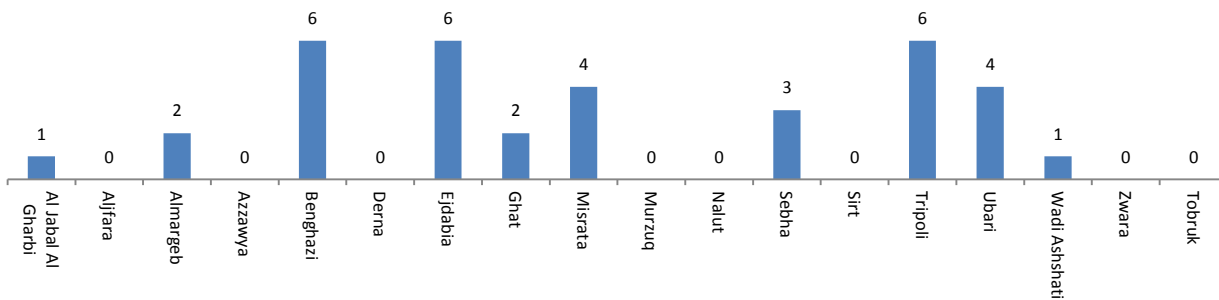
1,498,177 - # of targeted people receiving a minimum package of health services through fixed or mobile facilities



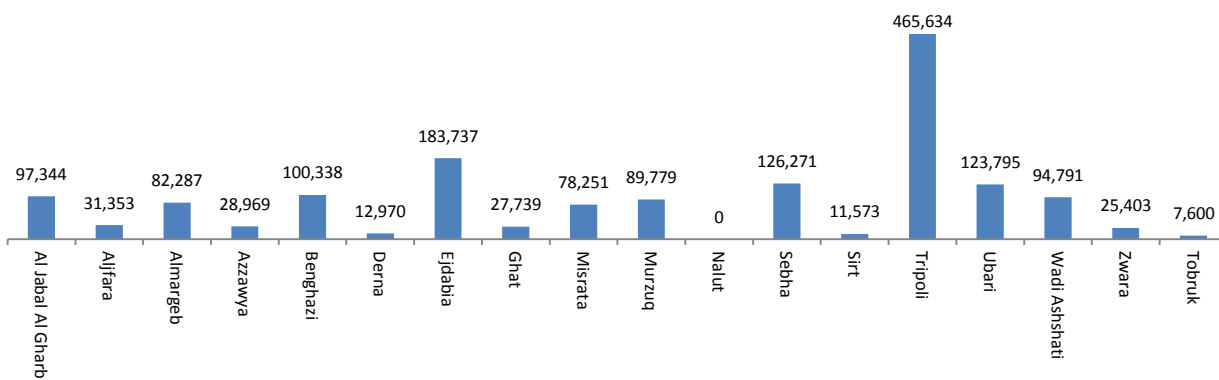
43,500 - # of targeted migrants in detentions centers receiving a minimum package of health services through fixed or mobile facilities



36 - # of health facilities supported with specialized Emergency Medical Teams



1,614,342 - # of beneficiaries reached



Reporting organizations under 2019 HRP –CEFA, HI, IMC, IRC, MSF Holland, MSF OCA, PUI, TDH, GIZ, IOM, UNFPA, UNICEF, WHO, UNHCR.

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SITUATION OVERVIEW

- Statement by Mr. Yacoub El Hillo, Humanitarian Coordinator for Libya, on the recent fight escalation in and around Tripoli, Tripoli, 03 January 2020.



- 4 January, the national Diabetes and Endocrinology Hospital was shelled during the escalated violence in the area. The attack resulted in a structural damage to the health facility. No casualties were reported. The hospital is the main health facility in the country responsible for treatment of patients with endocrinology diseases. A flash update was released.

- 5 January, 31 cadets were killed and 33 injured during a drone attack on the Military Academy.

- The strategic loss of Sirte to LNA forces on 6 January. The security environment in Sirte district remains fluid amid active combat operations and a gradual LNA push West towards Misrata national district.

- 9 January, two members of the Field Medicine and

Support Center of the MoH Libya, assigned to Sirte field hospital, were killed and another five support staff injured as a result of the air strike on 9th January in the town of Al Washka (137 km), west of Sirte town. A flash update was released.

- Haftar disregards Turkish-Russian ceasefire calls and vows to continue offensive.
- LNA declare Misrata & Khoms Ports as military zones & threaten to target vessels.
- Following what was largely perceived as a refusal to accept the Turkish-Russian ceasefire and vow to continue fighting “terrorist groups”, the Libyan National Army (LNA) declared its adherence to the ceasefire in the Western region starting on 12 January.
- 15 January, SRSG Ghassan Salame, accompanied by Elizabeth Hoff, Head of WHO/Humanitarian Coordinator A.I, listened to the concerns and needs of IDPs as a result of the fighting in Tripoli, during a visit to a temporary shelter at Al-Ghunaimi School, Bin Ashour District.
- Overall security situation remained tense and volatile with noticeable elevated tensions and increased military activities in east of Tripoli and military escalation in Sirte. There are reports of regrouping of Misratans Abu Grain area ready to defend against any offensive.
- LNA released an official statement threatening to target both civilian and military flights, which increased the risk to the aviation transport in Libyan air space.
- There has been a noticeable increase of armed clashes, airstrikes and shelling from both sides; ceasefire prospects continue to be undermined by rising tensions and increased military activity even after the Berlin Conference.
- Reports of presence of foreign fighters and arrival of foreign fighters further exacerbate the already fragile situation, case in point the recent reports of Turkish shipment of tanks and other military hardware bound for the GNA via Tripoli Port.
- The political front continues to be dominated by multiple attempts to uphold the Berlin Conference’s outcomes. The African Union (AU) is leading efforts to reconcile Libyan factions.
- It is assessed that armed conflict activities are expected to increase in the south of Tripoli in the short to medium term while the likelihood of having a political resolution continue to shrink in favour of escalation.
- Shelling of Badri area in Tripoli resulted in killing of two children (10 and 12 years old), with 2 other children (9 and 10 years old) being hospitalized in ICU of Tripoli medical center.
- On 25 January, Al-Safwa clinic was hit in Abu Salim municipality. Two staff were reported injured. A flash update was issued.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

The escalation of the conflict in January affected lately almost all health facilities in *Abusliem, Ain Zara and Tajoura municipalities*, including locations of 5 public hospitals and 48 PHC facilities.

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There are 16 public health facilities in Ain Zara municipality, 18 in Abusliem municipality and 19 public health facilities in Tajoura alone. 50% of health facilities in three municipalities are estimated to be in areas of current clashes and attacks. Nine facilities were already forced to get closed down stopping all services. Another four PHC centers just in Ain Zara municipality are located in high-risk areas and about to be shut down for safety reasons. There are more than 6,000 medical and non-medical staff working to ensure provision of health services in three municipalities and no

w being in direct risk of attacks on health care or having to flee the areas of clashes if they get continued. If violence is to

continue, more than 72,000-96,000 consultations/per month will be stopped in 48 PHC facilities. If conflict is further to expand, it will have massive negative impact for health service delivery in highly populated urban areas with a larger density of health facilities already being overstretched and overburdened. A total of 26 public health facilities have experienced a different degree of damage. This requires immediate steps for further physical reconstruction and rehabilitation. Health sector organizations having plans or current projects aimed at the rehabilitation of health facilities are requested to consider this information and coordinate with the MoH next steps on prioritization of support to these facilities.



Health needs in **Ubari** district are increasing as there is a reported shortage of health staff. Most of PHC centers do not have any doctors and the situation with availability of essential NCD medicines is critical. Number of scabies grows. Lack of basic lab supplies is reported for Ubari, Ghuraifa, Jarma, Brik, Bent Bayya health facilities. IDPs from Murzug district need sustained multi-sector assistance. Shortage of fuel impacts negatives health service provision. Child delivery services are largely disrupted and unavailable forcing pregnant women travel long distances.

In **Tarhouna** there is a similar situation with a lack of health staff. Most of staff moved to the private sector as salaries have not been paid for in public sector. Following the escalation of the situation in Gasser Bengashir area all previously functioning PHC centers were closed down. Violence in the area resulted in high number of injured patients being admitted to Tarhouna hospital. A hospital in Espea provides only outpatient services as there is a high level of insecurity and kidnapping for doctors to travel by road to work. Tarhouna teaching hospital reports shortages of surgical supplies. Vaccination services are in place while disease surveillance system (EWARN) has been disrupted and immediate actions are required to reactivate it. Tarhouna health services need support with the following specialists: general surgeons, anesthesiologists, and neonatology.

In **Ajdabiya and Al-Wahat area** there are reported 5 new TB cases registered. Dead bodies of migrants are being recovered regularly in the desert.

Al Jufra health authorities report challenges related to transportation of vaccines and insulin from Misurata to AlJufra due to the conflict and road closure in Abongim and Alheisha areas. There is a reported displacement (22 families) to Al Jufra from Al Hisha area with needs for multi-sector assistance.

Following the rapid needs assessment of Al Abyar hospital (used to be a rural hospital and recently upgraded to “a general hospital”), in **Al Abyar** municipality, 50 km to the east of Benghazi, there is a need to follow up with: Include 5 midwives in the upcoming capacity building training in Benghazi (February); support the hospital with 1 surgical supply kit, 2 trauma kits A,B and 1 complete NCD kit (with insulin) and approach UNDP office in Benghazi to seek possible support with x ray unit.

Health situation in **Derj town** was monitored (a small town with a population of about 11,000, located in western Libya within the administrative division of Nalut District and (formerly Ghadamis District), 550 km away from Tripoli. 6 PHC centers provide limited health services, with one foreign doctor and one gynecologist. The travel distance to the nearest functioning hospital is 100 km negatively affecting patients in need of immediate health services. WHO approved the delivery of 1 NCD kit and 2 basic IEHK and 1 supplementary IEHK.

Gaps and response in Al Kufra district

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The office of the HC/RC/DSRSG reached to the health sector informing about reported gaps with public service (including health) provision in Al-Kufra district (south east Libya).

General information: Alkufra district is located in the south east area of Libya and divided mainly into Al Jawf (Kufra city) and Tazerbo 400 km north west Aljof). Alkufra is 1,050 km from Benghazi. The flights are scarce; road transportation is bad, and especially the 200 km part at Alkufra side. Alkufra municipality includes Alkufra center (47,000 people) and Rebyana (170 km from Alkufra, populated by Tabu tribe, 3,000 people).

Of note, Alkufra area was demarcated earlier into two areas: one controlled by the Arab population and the other one by Tabu tribe. The hospital and most of health clinics are in the areas controlled by the Arab population. Tabu areas have 3 health clinics with 2 resident doctors (no specialists) and only nurses. Health services are largely disrupted in these areas.



Première Urgence Internationale' information: Al Kufra hosts around 60,000 people living in several areas and villages. Al Jawf (Kufra City) constitutes the main city and gathers more than the half of the total population. Kufra area is suffering particularly by its remoteness (more than 1,000 km away from Benghazi). There is a limited access to basic services and high unemployment rate. The population of Al Kufra has limited access to effective health services due to the lack of skilled personnel and the lack of essential drugs and consumables. The remoteness of some locations increases the health vulnerability of the population.

Situation in Rebyana: lack of basic services for local population. There is one PHC center with a nurse and pharmacist. There is no doctor. Local population travels to Al Kufra to obtain health services. Road infrastructure is very poor. Water well is functioning and reported as suitable for drinking. There is one generator that covers the area. The area is largely neglected as the original population moved out in early years while non-Libyans (Tebu tribe) continue to reside in Rebyana.

Situation in Tazerbo (12,000 people): has been formed into a separate municipality. There is one main hospital and a few polyclinics. The main health services are provided through the hospital while the polyclinics are responsible for vaccination and NCD (mainly insulin distribution) services. The hospital provides basic surgeries, obstetric and pediatric services. There is a reported lack of health supplies, including surgical kits. Health specialists who wish and ready to work for Tazerbo and Al Kufra based hospitals expect higher salaries and compensations due to remote locations of these hospitals. Electricity situation is stable and water is suitable for drinking.

Situation in Alkufra city: Alkufra center is the most populated area. There is Alhawari area, 20 km north. There is a hospital and a polyclinic. The health services are reported comparatively better than in other nearby areas. There is a group of doctors from North Korea that arrived a few months ago.

Situation in Alhweweri area: There is one non-functioning PHC center.

Situation in west Al Jawf: There are three polyclinics, with one physician and gynecologist in a polyclinic while two other facilities have only nurses. Road transportation is reported as reliable. Water quality was reported as a problem in 2019 linked with high number of hepatitis A. In coordination with the authorities WHO participated in testing of water samples across 23 different areas. The results indicated that water was clean.

Situation in new Bezyma: Population includes IDPs from Bezyma oasis who moved here in the late 80s and early 90s. This is a very vast geographical area with “clustered” small villages (each of 16 houses). The road transportation is challenging. There is one polyclinic with no health specialists. People use water well for drinking purpose.

Situation in Altalab: This is a remote area with absent living conditions. There is a building of the health center but with no staff. The road transportation is highly challenging.

Al Kufra (Al Jawf) center: This is the most populated area. There is one main hospital and 23 clinics across Al Kufra and Rebyana. Half of the clinics are not functioning with some being used as specialized centers providing diabetes,

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dental, mental health and rehabilitation services. The hospital covers 70% of health services in the area, focusing on emergency, pediatric, gynecology services with no outpatient services.

There is one detention center in Al Kufra area.

Health response:

Health sector is present through WHO, IOM, PUI and Libyan Red Crescent.

WHO has a permanent focal point on the ground working closely with health and non-health authorities. In 2019 WHO delivered 5 standard health kits, including 2 IEHK and 3 trauma kits. WHO plans to send 1 NCD (non-communicable disease) kit, 200 blood glucose test strips, 1400 beclomethasone Inhalers, 1400 salbutamol Inhalers to Al Kufra hospital. WHO provided 2000 anti-scorpion serum in December 2019. Under disease surveillance WHO supports: capacity building training to 2 Surveillance Officers and on 1 Hospital FP during the months of July, September and December 2019; ongoing support AFP, Measles and rubella sample collection, transportation and case investigation; Ongoing support of operational communication through provision of internet and phone cards; establishment of 5 EWARN reporting sites, 1 Hospital and 4 PHCs. Training on case definition, detection, notification and management, as well as provision of electronic tablets and installing EWARN application. Regular follow-up on vaccines distribution and availability in designated PHCs.

Première Urgence Internationale started its Primary Health Care intervention in Al Kufra mid-December 2019, with the support of DG ECHO: 1) Direct Primary Health Care service delivery through a Mobile Health Team (MHT) TEAM: Medical Doctor (team leader), Nurse, Psychosocial Support Officer, Community Health Officer. The mobile team in Al Kufra will be deployed 5 days a week ensuring a one day rotation visit to every identified location. The package of PHC services will consist of: Internal medicine consultations (Communicable and Non-Communicable diseases, for both Adults and children) Sexual and reproductive health



consultations Psychosocial support activities. Through the delivery of PHC services, Première Urgence Internationale will be able to refer and support, under different criteria for prioritisation, emergency cases in need of secondary, tertiary and psychiatric treatment, as well as laboratory tests and X-Ray diagnosis; 2) Community-Based Activities TEAM: 10 Community Health Workers (CHW), keeping a proportional representative balance of the community. They will be volunteers trained on health and hygiene promotion sessions, malnutrition screening, vaccination follow-up, Ante-Natal and Post-Natal Care follow-up visits, referral pathways, rapid screening of health problems; 3) Technical support to two health facilities: The package includes trainings and onsite capacity building to identified health facilities staff mainly on: Pharmacy and stock management; Infection prevention control; Patient registration and patient flow organization; Notifiable diseases reporting and monitoring. Minor rehabilitations and supply of equipment: Hand to hand with the health intervention, the project will also provide small-scale rehabilitations to the two-pre-identified health centers and posterior hand-over process with the authorities of the centre. A thorough technical assessment will focus on: - Physical degradation of the health facility - Basic waste management systems - Minimum requirement for medical equipment

Novel coronavirus:

Globally (As of 10:00 am, 1 Feb, Geneva time): A total of 11,953 confirmed cases and 259 deaths (CFR=2.2%) have been reported for novel coronavirus (2019-nCoV) (all the deaths are from China). In China: 11 821 confirmed cases have been reported and 17 988 suspected cases. Outside China: 132 cases were reported from 23 countries. New countries reporting cases: Russian Federation (2), United Kingdom of Great Britain and Northern Ireland (2), Spain (1) and Sweden (1). *Regional*: UAE reported the fifth 2019-nCoV case. No other cases detected through tracing of contacts.

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A new WHO dashboard about the global situation <http://arcg.is/lrrij> to get live updates. The 2nd IHR Emergency Committee (EC), 30 January, and the DG declared the 2019-nCoV as a PHEIC based on the advice of the EC and issued temporary recommendations.



WHO Libya follows up daily the global epidemiology situation and provides NCDC all reports and documents necessary for preparedness and response. WHO surveillance focal point is in close contact with the surveillance administration to support and follow up with IHR national focal point.

WHO has provided advice to **countries** on how to identify people sick with the virus, how to care for them, and how to prevent spread. <https://www.who.int/health-topics/coronavirus>

WHO has issued advice for **individuals** on how to protect themselves and others, including on the safe home care for patients with suspected novel coronavirus infection. <https://www.who.int/health-topics/coronavirus>

Humanitarian access constraints reporting

There is a need for health sector to proactively participate and contribute to OCHA led initiative to capture all access related constraints and issues in day to day operations, both in Tripoli and across the country. It is essential that there is a process in place properly capturing and reflecting any kinds of constraints/incidents preventing or stopping health sector organizations to carry on its regular activities and response because of external factors/partiers (e.g. delays/denials of visas; delays/denials for import of goods; cancellation/postponement of field visit/work-related travel; demand for search of personnel and vehicles; withdrawal of personnel; suspension of humanitarian activities).

Mental Health Psychosocial Support Working Group

There is a remaining need to reactivate the work of the MHPSS sub-sector working group agreed to be co-chaired by IOM and HI.

AFP surveillance

During Epi Week No. 4 from 19 - 25 January, 2020, 8 AFP cases reported from Benghazi (2), Tobruk (1), Ijdabia (1), Tarabulus (1), Msalth (1), Aljmil (1) and Sorman (1) municipalities. A total of 14 AFP cases were reported since the start of 2020 and this is higher compared to 8 AFP cases reported for the same period of 2019.

Suspected H1N1 cases

Samples from Influenza patients in Al Baida Hospital were sent by WHO to Tunisia to confirm the diagnosis of H1N1 influenza.

EWARN and epidemiological situation

- Average completeness of reporting - 79% (99) of EWARN sentinel sites.
- Total number of consultations – 128,838, of which 29,925 were EWARN notifiable cases:
- Respiratory illnesses: AURI – 19,462 (70%). The highest number of cases reported from Bani Waleed (2582), Benghazi (2295), Zawia (1991) and Subrata (1842) municipalities. ALRI - 4,404 (16%) of total cases. The highest number of cases reported from Baniwaleed (708), Benghazi (583) and Subrata (458).
- Water borne diseases: Acute Diarrhea (AD) – 3,253 (12%). Most of cases are reported from Baniwaleed (898). Bloody diarrhea (BD) - 88. Most cases are reported from Alwihat (58). Acute Jaundice Syndrome (AJS) – 51, with most of reports from Al Marej (18).
- Vaccine preventable diseases: Suspected Measles (SM) - 22 (most reported from Aljmail (6) and Misurata (4); Acute Flaccid paralysis (AFP) - 13 (Benghazi (11); Pertussis -41 (most reported from Benghazi municipality (16) and Subrata (14); Meningitis (suspected) - 30 (most reported from Benghazi municipality (21) and Sebha (4).

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- Other diseases: Leishmaniasis – 440, with most reported from Khoms (175), Baniwaleed (95) and Nalut (79).
Food poisoning – 27, most reported from Benghazi (9).

HEALTH SECTOR ACTION/RESPONSE

Annual 2019 4W health sector performance

- 2019 annual 4W report for health sector Libya was finalized.

Southern Tripoli



- Facilitated coordination on relocation of stock of health supplies from targeted National Center for Diabetes and Endocrinology in Tripoli.
- Led in preparation of assessing the impact of ongoing violence in areas around Tripoli city, including Abusliem, Ain Zara and Tajoura municipalities.
- Continuous dialogue and information exchange is established between the health sector and the responsible MoH counterpart (Health Emergency Department). Any humanitarian organization with an interest and/or readiness to provide any assistance (as per the attached plan of action) is kindly requested to contact directly health sector coordinator and Dr Tawfik Harisha, Head of the Health

Emergency Department of the MoH. Emergency WhatsApp group is created (contact Dr Tawfik Harisha, +218 91 218 9450).

- Follow up on the request of a key donor of health sector response in Wershefana area. Considering the gap of information on the levels of the national response between the different government stakeholders, a request by the Director of ICO, MoH was transmitted for districts and municipalities to coordinate their needs centrally through the MoH in Tripoli. If there are any specific lists of health needs and facilities to be supported, the mayors are to share with health sector to follow up with the MoH accordingly and internally with the health sector.

Updated health sector assessment registry for 2019

Leading Organization(s)	Participating Organization(s)	Assessment/Survey
IOM	MoH, DCIM	Public Health Risk assessment (survey) in detention centers
UNICEF	MoH/NCDC	Effective Vaccine management (EVM) assessment
UNICEF	MoH/NCDC	Cold Chain Inventory
WHO	MoH	Libyan Cause of Death Report Analysis of cause of death data for two years 2016-2017
WHO	MoH	Assessment of the Human Resources for Health (HRH) observatory: Libyan Health Workforce
WHO	MoH	Mapping of Private Health Facilities of Libya 2019
WHO	MoH	Libyan Essential Medicines List 2019
WHO		Assessment of key essential indicators, public hospitals and PHC centers
WHO	MoH/NCDC	Assessment of national TB guidelines
WHO	MoH/NCDC	Assessment of national measles and rubella surveillance guidelines
WHO	MoH/NCDC	Assessment of national acute flaccid paralysis surveillance guideline
WHO		Surveillance System of Attacks on Healthcare
WHO		Early Warning Alert and Response Network
HI		KAP survey on Perception of mental health disorders and access to mental health services
IMC	IMC	Rapid Health Needs Assessment for Al-Harat PHCC Soak Al-Joma - Tripoli

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		and Al-Qadisia PHCC Hay-Al-Andalus – Tripoli
IMC	IMC	Rapid Health Needs Assessment for PHCC
GIZ	IMC, Proximity International, MoH, MoLG, GIZ	Primary Health Care Assessment in 16 Municipalities
IRC		Community Based Assessment for QIPs
IRC		Do No Harm Assessment in Tripoli
IRC		Zliten emergency needs assessment
IRC		Tawargha rapid needs assessment
IRC	PCI and PUI	Baseline program assessment

Roll out of mobile medical teams across Libya

The Health Emergency Department of the Ministry of Health of Libya expands the coverage of essential health services through the introduction of outreach mobile medical teams (MMT). The mobile medical teams will be deployed to the prioritized geographical areas focusing on outpatient emergency care.

Proposed key services will include: Triage, Assessment and First Aid; Stabilization and referral of severe trauma and non-trauma emergencies; Definitive care for minor trauma and non-trauma emergencies (including mental health and psychosocial support). The teams will work from suitable existing structures, fixed or mobile outpatient facilities. Each team will have at least 3 doctors trained in emergency and primary care, with the remainder nurses, paramedics and logistic staff. Staff will be skilled in emergency and trauma care, maternal and child health, knowledge of endemic disease management. Interested organizations may consider contacting the MoH Tripoli to further discuss potential partnership.



Enhancement of pediatric care in Libya

Improving pediatric care in Libya is the main goal of the agreement between WHO Libya and Bambino Gesù Children Hospital in Rome. The agreement was signed in Rome by the WHO Representative Ms Elizabeth Hoff and the Hospital President Mariella Enoc. The 3-year long agreement aims to build the capacity of medical and nursing staff in two paediatric hospitals in Tripoli and Benghazi.

Prepositioned health supplies across the country

Health sector updated information on prepositioned health supplies in the country at all locations by WHO, UNICEF, UNFPA, IRC, and PUI.

Besides the current stock and prepositioned available health supplies mainly in Tripoli area, there are serious concerns about a high volume (an estimated of 1300 health kits of different types and hundreds of items of critical medicines and supplies) of essential health supplies which have been imported into Libya but are currently kept in different seaports and airports (subject of a release pending different clearances and approvals from various national authorities in Tripoli).



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The authorities in the east and west (the level of the Prime-Minister' Office and Interim MoH) were addressed formally. Health sector would appreciate interventions to authorize the immediate release of the supplies, as an emergency measure.

Response to violence in Sirt area and displacement to Misrata

Military movements have intensified around the central region of Sirt. Both warring parties have carried out attacks in area. Misrata Crisis Committee reached out to LRC/ICRC to support 1,500 families still inside Sirt, requesting a humanitarian safe passage to leave towards the Central Libya region such as Al Jufra, Mizda and Zella. According to the local crisis committee of Sirt, around 250 families have displaced from the (neighbourhood one) in Sirt to other neighbourhoods around the city. In fear of further persecution most of the families are displacing to Misrata, AbuGrain and Baniwaleed. The local crisis committee Misrata has also reached out to OCHA, stating that around 57 families are in Misrata and the registration is ongoing. The municipality of Sirt has also reached out to OCHA for possible humanitarian assistance for the displaced families.

Partner	Assistance	Mobilization
IRC	Primary Health Care, Reproductive Health Care, MHPSS.	Stock available in Misrata with additional storage in Tripoli to be mobilized as needed
IMC	MMU Primary Health Care, SRH, MHPSS.	Fixed schedule MMU with supplies. The team could be also mobile to reach the IDPs sites. The regular schedule is in the following PHC clinics in Misrata: <u>Sundays:</u> Tommina Polyclinic in Tummina, Zerouq Field Polyclinic in Zerouq <u>Mondays:</u> Algheran Polyclinic in Algheran, Al-Shuhada HC in Shuhada <u>Tuesdays:</u> Zerouq Field Polyclinic in Zerouq, Almahjoub Village Hospital in Z. Mahjob
HI	HI is operational in Misrata and Zliten (not Sirte) for joint physiotherapy/PSS support, as well as for standalone MHPSS support. MHPSS outreach and service provision: Home visits and setting up private space for counseling sessions in a public center (identification ongoing). Assess physical disability caseload and planning for required interventions.	Can provide services identified as priority by the Health Cluster and MoH. In Misrata operate 4 joint physiotherapy/PSS teams and one standalone PSS team (in total this is 10 specialized staff). Can redirect as needed to conduct assessment of and provide HI services to newly displaced. Can also provide trainings on PFA if relevant to both MoH staff and local NGO staff operating in the IDP sites.
WHO	In coordination with health authorities and upon agreement: Delivery of health supplies directly to health facilities or via Directorates of Health; Disease surveillance: deployment of RRT and rolling out EWARN; Coordination/needs assessment: Deployment of focal point(s) on the ground; Immunization: Screen vaccination status; deployment of RRT	Supplies are in Tripoli. Service providers (national health authorities) are on the ground with sufficient absorptive capacity.
UNICEF	IEHKs, Micronutrient tablets and powder Some Lifesaving equipment (ECG machine, Oxygen concentrator and Ambu bags)	Available in Tripoli

2020 HRP

- The health sector response strategy of 2020 HRP was finalized. A draft 2020 HNO was produced and disseminated.
- 17 projects were approved under 2020 HRP for the amount of 29,710,495 USD.

Sector Name	# of Projects	Requirements	Allocation
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Common Services (Logistics, ETC, Coordination)	9	14,000,000	14,000,000
Education	8	8,000,000	8,000,000
Emergency Telecommunications	2	1,000,000	1,000,000
Food Security	8	14,999,904	15,000,000
Health	17	29,710,495	30,000,000
Protection	12	9,195,799	30,000,000
Protection: Child Protection	10	6,628,694	
Protection: Gender Based Violence	7	6,750,000	
Protection: Mine Action	7	7,499,996	
Multi-Purpose Cash Assistance	5	4,999,999	5,000,000
Shelter/NFIs	7	7,000,000	7,000,000
WASH	8	5,067,318	5,000,000
		114,852,205	115,000,000

N	Organization	Name	Global Clusters	Funds requested
1	PUI	Enhance protection environment and access to essential services for conflict-affected communities in East of Libya	Health	\$897,082
2	PUI	Improve the living conditions for the most vulnerable communities in Libya.	Health	\$1,600,000
3	IRC	Conflict affected population in Libya including migrant and refugees have improved access to lifesaving and comprehensive primary, reproductive and mental health care services	Health	\$4,200,000
4	UNFPA	Increasing access to gender responsive Sexual and Reproductive health services that meets Human rights standards for quality and equity	Health	\$4,600,000
5	UHHCR	UNHCR Health Services in Libya	Health	\$3,000,000
6	UNICEF	Provision of lifesaving and essential Maternal, Newborn and Child health care and nutrition services for vulnerable population in Libya	Health	\$2,199,999
7	IOM	Syndromic and Event-based Cross-Border Disease Surveillance	Health	\$110,000
8	IOM	Closing Gaps in Essential Health Services for vulnerable migrants, IDPs, and host community members in Libya	Health	\$3,200,000
9	WHO	Scaling up primary health care services in conflict effected areas of Libya	Health	\$2,500,000
10	WHO	Improving access of vulnerable population to life saving non communicable diseases prevention and treatment services in conflict affected districts of Libya.	Health	\$829,078
11	WHO	Expanding the Mental health and psychosocial support services capacity in Libya	Health	\$494,340
12	WHO	Intensification of Routine Immunization Program and Vaccine Preventable Diseases Surveillance Systems	Health	\$1,000,000
13	WHO	Accelerating and integrating efforts to overcome the impact of communicable diseases, neglected tropical diseases, Surveillance and AMR in Libya	Health	\$1,700,000
14	WHO	Saving lives through improving sustainable and quality global surgery and referral services across Libya	Health	\$1,500,000
15	WHO	Strengthening health sector coordination and information management in Libya	Health	\$500,000
				\$28,330,499
1	HI	Emergency Health and Protection Response for Vulnerable, Crisis Affected Persons in Libya	Health, Protection	\$1,300,000
2	INTERSOS	Protection and Multi sectorial Assistance to IDPs, migrants and vulnerable host communities in Tripoli.	Child Protection, Health	\$79,996
				\$1,379,996
		Total:		\$29,710,495

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4W health sector 2020 HRP

Key health sector donors (ECHO, USAID, DFID, EU, France, Italy, Norway, Germany, Japan, etc.) were addressed seeking their support to communicate and reiterate to all of their current and potential implementing partners in health sector Libya regardless of how they define their interventions “humanitarian” or “development” to contribute to the mandatory submission of monthly 4W template for 2020. This is essential for all to be able to capture in a comprehensive manner the range of supported health sector activities in Libya.



2020 HRP health sector targets

Final health sector targets under 2020 HRP were updated and shared with OCHA as requested. It should be noted that around 203,137 individuals will be targeted under the HRP, including 56,000 IDPs, 39,000 returnees and 50,000 migrants and 29,000 refugees while there is an internal analysis and agreement that the destruction of and damage to health care facilities as a result of direct attacks, and severe shortages of health staff, medicines, supplies and equipment, have been compounded by years of under-investment in the health system. More than 3,970,000 people are in need of health assistance, lacking consistent access to primary and secondary health care services. This number includes nearly 1,663,000 people in extreme need and more than 122,000 people in catastrophic need, according to the health sector severity scale. The health sector wide approach will target 1,785,072 people in 58 municipalities, identified as having the

most severe needs.

Location	Total Target Wellbeing	Total Target - Living Standards	Total Target per Strategic Objective 1	Total Target per Strategic Objective 2	Total Male	Total Female	Total Under 18	Total Elderly	Total People with disability	Total Target
Al Jabal Al Akhdar	140	121	70	70	73	67	63	5	21	140
Al Jabal Al Gharbi	3,278	5,697	3,241	3,241	3,371	3,112	2,917	227	972	6,483
Aljifara	9,323	11,650	7,675	7,675	7,982	7,368	6,908	537	2,303	15,351
Aljufra	1,784	839	1,129	1,129	1,174	1,084	1,016	79	339	2,258
Alkufra	3,325	672	1,731	1,731	1,800	1,661	1,557	121	519	3,461
Almargeb	1,338	1,227	688	688	716	661	620	48	207	1,377
Almarj	126	114	63	63	66	61	57	4	19	127
Azzawya	10,230	10,294	8,077	8,077	8,400	7,753	7,269	565	2,423	16,153
Benghazi	21,064	3,223	10,603	10,603	11,027	10,179	9,543	742	3,181	21,206
Derna	2,168	484	1,115	1,115	1,160	1,070	1,003	78	334	2,230
Ejdabia	14,835	10,511	9,966	9,966	10,365	9,568	8,970	698	2,990	19,932
Ghat	1,897	6,606	3,729	3,729	3,878	3,580	3,356	261	1,119	7,457
Misrata	18,579	6,683	9,521	9,521	9,902	9,141	8,569	667	2,856	19,043
Murzuq	8,660	4,283	5,360	5,360	5,575	5,146	4,824	375	1,608	10,721
Nalut	262	157	131	131	136	126	118	9	39	262
Sebha	4,069	5,793	4,272	4,272	4,443	4,102	3,845	299	1,282	8,545
Sirt	1,201	10,199	5,238	5,238	5,448	5,029	4,714	367	1,571	10,476
Tobruk	154	152	78	78	81	75	70	5	23	156
Tripoli	41,026	26,248	23,668	23,668	24,614	22,721	21,301	1,657	7,100	47,335
Ubari	3,078	3,375	2,163	2,163	2,250	2,077	1,947	151	649	4,327
Wadi Ashshati	296	492	257	257	268	247	232	18	77	515
Zwara	1,653	5,334	2,791	2,791	2,902	2,679	2,512	195	837	5,582
Total	150,507	113,279	101,568	101,568	105,631	97,506	91,411	7,110	30,470	203,137

Common Feedback Mechanism for health sector

There are discussions with the Emergency Telecommunications Sector (ETS) aiming to implement a Common Feedback Mechanism (CFM). The CFM should be in the form of a toll-free, country-wide number that affected populations can call to obtain information on humanitarian assistance programmes; submit their feedback and get

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referrals to the humanitarian organizations that are best-suited to handle their issues. There are a number of pending questions raised by the health sector on the applicability of this method for the health sector at this stage.

UPDATES FROM PARTNERS

GIZ, Family Practice Approach Libyan-German Primary Health Care Project



In cooperation with the Libyan Ministry of Health (MoH), GIZ supports the improvement of Primary Health Care (PHC) services, so that these are accessible for vulnerable population groups in 16 municipalities in the south and north-west of Libya. In December and January, over 250 PHC centres (PHCCs) and hospital staff members, of which close to 50% were women, from Janzur, Garabulli, Msallata, Zintan, Nalut, Ghadamis, Wadi Al Bawanis and Al Jufra were orientated in the Family Practice Approach (FPA) including the Family Folder. Most of the trainings were held in venues provided by the municipalities. Motivated participants were selected

during the trainings to participate in a more extensive Training of Trainers (ToT) program in 2020. This will enable them to function as FPA focal points within their PHCCs and to orient other PHCC members in FPA.

UNICEF, Urgent support to Tarhouna municipality

In response to an urgent call for support from Tarhouna municipality, UNICEF responded through one of the implementing partners and sent the following:

- A complete set of Inter-agency Emergency Health Kit (IEHK) to Tarhouna hospital, which should guarantee the availability of supplies, renewables, equipment and medicines to ensure the availability of PHC services for 10,000 population for 3 months.
- Some lifesaving equipment to Tarhouna hospital, to ensure the ability of the health staff to resuscitate children when needed.
- Two vaccine storing refrigerators, to enhance the quality of cold chain for the vaccines.



TDH

Between October and November 2 beneficiaries, children from Zintan, received a follow up, regarding their surgery done in Tunisia between the month of July and September through TDH. One of them, a part from a generic follow-up, received prosthesis (eye).

Between the months of December and January 3 children (2 from Tripoli and 1 from Zintan) had heart surgery in a cardiology department of a Tunisian private clinic, by a mixed team of specialized doctors (Tunisians and Italians). Always between December and January a Libyan adult, suffering from a severe heart disease, has been operated in Tunisia.

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In December and January TDH organized training for the General Zintan Hospital staff (4 nurses, 2 midwives and 1 doctor) at a private clinic in Tunis with whom TDH-IT has an agreement. Training has been carried out for 26 days and it has been a “on the job training”. All the trainees were provided with an assurance by the private health facility. Training topics met the needs evaluated during an assessment done in Zintan General Hospital during August 2019, by TDH-IT medical focal point. In particular, it has been focusing on: a) technical-practical knowledge within the neonatal ward; b) technical-practical knowledge in the Intensive Care Unit and in the operating room; c) technical-practical knowledge in artificial and parenteral nutrition; d) a technical study for midwives. On the 10th of January 2020 the “on the job training” has been completed with success. Libyan trainees and trainers have been extremely satisfied from the training results. The Libyan trainees got a certificate and are expected to have a cascade effect on the other staff of the hospital in Zintan.

SUCCESS STORY

IRC



One of our success stories is the case of our Nigerian beneficiaries, a 65-year-old man. When he arrived to the Alskhirat PHCC in October 29th, he was desperately looking for help as public hospitals refused to admit him and he did not have money to go to a private clinic. It was our CoV Abderrahmen Souli from Niger who advised him to come to seek our services. When he arrived to the health facility he complained about shortness of breath that did not allow him to do his normal daily tasks and he was really anxious that he may die without any help. The IRC team took immediately care of his case as it was life threatening case. After the medical exam and the X-Ray we found out that our patient have pleurisy and this can be explained by 2 possible diagnosis: either T.B Lung or Lung Cancer. IRC Management took this case very seriously and admitted him to a private hospital where he was diagnosed with Pleural T.B and he started the treatment immediately. The next day when we visited him at the hospital, he jumped off the bed when he saw us and he was happily crying, he shakes our hand and he wanted to kiss our hands just to show his gratitude and appreciation for the tremendous amount of work that IRC team made in such short time. He called his friends and his family here in Libya and back home to talk about the IRC team and he prayed for the all the IRC family. November 9th

INFORMATION SOURCES:

<https://www.who.int/health-cluster/countries/libya/en/>

<https://reliefweb.int/country/lby>

<https://www.humanitarianresponse.info/ru/operations/libya>

EWARN: <https://ncdc.org.ly/Ar/>

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