HEALTH CLUSTER
Libya

Annual Report

Health Sector Libya

2020

Content

1. Overall context

- Libya is an upper middle-income country ranked 110 out of 189 on HDI (or "rich country" but with absence of the indicators of a rich country".
- Political and economic instability (in a country of daily oil revenues up to 150 million USD).
- Total estimated population is 6,800,000, of which around 80 % is urban. 584,000 refugees/migrants are estimated to be present in the country.
- Ongoing conflict (present threat of large-scale hostilities despite recently signed peace agreement). Presence of foreign armed groups. In first half of 2020, Libya recorded the second-highest number of attacks on health care in the world (second only to Afghanistan).
- UN recognizes only one government, GNA in Tripoli; with interim, LNA, in Benghazi.
- Libya is categorized as a Grade 2 emergency country with 1.3 million people (host population, IDPs, migrants, refugees) in need of humanitarian assistance
- Trafficking of drugs, weapons and migrants, uncontrolled borders. Organized crime (multiple armed groups/militia in control of urban and rural areas) and corruption.
- Impact of tribes on any governance related issues. Political divide not only between two main parties to the conflict (GNA and LNA) but within the same GNA and LNA areas.
- Disconnect between the so called "central" (both in Tripoli and Benghazi) authorities and the municipalities. Southern Libya may be classified as "an orphaned" region: forgotten, neglected with the dominance of tribal issues and being a competitive "battleground" for influence between GNA and LNA
- Initially, response capacities have been created around only Tripoli and Benghazi while neglecting vast geographical areas.
- COVID-19 pandemic clearly illustrated all deficiencies of the quality of overall governance.
- Donors perceptions and landscape: Libya has its own financial resources and should meet its own needs and in time move to be a donor itself. Libya does not have an acute emergency anymore and that there should be shift of focus from short term project-based funding to a Humanitarian, Development, Peace building nexus (HDPNx) approach. Continued perception of "migrant's crisis".
- The Berlin Peacebuilding process moved forward with the ceasefire agreement signed in Geneva on 23 October with a commitment for national elections on 24 December 2021.

2. Strategic challenges (2020 major health system challenges of the collapsing health system):

- Fragmented health governance, both for GNA and LNA – parties to the conflict.
- The tensions between different health authorities have actively undermined the response and led to delays making critical decisions about releasing badly needed national funds. This is really hindering, blocking, and slowing down processes and progress. "Collaboration culture" is a challenge. Reflection of the situation of the absence of Health Governance.
- There is no accountability at top levels of government. In GNA areas – basically no Minister of Health for months until now; disorganized MoH; key Deputy MoH responsible for COVID-19 response on "wanted list" due to corruption charges. In LNA areas – strong military /Army influence in health-related issues.
- Nominations on key health positions are subject to agreement and sanction by a leading tribe in the area. Many of officials lack the technical expertise and experience needed to act in either an advisory or executive public health management capacity.
- No clear lines of areas of geographical control under different parties to the conflict. Changing administrative map of Libya (districts, municipalities, health regions) and its impact of distribution of health infrastructure and its types (no

clear information on number of districts, municipalities, general or rural hospitals, polyclinics, PHC clinics, etc.). Once again puts everything under a political (populistic!) angle.

- Lack of accountability and transparency on the allocation of funds and distribution of medicines, equipment and supplies from national to municipal levels: while there are two Ministries of Health, supplies are being centrally procured and distributed from MSO based in Tripoli. COVID-19 illustrated that municipalities were "left on their own" to combat the pandemic. The proliferation of COVID-19 committees with unclear or overlapping mandates aggravated the situation.
- Operational costs (logistics, transportation, customs) are highest (with manipulations of official and black-market foreign currency exchange) for any of the implementing partners. Custom procedures are bizarre, gothic, drains enormous amount of energy from implementing partners and there seems to never be a point of agreement from which start to build.
- "Health finance" center is in Tripoli with GNA (National Oil Corporation; Central Bank of Libya are in Tripoli as well) expected/mandated to release funds across the country while the interim MoH declares "borrowing money" from commercial banks.
- Despite all supported and provided technical support, there is no country-wide system to gather information and monitor and assess needs, response capacities and funding requirements. Absolute lack of population/health data and the lack of data culture.
- The recent trend is that available national health resources are being channeled to private sector (e.g. while establishing COVID-19 isolation and case management facilities, funds were allocated to privately managed sites; increasing number of outsourcing of management of public health facilities to private companies).
- Declared international assistance is not sufficient (2020 HRP – 130 million, with a target of 300,000 people; 2021 HRP – 190 million with a target of 450,000) and does not always reach priority areas and populations.
- Sustainability of developmental programs is under the question. No integration with existing health system. Unpredictability of funds (i.e. EU funds for migration will run dry because EU Trust Fund is expiring with no replacement mechanism).
- Proliferation of international actors: municipality-based activities as a result of weak central national health governance. Non-coordinated reforms, pilot projects, initiatives at a municipality level (100). Lots of financial resources are currently being invested by various donors to support various interventions of PHC program but no clear mechanism for coordinating and aligning them to "national" objectives. The challenge here is what is called "national objective"?
- The health sector (UN agencies, donors, INGOs and NGOs)'s work in the country is viewed through a political lens.
- Political decentralization and defragmentation caused negative impact on continuity of health care services at a municipality level: largely disrupted public health services and limited institutional capacity.
    - Essential or minimum package of health services is dysfunctional across the country, including availability of supplies and vaccines (continuous stock outs were reported while the government commits to 10 million USD from COVAX).
    - Critical gaps in disease surveillance (with 131 sentinel sites). Communicable Diseases remain a concern due to the breakdown in services.
    - Only 15-20% of communities (666) have services for reproductive health care and noncommunicable diseases.
    - No clearly defined MCH department at the national and sub- national level results in non-coordinated response for MCH related activities.
    - Complete financial dependency on international community for implementing PHC and RMNCH Programs.
    - Access to public health facilities to diagnostic, treatment and follow for large segments of non-documented people, migrants, refugees differs across the country (in some parts access is reported, in others no access).
    - No notion of nutrition: (wasting, micronutrition deficiencies). Classic double burden country.

Some of key systematic obstacles in health:

- While funding channels remain the same for both, the governments in the east and west have introduced separate measures to combat COVID-19 pandemic, preventing a holistic and comprehensive approach that takes account of needs on both sides. The absence of an approved COVID-19 national preparedness and response plan has resulted in a fragmented, uncoordinated response in an already poor health system.
- Declarations of increasing government spending on health and reported acute shortages of health care facilities, staff, medicines and supplies across the country.
- Over excessive traditional present health infrastructure: Tertiary Care Medical Centers (5); Secondary Care (97) (Rural Hospitals (32), General Hospitals (23), Teaching Hospitals (31), Specialized Hospitals (11); Primary Health Care (1355) (PHC Units (728), PHC Centers (571), Polyclinics (56) but more than half of the health care facilities that were functioning in 2019 have since closed, especially in rural areas. "Populistic" (politically) driven proliferation of health facilities and their transformations.
- Available national funds are allocated to reconstruction, rehabilitation and procurement of branded equipment, supplies but many newly constructed and "functional" standard health facility buildings are available/intact but empty of HR and supplies.
- "Hospital oriented" approach remains (due to the legacy of remaining control and oversight through Hospital Administration Services in the MoH) in place while PHC network is basically non-existent (and mainly as a result of continuous reforms and transformations). PHC network becomes totally dependent on external international assistance. The system was never PHC oriented, which also means that people are NOT "family doctor/PHC oriented" … This means that a reform alone will be hard as also habits of people need to change
- Libya is characterized with the highest number of well written health strategies and policies (National Vision 2030, the Libyan Health Policy 2030), different health guidelines based on ongoing defragmentation/decentralization of the country but with no compliance or approval. Interesting that this work totally excludes the levels of acceptance/buy in, and rejection of local tribes as "end recipients" of reformed health services.
- Rising out of pocket payment expenditures but remaining state support for referral abroad. More segments of population become poor. Private sector is not regulated.
- Lack of skilled human resources compounded by their unequal distribution at all levels of care and geographic coverage and traditional fact of over excessive HR registered for Libya. PHC facilities are overstaffed. On average one PHC staff ranges between 70-100 staff. Continued presence and reliance on foreign health workers (even if not at pre-2011 rate).

3. Health sector composition and structure

- Health sector Libya is comprised of 27 actors, including 2 national authorities, 13 INGOs, 6 UN agencies, 2 observers, 6 others and 1 national society.

1	Ministry of Health, GNA	National authority
2	Interim Ministry of Health, LNA	National authority
3	ACF (Action Against Hunger)	International NGO
4	CEFA (The European committee for training and agriculture)	International NGO
5	Emergenza Sorrisi	International NGO
6	Expertise France	International NGO
7	Handicap International – Humanity & Inclusion	International NGO
8	Helpcode	International NGO
9	IMC (International Medical Corps)	International NGO
10	IRC (International Rescue Committee)	International NGO
11	MSF France	International NGO
12	MSF Holland	International NGO

13	PUI (Premiere Urgence Internationale)	International NGO
14	TdH (Terre des Hommes – Italy)	International NGO
15	WeWorld-GVC	International NGO
16	AICS (Italian Agency for Development Cooperation)	Other
17	Chemonics International Inc.	Other
18	GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit)	Other
19	LPFM (Libya Public Financial Management Program)	Other
20	Voluntas Policy Advisory (Voluntas)	Other
21	The World Bank (WB)	Other
22	ICRC (International Committee of Red Cross)	Observer
23	IFRC (International Federation of Red Cross and Red Crescent Societies)	Observer
24	LRC (The Libyan Red Crescent Society)	National society
25	IOM (International Organization for Migration)	UN Agency
26	UNDP (United Nations Development Programme)	UN Agency
27	UNFPA (United Nations Population Fund)	UN Agency
28	UNHCR (United Nations High Commissioner for Refugees)	UN Agency
29	UNICEF (United Nations Children's Fund)	UN Agency
30	WHO (World Health Organization)	UN Agency

- There is a national health sector coordination group, led and co-lead by MoH ICO (International Cooperation Office) in Tripoli and dedicated health sector coordinator.
- There are 2 active sub-national health sector groups at: Sabha hub – led and co-lead by MoH/NCDC and "double-hatted" WHO national staff (it is organized in February 2019; Benghazi hub/Al Baida – led and co-lead by MoH Interim Government and "double-hatted" WHO national staff (it is organized in November 2018).
- There are established five thematic sub-sector working groups:
    - Gender-Based Violence – led by UNFPA
    - Mental Health and Psychosocial Service Support – led by IOM and IMC
    - Tuberculosis – led by WHO
    - Sexual and Reproductive Health – led by UNFPA
    - Migration Health – led by IOM

    A separate "medical supplies working group" was established. The work of the group is led and coordinated by WHO.

- Situation with national NGOs: Health sector focused on identification and reaching out to the potential national NGOs with capabilities to manage and implement health project. This area of work remains a challenge. The following organizations were recommended for consideration by the health sector but with no active work or efforts undertaken to cooperate with the health sector:
    - Psychosocial Support team
    - Libyan organization for migration
    - STACO
    - Organization of Development Pioneers

Staffing:

- 1 international health sector coordinator (assignment initiated in mid-July 2019), 100% dedicated, based in Tripoli.

OCHA methodology:

Groups	People in Need Inter-Sector	Target Inter-Sector	People in Need in Health	Target in Health
IDPs	219,142	93,558	128,090	56,156
Returnees	74,314	67,768	42,903	38,679
Non-displaced	256,013	48,880	151,621	29,190
Migrants	299,782	84,037	184,202	50,090
Refugees	48,215	48,215	28,472	28,472
TOTAL:	**897,465**	**342,452**	535,287	202,587

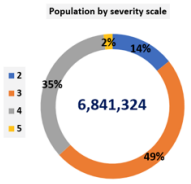
Health sector methodology:

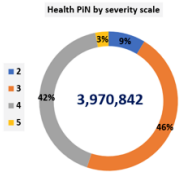
- **3,970,842** people as number of people **in need of health assistance.**

Acute PIN in health:

- **Severity scale 4: 1,662,586 people**
- **Severity scale 5: 122,485 people**

Total: ***1,785,072*** people





- 1 international health information management officer (assignment initiated in mid-September 2020), 100% dedicated, based in Tripoli.
- 1 national health information management office (assignment will start January 2021), 50% dedicated, based in Tripoli.
- 1 national sub-national health sector coordinator (east), 50% dedicated, based in Al Bayda.
- 1 national sub-national health sector coordinator (south), 50% dedicated, based in Sabha.

COVID-19 coordination:

In parallel, in 2020 health sector coordinated COVID-19 planning and response as per 9 key pillars with assigned lead agencies.

	Lead agencies
Pillar 1: Country-level coordination	WHO
Pillar 2: Risk communication and community engagement	UNICEF
Pillar 3: Surveillance, rapid response teams and case investigation	WHO
Pillar 4: Point of entry	IOM
Pillar 5: National laboratory	WHO
Pillar 6: Infection prevention and control	WHO, UNICEF
Pillar 7: Case management	WHO
Pillar 8: Operational support and logistics	WHO
Pillar 9: Essential health services maintained	UNICEF, UNFPA

4. 2020 health sector HRP objectives

- Objective 1: Increase access to lifesaving and life-sustaining humanitarian health assistance, with an emphasis on the most vulnerable and on improving the early detection of and response to disease outbreaks;
- Objective 2: Strengthen health system capacity to provide the minimum health service package and manage the health information system;
- Objective 3: Strengthen health and community (including IDP, migrants and refugees) resilience to absorb and respond to shocks with an emphasis on protection to ensure equitable access to quality health care services.

5. 2020 HRP PIN and Targets

- Around 203,137 individuals were planned to be targeted under the HRP, including 56,000 IDPs, 39,000 returnees and 50,000 migrants and 29,000 refugees.
- At the same time more than 3,970,000 people were defined in need of health assistance, lacking consistent access to primary and secondary health care services. This number included 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 planned to target 1,785,072 people in 58 municipalities, identified as having the most severe needs.

6. Key response figures, January – December 2020 (source: 4W, 2020 HRP)

- 25 health sector partners contributed to the operational response under 2020 HRP objectives. This included 6 UN agencies, 14 INGOs, 4 national NGOs and 1 national society.
- Health sector rolled out response in all 22 districts, reaching out 92 (out of 100) municipalities. 51 (55%) of reached municipalities were areas of severity scale 3 and above.

Provide a minimum package of integrated health services at primary and secondary levels:

- A total of 376,468 medical procedures were provided, including:
  - 331,679 outpatient consultations (19% of the planned target)
  - 6,382 referrals (91% of the planned target)
  - 29,653 trauma/injury related consultations (297% of the planned target)
  - 4,852 mental health consultations (90% of the planned target)
  - 3,723 physical rehabilitation (disability) consultations (53% of the planned target)
  - The numbers of reported assistance with vaginal deliveries attended by a skilled attendant and caesarian sections remained relatively low, 154 and 25 accordingly (this requires further adaptation of reporting format and adherence to the indicators' definitions by the engaged health sector partners).
- Of all medical procedures which took place in areas of severity scale above 3, 91% (120,605) were HRP related projects. For medical procedures which took place in areas of severity scale 3, 61% (123,260) were HRP related projects. For medical procedure which took place in areas of severity scale less than 3, 60% (24,622) were HRP related projects.
- The largest number of medical procedures (above 20,000 for each) was provided in Tripoli, Misrata, Benghazi, Ejdabia, Al Margeb, and Al Jabal Al Akhdar. The lowest number of medical procedures (under 3,000 for each) were provided in Murzug, Almarj, Ubari, Aljfara, Wadi Ashshatti, Derna and Sirt.
- 52% of medical procedures were provided to male population, 48% to female population. 81% of medical procedures reached people older than 18 years old.
- 11% of medical procedures took place in severity scale areas less than 3. 54% - in areas of severity scale equal to 3 and 35% of medical procedures to the areas of severity scale above 3.
- 87% of mobile medical teams operated in severity scale equal to 3. 13% - in areas of severity scale above 3.
- 40% of population received support with medical procedures reside in areas of severity scale above 3. 47% of population received support with medical procedures reside in areas of severity scale equal to 3. 14% of population received support with medical procedures reside in areas of severity scale less than 3. 30% of migrants and refugees received support with medical procedures were in areas of severity scale above 3.
- 68% of migrants and refugees received support with medical procedures were in areas of severity scale equal to 3. 92% of IDPs and returnees received support with medical procedures were in areas of severity scale 3 and above.
- 296 health facilities and community centers were supported to provide MHPSS services across the country.
- 60 mobile medical team/clinics are operational.

Provide continuous and non-interrupted immunization services to children:

- As expected, no updates could be collected on the coverage by Hexa 3 (children under 1 year old) and MR (children under 2 years old).

Expand the reporting capacity of the early warning system:

- 68% of reporting EWARN sites submit the reports in a timely manner.

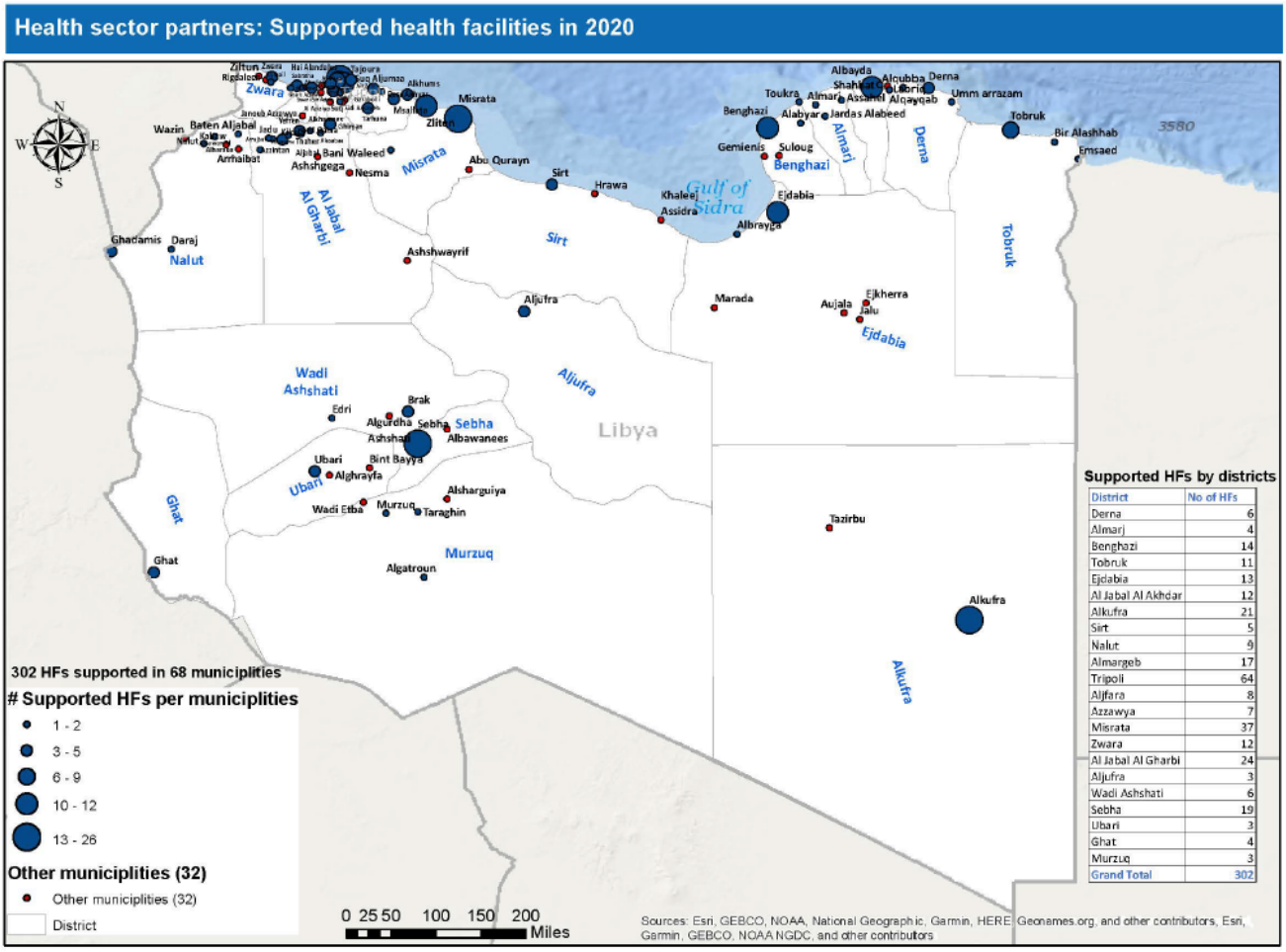
Support health authorities to carry out timely response to disease outbreaks:

- 78% of disease outbreaks responded to within 72 hours of identification.
- 131 EWARN sentinel sites are functional.

Provide health facilities with essential medicines, medical supplies and equipment:

- A total of 302 public PHC and hospitals were supported with health services and commodities (including 159 public PHC (27% of the planned target) and 143 public hospitals (286% of the planned target).
- 516 different pieces of medical equipment were distributed by health sector partners.
- 5,132 different standard health kits were distributed (790% of the planned target).
- Increase access to health services by establishing functional health facilities and mobile medical teams
- 62 health facilities were supported with mobile medical teams (103% of the planned target).

- 41 public health facilities received assistance with rehabilitation and refurbishment (25% of the planned target).
- 19 IDP camps/settlements were covered by fixed health points and/or mobile medical teams.
- 20 formal detention centers were covered by fixed health points and/or mobile medical teams.
- 9 disembarkation points were covered by the health sector.



Strengthen the capacity of health care providers and community health care workers to provide essential health services:

- 7,232 health service providers were trained through capacity building and refresher training (482% of the planned target).
- 561 community health workers were trained through capacity building and refresher training (94% of the planned target).
- 220 health workers were trained on CMR (clinical management of rape).

OBJECTIVE	ACTIVITIES	OUTPUT INDICATORS	Target	Al Jabal Al Akhdar	Al Jabal Al Gharbi	Aljfara	Aljufra	Alkufra	Almarge b	Almarj	Azzawya	Benghazi	Derna	Ejdabia	Ghat	Misrata	Murzuq	Nalut	Sebha	Sirt	Tobruk	Tripoli	Ubari	Wadi Ashshati	Zwara	Grand Total
1. Increase access to life-saving and life-sustaining humanitarian health assistance, with an emphasis on the most vulnerable and on improving the early detection of and response to disease outbreaks.	1.1 Provide a minimum package of integrated health services at primary and secondary levels (integrated services cover emergency and trauma care, management of Communicable and Non-Communicable Diseases, Maternal, Neonatal and Child Health (MNCH), Mental Health and Psychosocial Support (MHPSS) and clinical rehabilitation).	1.1.1 Number of outpatient consultations *(excluding mental health, trauma consultations, physical rehabilitation)*	1.8 M	8,314	26,954	704		7,746	21,233	2,653	3,073	48,755	234	28,923	26,966	36,650	2,836		8,901			102,114	1,275	233	4,115	331,679
		1.1.2 Number of patients referred for treatment between different levels of care and locations	7,000		464	2		42	163		96	144	1	8		2,630	55		12			2,702	5		58	6,382
		1.1.3 Number of trauma/injury related consultations	10,000	4	492	18	4,751	89	6,907	3	228	575		58		13,439	109		663			2,218		47	52	29,653
		1.1.4 Number of mental health consultations	5,400		387	15			74		17	331				1,307			114			2,500			107	4,852
		1.1.5 Number of physical rehabilitation (disability) sessions/consultations	7,000		10				35			1,249				577			140	2		1,710				3,723
		1.1.6 Number of vaginal deliveries attended by a skilled attendant	N/A								1				118							34			1	154
		1.1.7 Number of caesarian sections supported	N/A												18							7				25
		Number of medical procedures provided		8,318	28,307	739	4,751	7,877	28,412	2,656	3,415	51,054	235	28,989	27,102	54,603	3,000	0	9,830	2	0	111,285	1,280	280	4,333	376,468
		1.1.8 Number of health facilities and community centers providing MHPSS services	200		1			1			2	47				90	1		39			112			3	296
		1.1.9 Number of mobile medical teams/clinics (including EMT)	58	3	3	1	1	1	3	1	2	9		2	1	6	1		5			18		1	2	60
	1.2 Provide continuous and interrupted immunization services to children	1.2.1 Coverage by Hexa 3 (children under 1 year old)	100%																							N/A
		1.2.2 Coverage by MR (children under 2 years old)	100%																							N/A
	1.3 Expand the reporting capacity of the early warning system	1.3.1 Percentage of reporting sites submitting the reports in a timely manner	100%																							68%
	1.4 Support health authorities to carryout timely response to disease outbreaks	1.4.1 Percentage of disease outbreaks responded to within 72 hours of identification	100%																							78%
		1.4.2 Number of EWARN sentinel sites	N/A	1	9	4	4	6	10	3	7	11	4	10	3	13	4	5	7	1	1	5	1	4	18	131
2. Strengthen health system capacity to provide the minimum health service package and manage the health information system.	2.1 Coordinate the humanitarian health response	2.1.1 Number of coordination meetings at the national and sub-national levels	36									12							14			12				38
		2.1.2 Number of completed health sector assessments conducted	30		1	4	1	3	1		1			1	1	1	1	1		1		1	1	1	3	23
	2.2 Provide health facilities with essential medicines, medical supplies and equipment	2.2.1 Number of public PHC facilities supported with health services and commodities	600	4	3	5		18	7	4	2	7	1	9	3	23		2	14	2	4	41	1	4	5	159
		2.2.2 Number of public secondary health care facilities supported with health services and commodities	50	8	21	3	3	3	10		5	7	5	4	1	14	3	7	5	3	7	23	2	2	7	143
		2.2.3 Number of provided medical machines	650	22	81	9		13	31	15	68	32		16	4	63	4	43	16	16	14	49		2	18	516
		2.2.4 Number of provided standard health kits	650	120	152	41	20	26	108	13	474	321	78	51	15	1,216	55	29	215	52	113	1,897	43	30	63	5,132
	2.3 Increase access to health services by establishing functional health facilities and mobile medical teams (including EMT).	2.3.1 Number of health facilities supported with mobile medical teams	60	7	3	1		8	3	1		8		6	2	8	1		3			10		1		62
		2.3.2 Number of public health facilities refurbished and/or rehabilitated	165		1	3		1	2		9	5	1	1					11			6			1	41
		2.3.3 Percentage of IDP camps/settlements covered by fixed health points and/or mobile medical teams	100%									6		1		4			1			7				19
		2.3.4 Number of official detention centers covered by fixed health points and/or mobile medical teams	20	2	1	1			2	1	2	3		1		1	1		1			2		1	1	20
		2.3.5 Number of disembarkation points covered by fixed health points and/or mobile medical teams.	14						1		2					2						3			1	9
		Number of public health facilities supported with health services and commodities	650	12	24	8	3	21	17	4	7	14	6	13	4	37	3	9	19	5	11	64	3	6	12	302
3. Strengthen health and community resilience to absorb and respond to shocks with an emphasis on protection to ensure equitable access to quality health care services.	3.1 Strengthen the capacity of health care providers and community health care workers to provide essential health services	3.1.1 Number of health service providers trained through capacity building and refresher training.	1500	103	544	193	35	73	129	42	94	490	32		70	1,041		452	1,096		278	2,481	20	19	40	7,232
		3.1.2 Number of community health workers trained through capacity building and refresher training.	600		8			36								25		2	49	268		173				561
		3.1.3 Number of health workers trained on CMR (Clinical management of rape)	100																			220				220
	3.2 Monitor and report on violence against health care	3.2.1 Number of attacks on health care reported	N/A	1	1				1		2	2		4		8	1			1		14			1	36

**Percentage of IDP camps/settlements covered by fixed health points and/or mobile medical teams is represented as a figure as baseline list is not available. ** Max number*

7. Key operational issues, January – December 2020 (source: monthly health sector bulletins)

January

- Impact of the conflict in Abusliem, Ain Zara and Tajoura municipalities
- Gaps and response in Al Kufra district
- Novel coronavirus
- Humanitarian access constraints reporting
- Mental Health Psychosocial Support Working Group
- AFP surveillance
- Suspected H1N1 cases
- EWARN and epidemiological situation
- Annual 2019 4W health sector performance
- Updated health sector assessment registry for 2019
- Roll out of mobile medical teams across Libya
- Enhancement of pediatric care in Libya
- Prepositioned health supplies across the country
- Response to violence in Sirt area and displacement to Misrata
- 2020 HRP
- 4W health sector 2020 HRP
- 4W 2020 HRP health sector targets
- Common Feedback Mechanism for health sector

February

- The 2020 Libyan Humanitarian Needs Overview (HNO)
- Libya Humanitarian Response Plan 2020: Executive Summary
- Analysis of gaps in health sector coverage for January 2020

- Targeting civilians and paramedical personnel in 2019”
- COVID-19 (challenges and priorities)
- Gaps in public service provision in Al Kufra district
- Emergency response to possible displacement from Sirt to Sirt and Misrata
- Reactivation of the Mental Health Psychosocial Support sub-sector working group
- Joint steps to strengthen TB response across the country
- Further build-up of health information management system
- Sharing of developed guidelines and materials
- Clearance and approvals for health supplies in Libya
- PMR (Periodic Monitoring Report) indicators for 2020 HRP
- Coordination of information on planned and supported capacity building events
- GBV scoping mission to Libya
- COVID-19 response

March

- Gaps and weaknesses of health sector response (based on 4W February analysis)
- COVID-19 (current gaps; ley operational asks)
- Detention centers and prisons
- Protection, dignity and promotion of the rights of Women and Girls
- Enabling allocation of national funds to COVID-19 response
- Needs assessment
- Capacity building support
- COVID 19 response

April

- Statement, UNSMIL Expresses Grave Concerns over the Deteriorating Humanitarian Situation in Tripoli and its Surroundings, and in Tarhouna
- Statement by Mr. Yacoub El Hillo, Humanitarian Coordinator for Libya, on the disruption of water and electricity supply,
- Statement by the Humanitarian Coordinator for Libya, Yacoub El Hillo, following attack on Al Khadra General Hospital in Tripoli.
- Statement attributable to the Spokesman for the Secretary-General on Libya
- Gaps and weaknesses of health sector response (based on 4W March analysis)
- Situation across municipalities
- Health sector response (based on 4W March analysis)
- COVID-19 (immediate needs across the country)
- COVID-19 health sector funding requirement

May:

- Statement, WHO urges the health authorities in Libya to remain vigilant in the face of the serious health threat posed by COVID-19 in the country.
- A joint statement (OCHA, UNHCR, UNICEF, UNFPA, WFP, WHO, IOM) on Libya: Conflict and the COVID-19 pandemic present a significant threat to life in Libya
- Joint WHO/UNICEF press release, Over quarter of a million children in Libya are at risk from vaccine-preventable diseases
- Statement by Yacoub El Hillo, Humanitarian Coordinator for Libya, on the killing of migrants southwest of Tripoli
- COVID-19
- Killing of 30 migrants in Mezda
- Mine action
- Situation with TB

- Health assessment at a community level, WHO
- Gaps and weaknesses of health sector response for April 2020 (based on 4W analysis)

June
- The socio-economic impact of COVID-19 in Libya
- Latest key developments/changes in the COVID-19 context
- Overall impact on availability of health services and remaining gaps of health sector response
- Latest figures on detention centres in Libya
- Situation with the communicable disease surveillance in Libya
- Explosive ordnance, including explosive remnants of war, anti-personal mines, unexploded sub-munitions and improvised explosive devices
- COVID-19

July
- Health sector key asks:
- Migrants and COVID-19
- Situation in the south
- 4W health sector performance
- COVID-19 response
- Situation in Sirte and health sector response
- Joint Rapid Needs Assessment
- CERF allocation to COVID-19 response in Libya

August
- Statement by WHO on rapidly escalating rates of COVID-19 in Libya
- Sirte preparedness plan
- COVID-19 highlights (key gaps)
- 2021 HNO/HRP
- The Inter-Sectoral Framework 2021 HNO/HRP (aligned with global JIAF)
- 2020 MSNA
- Availability of Health Information: Core Indicators
- Access related issues
- 4W health sector performance (July)
- COVID-19 inter-sector response (4W OCHA)
- The EU TF Technical Working Group meeting
- Health Diplomacy" project

September
- Supply Chain System in Libya and related advocacy
- Undertaken advocacy efforts to overcome challenges to procurement and clearances
- Update on COVAX
- Situation with immunization services
- COVID-19 highlights
- People in need of health in 2021
- Impact of COVID-19 on continuity of essential health services (e.g. Mental Health)

October
- Overview of COVID-19 case management health facilities in Tripoli
- Review and update of the COVID-19 National Response plan (Invitation from House of Representatives and the Ministry of Health (ICO)

- Signing the COVAX Facility by Libya
- Key points for Libya to take action to ensure the safety and health of migrants and refugees
- Access in health
- 2021 HRP Strategic Objectives and 2021 HRP Health Sector Strategic Objectives
- Affected population (inter-sector pin and health sector pin), 2021 HRP
- Operational assessment of selected municipalities was conducted across Libya
- Migrant health: an overview of health response to migrants and refugees in Libya
- Health Sector 2021 HRP
- Current HDP-nexus developments

November

- HRP 2021
- Access for health sector organizations:
- Health sector information management objectives for 2021
- Health sector assessments
- Overall program strategy on COVID-19 vaccination, status of vaccine procurement and immunization structure in Libya
- Central repository of national health guidelines, policies, protocols and standards
- SDGs Accelerator Themed Working Group (WG) on Innovative Programming in Fragile and Vulnerable Settings
- 4W and overall health sector response:
- Health Sector Field Directory
- COVID-19 updates
- Visit to the east of the country, 4 November – 2 December 2020
- Selected health sector Libya achievements for 2020 as reported to the Global Health Cluster

December

- Strengthening health information management system in Libya
- Final 2021 HRP health sector projects
- "Deep dive" on humanitarian and development challenges
- Cluster Coordination Performance Management 2020
- Operational framework (the development imperative for further coordination between the MoH and Ministry of Planning)
- Detention centers in the east of the country
- Health workforce in Libya
- Health priorities for 2021
- Shortage of health and non-health personnel in COVID-19 isolation and case management facilities
- Preparation of the monthly COVID-19 epidemiological bulletin

8. Progress in 2020

Sector performance is managed via developed and agreed upon annually updated Health Sector Workplan against the 7 core cluster functions:

1. **Support service delivery**
2. **Inform the HC/HCT's strategic decision-making**
3. **Planning and Strategy Development**
4. **Advocacy**
5. **Monitoring and Reporting on implementation of sector strategy and results**
6. **Contingency Planning/Preparedness**
7. **Accountability to Affected Populations**

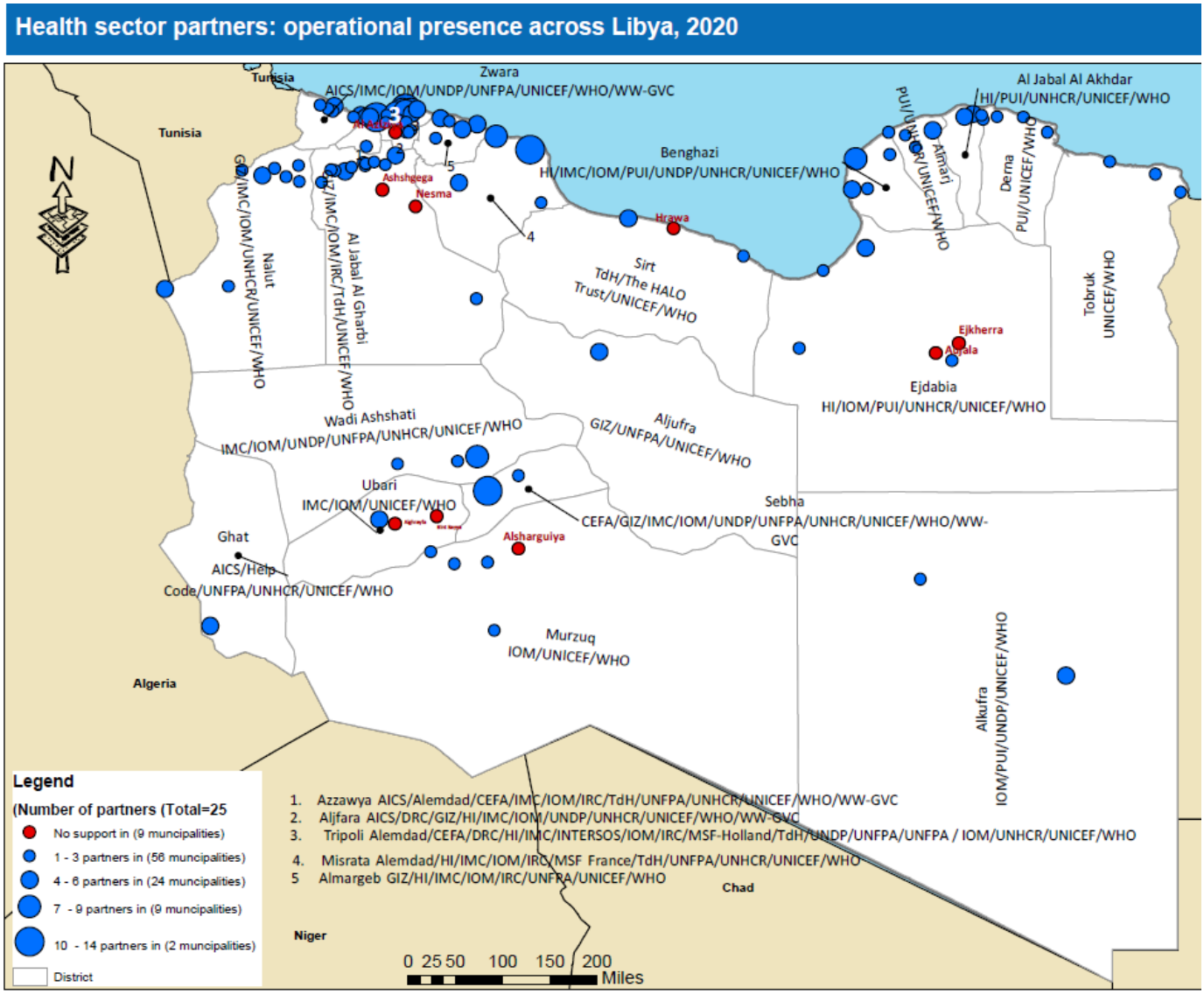
Health sector workplan for 2020

Programme	Top Task (Product and Service)	Activities (Sub-Task)
Coordination	Supporting Service Delivery	
		Provide a platform to ensure that service delivey is driven by the agreed strategic priorities
		List of national and sub-national health partners, observers, etc. is developed and updated.
		Conduct monthly (and ad hoc, when necessary) national and sub-national health sector meetings (Tripoli, Benghazi).
		Share the minutes and agenda before each meeting.
		Prepare a quarterly updated snapshot on attendance of national and sub-national health sector meetings.
		Elect co-coordinator from international and national NGOs (if necessary).
		Participation in HCT (Humanitarian Country Team) or AHCT as an observer and ISC (Inter-Sector Coordination) meetings.
		Updating the health sector on their roles and responsibilities following the IASC Cluster functions.
		Update earlier developed ToR of Health Working Group, Libya
		Develop mechanisms to eliminate duplication of service delivery/activities
		Introduction of reporting tools (4Ws) to the IMOs of the health partners (via workshop)
		Collection of monthly updates on 4Ws (2019 HRP), production and dissemination of monthly snapshots
		Monthly and quarterly analysis and review of 4Ws health sector indicators.
		Provision and consolidation of bi-weekly inputs (operational updates)
	Informing Strategic Decision Making for the Humanitarian Response	
		Needs assessment and gap analysis
		Harmonization and standardization of health need assessment tools (via workshop)
		Review and update the health component (MSNA) of Humanitarian Needs Overview and other coordinated needs assessments and surveys.
		Preparation and consolidation of health sector assessment registry (quarterly updates).
		Update of Public Health Situation Analysis
		Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues.
		Prepare and disseminate weekly EWARN bulletins.
		Sensitization workshop, DHIS2 tool for health sector.
		Prepare and disseminate 4Ws indicators' reports for rapidly evolving conflicts (if and when appear) across the country.
		Analyze, prepare and disseminate monthly MVH reports (Attacks on Health care), SSA
		Cross-cutting: Strengthen coordination with WASH, Protection and other sectors.
		Cross-cutting: Strengthen coordination with all technical sub-sector working groups (MHPSS, Migration, TB, SRH).
		Cross-cutting: Enhance and expand the issues of Reproductive Health as a standing along agenda at both, national and sub-national levels (uponc consultations with UNFPA).
		Joint analyses supporting response planning
		Operational response plans (national and sub-national levels) are developed based on consolidated inputs.

	Planning and Strategy Development	***Develop sectoral plans, objectives and indicators directly support realization of the HC/HCT strategic priorities***
		Bi-annual update of earlier developed "Health Sector Response Strategy 2018-2021" (via workshop)
		Develop health sector response plan (HRP), objectives, activities, indicators, targets.
		Enhance participation and contribution of health sector partners (100%) with projects for HRP.
		Strategic and technical "defense" of health sector strategy with the authorities.
		Adherence to and application of standards and guidelines
		Identifying and sharing national and international standards and guidance
		Key identified standards and guidance are adapted in consultation with the authorities
		Clarifying funding needs, prioritization, and sector contributions to sector funding needs
		Strategic and technical review of health sector projects submitted to HRP.
		Monthly and quarterly update (FTS) of health sector funding situation.
		Advocate for availability, preparation, submission, regular updates of health sector projects for Humanitarian Pool Funds (HPF), if and when available.
		Strategic and technical review of health sector projects submitted for HPF, if and when available.
		Quarterly update of HPF funded projects.
	Advocacy	
		Develop the list of advocacy issues for Libya (updated on a monthly basis) - access to the conflict and non-conflict zones, medical evacuation, violence against health, different governance structures, etc.)
		Regular updates of health advocacy points with the engaged stakeholders (HCT, UNSMIL, UN Security Council, etc.)
	Accountability to Affected Population	
		Contextualizing "Health Cluster Operational guidance on Accountability to Affected Populations".
	Monitoring and Reporting on implementation of sector strategy and results	
		Monitoring and reporting on implementation of cluster strategy and results
		Training on 4W monitoring and reporting for health partners.
		Production and dissemination of 4W key performance indicators' monthly snapshots.
		Preparation and dissemination of monthly health sector bulletin, Libya.
		Preparation and dissemination of situation updates based on the evolving situation across the country (West, South, East, Central, Tripoli, Benghazi).
		Conduct Cluster Coordination Performance Monitoring (CCPM), to be discussed with HQ (Global Health Cluster).
		Conduct mid-year and review of the health sector workplan and HRP (PMR) (via workshop)
		Development of M&E framework
	Contingency Planning/Preparedness	
		Update earlier developed "Scenario based contingency plan" (via workshop)
		Update earlier developed "Annual Emergency Preparedness and Response Plan" (via workshop)
		Update earlier developed "Minimum Health Service Package" for health sector (via workshop)

Cluster function 1: Supporting service delivery

Output: Provide a platform to ensure that service delivery is driven by the agreed strategic priorities



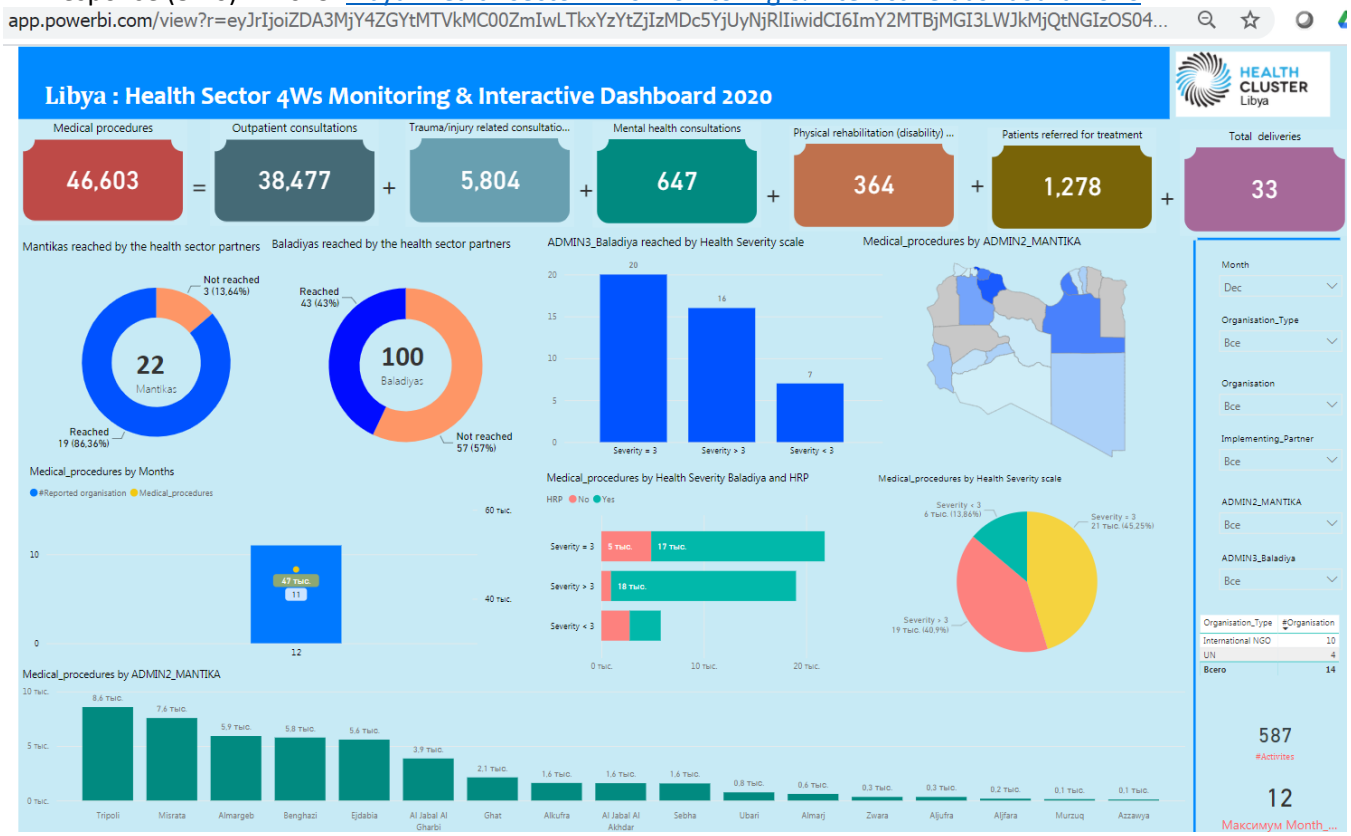
- Health sector coordinator and information management officer are based and work out of Libya (Tripoli).
- List of partners regularly updated: Contact list of health sector organizations is developed, updated and disseminated quarterly.
- Adequate frequency of cluster meetings: Health sector were expected to be conducted on a monthly basis, both at the national and sub-national levels. In Tripoli, following COVID-19 pandemic and specific issues related to an existing “governance conflict”, the sector meetings were suspended from April 2020 until the end of 2020. This gap was replaced with alternative modalities of sector coordination (including ad hoc thematic face to face, TC/VTC meetings, electronic exchange, etc.) which proved to be equally effective. In Sabha and Al Bayda, the sub-national health sector coordination meetings took place mostly on a monthly basis with dissemination of respective minutes. Traditional health sector meetings were replaced by thematic COVID-19 pillar related working group meetings (including the most effective ones on risk communication and community engagement; infection prevention and control; points of entry).
- Attendance of cluster partners to cluster meetings: As per standard practice, attendance was being registered. 60-70% of operational health sector organizations took part in most of the sector meetings.
- Level of decision-making power of staff attending cluster meetings: The sector paid a special attention in ensuring that the participants (medical coordinators or project officers) would have a full decision-making authority to be able to follow up.
- Conditions for optimal participation of national and international stakeholders: In Tripoli health sector coordination meetings would take place in the NCDC building accessible for all Tripoli-based participants. In order to ensure a

representation of participants from Libya side, Tunis-based actors were informed that TC/VTC modalities would not be made available while requested to be represented by staff located inside Libya. The meetings in Sabha and Al Bayda took place in Sabha medical complex and University of Omar Al Mukhtar respectively.

- Writing of minutes of cluster meetings with action points: The minutes were mandatory, prepared and disseminated within the first 48-72 hours of each meeting.
- Usefulness of cluster meetings for discussing needs, gaps and priorities: In general, the minutes are detailed enough to discuss needs, gaps and priorities.
- Health sector coordinator advocated for sector coordinators' to be part of HCT meetings in 2020. When necessary, the health sector coordinator participated in ISCG meetings for strategic decisions which were mostly useful.
- In 2020 there was a full level engagement of sector with national coordination mechanisms, at national and sub-national levels, both for COVID-19 and non COVID-19 response.
- Health sector maintained an updated "open" (prior was "pre-moderated") health sector email list of 350 recipients with regular updates being disseminated on a daily, weekly basis throughout 2020.
- A comprehensive web-page was created and continued to be updated, https://www.humanitarianresponse.info/en/operations/libya/health

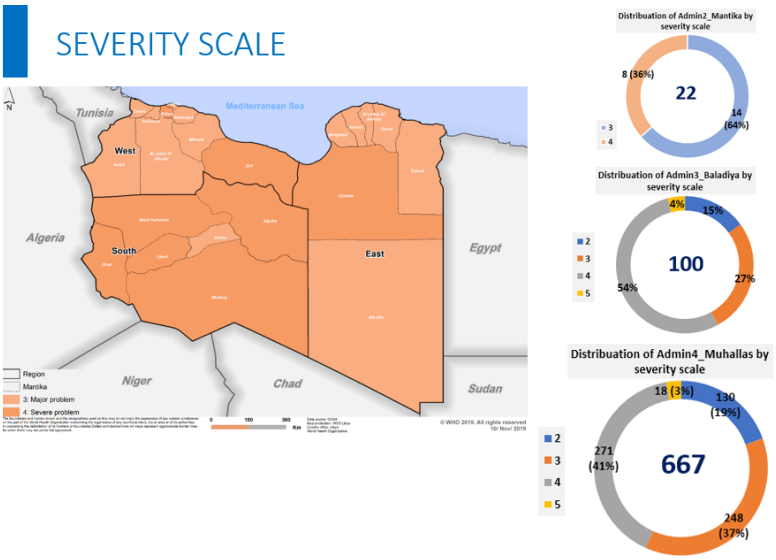
Output: Develop mechanisms to eliminate duplication of service delivery

- Mapping of partner geographic presence and programme activities was updated on a monthly basis: reporting tools (4Ws) were introduced to the IMOs of the health partners. Monthly snapshots were prepared, and interactive dashboard was developed. In 2020 the reporting was provided by 20 health sector partners compared with a low response (8-10) in 2019. Libya: Health sector 4Ws monitoring & interactive dashboard 2020

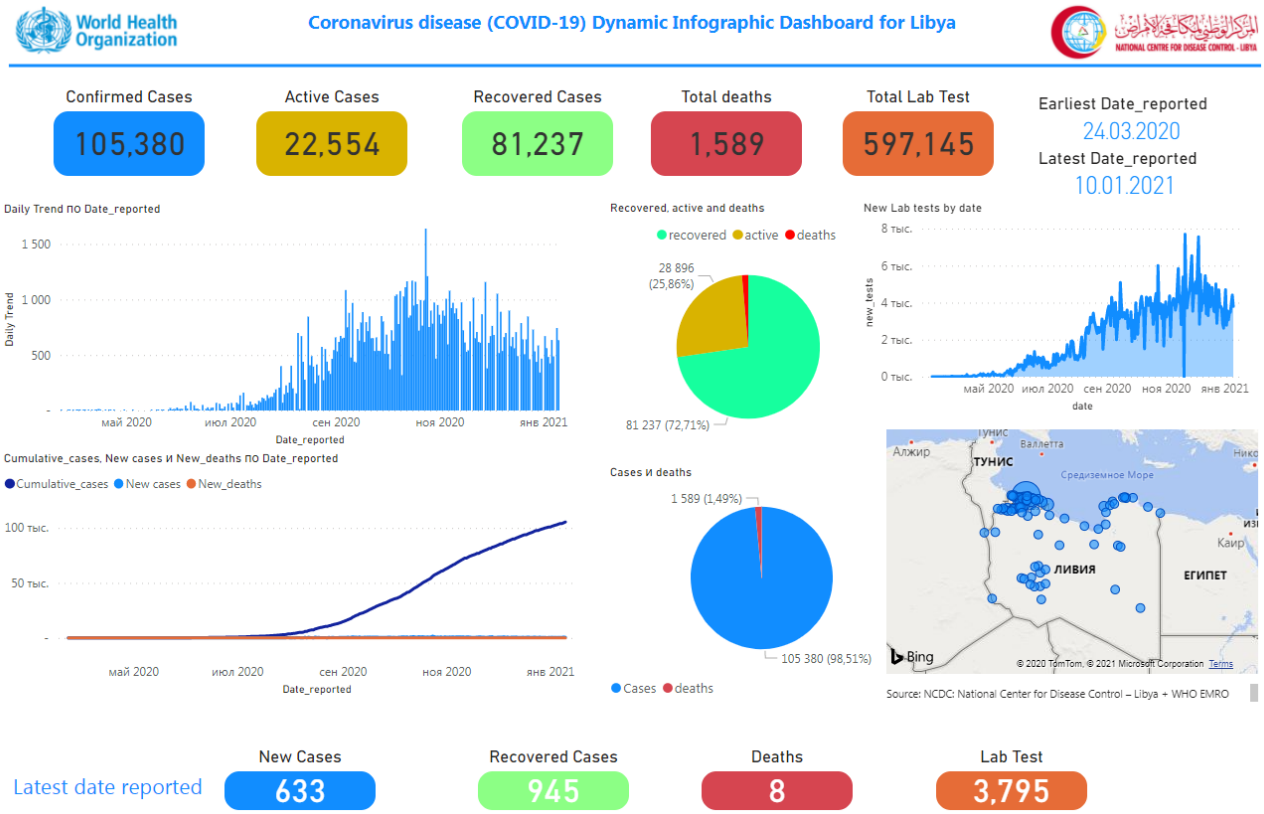


- There was a major revision of 4W key performance indicators from 65 in 2019 to 30 in 2020.
- Monthly operational presence maps were produced.
- Initiated provision and consolidation of bi-weekly inputs (health sector operational updates), enabling to capture partners not covered by 4Ws.

- Health sector severity scale was introduced and monitored via 4W response. Traditional focus on Tripoli crisis had to be converted into the country-wide reporting.



- Health sector field directory was developed reflecting the work of 27 actors.
- Regular analysis of gaps and overlaps based on mapping used by partners was prepared and shared on a monthly basis (reflected with distribution of 4Ws and monthly health sector bulletins).
- Following COVID-19 pandemic regular daily, weekly and bi-weekly operational updates reflective of COVID-19 situation and response were produced and shared.
- Bi-monthly overview of capacity building activities supported by the health sector was introduced.
- COVID-19 interactive dashboard was initiated and developed in coordination with the national health authorities: [Link for COVID19 Dynamic Infographic Dashboard of Libya .]



- Health sector operations are reaching all of Libya's 22 districts and well over half of the municipalities within these districts. Almost half of the areas reached by health sector are classified as 3 or above on the severity scale – meaning that people living in these areas have acute and immediate humanitarian needs.
- In close coordination with protection and WASH sectors, health sector continuously raised the importance of access to diagnostic, treatment and follow for migrants, refugees, people detained in "formal" detention centers, prisons

and smuggling facilities. Life-saving health services were made available in all detention centers regardless of areas of control and party to the conflict.

- In health, access is defined by capabilities to reach a specific area by different means and modalities, including a) direct presence of UN and INGO staff (international staff); b) capabilities to deliver health supplies by any means; c) presence of field coordinators and focal points; c) presence of implementing partners.
    - Health sector reaches all 22 districts; 40-50% of 100 municipalities; 35-40% of reached municipalities are in areas of severity scale classified 3 or above.
    - Health sector response involves an estimated of 28 different type of activities.
    - 46 communities in 3 districts (Al Jufra, Misrata, Sirte) remained non-accessible due to a mix of reasons.

Health sector worked closely (on a monthly basis) with Access Working Group reflecting access related issues for the health sector, including the following types of constraints:

Type of Constraint
Denial of the existence of humanitarian needs or of entitlements to humanitarian assistance.
Restriction of movement of agencies, personnel, or goods into Libya.
Restriction of movement of agencies, personnel, or goods within Libya.
Military operations and ongoing hostilities impeding humanitarian operations.
Violence against humanitarian personnel, assets and facilities
Interference in the implementation of humanitarian activities
Presence of Mines and UXOs
Physical environment
Restrictions on, or obstruction of, conflict affected populations' access to services and assistance
Other

Cluster function 2: Informing strategic decision-making of the Humanitarian Coordinator/Humanitarian Country Team

Output: Needs assessment and gap analysis

- Prepared and updated health sector assessment registry on a quarterly basis.
- Disseminated standardized assessment tools (e.g. facility level, community level, rapid needs assessment) to health sector.
- Provided technical inputs for finalization of health sector section of MSNA by REACH.
- Prepared the health needs analysis of 2021 Humanitarian Needs Overview.
- Initiated a number of assessments, including: Impact of COVID-19 restrictive measures on health sector; Community Health Assessment in Libya, May 2020; Bi-monthly and monthly health situation updates in selected municipalities, Libya; Health sector assistance: migrants and refugees; COVID-19 behavioural assessment.
- Supported government-led assessments, including on COVID-19 coordination structures at a municipality level, case management and isolation centres.
- Contributed to the regional research study “Lessons learnt from response to COVID-19 in FCV settings in the EMR” initiated by WHO regional and American University in Beirut.
- Produced various situation updates highlighted and identified risks, needs, gaps, capacity and constraints in response.

Output: Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues

- Prepared and disseminated weekly EWARN bulletins; invested into the quality investment of EWARN bulletins; prepared paths for the development of interactive dashboards.
- Prepared and disseminated regular reports on attacks on health care.

- A few of cross-cutting issues (including age, gender, diversity, human rights, protection, environment, HIV/AIDS, disability) is yet to be properly reflected in the assessment work.

Output: Prioritizing on the basis of response analysis

- The most important part is that regular products enabled a proper response planning and prioritization.
- Health sector do not invest proper time in data collection activities.
- Sharing by partners of their assessment reports remains a challenge despite the existence of the assessment registry.
- Coordinated sector needs assessments and surveys are not common.
- Health sector aimed to overcome one of the key challenges of absence of health data and updated information from the side of the national authorities. Frequently quoted and largely invested DHIS tool has not yet yielded the expected results. HeRAMS has not been launched in Libya.
- Took part in the national and sub-national level planning consultative meetings on COVID-19 and non-COVID-19 response. Some of the priorities identified by the authorities are as follows:
    - Service Delivery
        - Preserve PHC network
        - Improve access to essential health services in rural and hard to reach areas
        - Re-organization of the system of distribution of health infrastructure
        - Enhance research areas for pandemic
        - Consider NCDs a priority and support interventions through dedicated national programs
    - Human resources for health (HRH)
        - Support a review of health workforce and develop a plan looking at short to medium-term options
    - Health Information Systems
        - Support implementation of the Health Information Strategy & related mechanisms to data collection & management
    - Pharmaceuticals/Essential medicines
        - Support supply chain management capacity and strengthen FDA system
    - Health financing
        - Reactivation of national health account system
        - Support development of Public Health Insurance Fund and models

Cluster function 3: Planning and strategy development

Output: Develop sectoral plans, objectives and indicators directly support realization of the HC/HCT strategic priorities

- Health sector response strategy 2021 was developed under 2021 HRP, with a focus on objectives, outputs, activities and indicators. For the first time costing/per activity and per indicator exercise was completed.
- Health sector tracks on a monthly basis 30 indicators mainly related to the response to health organizations (UN and INGOs).
- Health sector was instrumental in helping Libya prepare its nine-pillar preparedness and response plan for COVID-19. Health sector successfully advocated for the inclusion of the ninth pillar, which addresses the need to keep essential health services running in the midst of the pandemic.
- COVID-19 health sector preparedness plan was prepared (including only UN agencies and INGOs). “Reinforce health sector coordination and health information management for effective health response” became a mandatory HRP project.
- Health has the highest number of HRP projects: 28 projects submitted under health for 2021 HRR for a total of 41 million USD.
- Health became a central point of one of inter-sector overall objectives for 2021 planning.
- For all deliverables, a wide participatory approach was ensured, from drafting to finalizing the plans.

- Identified health sector priorities and objectives were always aligned with the national ones.
- Cross-cutting issues (protection, gender, age, disability, human rights) were keystone addressed by health sector planning.
- Health sector plans and response were aligned with the UN Strategic Framework (2019-2020; 378 million USD budget). UNSF Priority area 3 (*By late 2020 relevant Libyan institutions improved their capacity to design, develop and implement public and social policies that focus on quality social services delivery for all women and girls, men and boys (including vulnerable groups, migrants and refugees) in Libya towards enhancing human security and reducing inequalities)* relates to health sector work and addresses both readiness and response elements as well as well as strengthening systemic capacity.
- Discussions on deactivation criteria and phasing out strategy are postponed following the evolving situation in the country and continuous disruption of the public health services. A draft of Health Sector "Deep Dive" Country Discussion, Libya was produced to highlight key points for a forward for humanitarian-development peace nexus in health.

- Jointly with WHO Regional office – worked on the first draft "HDPN for Health Profile: Libya". The following are proposed recommendations for advancing the HDPN for health in Libya:
    - Strengthen existing health coordination mechanisms
    - Conduct joint, comprehensive health system assessments
    - Define health sector development objectives and identify HDPN for health collective outcomes
    - Shift towards multi-year strategic planning
    - Bolster monitoring and evaluation mechanisms
    - Create HDPN-related resource and financing records
    - Mainstream conflict analysis and peacebuilding prioritization

- A high-level policy dialogue on strengthening health system in context of Libya is essential to focus on:
    - Learning from other similar contexts
    - Alternative healthcare provision models, to be experimented in different parts of the country
    - Internal diversity of the healthcare arena
    - Key stakeholders impacting health planning and response
    - Leadership and governance
    - Health financing
        - Support development of health financing options, including high administrative and logistics costs of program implementation
    - Human resources for health (HRH)
        - Support a review of health workforce and develop a plan looking at short to medium-term options
    - Pharmaceuticals/Essential medicines
        - Support supply chain management capacity
    - Service Delivery
        - Preserve PHC network
    - Health Information Systems
        - Support implementation of the Health Information Strategy & related mechanisms to data collection & management

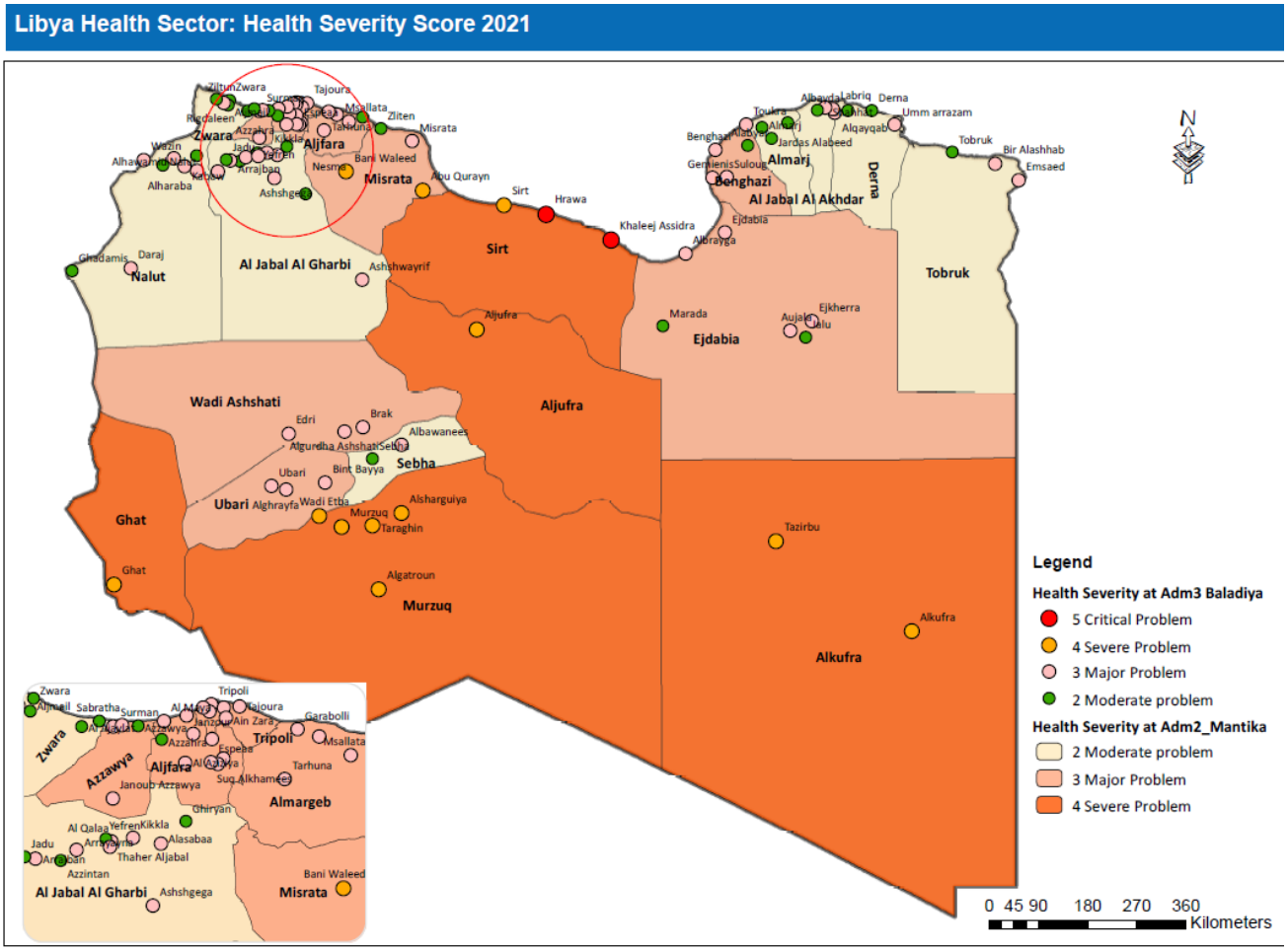
Output: Adherence to and application of standards and guidelines

- Technical standards and guidance (especially on all 9 pillars of COVID-19 response) were continuously disseminated among the health sector partners.
- Health sector liaised regularly with the necessary health authorities sharing national guidelines, standards and protocols.
- A few health sector partners worked with the national authorities to develop and update national standards, including PHC, TB, Reproductive health, disability, etc.

- Health sector initiated the process of standardization of relevant costs around capacity building events supported and funded by UN agencies and INGOs.

Output: Clarifying funding needs, prioritization, and sector contributions to sector funding needs

- Prioritization of proposals against any response plan was based on applicability and adherence of health sector severity scale clearly guiding health sector partners to priority areas of severity scale 3 or above. This served as a basis for transparent criteria.



Output: Prioritization of proposals against strategic plan fair to all partners

- Project proposals, both for COVID-19 and non-COVID-19 response, were prioritized in a manner that was fair to all partners.
- Health sector maximized its efforts to assist health partners to access funds, both for “humanitarian” and “development” imperatives. Health became one of the standard reporting subjects at key events with participation of donors.
- Key messages were formulated for main donors’ conferences and events.
- In extraordinarily difficult circumstances, health sector expanded its work – transparently, independently and impartially – from “Tripoli-crisis” approach to “all-country and all-hazard” emergency response to help the most vulnerable in Libya based on health sector severity scale prioritization. For the first time health sector platform brought together 22 partners working across the country.
- Health sector developed an overview of the impact of underfunding on health. Without sufficient funding for health sector operations in Libya:

- 50% of currently functional health facilities (300 PHC centres and 25 hospitals) in areas classified as 3 or above on the severity scale may have to downsize or limit life-saving services for approximately 1 million vulnerable people.
- 1,200,000 medical procedures (including trauma, mental health, reproductive health, disability) will not be provided.
- 26 COVID-19 laboratories will not be supported.
- The current network of 131 disease surveillance sites will cease its operations.
- 60 mobile and fixed medical teams will not reach beneficiaries in 60 assisted health facilities, detention centres and IDP sites.
- 2,000 healthcare staff across Libya may miss out on essential training on lifesaving and life-sustaining health care.
- 650 emergency health kits will not be distributed.
- Sub-offices across the country will have reduced capacity to maintain staff, support running costs and retain a field presence to support a decentralized emergency response.

- Health sector worked closely with OCHA and others on the development of the concept paper, Country Based Pooled Funding (CBPF) mechanism in Libya. Country-based Pooled Funds (CBPFs) are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator (ERC) and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator (HC).
- Following the approval of a multi-country Central Emergency Response Fund (CERF) allocation, via IOM, to support NGOs' lifesaving response to COVID-19 in the areas of health and water and sanitation, Libya was granted $3 million. The selection process resulted in:

Requesting NGO	Sector/Cluster	Amount requested from CERF (US$)
DRC	Water, Sanitation and Hygiene	1,400,000
GVC	Water, Sanitation and Hygiene	800,000
Emdad	Water, Sanitation and Hygiene	500,000
Terre des Homes	Health	300,000

- Monthly and quarterly update (FTS) of health sector funding situation was provided.
- Health sector reached 72% of its funding requirement (both for COVID-19 and non-COVID-19 response.

2020 HRP health sector

- 17 projects were approved under 2020 HRP for the amount of 29,710,495 USD.
- Health sector had the highest number of projects

Sector Name	# of Projects	Requirements	Allocation
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
TOTAL:		**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 memebrs 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**

- Mapping of available resources to assist with COVID-19 response in Libya was completed. Inputs related to UNCT Libya were shared with MoFA in Tripoli.

COVID-19 health sector funding requirement 2020

Estimated funding requirements (by organizations)	TOTAL (USD)
WHO	22,300,000
UNFPA	1,215,800
UNICEF	9,050,000
UNHCR	600,000
IOM	2,440,000

UN Habitat	260,000
UN Women	60,000
UNDP	7,380,888
Emergency Telecom Sector (Common Feedback Mechanism)	120,000
TDH	555,000
IMC	2,724,000
Emergenza Sorrisi/Naduk	697,000
HI	350,000
IRC	1,586,000
PUI	430,000
Helpcode	330,000
TOTAL:	**50,098,688**

Health sector donors: EU, ECHO, AICS, USAID/OFDA, France, Italy, Germany, Japan, Korea, Luxembourg, Swiss Red Cross, Danish Red Cross, Canadian Red Cross, British Red Cross, Italian Red Cross, Finland, CERF, Netherlands, Sweden, UK, Switzerland, Canada, Austria, China, African Development Bank, Bill & Melinda Gates Foundation.

Cluster function 4: Advocacy

Output: Identifying advocacy concerns that contribute to HC and HCT messaging and action

The following advocacy messages were continuously raised and followed up with all concerned stakeholders while working closely with WHO Libya:

- Securing access for supplies (medicines, consumables and medical equipment) and medical teams to meet critical needs across the country.
- Securing an effective system for referral and evacuation of critical medical cases to medical facilities across the country.
- Agreeing on a more effective system for protection of medical facilities and workers across the country.
- Deterioration of humanitarian situation in different parts of the country and a need for life-saving response based on the four humanitarian principles of humanity, neutrality, impartiality and independence.
- Raising calls for ceasefire and humanitarian pause: a permanent ceasefire and political solution under the UN auspices.
- Impact of disruption of water and electricity supply on provision of essential health services.
- Impact of ongoing conflict and COVID-19 threats.
- Health Diplomacy: Health contributing to peace.
- Risks from vaccine-preventable diseases.
- Access to diagnostic, treatment and follow for migrants, refugees, people detained in “formal” detention centers, prisons and smuggling facilities.
- Absence of national COVID-19 response plan.
- Release of salaries and provision of PPE to health workers.
- Resumption of vaccination program and procurement of essential vaccines.
- Utilization of Global COVID-19 Supply Chain Portal.
- Advocating for an adequate amount of Libya’s GDP and part of its assets to be spent on health.
- Overcome the current “politicization” of the COVID-19 response (an increasing number of requests 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.).

- Lifting restrictions, facilitate and allow importation and transportation of health sector procured COVID-19 and non-COVID-19 health supplies to the country's seaports and airports.
- Appointment of a Minister of Health as soon as possible.
- Reinforce the key role of the NCDC, which has the technical expertise and experience to manage the response.
- "Improve accountability and transparency – the public has a right to know."
- 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.
- Join/actively participate in the COVAX Initiative to ensure that Libya can benefit from privileged access to COVID-19 vaccine.

Overview of attacks on health care in 2020

	Attack Date	District	Municipality	Type of Attack
1.	1/3/2020	Tripoli	Tripoli	Violence with Individual Weapons
2.	1/9/2020	Misrata	Misrata	Violence with Heavy Weapons
3.	1/25/2020	Tripoli	Abusaliem	Violence with Heavy Weapons
4.	2/28/2020	Tripoli	Tripoili	Violence with Heavy Weapons
5.	3/10/2020	Misrata	Bani Waleed	Violence with Individual Weapons
6.	3/12/2020	Almargeb	Garabolli	Violence with Individual Weapons
7.	3/27/2020	Misrata	Abu Qurayn	Violence with Heavy Weapons
8.	4/6/2020	Tripoli	Abu Salim	Violence with Heavy Weapons
9.	4/7/2020	Tripoli	AbuSalim	Violence with Heavy Weapons
10.	4/12/2020	Misrata	Misrata	Violence with Heavy Weapons
11.	4/13/2020	Azzawya and Zwara	Sabratha - Surman	Violence with Heavy Weapons
12.	4/17/2020	Tripoli	Ain Zara	Violence with Heavy Weapons
13.	4/21/2020	Tripoli	Ain Zara	Violence with Heavy Weapons
14.	4/22/2020	Sirt	Sirt	Abduction/Arrest/Detention of health personnel or patients
15.	4/28/2020	Tripoli	Abu Salim	Violence with Heavy Weapons
16.	4/29/2020	Tripoli	Tajoura	Violence with Heavy Weapons
17.	5/10/2020	Benghazi	Benghazi	Violence with Individual Weapons
18.	5/14/2020	Tripoli	Tripoli	Violence with Heavy Weapons
19.	5/22/2020	Ejdabia	Albrayga	Violence with Individual Weapons
20.	5/28/2020	Tripoli	Tajoura	Violence with Heavy Weapons
21.	6/4/2020	Tripoli	Ain Zara	Unexploded ordnance (UXBs), explosive remnants of war (ERW)
22.	6/6/2020	Misrata	abuQurayn	Violence with Heavy Weapons
23.	7/2/2020	Al Jabal Al Akhdar	Shahhat	Assault
24.	7/4/2020	Al Jabal Al Gharbi	Yefren	Violence with Individual Weapons
25.	8/13/2020	Azzawya	Azzawya	Obstruction
26.	9/8/2020	Misrata	Bani Waleed	Assault
27.	9/10/2020	Ejdabia	Ejdabia	Assault
28.	9/11/2020	Tripoli	Abu Salim	Abduction/Arrest/Detention of health personnel or patients
29.	11/1/2020	Misrata	Bani Walid	Setting fire
30.	11/20/2020	Murzuq	Algatroun	Violence with Individual Weapons
31.	11/22/2020	Misrata	Abu Qurayn	Removal of assets
32.	11/29/2020	Zwara	Sabratha	Violence with Individual Weapons
33.	12/1/2020	Tripoli	Suq Aljumaa	Abduction/Arrest/Detention of health personnel or patients
34.	12/5/2020	Ejdabia	Ejdabia	Assault
35.	12/30/2020	Benghazi	Benghazi	Violence with Individual Weapons
36.	12/31/2020	Ejdabia	Ejdabia	Assault

Output: Undertaking advocacy activities on behalf of cluster participants and affected people

- Releasing public statements.
- Inclusion of advocacy issues in health in all briefing notes/papers and documents (health situation is well reflected in regular SRSG statements to UNSC).
- Transparent and open discussion within health sector, "not silencing sensitive issues".
- Working closely with UNSMIL leadership, SRSG, both DRSG Political and RC/HC.
- Regular updates, briefings, talking points to the senior leadership of WHO (DG, ADG, RD) on key advocacy points for bilateral meetings, Regional Committee, Executive Board, Health Security Council.
- Ensuring that health is included into the agenda for any related high-level meetings (Principals' Meeting; UN Security Council), engaged stakeholders/public activists' media.
- Feedback to media outlets.
- Regular briefings to donors (HCT, Diplomatic Briefings, bilateral discussions).
- Regular health inputs to the a.i. SRSG for the International Follow-up Committee on Libya (IFCL).
- Meetings and formal communication with Government of Libya' officials: The Prime-Minister, Minister of Health, Minister of Finance, Minister of Interior, COVID-19 Scientific Committee, DG NCDC, etc.
- Meetings with the representatives of Interim Government in the East.
- Meetings with the Central Bank of Libya.
- Continuous contact with the Libyan mission in Geneva.
- Direct operational presence at a municipality' level, day-to-day contacts.

Cluster function 5: Monitoring and reporting on implementation of cluster strategy and results

Output: Programme monitoring formats agreed upon and used by cluster partners.

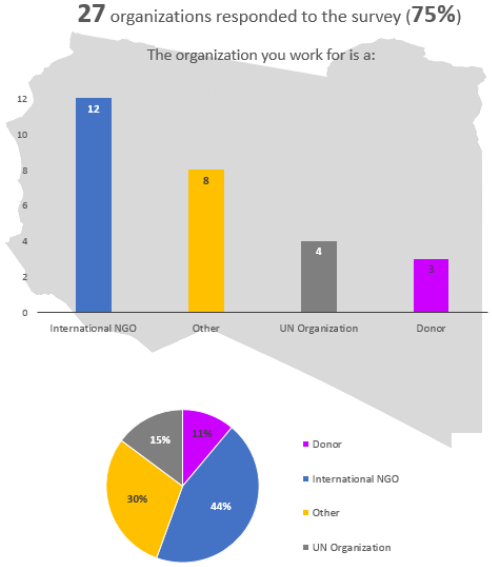
- The health sector report against 30 indicators, including 2 for inter-sectoral monitoring: 1) the number of medical procedures (including outpatient consultations, referrals, mental health, trauma, physical rehabilitation consultations, vaginal and caesarian deliveries) provided and 2) the number of public health facilities supported with health services and commodities.
- Collaborated closely with the WHO Regional Office to agree and develop EMR Response Monitoring Health Indicators. In Libya, the weak capacity of the national health information system has hampered efforts to gather overall data on the burden of disease, the prevalence and main causes of morbidity and mortality, and the status (accessibility, availability) of health care services across the country. When a proper health information management system is fully up and running, it will allow the health sector to have a better understanding of the evolving health situation in the country. The review has indicated non-availability of most of the core indicators except for performance indicators reported and captures through a standard 4W.

Core Indicator	***Availability***
# 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
# 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

- Health sector partners conducted regular data collection through interviews, surveys and assessments and field visits to ensure that activities are monitored and results are captured. M&E plans, project workplans, activity calendars and logical frameworks with indicators, targets, outputs, outcomes, inputs, data sources and means of verification are the main tools to authenticate and report on activities, successes, setbacks and lessons learned.
- The health sector also monitored social media, hotlines and radio shows to detect and rapidly respond to misinformation and assess public perception of the quantity and quality of health services provided by national stakeholders and health sector partners.
- Information shared by partners reflected in all sector documents, including 4Ws, bi-weekly operational reports, monthly health sector bulletins, any other ad hoc and situation reports or response plans.
- Regular publication of progress reports based on agreed indicators for monitoring humanitarian response is in place, either electronically.
- Health sector bulletins are published monthly.
- Changes in needs, risk and gaps are highlighted in sector reports and used for decision-making by partners.

- Response and monitoring of the cluster taking into account the needs, contributions and capacities of women, girls, men and boys.
- Annual Cluster Coordination Performance Monitoring (CCPM) for health sector took place.



2019 CCPM

1	Supporting service delivery	
1.1	Provide a platform to ensure that service delivery is driven by the agreed strategic priorities	Satisfactory
1.2	Developing mechanisms that eliminate duplication of service delivery	Satisfactory
2	Informing strategic decision-making of the Humanitarian Coordinator/Humanitarian Country Team	
2.1	Needs assessment and gap analysis	Satisfactory
2.2	Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues	Weak
2.3	Prioritizing on the basis of response analysis	Unsatisfactory
3	Planning and strategy development	
3.1	Developing sectoral plans, objectives and indicators that directly support HC/HCT strategic priorities	Satisfactory
3.2	Adherence to and application of standards and guidelines	Weak
3.3	Clarifying funding needs, prioritization, and cluster contributions to HC funding needs	Good
4	Advocacy	
4.1	Identifying advocacy concerns that contribute to HC and HCT messaging and action	Satisfactory
4.2	Undertaking advocacy activities on behalf of cluster participants and affected people	Satisfactory
5	Monitoring and reporting on implementation of cluster strategy and results	Satisfactory
6	Preparedness for recurrent disasters	Satisfactory
7	Accountability to affected populations	Good

2020 CCPM

Overall Performance

Score	Performance status
>75 %	Good
51 % - 75 %	Satisfactory
26 % - 50 %	Unsatisfactory
<26 %	Weak

1 Supporting service delivery	
1.1 Provide a plateform to ensure that service delivery is driven by the agreed strategic priorities	Satisfactory
1.2 Developing mechanisms that eliminate duplication	Satisfactory
2 Informing strategy decision-making of the Humanitarian Coordinator/Humanitarian Country Team	
2.1 Needs assessment and gap analysis	Satisfactory
2.2 Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues*	Satisfactory
2.3 Prioritizing on the basis of response analysis	Satisfactory
3 Planning and strategy development	
3.1 Developing sectoral plans, objectives and indicators that directly support HC/HCT strategic priorities*	Satisfactory
3.2 Adherence to and application of standards and guidelines	Satisfactory
3.3 Clarifying funding needs, prioritization, and cluster contributions to HC funding needs	Good
4 Advocacy	
4.1 Identifying advocacy concerns that contribute to HC and HCT messaging and action	Good
4.2 Undertaking advocacy activities on behalf of cluster participants and affected people	Satisfactory
5 Monitoring and reporting on implementation of cluster strategy and results	Good
6 Preparedness for recurrent disasters	Satisfactory
7 Accountability to affected population	Satisfactory

- Mid-year review of 2020 HRP took place.

- Despite all undertaken efforts, there are still remaining challenges in assessment, supervision, monitoring and evaluation-related activities across the country. Absence of comprehensive monitoring and evaluation plans to systematically evaluate trends, and weak capacity for data analysis and regular reporting.
- Established a structured system of tracking health sector operational response against 30 key health indicators; built up a system of regular data collection, information sharing of 15 different types of mandatory sector reporting deliverables (https://www.humanitarianresponse.info/en/operations/libya/health)
- Enabled a synergy of humanitarian and development imperatives through consolidation (and consistent reporting and monitoring) of relevant key performance indicators and production of "Health Sector Field Directory" reflecting the work of humanitarian and development organizations.

Cluster function 6: Preparedness for recurrent disasters

Output: National contingency plans identified and shared

- National level plans were not formulated in 2020 due to systematic health systems challenges (listed above).
- Health sector provided all required technical support and guidance to the national health authorities, but no progress had been reached, including finalization of COVID-19 national response plan. Similarly, duplicated efforts were in place by the authorities to conduct technical discussions on formulation of national objectives and priorities.

Output: Partners involved in development of preparedness plan

- Contributed to the inter-sector plan on release from detention centers
- Prepared plan of action for humanitarian response in Tarhouna municipality.
- Prepared plan of action for preparedness and response to Tripoli area crisis.
- Developed health sector proposed plan of action (Sirte and areas of displacement).
- Prepared and updated an overview of prepositioning health supplies, including costs of supplies pending clearance and approvals by various authorities.

Output: Early warning reports shared with partners

- Weekly EWARN and COVID-19 updates were shared.

Cluster function 7: Accountability to affected populations

- The health sector strengthened accountability towards affected people by developing tools to analyze feedback from beneficiaries and modify projects accordingly.
- The COVID-19 response has allowed the health sector to strengthen community engagement across the country.
- Operational plans included the public health measures that were likely to be required based on the situation in different parts of the country. The health sector carried out behavioral assessments to understand target audiences, perceptions, concerns, influencers and preferred communication channels.
- In 2020, the health sector tested health messages on trusted community groups including community and religious leaders, health workers, community volunteers, migrants and refugees, and youth, business and women's groups. It has built an extensive network of media contacts to disseminate its message by means of TV, radio, the Internet, newspapers and other mechanisms. Health information messages and materials were adapted and communicated in both local languages and those of the main migrant and refugee populations. These activities will be continued in 2021.
- The health sector will also implement training workshops on community engagement through public health and community-based networks, media, schools and universities, national and local governments and other sectors. Established community information and feedback mechanisms including the Common Feedback Mechanism and social media monitoring (Facebook and Twitter) will be further strengthened.

9. **Health sector focus in 2021** is on:

The health sector's three objectives aim to prevent disease, reduce risks to physical and mental well-being and enable access to critical services.

Under the first objective, the health sector will provide an essential package of integrated health care services at primary and secondary health care levels. The package will include emergency and trauma care, the management of communicable and noncommunicable diseases, maternal, neonatal and child health, mental health and psychosocial support, vaccination, disease surveillance and outbreak response. Outpatient consultations will be supported. Patients will be referred for treatment between different levels of care. The number of skilled birth attendants at deliveries will be increased. Mental health and psychosocial support services will be integrated into primary and secondary health care facilities and community centres. Mobile medical teams will be deployed to support health facilities, and emergency vaccination activities will be streamlined through provision of cold-chain equipment and required training. The number of sentinel sites reporting to the disease surveillance system will be increased and disease alerts and outbreaks will be investigated, verified within 72 hours and responded.

Under the second objective, health care facilities will be provided with essential medicines, supplies and equipment to support their continuous functioning. This will include COVID-19 related supplies. Where necessary, the health sector will support the refurbishment or rehabilitation of health facilities. Mobile teams will supplement health care services in remote, rural and hard-to-reach areas where access to such services are limited. Fixed health points and/or mobile teams will provide health care services to people in IDP camps, settlements and detention centres. The health sector will also continue to report attacks on health care personnel and facilities through WHO's Surveillance System of Attacks on Healthcare (SSA).

To support the strengthening of health and community resilience, health care providers and community health workers will be trained on the provision of essential care services including the clinical management of rape. A ToT approach (via central level) will be prioritized to enable reaching out municipalities (local level).

Health response 2021 will address a synergized approach of integrating humanitarian and development objectives in health:

2021 HRP Strategic Objectives:	**2021 HRP Health Sector Strategic Objectives:**
Strategic Objective #1- Physical and Mental Wellbeing: *Prevent disease, reduce risks to physical and mental well-being, and strengthen the protection of civilians in accordance with international humanitarian law, human rights laws and other international legal frameworks.* Strategic Objective #2- Living Standards: *Facilitate safe, equitable and dignified access to critical services and livelihoods to enhance people's resilience and ensure they meet their basic needs.*	1) Increase access to lifesaving and life-sustaining humanitarian health assistance, with an emphasis on the most vulnerable (including IDPs, migrants, refugees and returnees) and on improving the early detection of and response to disease outbreaks. 2) Strengthen health system capacity to provide the essential package of health services and manage the health information system. 3) Strengthen health and community (including IDP, migrants and refugees) resilience to absorb and respond to shocks with an emphasis on protection to ensure equitable access to quality health care services.

- As per health severity scale, 1.2 million people in 72 municipalities have acute and immediate humanitarian health needs. On the severity scale, 58 of these municipalities are classified as 3, 12 are classified as 4, and 2 are classified as 5 in severity scale.

Population group	Affected population	Inter-sector PIN	Health PIN	Health %	Health Target
Migrants	538,264	303,740	301,026	25%	104,664
Returnees	273,756	228,084	180,482	15%	61,196
IDPs	392,241	172,871	168,728	14%	97,847
Refugees	46,245	46,245	46,245	4%	44,003
Nondisplaced	1,224,935	501,939	498,908	42%	143,085
Total	**2,475,441**	**1,252,879**	**1,195,389**	**100%**	**450,795**

2021 HRP health sector

	Organizations	Name	Cluster / Sector	Requested funds
1	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	3,000,000
2	WHO	Scaling up primary health care services including Expanded Program of Immunization across Libya	Health	2,500,000
3	WHO	Strengthening secondary health services, including trauma, across Libya	Health	1,500,000
4	WHO	Strengthen noncommunicable disease and mental health disorder with focus on GBV across Libya	Health	800,000
5	Emergenza Sorrisi	Health Care Assistance and Health Resilience Empowerment in Libya	Health	295,000
6	IOM	Syndromic and event based cross border surveillance and contact tracing of COVID patients	Health	954,200
7	IOM	Strengthening Core Capacity of Points of Entry for Emergencies	Health	1,715,638
8	UNFPA	Increase access to lifesaving sexual and reproductive health services to vulnerable population affected by Conflict and COVID19 pandemic in Libya	Health	4,801,544
9	HI	Inclusive Humanitarian Assistance, Health and Protection Response for the Most Vulnerable, Crisis Affected Persons in Libya	Protection, Health	1,144,000
10	Helpcode	Provisioning of lifesaving and primary reproductive health services to the most vulnerable population including IDPs, refugees, migrants and vulnerable nondisplaced, in southern Libya	Health	630,000
11	IOM	Closing Gaps in Essential Health Services for the Most Vulnerable Migrants, IDPs, and Host Communities in Libya	Health	2,475,600
12	WeWorld	Emergency Health support for the vulnerable community groups in West and South Libya	Health	700,000
13	INTERSOS	Protection and Multi Sectorial Assistance to IDPs, migrants and vulnerable host communities	Health	27,770
14	IMC	PEERS: Protection Enabling Environment and Resilience Services	Health	934,270
15	UNHCR	UNHCR Multi-Sectoral Project in Libya	Multi-sector	3,500,000
16	TdH Italy	Supporting health institutions and communities respond to COVID-19 in Aljabal Algharbi, Azzawya, Misurata, and Tripoli.	Health	300,000
17	IMC	Strengthening protection and resilience of vulnerable groups in COVID-19 emergency	Health	1,200,000
18	IMC	Expanding access to essential primary healthcare, respiratory care for severe COVID-19 patients, and comprehensive and lifesaving GBV services for Internally Displaced Persons (IDPs) and conflict-affected people in Libya	Health, Protection	2,309,598
19	WHO	Strengthening health sector coordination and information management in Libya	Health	720,601
20	UNICEF	Provision of Essential & Lifesaving Maternal and Child, Health & Nutrition and COVID-19 responsive services to vulnerable population in Libya	Health	4,000,000

21	WHO	Strengthening national disease surveillance with a focus on COVID19, TB and HIV	Health	550,000
22	WHO	Libya C-19: Strengthening Libyan authorities' capacity to address C-19 related challenges and ensure protection of Libya's population, including vulnerable groups	Health	3,431,017
23	CEFA	HEALTHS - Heightened and Enhanced Access of Libyans and migrants to Health Services in the Municipality of Zawiya	WASH, Health	229,500
24	AAH	Preventing and mitigating the spread of COVID-19 through an integrated WASH and Mental Health Psychosocial approach in Benghazi	Health, WASH	173,163
25	IFRC	Improving the health and well-being of vulnerable communities in Libya	Health	398,099
26	CEFA	Hand in Hand for better health and wash services for vulnerable populations in the South West	WASH, Health	500,000
27	PUI	Enhance access to health and essential services for conflict affected communities in Southeast of Libya	Health	700,000
28	PUI	Libya Equal Access and Development for Recovery	Health	1,500,000
TOTAL:				**40,990,000**

Operational framework (the development imperative, the MoH and Ministry of Planning)

As part of the coordinated work between the Ministry of Health, Ministry of Planning and health sector, a consolidated operational framework was developed and costed at 62 million USD accordingly.

Key priorities identified by the sector that require international assistance	Key objective
Enhancing comprehensive primary care and family medicine by providing basic health services package and supporting capabilities, including mother and child health, reproductive health, immunization services, non-communicable diseases (with mental health), referral system, preparing human and information resources and the necessary requirements for this, and high quality services by ensuring safe, effective and patient centered needs.	**SERVICE DELIVERY**
Strengthening public health programs by early detection and response to epidemics, including national programs for infectious diseases, supporting epidemiological investigation, and expanding response and monitoring teams to combat them, including the COVID-19 pandemic.	
Support the adoption of centralized blood services.	
Development of public-private partnerships in key segments of public health.	
Production of knowledge and evidence generation related to Libya's education and health labor market and the use of such evidence to inform the policy dialogue on short, medium and long- term strategies and interventions.	**HEALTH WORKFORCE**
Conduct HRH mapping and initiate HRH data registry and develop job descriptions.	
Preparation and implementation of HR strategy based on the optimal development of all human resources in the sector (administrative, health or technical), including job, profession analysis and continuous professional training.	
Strengthening medical education systems (support with certification; evaluation of performance; review of key indicators).	
Establishing an advanced school for clinical disease training and education to establish good laboratory practices.	
Preparing projects and programs for twinning between the various health facilities, medical universities and faculties locally and internationally.	
Establishment of technical partnership with international training centers.	
Support in enhancement and implementation of developed Health Information Strategy, including:	**INFORMATION**
a. Improving data collection mechanisms, standardizing it, and expanding its base to include all public and private health facilities.	
b. Improve data processing at the local and national levels to provide the necessary information to evaluate the performance of the health system and to achieve the objectives required in the national plan.	

c. Enhancing capabilities and developing competencies for managing and operating the informatics system, including activating the DHIS2 application and adopting digital health applications that include electronic or mobile health.	
Completion of the National Cancer Registry Project and the creation of the National Diabetes Registry.	
Activating the drug and supplies management system to include smooth supply, forecast consumption patterns, warehouse management, and more.	**MEDICAL PRODUCTS, VACCINES, AND TECHNOLOGIES**
Strengthening quality assurance of medicines according to international standards and reviving the FSP program.	
Ensuring the continuous availability of essential medicines, including adopting a published national list of essential medicines updated in the last 5 years	
Providing the supplies and technology necessary for neglected uncommon/rare diseases.	
Activating and developing research in health fields.	
Developing and supporting digital health programs to facilitate the provision of high-quality, accessible health services, especially in remote areas, in order to reach universal health coverage.	
Provide the necessary vaccinations against the COVID-19 pandemic.	
Support and accelerate the implementation of the health insurance program.	**FINANCING**
Provide technical assistance on establishing the health economics unit (HEU), unit, including its organizational and governance structure as well as building capacity to support budget planning system in Libya requiring major policy and institutional reforms at the national level to meet basic budgetary efficiency and transparency standards.	
Establishing and developing a system for managing finance in the sector and training workers in the sector on it to rationalize spending and link financing with the actual services provided.	
Preparing a long-term, announced, clear and agreed-upon health sector plan, which includes a vision, mission, goals, objectives, policies followed and directions for development, focusing on means of protection to ensure equitable access to health services based on quality.	**LEADERSHIP AND GOVERNANCE**
Enhance existing health coordination mechanisms (combining humanitarian and development imperatives).	
Conduct joint, comprehensive health system assessments.	
Reorganize the MoH organogram and related health institute in line with the national health plan and in coordination with district health authorities and Ministry of Local Governance (Municipality Health Office). All should have clear organogram in a harmonized structure.	
Re-mapping health facilities by developing a map of health services that operate on geographic distribution of population.	
Institutionalizing appropriate governance for the public or private sector, enhancing monitoring and evaluation tools, and creating appropriate legislation for this. Bolster monitoring and evaluation mechanisms.	
Adopting national emergency preparedness and response strategy.	
Finalize the national strategy plan to combat the COVID-19 pandemic and assist in its implementation.	
Supporting sector leaders to develop relevant work plans to improve health services and make the sector work more efficiently and effectively.	
Supporting the transition to decentralization in the provision of basic services, especially primary health care services.	
Mainstream conflict analysis and peacebuilding prioritization.	
Study potentials to switch to digital workflow system.	