

# HEALTH SECTOR BULLETIN

**August 2021**



## Libya

Emergency type: Complex Emergency

Reporting period: 01.08.2021 to 31.08.2021

Total population	People affected	People in need	People in need Health Sector	People in acute health need
7,400,000	2,470,000	1,250,000	1,195,389	1,010,000
PIN (IDP)	PIN (Returnees)	PIN (Non-displaced)	PIN (Migrants)	PIN (Refugees)
168,728	180,482	498,908	301,026	46,245
Target Health Sector	Required (US\$ m)	Funded (US\$ m)	Coverage (%)	
450,795	40,990,000	5.9	14.5	

KEY ISSUES	2021 PMR (Periodic Monitoring Report) related indicators (July)	
2022 Health Sector HNO	Number of medical procedures provided (including outpatient consultations, referrals, mental health, trauma consultations, deliveries, physical rehabilitation)	35,141
Meeting with the Director of International Cooperation Office, the MoH	Number of public health facilities supported with health services and commodities	84
COVID-19 vaccination	Number of mobile medical teams/clinics (including EMT)	53
Present advocacy asks and follow up points	Number of health service providers and CHW trained through capacity building and refresher training	174
Situation with medical oxygen in Libya	Number of attacks on health care reported	0
Gaps across the east of the country	Percentage of EWARN sentinel sites submitting reports in a timely manner	44
Gaps across the south of the country	Percentage of disease outbreaks responded to within 72 hours of identification	83
Availability of COVID-19 isolation centers' services	Number of reporting organizations	12
Assessment of international health assistance at a health facility level	Percentage of reached districts	100
Health Sector Field Directory	Percentage of reached municipalities	50
	Percentage of reached municipalities in areas of severity scale higher than 3	14

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### SITUATION OVERVIEW

- Dr Haider El Saeh was appointed as a new Director-General of NCDC.
- The Minister of Health has been visiting various health facilities in the Western Mountains' area, Benghazi, Tripoli, Misrata, Tarhouna.
- The Ministry addresses the needs of availability of medical oxygen across the country.
- The Minister holds meetings with key hospital managers in Tripoli.
- The Minister met with the Ambassador of the Republic of Turkey.
- The MoH team visited Tunisia to discuss cross-border cooperation and opening of borders.
- The MoH signed an MoU on enhancement of assistance for oncology patients with a group of French specialists.
- The Minister of Health visited Turkey where conducted a series of meetings with Turkish health officials, being familiarized with the work of key Turkish hospitals.
- The Italian Embassy in Tripoli announced that it has delivered medical equipment and a power generator to several Libyan hospitals. First batch of medical machinery had been delivered to Surman, Sabratha and Murzuq local hospitals while a 500 KW power generator had been delivered to the Ibn Sina hospital in Sirte.

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

**2022 Health Sector HNO** is finalized and disseminated. 2022 health sector PIN and target will be the same as inter-sector PIN and target.

#### Meeting between the health sector coordinator and the Director of International Cooperation Office, the MoH

A meeting was held Mr Sadiq Elsayeh, recently appointed Director of International Cooperation Office, the MoH.

- Briefing was provided on a full range of health sector related information materials and documents, as per practice, open and available at public domain: <https://www.humanitarianresponse.info/en/operations/libya/health>
- Health sector coordination architecture was discussed at national, sub-national and sub-sector levels.
- National level health sector meetings: The ICO will get back separately after holding internal discussions with the MoFA
- A follow up on the latest meeting between the Minister of Health and WHO took place on key priority areas between WHO and the MoH at this stage.
- Formal communication was requested to be continued through [ico@health.gov.ly](mailto:ico@health.gov.ly).

### COVID-19 vaccination

Total number of C19 vaccines accumulated doses arrived in the country is 3,847,790. Another 3 million doses of Sinopharm vaccine is expected to arrive at the country in the next few weeks.

	Vaccine	Quantity received/doses	Arrival date
1	Sputnik-V First Component (Bilateral)	100,000 100,000 50,000 100,000 100,000 500,000 <b>Total 950,000</b>	April 4, 2021 April 9, 2021 May 2, 2021 June 15, 2021 06 July, 2021 18 July, 2021
2	Sputnik-V Second Component (Bilateral)	10,000 <b>Total 10,000</b>	18 July, 2021
3	AstraZeneca (COVAX)	57,600 117,600 117,600 240,000 <b>Total 532,800</b>	April 8, 2021 May 19, 2021 August 5, 2021 August 17, 2021
4	Sinovac (Bilateral)	150,000	April 14, 2021

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		<b>Total 150,000</b>	
5	Pfizer (COVAX)	54,990	June 24, 2021
		<b>Total 54,990</b>	
6	Sinopharm (Bilateral)	1,200,000	August 02, 2021
		950,000	August 03, 2021
		<b>Total: 2,150,000</b>	
	<b>Total all Vaccines</b>	<b>3,847,790</b>	

1,100,976 total administered doses of all vaccines in use.

The MoH launched mass vaccination campaign in Tripoli and Benghazi. 60 vaccination posts in Tripoli Sports City were equipped to receive an average of 5,000 people/day. 38 vaccination posts and 200 healthcare workers in Benghazi Stadium Hall with expected workload capacity to serve 6,840 people/day.

Average national daily administrated doses range at 10,000 doses per day. If the country aims to reach full vaccination of 40% of the population by the end of 2021, there is a reported need to scale up the administration rate by 5 folds or to reach 50,000 administrated doses per day.

Coverage data on municipalities level is not yet available, however, NCDC and EPI work jointly to streamline coverage data flow.

Demographic data for PoC (migrants and refugees) is collected and consolidated with support of IOM and UNHCR. It will make planning more efficient for focused C19 vaccination campaign targeting those vulnerable groups.

Planning for focused vaccination campaign in prisons under MoI is ongoing, communication between NCDC and MoI has started and facilitated.

Total administered doses	Number of individuals received first dose	Proportion of population received one dose (%)	Number of individuals received second dose
1,100,976	1,053,867	15.3	47,109
Proportion of population received second dose (%)	Proportion of high-risk population received one dose (%)	Proportion of high-risk population received second doses (%)	Proportion of population received poster doses (%)
0.68	73	3.4	N/A

### Present advocacy asks and follow up points

*A series of meetings with the Ministry of Health identified key issues relevant to COVID-19 response, including:*

- Support to the country to address shortages of oxygen.
- Further coordination of delivery of COVID-19 vaccines to Libya.
- Further support to the country with provision of COVID-19 case management medical supplies and technical support with immediate effect.
- Need to increase vaccination rates across the country, including for non-Libyan population (refugees, migrants), especially in detention centers.

*Developed key asks for follow up action for HCT Libya:*

- Request senior humanitarian leadership to support health sector advocacy for an adequate amount of Libya's GDP and part of its huge assets to be spent on health. The government must find a way to tap into these resources to cover urgent and increasing health needs and strengthen the weak health system to achieve UHC.
- Request relevant HCT members to consider prioritized support to activate and strengthen COVID-19 isolation facilities (including oxygen solutions, medical supplies, capacity building, etc.)
- Request senior humanitarian leadership to support health sector advocacy in enabling access to lifesaving and life-sustaining, including COVID diagnostics and treatment for migrants and refugees, especially in detention centers.

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- Request WHO to ensure technical expert support for COVID-19 response with immediate effect from WHO which needs to be drawn from the Regional Office and HQ for case management, surveillance, building lab capacity, etc

*Key ask to the engaged stakeholders:* support in advocating for the humanitarian imperative of saving lives and delivering health services to those in need in Libya, based on the four humanitarian principles of humanity, neutrality, impartiality and independence. This involves the following activities:

- Identify an effective health governance model at national, regional and district/municipality levels.
- Support efforts to strengthen all six blocks of the health system.
- Collaborate with the national authorities on public-private initiatives.
- Advocate with the national authorities to strengthen non-Libyans' access to public health care services.
- Use health system strengthening activities as an avenue for Health as a Bridge for Peace.
- Sustain health sector' partners field presence and focus on analysing and managing risks emerging from the country's current transition.

Although Libya is taking its first tentative steps towards democracy, life-saving humanitarian needs are widespread and must be addressed in the framework of the Humanitarian Response Plan (HRP). The 2021 HRP is being extended until May 2022.

### **Situation with medical oxygen in Libya**

Update on availability with medical oxygen in Libya was prepared. The key priorities of the national authorities are focused on ensuring:

- Production, or establishment of oxygen plants. External assistance can be considered to provide support to the MoH in procurement and setting up such oxygen plans.
- Transportation of the liquid oxygen from the manufacturers to health facilities (this includes procurement of "mobile trailers"). External assistance can be considered to provide support to the MoH in procurement of such trailers.
- Storage capacity at a health facility level by installing oxygen tanks. External assistance can be considered to provide support to the MoH in procurement and setting up such oxygen tanks. Initial needs estimation is at 1.5 million litres to cover the country.

WHO is undertaking efforts to guide national authorities through the support of the Regional Office, including launching Rapid Assessment of Oxygen Capacity at Country level; O2 capacity rapid assessment; O2 capacity assessment for facilities; O2 capacity assessment for suppliers. WHO availed funds to support one national biomedical engineer in Libya (to be agreed upon with the MoH) to back up Libya with assessment needs (oxygen capacity, biomedical quantification, design and implementation) and technical advice in order to increase oxygen access within the COVID-19 response.

### **Gaps across the east of the country**

**Coordination:** most municipalities endorsement of the establishment of EOC emergency team in Benghazi by MOH which supports the coordination of COVID 19 response and provision of liquid Oxygen frequently. Electricity shutdowns for hours per day affected all aspects of life, including health facilities, in all municipalities

**Risk communication and community engagement (RCCE):** Public health measures are not observed by most of the community members. There is a need for more awareness sessions. There is an urgent need for awareness sessions to motivate people to vaccinate.

**Surveillance, rapid response teams and case investigation:** Lack of logistic support by the government caused poor performance of RRTs reported by all field coordinators. Shortage of health workers in NCDC- al Kufra. Only one RRT covering the municipality of Derna. No triage clinic in Sirte.

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**National laboratory:** All field coordinators reported severe shortage or lack of diagnostic reagents and rapid tests to confirm diagnosis of COVID-19.

**Infection prevention and control:** Poor implementation of IPC measures in health facilities reported by most field coordinators. There is a need for more training sessions for the medical and paramedical staff working in isolation and triage centers. Insufficient supply of IPC tools reported in some isolation centers

**Case management:** Increased demand for medical oxygen reported recently. Increased mortality reported by field coordinators in Ajadbiya and Almarj.

**Operational support and logistics:** Shortage of oxygen, oxygen cylinders, oxygen concentrator, patient monitors, pulse oximeters, CPAP masks, high flow nasal canula, surgical gown, and gloves reported by most field coordinators. Severe shortage in medical ICU DRUGS including antibiotics, enoxaparin

**Maintaining essential health services:** Disruption of the provision of the basic health services reported. Shortages of NCD medicines including those for psychiatry patients

**COVID-19 vaccination:** Most of the municipalities continue in vaccination program mostly using AstraZeneca, Sinopharm and Sputnik V vaccine. Weak attendance reported in some vaccination centers. -18 C° freezer not available in vaccination centers.

### **Gaps across the south of the country**

**Coordination:** The establishment of south MOH office support the coordination of COVID 19 response among the health facilities in the south.

**Risk communication and community engagement (RCCE):** Poor living condition in the south, worsening of the health situation, electricity shutdowns for hours per day, shortage of fuel for health facilities, cash liquidity issues, deterioration of the security situation especially in Sabha. Tribal conflicts. Increase in armed robberies, all those factors affected the interaction of the community with multiple awareness campaigns and sessions and still the community is not following up the precautionary measures. There is a need for more awareness sessions and campaigns.

**Surveillance, rapid response teams and case investigation:** Poor performance of RRTs (delayed response in detection and contact tracing) due to the lack of logistic support from the local health authorities and NCDC, lack of support to transport samples to PCR Lab at NCDC and refusals of sampling in some communities affected the number of tests conducted in the south with inconsistency in data reporting especially those tests done with RAT. NCDC Tripoli decree to dissolve all RRTs at national level and restructure of the teams, the process for the 14 teams in the south already finalized.

**National laboratory:** PCR lab in NCDC Sabha suspended their work since 29<sup>th</sup> of July because 4 of their staff tested positive for COVID and some administrative issues regarding their salaries, they resume their work on 15<sup>th</sup> of August. PCR Lab at Sabha Medical Center and Brak Ashsatti PCR Lab continue their work while facing some shortage in the operating materials. COVID 19 lab in Tragen General hospital in Murzuk district operating by GeneXpert machine, worked only for few days and suspended their work due to shortage of the diagnostic cartilage. Most of the tests in the south are carried by RAT and the data in regard are not accurate due to poor data collection system.

**Infection prevention and control:** Poor implementation of IPC measures in health facilities involved in COVID- 19 response and those which provide the essential health services. There is a need for more training sessions for the medical and paramedical staff working in isolation and Triage centers.

**Case management:** There are 5 isolation centers in Sabha, but currently only two isolation centers are working and receive cases from the entire south: Isolation department at Sabha Medical Center, the department was opened due to the increased recorded cases of COVID 19 and inability of other isolation center in the city to admit all severe cases,

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21 beds with 8 ICU bed. Isolation department in Sabha respiratory clinic, currently working with 15 bed capacity and 4 ICU beds. Sabha isolation center, Al Barkoly, currently closed since April due to administrative issues. Hay Abdulkafi Isolation Center, never been operated. Isolation center at NCDC Sabha, never been operated. There are three isolation units in Bent Baya, Wadi Etba and Tragen providing medical services to mild and moderate cases while all severe and critical cases are transferred to Sabha Medical Center. Brak isolation center in Wadi Ashshatti resume their work after prolonged suspension due to shortage of medical staff, it is now operating through medical convoy sent from emergency directorate at MOH Tripoli. There is severe shortage of Oxygen in the south due to increased recorded cases of COVID 19, MOH provide Oxygen plant to Sabha but still the demand is exceeding the production. There is increase in the mortality rate at the ICU unit at Sabha Medical Center which reached to 37% of the total admitted cases. There is Triage centers in most of the municipalities in the south with different level of performance, Sabha Triage Center, Brak Triage Center, Wadi Etba Triage Center and Jarmah Triage Center being the most working center in the south. There is severe shortage of medical staff in isolation centers and the existing medical staff in isolation and triage center need more training courses to build their capacities in case management and IPC especially the newly recruited staff. Fragmentation of effort and poor distribution of manpower between the health facilities affected COVID 19 response.

Operational support and logistics: Shortage of Oxygen, Oxygen cylinders, Oxygen concentrator, patient monitors, pulse oximeters, CPAP masks, antibiotics, enoxaparin, some items (surgical gown, gloves) and Rapid antigen tests, PCR diagnostic kits, automated extraction kits, NCD drugs.

Maintaining essential health services: Disruption of the provision of the basic health services.

COVID-19 vaccination: Most of the municipalities used AstraZeneca and Sino pharm vaccines due unavailability of -18°C freezer needed Sputnik V, MSO Fezzan administration overcome this issue by sending the cold chain truck to Ubari and Wadi Ashshatti to deliver Sputnik V and will continue to cover the other municipalities. There is a need to provide -18 freezer for some vaccination centers in the south. There is a need for awareness sessions for the communities regarding the vaccines as there is very weak attendance at the vaccination centers

### Assessment of international health assistance at a health facility level

Initiated an assessment of health facility level' international assistance. The assessment will provide accurate information (country wide and per district) on public health facilities receiving support with medicines, consumables, medical equipment, rehabilitation, capacity building support, mobile medical teams or fixed health posts, assessments, and any other type of support.

### Availability of COVID-19 isolation centers' services

Total isolation centers		Total active (Functional isolation health facilities)					Total Triage Centers (Stand Alone)				
75		56 (75% active out of 75 centers)					11				
Region	Total isolation health facilities	Active (Functional)	Not functional facilities due to the lack of supplies	Provide Treatment of severe patients	Provide Treatment of critical patients	Provide Triage	Available HR	Supported HR form other HF's	No HR	Limited HR	Active Triage centers (Stand Alone)
West	46 (61.4%)	37	2 (22.2%)	32	28	20	18	-	2	22	1 (9%)
East	19 (25.3%)	12	5 (55.6%)	12	9	9	3	4	3	8	7 (63.6%)
South	10 (13.3%)	7	2 (22.2%)	7	5	4	-	-	2	7	3 (27.4%)
Libya	75 (100%)	56	9 (100%)	51	42	33	21	4	7	37	11 (100%)

### Key gaps and challenges



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**Leadership and Incident Management System:** The facilities lack a well-established emergency response plan for COVID-19 and a hospital committee for emergencies and disasters or a hospital incident management system team, or some combination of these, that is activated.

**Internal Communication and coordination within isolation centers:** Hospitals and the COVID-19 incident management system teams do not have activated mechanisms for coordination and communication with, for example, the Ministry of Health and local and national disaster management authorities, to ensure that a consistent approach is taken to COVID-19 management and national uniformity in implementation of evidence based WHO approved case management guidelines. Non availability of an official well-trained hospital spokesperson for COVID-19 information and data communication to a central level or to an HMIS system.

**Surveillance:** Non availability of standardized forms or an online system to report COVID-19 case information to a centralized health information system within 24 hours of case identification. Standard operating procedures addressing the collection, confirmation and validation of COVID-19 data have not been developed and are not available to designated staff.

**Hospital information management:** No designated staff to collect, analyse and disseminate data related to COVID-19 and information on cases and services being offered by the hospital. No place for to ensure proper documentation and secure storage of hospital information about COVID-19, with a back-up system, for present and future use

**Risk Community and Community Engagement activities for patients and their attendants:** COVID-19 risk communication protocols about infection prevention and control, including standard operating procedures, are not available for use by all staff, patients, visitors and other stakeholders, including members of the community.

**Administration, finance and business continuity:** Lack of procedures for procuring necessary supplies and services. No attention to staff absenteeism, staff fatigue and staff turnover. Non availability of isolation facility business continuity plans

**Human resources:** The administration has not estimated the current human resources capacity to prepare for and respond to the potential COVID-19 caseload. No identification of the optimum number of staff (medical and non-medical) needed to ensure the business continuity of essential services during the COVID-19 pandemic. Nonpayment of salaries for isolation facility staff.

**Surge capacity:** Isolation facilities don't have a surge plan and a replenishment plan that address issues including staffing, supplies, equipment and logistics; expertise for critical areas of care. No plans on how to increase the number of beds, based on real-time calculations. No plan for progressive scale-up of all key activities to manage the increased caseload.

**Continuity of essential support services:** No expansion plans for clinical management (e.g., a contingency plan for constructing additional isolation wards); and hospital waste management is linked to the local water, sanitation and hygiene (WASH) system. Lack of isolation ward inventory, stockpile and maintenance systems.

**Patient management:** No updated protocol for providing essential health care services to patients with COVID-19. Hospital staff don't have national protocols for treatments that may be administered only in the context of ethically approved clinical trials or regular treatment regimens.

**Occupational health, mental health and psychosocial support:** Lack of hospital policies to manage occupational safety and health in conjunction with IPC measures to protect hospital staff. Appropriate mental health and psychosocial support are not available for staff, their families and patients.

**Rapid identification and diagnosis:** Hospital staff have not been trained in accurate, rapid identification and timely screening of suspected COVID-19 cases. Non availability of on-site labs in many of the isolation centers

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Infection Prevention and Control: Non availability of protocols with standardized procedures for managing COVID-19. Not all hospital staff have been trained in the protocols. No mechanism for periodic monitoring. Frequent stock out of PPEs reported. Medical and paramedical staff frequently get infected

### *Priorities/recommendations:*

- Carry out isolation center readiness and needs assessment of a regular basis.
- Designation of trained personnel and mechanism to collect, analyse and disseminate official data on bed, ICU and ventilator occupancy for decision making.
- Rapid scale of oxygen capacities and dedicated government funds.
- Ensure data flow from isolation centers to NCDC/MOH.
- Clear organograms for staff.
- Availability of latest national case management guidelines.
- Institutionalize IPC programs into isolation centers.
- Ensure availability of essential medicines for COVID and then non COVID for dealing severe and critical cases.
- Ensure dedicated funds and less dependence on collateral supplies.
- Regularly assess oxygen and biomedical equipment needs and provide through government funds.

### **Development of UN Strategic Framework**

Health sector continues to play a role within the planned UN Sustainable Development Cooperation Framework for Libya, which replaces the current UN Strategic Framework (UNSF). The UNSF was originally designed to cover the period 2019-2020 and has been extended until the end of 2022. WHO will contribute to the formulation of a new Common Country Analysis as the first step to providing the basis for articulating Libya's strategic priorities. Provided technical comments to the draft of the currently formulated new Common Country Analysis (CCA) articulating strategic priorities of Libya over the coming years.

### **Proposed key points on health/cross border for the Special Envoy at the ministerial level meeting, Algeria**

- To highlight to the Member States to further strengthen and adjust COVID-19-related public health protocols at all points of entry, including for managing acute events.
- To highlight the importance of dissemination among the Member States of COVID-19 related epidemiological information, risk assessment, legal and normative provisions/tools, and protocols.
- To point out the added value to conduct regular risk assessments to inform the calibration of risk mitigation measures in the context of international travel, refugee and migrant flows.
- To advocate with the authorities to equip and train staff at points of entry in appropriate actions for COVID-19 response.
- To point out to the Member States on regular monitoring and evaluation of the effectiveness of travel- and related risk mitigation measures and adjustment of existing protocols.
- To highlight the importance of continued joint work to ensure that that international travel is always prioritized for emergency and humanitarian actions, essential personnel, repatriations, and cargo transport of essential supplies such as food, medicines, vaccines and fuel. This coordination will be out most vital.
- Continue to develop joint guidance, training and statements of support to prevent and manage COVID- 19 in the context of international travel and transport, including at ports, airports and ground crossings.

## **HEALTH SECTOR ACTION/RESPONSE**

**Weekly and monthly COVID-19 updates** produced by WHO Libya.

**AFP updates:** Weekly AFP updates published by WHO Libya.

**Weekly EWARN bulletins** are being produced by NCDC.



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**Mid-month (1-15 August) health sector operational update** produced.

**Operational assessment of selected municipalities** is produced and shared by WHO.

**Health sector 4W operational response update (July 2021)** was produced.

### **Health sector coordination meetings:**

- The quarterly (July – September) schedule of all health sector coordination meetings was disseminated.
- Migration health sub-sector working group meeting took place on 30 August 2021 with two agenda items including COVID 19 vaccination of migrants and refugees in detention centers and community settings; COVID surveillance and response in detention centers.
- MHPSS sub-sector working group meeting took place on 17 August 2021 while the minutes of the three MHPSS referral mechanism workshops were disseminated.
- South sub-national health sector coordination meeting took place on 2 August 2021 in Sabha. The minutes were disseminated.

**Overview of capacity building events supported by the health sector during May-August 2021** is prepared (GIZ, ICRC, IMC, IOM, IRC, LPFM, MSF-H, PUI, UNHCR, UNICEF, UNFPA, WeWorld-GVC, WHO).

**Health Sector Field Directory** - initiated an update of Health Sector Field Directory for September 2021. Detailed feedback is expected from ACF, AICS, CEFA, Chemonics International, GIZ, Handicap International – Humanity & Inclusion, Helpcode, ICRC, IFRC, IMC, IOM, IRC, LPFM, LRC, MSF-F, MSF-H, PUI, TdH Italy, the World Bank, UNDP, UNFPA, UNHCR, UNICEF, Voluntas, WeWorld-GVC and WHO.

### **Development of Human Health Workforce Strategy**

At the request of the Ministry of Health (MoH), WHO Libya has agreed to support the national health authorities in the development of a Human Resource for Health (HRH) strategy. Between July and December 2021, WHO plans to undertake the following activities jointly with the MoH:

- Facilitate three multi-stakeholder HWF strategic plan formulation workshops followed by a national meeting to finalize and validate the strategic plan and launch its implementation in the three regions (east, west and south).
- Train managers in HWF strategy implementation as a core component of health system strengthening towards the delivery of an evidence-based essential care package in three selected municipalities (one in each of Libya's three regions).
- Carry out a health workforce satisfaction assessment survey in the three selected municipalities and prepare recommendations on how to attract, motivate and retain health care workers, especially in remote areas.
- Conduct a workload indicators analysis that will yield information on the required skills and number of personnel required within facilities by levels of care. This analysis will inform the development of norms and standards for delivering the essential care package at all levels of the health system.
- Facilitate the establishment of a monitoring and evaluation plan to support the continuous improvement of HWF management in the delivery of the essential care package in at least three municipalities (one in each of the three regions).

A Steering Committee composed of key stakeholders and experts to oversee the above work is expected to be formed, including the following representatives: Director of Human Resources Directorate – MoH; Head of International Cooperation Office – MoH; Director General of the National Centre for Health Reform; Director General, Primary Health Care Institute, MoH; Director of Health Information and Documentation Centre, MoH; Director of Medical Affairs Directorate, MoH; Head of Centre for Accreditation Health Establishment

### **HDPN (Humanitarian-Development-Peace Nexus): Libya – case study**

WHO initiated a technical exchange with the Regional Office on production of second edition of HDPN for Libya.

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Libya is one of few countries recommended for the development of the second series of the HDPN country profiles. Health sector will be updated accordingly.

### Assessing and Improving Health Systems Efficiency in the EMRO region: Libya – case study

Libya is recommended for the country case studies to provide input and guidance for further development of country support tools and approaches by the WHO EMRO, feedback regarding practical applicability and usability of the WHO HQ health system performance assessment framework in national context and input to county health policy development processes for health system efficiency and performance improvement. This includes: Desk-review of available information on national health system efficiency, relevant policies and availability of indicator data; Policy discussion and stakeholder consultation; Write-up of the case-study and verification with national authorities. A national focal person identified by relevant national authorities will work closely with WHO.

### Epidemic and pandemic preparedness in fragile settings, Libya – case study

The Independent Panel's report <https://theindependentpanel.org/mainreport/> lays out the national actions that countries need to take to be better prepared for the next epidemic or pandemic. The panel report says little about the specific needs facing conflict-affected countries. To bridge the knowledge and policy action gap, WHO is partnering with Duke University's Center for Policy Impact in Global Health <https://centerforpolicyimpact.org/> to help develop a policy paper on epidemic and pandemic preparedness in conflict affected and fragile settings.

The work is being led by Prof. Gavin Yamey, a known global health figure <https://globalhealth.duke.edu/people/yamey-gavin>. The paper will include a situation review and recommendations. The time line of this work is August until October. Libya is one of the countries for this case study. Health sector will be informed accordingly.

### Health Information Management materials produced:

- Health sector Libya, 4W snapshot, July 2021.
- Updated <https://www.humanitarianresponse.info/en/operations/libya/health>
- Links to interactive dashboards and updates:
  - [Libya Health sector 4Ws 2021](#)
  - [COVID-19 health facilities Libya](#)
  - [COVID-19 response Key indicators 2021](#)
  - [COVID-19 Libya dashboard](#)
  - [Libya COVID-19 updates](#)

## UPDATES FROM PARTNERS

### ICRC



Six months training was provided to 8 students at the Physical Rehabilitation Center in Janzour/Tripoli to develop their capacity in Prosthetics and orthotics (P&O). The training was successfully completed with the support of the Quality Assurance and Professional Calibration Center under the Ministry of Labor. It was provided by 2 International P&O sponsored by the ICRC. Students completed final theoretical and practical exams. This is the first training of its kind in Libya, and the students will be certified as P&O Technicians from the Ministry of Labor. Developing the workforce at the PRP centers in Libya will improve the physical rehabilitation services to the amputees and other people living with disability.

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In order to combine efforts in the fight against the current wave of COVID, ICRC distributed much needed PPE material to 9 isolation centers. In addition, ICRC health teams continue conducting dissemination sessions on Infection Prevention Control where it's needed at ICRC supported Primary Health Care Centers.



The ICRC Health Coordinator, Dr. Amalid Chebly, met with his Excellency the Minister of Health, Dr. Ali Zinati, and his Deputy, Mr Sameer Cucu. She briefed them on ICRC health programs and activities across Libya and discussed ways for coordination with the Ministry.

### WW-GVC

#### Southern Libya

In southern Libya, since June 2021, WW-GVC has launched a new AICS-funded health and protection project targeting the communities of Sebha, Brak Al Shati, Gurdah Al Shati and Bent Baya. Its objective is to contribute to the improvement of health conditions and protection services for the most vulnerable population in southern. Regarding Health component, the project will focus on WASH rehabilitation and installation of Solar Panels in 6 primary health care centers; as well as provision of medical equipment and capacity building in the same targeted facilities and one Isolation Center in Sebha.



As within this reporting time, WW-GVC and Migrace staff have conducted several technical assessments at the targeted structures to define the needs for the rehabilitation. It is expected that the rehabilitation works will start by the end of September, with focus on WASH facilities and overcoming architectural barriers, including tiling works, piping (clan and sewage), painting, electrical, water treatment, plumbing and universal design, as well as carpentry and metal works. Following that, refurbishment will be integrated with installation of solar panel, provision of medical equipment and supplies, as well as capacity building for health workers on prenatal and maternal health.

The targeted facilities that have been already validated in coordination with the donor, the Mayors and OCHA, are the following:

- Brak Al Shati, Qira Health Center and Ashkeda Health Center
- Gourdah Al Shati, Laayoune Health Center
- Sebha, Ghadwa Health Center and Abd al-Kafi Isolation Center

#### Western Libya

Since June 2021, WW-GVC is delivering awareness sessions on Communicable, Non-Communicable Diseases and access to health services in Al Maamoura, Sorman and Al Maya covering mainly Hypertension, Diabetes, COVID-19 Prevention and Tuberculosis. 2080 beneficiaries have been reached in August (1199 women and 981 men), including Libyan community, migrants, refugees and IDPs.

On the other hand, the rehabilitation works for the targeted health care facilities in the municipalities of Al Maya (Tina Medical Center and Al Mukhattat Medical Center) and Sorman (Makhlouf Primary Health Care Center) are ongoing, while completed for the Village Hospital in Al Maamoura. WW-GVC is also going to refurbish the Cardiac Center,



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Tweela Southern Medical Center and 17-February Health Care Facility in Sabratha Municipality. On top of that, cascade trainings for health workers are ongoing since second half of August and will refresh and strengthen the topics already disseminated through Training of Trainers sessions delivered between April and June on Infection Prevention Control, Pharmaceutical Stock Management and HIMS.

### IOM

#### Primary Health Care Consultations and Referrals

IOM medical teams provided a total of **8,438 primary health care consultations** (5,990 men and 2,448 women) to migrants, IDPs and host community members and **referred 275 migrants** to secondary and tertiary health facilities for further medical investigation, treatment and management.

#### 1. DCs

IOM medical teams provided primary health care consultations for **2,491** migrants in detention (1,939 men and 552 women) in 14 detention centres: namely, Triq al Sika, Ain Zara, Mabani, Azzwaya Abu Issa, Ghiryan Abu Rashada, Baten Al Jabal, Albayda, Shahhat, Alkufra, Ganfouda, Almarj, Alqubba and Talmetha DCs.

**79** migrants were referred from these detention centers to the secondary and tertiary hospitals for medical investigations and clinical management.

#### 2. PHC clinics

Through its support in four primary health care centres (Shouhada Abduljalel PHC, 17 Feb Polyclinic and Al-Aoeanea PHC), IOM provided **548** primary health care consultations (260 men and 288 women) to the IDPs and host community members, along with supporting the centers with medicines, medical consumables and IEC materials on COVID-19.

#### 3. Medical outreach

IOM mobile teams (Health program and Migrant Resource and Response Mechanism (MRRM) program) are providing primary health care services for migrants, IDPs and host communities at over 20 project sites in urban settings. Project locations cover Hai Al-Andalus, Ghot Alshaal, Ain Zara, Alsirraj, Souq Aljumaa, Abdulsalam, Al-Aoeanea, Janzour, Tajoura, Zwara, Sabha, Ubari, Qatroun, and Bani Waleed.

IOM medical teams reached **5,399** migrants and IDPs (3,791 men and 1,608 women), out of which **189** migrants were referred to the secondary and tertiary health facilities for medical investigation and clinical management.

#### 4. Rescue at Sea

IOM medical team responded to rescue at sea operations where **3,139** migrants (2,771 men and 368 women) at **Abusitta and Azzawia** disembarkation points (DPs) were rescued. **187** migrants received the medical screening and triage upon arrival and **7** migrants were referred to the secondary health facility for clinical management.

Among above consultations, IOM provided:

- 141 gynecological consultations and 293 antenatal and postnatal cares to the female migrants, IDPs and host community members
- 90 consultations for migrant children on the integrated management of childhood illness
- Routine immunizations (polio and tuberculosis vaccines) and records for 2 migrant children under the age of five
- 142 health care consultations related to psychiatric care and mental and psychosocial care
- 147 medical assistances to the trauma cases including the gunshot trauma and minor injuries

#### Fitness to Travel Screening

IOM medical teams provided pre-departure medical screenings for **554** migrants to assess fitness to travel (FTT) under the Voluntary Humanitarian Return and Reintegration (VHR) program.

#### Coordination



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Under the leadership of the Ministry of Health, IOM held the fourth meeting of the Migration Health Sub Working Group in Tripoli on 30 August, with over 50 national officials, UN agencies and international partners working in migration health in attendance.

Participants discussed critical topics, including the preparation of COVID-19 vaccination for migrants and the expansion of health information systems in detention facilities. The Sub Working Group agreed that ensuring vaccination for migrants and refugees in detention centres and community settings is paramount.

Several technical meetings to prepare a micro plan for initiating vaccination for migrants and refugees, as well as to strengthen the surveillance mechanism through the expansion of the EWARN system in the detention facilities are planned in early September. The fifth Sub Working Group is envisaged between the 10<sup>th</sup> and 15<sup>th</sup> of September to keep relevant partners updated.

### **National Health System Strengthening**

In close collaboration with the National Center for Disease Control (NCDC) and the Department for Combating Illegal Immigration (DCIM), IOM conducted five tuberculosis screening campaigns Ghiryan Abu Rashada DC, Azzwaya Abu Issa DC, and urban migrant-dense settings in Yefren, Azzawya and Bani Walid. Out of 1,100 migrants and 12 DC guards screened, a total of 48 migrants underwent further clinical examinations. Six migrants were confirmed positive and started necessary treatment under the close follow-up by IOM medical teams.



On 3-5 August, in close collaboration with the Health Information Center, Ministry of Health, IOM conducted a 3-day training on the national health information system (DHIS-2) aiming to expand the usage of DHIS-2 to the COVID-19 isolation centers to strengthen the data collection and reporting capacities related to the COVID-19 pandemic. 19 participants (16 men and 3 women) including the statisticians, data managers and other administrative staff attended the training from COVID-19 isolation centers and public health facilities in Benghazi, Bent Baya, Jarma, Waddan, Brak Ashati, Sebha, Ghat, Shwerif, Traghen, Wadi Etba.



IOM also conducted a set of training on the District Health Information Software (DHIS-2) in Tripoli and Benghazi to strengthen national health information management capacity. These workshops were the refresher training targeting the statistic staff from the same facilities who received the training when the DHIS-2 was introduced in 2019. A total of 18 staff (16 men and 2 women) from the health service offices and health facilities in Daraj, Shwerif, Sbeia, Souq Alkahmis, Wazin, Sirt, Ubari, Alghrayfa, Bent Bayah and Zamzam attended the training.

On 10 August 2021, in collaboration with UNHCR, IOM conducted an anti-scabies campaign at Ganfouda DC. The campaign was conducted in response to the scabies outbreak with 17 out of 25 newly detained migrants reported by IOM medical teams on 7 August. IOM provided migrants with scabies treatment and NFIs, and fumigated the facility.

### **COVID-19 response**

#### **1. Risk Communication and Community Engagement (RCCE)**

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IOM medical team conducted 316 outreach campaigns and awareness raising sessions in Sebha, Ubari, Tripoli, Zwara, Bani Walid and Benghazi. A total of **8,842** migrants improved their awareness and knowledge of the COVID-19 prevention methods and health seeking behaviors when having the suspected symptoms.

On 23-25 August, IOM medical staff and 4 staff from the National Center for Disease Control (NCDC) had a workshop with 13 migrant leaders (all men) to co-develop/adopt the Information, Education and Communication (IEC) materials on COVID-19 vaccines in a migrant-friendly manner. Contents, media and languages of the materials were discussed to promote increased awareness on COVID-19 vaccines among the migrants in Libya.

### 2. Points of Entry (PoEs)

IOM Medical teams supported the NCDC staff at Ras Jedir POE by providing medical check up to all passengers returning to Libya as part of IOM COVID-19 response plan. A total of **12,651** cross-border travelers (9,733 men and 2,918 women) were screened by checking temperature and general condition.

### 3. National Laboratories

IOM donated COVID-19 PCR testing machines to three National Centre for Disease Control (NCDC) branches in Daraj, Bent Bayah and Alkufra, following a three-day training on their usage. Prior to the donation, six laboratory technicians received hands-on training on the use and operation of the new PCR machines to run COVID-19 tests. The training covered basic molecular testing, the principles of PCR testing, genetic mapping and targeted genes of COVID-19 and laboratory work-flow guidance.



### 4. Infection Prevention and Control (IPC) and Case Management

IOM completed the installation of six fully equipped prefabricated isolation spaces at Ganfouda DC, Mabani DC and Ain Zara DC. To meet migrants' essential needs and ensure protection, the isolation spaces installed will have a separate space for women and men. IOM is also providing basic WASH infrastructures such as sanitary facilities, clean and wastewater facilities.

On 29 August, IOM responded to the coronavirus outbreak in Ganfouda DC. A total of 62 people including 49 migrants and 13 DC staff were tested by rapid antigen test. Among whom tested, 12 migrants in detention were tested positive, while all the DC staff were tested negative. In close collaboration with the Directorate for Combatting Illegal Migration (DCIM), NCDC and Benghazi municipality, IOM provided migrants with necessary referrals and case management and further arranging the distribution of hygiene resources including masks and hand sanitizers.





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IOM, in collaboration with the Primary Health Care Institute (PHCI) at the Ministry of Health, conducted a four set of two-day training on infection prevention and control (IPC) and Migrant-Sensitive Health Service (MSHS) provision. The training targeted the IPC focal points, medical doctors and nurses working in the public health facilities in Ubari and Greater Tripoli area. A total of 86 health professionals (37 men and 49 women) were trained.

### **Mental Health and Psychosocial Support (MHPSS) services**

Mental Health and Psychosocial Support (MHPSS) services were provided to 554 migrants (417 men, 101 women, 31 boys, 5 girls) in Tripoli, Gharyan, Benghazi, Alkufra, Beni Walid, Misratah, Sebha, and Zwara in several locations, including IOM center in Hay Alandalus, detention centers, and urban locations including shelters, collective houses, labor migrants gathering points, health facilities, and to migrants following their interception/rescue at sea at Abusitta DP. The MHPSS teams accompanied IOM medical teams to different locations and conducted a varied set of MHPSS activities.

The MHPSS teams in Misrata and Benghazi contributed to trainings on First Aid, Infection Prevention and Control and Migration Sensitive Health Services supported by IBM/TC/SAR and conducted by LRC and IOM MHD in Misrata and Al Bayda on 3-4 August, which targeted national Libyan authorities. The MHPSS team conducted 2 separate training sessions on MHPSS key concepts and definitions, Psychological First Aid (PFA) and supportive communication that targeted 38 national frontline workers from LCG, GACS, DCIM.

IOM continues supporting the national coordination mechanism through chairing the MHPSS technical working group (MHPSS TWG) with IMC (International Medical Corps) and in close coordination with the Ministry of Health, where the TWG conducted their monthly meeting on 17<sup>th</sup> August with active participation of 16 members. Furthermore, the MHPSS TWG continues to provide technical support and guidance to MHPSS actors and different humanitarian sectors in Libya.

### **UNICEF**

#### **COVID-19 Case Management**

As a response to the ongoing fight against COVID-19 pandemic, UNICEF has procured and dispatched medical supplies to cover 27 COVID-19 isolation centers. The items were distributed in coordination with emergency department at Ministry of health. These include pulse oximeters, oxygen concentrators, oxygen therapy consumables, among others.

#### **Demand Creation, Risk Communication, and Community Engagement (DRCCE):**

**Mass Vaccination Campaign:** UNICEF supported the mass



COVID-19 vaccination campaign in Tripoli and Benghazi, launched by the Government of National Unity and supported by the Ministry of Health. With financial support from the German Federal Ministry for Economic Cooperation and Development (BMZ), UNICEF implemented extensive DRCCE and increase the awareness of this campaign and the importance of vaccination by installing 60 billboards in high traffic areas around Tripoli and Benghazi for building awareness on vaccination and encouraging the public to go to the vaccination sites. UNICEF distributed 200,000 leaflets on COVID-19 precautionary measures and vaccination acceptance, 200 vests,

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and 200 caps. The leaflets are estimated to have reached 1,000,000 individuals and the billboards 796,095, thereby reaching 1,796,095 people in total.

In Benghazi, UNICEF distributed 120,000 leaflets, and other staff vaccination identification and visibility, including 120 vests, and 120 caps, and 600,000 individuals are estimated to have been reached through the leaflets.

Media coverage on the mass vaccination campaign was conducted, in collaboration with the local NGO Amaluna. Interviews with vaccinated individuals, key responsible staff, and the Minister of Health were aired through Ghaima news channel and Ain Zara Radio, aiming to create awareness on the importance of vaccination

and enhance its uptake. The

Ghaima news channel and Ain Zara radio reached a total of 63,000 individuals.



media presence of the Libyan News Agency, Al-Araby channel, and Al-Tadamun radio channel, which recorded the lecture to be broadcast within the channel's programs across the municipality of Tripoli, reaching 40,000 from the general public for vaccination.

**National Vaccination Campaign:** On August 22nd, UNICEF launched the South accelerated national vaccination campaign in a meeting with the Director-General of the NCDC, the emergency team, and South mayors. The campaign started on August 23rd. With financial support from the European Commission, three NCDC emergency teams are working in the South targeting different areas with DRCCE activities. Around 81,000 flyers were provided and will be distributed in the southern region. In Ubari, UNICEF, in coordination with the NCDC Emergency team, visited the vaccination centers in the city for assessment of the ongoing campaign and discussed challenges. To maximize the campaign outreach, a visit to the Tuareg prison was undertaken along with giving an awareness lecture to the prisoners concerning the importance of the vaccination, as well as media coverage by Libya Panorama news agency and the NCDC Facebook page has been followed. The overall estimated number of beneficiaries reached as a result of this campaign is 12,000. In Sabha, a meeting was conducted at the municipality council with 25 of the local NGOs including the Libya Red Crescent Sabha branch, as well as coordinators of African refugees in Sabha municipality, head of tribes, and local councils. The meeting was in conjunction with the processing of awareness-raising for the community campaign in Sabha municipality.



### Health System Strengthening Support:



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Further to the DRCCE support UNICEF contributed to Tripoli and Benghazi Mass campaign, Medical and cold chain equipment were also provided, including cold boxes, vaccine carriers, quality monitoring devices, first aid kits, and personal protective equipment (PPE) face shields and hand sanitizers.

UNICEF continues its effort to strengthen the capacity of the health system with DRCC activities, RCCE equipment including laptops, tripods, microphones, recorders, cameras, sound, and video equipment were dispatched to the MoH Media office to maintain coverage and support the vaccination campaign, through financial support from USAID. Additionally, UNICEF distributed essential medical equipment to the Medical Services Directorate Tripoli to cover 30 Primary Healthcare Center Institutions (PHCI). Among the dispatched supplies were resuscitation kit, thermometer, laryngoscopes, and stethoscope. These supplies are aimed to support the national health system in sustaining continuity of essential health care services.

### **Maternal, Neonatal, and Child Health (MNCH):**

UNICEF is continuing its efforts to strengthen the health system and build the capacity of the national health workforce to improve the health outcomes for neonates, children, pregnant and lactating women in Libya. UNICEF Together with the PHCI team in coordination with WHO, conducted a training of trainers workshop for 27 healthcare workers on Integrated Management of Newborn and Childhood Illnesses (IMNCI) between 15<sup>th</sup>-26<sup>th</sup> August. The participants were from different municipalities across the country. The workshop was conducted in Tripoli Medical Hospital with clinical sessions in three polyclinics, Albadri, Tarik Almatar, and Alhureya and Aljala pediatric hospital.



The healthcare workers were learning effective strategies for assessing, identifying, and treating common childhood illnesses contributing to under five morbidity and mortality. This activity was supported financially by the EU and BMZ.



### **World Breastfeeding Campaign**

In August, UNICEF has supported activities related to the World Breastfeeding Campaign “Protect Breastfeeding: A Shared Responsibility”. UNICEF conducted a workshop on August 11-12 attended by healthcare workers, partners and other stakeholders. Besides protecting, promoting and supporting breastfeeding, this event aimed to develop better breastfeeding counselling programmes and to build capacity of healthcare personnel, through providing approaches to complementary feeding, promote skilled breastfeeding counselling, overcome obstacles to breastfeeding for new mothers, and raise nutritional awareness on breastfeeding benefits. In total, 20 people were trained with generous support from the EU and BMZ. On August 24<sup>th</sup> and 25<sup>th</sup>, UNICEF supported activities organized by the Libyan Midwives Associate in Tripoli. The first day, a scientific

seminar was organized and attended by 38 individuals from various health facilities, government entities, and national committees. The seminar covered topics such as the importance of breastfeeding, breastfeeding during COVID-19 and oral and dental health, breastfeeding and its psychological effects, and nutrition of lactating women. On the second day, a workshop for midwives and nurses from primary healthcare centers took place. The event was attended by 20 participants, who learned counselling skills to support lactating women. In Benghazi, UNICEF supported a workshop at the Health Services Department on August 26<sup>th</sup>. The event was attended by 60 participants and key messages delivered were the importance of breastfeeding, especially for children under 6 months, and nutritional information for breastfeeding mothers.

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### Evidence generation (Health Information Management)

Between August 21<sup>st</sup> – 23<sup>rd</sup>, UNICEF in collaboration with HIC, held a DHIS2 training for 3 statistics focal personnel (all male) from district facilities in Alshweref in order to launch, design and maintain the system in their facilities for health information management. The same training was held in Tahala, Obari, and Ghat municipalities from August 25<sup>th</sup>-30<sup>th</sup>, with 35 participants in Tahala and Obari (20 males; 15 females), and 19 in Ghat (9 males; 15 females). By building capacity in health information management, the aim is to strengthen timely and accurate data collection, analysis and reporting practices to strengthen evidence-based decision-making.



### Nutrition and immunization activities at Detention Centers

In August, UNICEF and its implementing partners have been conducting activities at detention centers with financial support from the European Union (EU).

On August 4<sup>th</sup>, UNICEF together with Libyan Society distributed 10 boxes of high energy biscuits in Tareek Sekka detention center targeting migrants of various nationalities. This support aims toward reducing and preventing maternal and child mortality and morbidity by ensuring adequate nutrition of good quality and quantity for pregnant and lactating women and children. The activity reached 147 individuals, including four pregnant women and ten children.



In coordination with the Primary Healthcare Institute (PHCI), UNICEF conducted immunization activities in Ain Zara and Tarik Alseka detention centers. The is to improve the immunization coverage and ensure long term protection of children against diseases targeted in the Expanded Program of Immunization. In total, 32 children and babies were vaccinated as well as has follow-up visits scheduled.

## IMC

### Health Systems Strengthening

During the month of August 2021, **21** primary health care centers (5 Tripoli, 4 Sabha, 5 Benghazi, 7 Misrata) continue to be supported through **11** medical mobile teams (**5 Tripoli, 1 Sabha, 2 Benghazi, 3 Misrata**), each composed of a medical doctor, nurse and midwife. The teams are assisted by dedicated community health mobilizers, pharmacists and medical coordinators. Aside from augmenting health care service capacity in the static health facilities, the mobile teams have regularly visited **8** IDP locations. Cumulatively, the teams conducted **3,701** general medical consultations, **157** antenatal care consultations and reached **2,810** community members with key health messages.

Five (**5**) hospitals (Tripoli Central Hospital, Ophthalmology IU Center - Tripoli, Oncology Isolation Center - Misrata, Respiratory IU Center – Sabha, and Alamal Benghazi IU Center) continue to receive support in August 2021. Support includes the deployment of ICU medical doctors and nurses dedicated to infection prevention and control. In contribution to the COVID-19 response, **4,579** beneficiaries utilizing health care services in supported health facilities





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have been screened for COVID-19, among these beneficiaries **174** were referred for further assessment and management as COVID-19 probable and suspect cases.

Due to a clustering of *Acinetobacter* infections within the Sabha isolation unit, in-patient case management was transferred to the Triage Unit of Sabha Medical Center as of August 19<sup>th</sup>. Relevant health authorities were cognizant and are currently addressing the needs brought about by the bacterial infection.

The ongoing national tuberculosis program continued throughout August 2021 in Tripoli and Misrata. The support in collaboration with the National Center for Disease Control includes screening and identifying beneficiaries who may be suffering from tuberculosis, ensuring continued medical management and follow up. By the end of August 2021, there had been **10** beneficiaries were registered for TB management, **165** patients were provided with free diagnostic services as part of the support to the laboratories at the Tripoli and Misrata NCDC laboratory and four primary health centers (Ghargour PHCC, Almadina Alqadima PHCC, Ras Friedekh (Shuhada Armela) PHCC, Alaswak PHCC). Further, **45** patients were transferred by ambulance to a higher level of services from the primary health care centers supported.



A consignment of medical commodities including personal protective equipment, medical equipment, consumables and pharmaceuticals amounting to **42,133 USD** were delivered to different health facilities including Abu Seta Hospital, Ghargour PHC in Tripoli, Azzourok, Al Aswak and Ras Friedrehk Health Clinics in Misrata, Benghazi Isolation Unit, Geminis PHCC and Oncology Isolation Center in Benghazi. These medical commodities were procured through the support of EUTF, GIZ and BHA.

### Capacity Building

From July 31<sup>st</sup> to August 5<sup>th</sup>, 16 nurses from the districts of Ajdabya (Mohammed Aldora -8) and Brega (Albrega Aljadeeda Primary Health Care Center- 8) were provided with a 6 -day face-to-face training in Benghazi focusing on the Essential Package of Health Services using the Family Practice Approach with the support of GIZ.

From August 15<sup>th</sup> to 19<sup>th</sup>, 25 participants from assigned in 12 primary health clinics from 10 municipalities were provided with a 5- day face-to-face training in Tripoli on Clinical Management for Rape Survivors. The focus of the training was to build the capacity of participants to provide first line support in addition to life-saving interventions and facilitate access to medical and mental support before referral with the support of GIZ.

### Donor Support

Interventions provided by International Medical Corps have been made possible with the generous support of USAID – BHA, the EU Trust Fund, GIZ and in partnership with CESVI and well as MOH – Libya through the National Center for Disease Control, Primary Health Care Institute and International Cooperation Office.

### **Helpcode**

The project “Restoring Quality Health Care Services in Zawya and Ghat Districts of Libya” is following the stated goals and timelines.

Within the project “Restoring Quality Health Care Services in Zawya and Ghat Districts of Libya” implemented by Helpcode in partnership with ODP, supervised by AICS and funded by EU in the frame work of “Baladiyati” programme”- the supply of equipment to the “Disabled Rehabilitation Center” (DRC) in the municipality of Zawya South has been completed, which will illustrate a qualitative leap in the center's performance and help to relieve the

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strain created by the conversion of the rest of the comparable facilities in the area to isolation centers as a result of COVID-19, moreover, medical equipment was delivered to the Harsha Health Center in Zawya West, allowing it to provide high-quality health care to all residents,

Work in Ghat, on the other hand, continued to achieve the project's goals of providing quality health services to all residents, including the importation and installation of equipment in all three targeted health facilities (Ghat center, Tahala, and Awainat). The equipment included vital devices with

international specifications such as heart monitors and blood pressure monitors, portable x-ray device for the Tahala Center, a chair for natural birth in preparation for the establishment of a natural birth room, a recovery box for newborns, oxygen cylinders and many other vital equipment.

Medical workers in Zawya are being trained with the goal of increasing their effectiveness in various medical professions and domains. “CPR Adaptation for COVID-19” was the title of a training session held in Zawya to enhance their practical abilities and to enhance their experience with academic information, both of which are essential in providing high-quality health care to patients.



### IRC

#### Activities and Achievements



With support from SIDA and RDPP, the IRC mobile medical teams (MMTs) continue to conduct regular visits to Elharat, Al Nosb Altedkary, Elmgarief, and Zawyet Aldahmani PHCCs. A MMT supported by UNHCR also operates daily at the community development center (CDC) in Seraj and provide general, reproductive and MHPSS services. With support from UNHCR, regular visits were also conducted to Sikka DC, Abu Salim DC, Ain Zara DC and Zawia street DC in Tripoli as well as Abu Issa DC in Zawiya. IRC responds to all 24/7 emergency calls for Abu Salim and Ain Zara DCs as well as 24/7 services three days a week for Sikka DC and two days a week for Abu Issa DC.

With support from UNHCR, Rescue At Sea activities continued and 24 rescue operations were responded to in August. In addition, 24/7 hotline and ambulance transportation services continue to be provided via JRP ambulance. In August, over 75 individuals were assisted (22 males and 53 females).

The Community health workers and the community outreach volunteers in Alkhums continued delivering awareness health sessions for targeted communities reaching 1023 beneficiaries, (915 males and 108 females). About 123 health education sessions were conducted this month. The IRC continued to provide sugar and blood screening during health sessions for beneficiaries and advised those with high blood sugar and pressure results to visit a physician to begin treatment. Health





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awareness sessions were conducted at vaccination centers in the city to collaborate with the vaccination campaigns and include topics on Covid-19 and vaccination encouragement.

### Trainings

With support from AICS, in Bani Walid, six cascade training were conducted to 56 participants (36 males and 20 females). Five of them on Humanitarian and Protection Principles and one on infection prevention control. At Bani Walid general hospital on the 12th, at Bani Walid department of health services on the 15th, at Al Hasna PHCC on the 17th, at Al Jomla PHCC on the 22nd and at Bani Walid municipality on the 24th. Training agenda includes humanitarian principles, protection principles and health rights GBV.

With support from AICs, IRC clinical mentors have conducted Covid-19 prevention and control cascade training at Alkhoms Education Hospital on the 12th. Ten hospital medical staff (nine females and one male) attended this training. On the 16th of August, IRC clinical mentors conducted Infection prevention and control cascade training at Souq-Alkamese Polyclinic. Ten facility staff participated.

### Donations

With support of AICS, on the 16th of August, the first batch of agreed medical equipment was donated to the Department of Health in Bani Walid as part of supporting health facilities with urgent shortages of medical equipment. On the 15th of August, the first batch of agreed medical equipment was delivered to the targeted health facilities in Alkhoms, aiming to provide these health facilities with their urgent needs of medical equipment.

With support from RDPP in Tripoli, Lab reagents and equipment were donated to Al Nosb Altedkary, Elmgarief and Zawyet Aldahmani PHCC.



### Meetings

The IRC team in Alkhoms conducted a series of meetings with management of selected health facilities.

### Challenges

The Libyan government imposed an urgent lockdown so extra efforts were made to achieve our tasks and postpone the scheduled trainings. There is no clear plan from DCIM regarding the DCs which has led to unpredicted outcomes.

No isolation room inside DCs to isolate the suspected or confirmed cases.

## GIZ



In cooperation with the Ministry of Health (MoH), GIZ together with TEAM Libya for Training and Development finalized a series of 16 municipal workshops to disseminate the revised National COVID-19 Response Plan to 183 members (10% women) of the respective Municipal Emergency Committees (MECs). Together with the consultant Joanne Al Himyary conducted a series of workshops with a total of 59 key municipal stakeholders (15% women) including spokespersons representing IDPs and migrants on improved access to COVID-

19 testing, treatment and vaccination services for vulnerable groups in Nalut and Brak. Hospital support: through the partnership with IMC, 14 lab-technicians (0 women) from Zliten, Nalut, Tarhuna, Zintan, Brak, Tobruk and Benghazi completed a training on PCR testing. 31 doctors and nurses (10% women) from Tarhuna, Zintan, Brak, Tobruk and

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Benghazi were trained on the clinical approach to diagnosis and management of COVID-19 Cases. Six doctors and nurses (33% women) from Brak Hospital and Nalut Hospital completed a training on basic psychosocial skills. Ongoing online training in “Asset Life Cycle Management in the context of COVID-19” for hospital management staff implemented by M4H in Benghazi Medical Centre, Tubruk Medical Centre, Zliten Medical Centre, Nalut Central Hospital, Garabulli General Hospital, Al Zintan General Hospital, Brak General Hospital. Primary Health Care support: in partnership with IMC, one-week Family Practice Approach (FPA) training for 16 doctors (69% women) was conducted to the newly supported Primary Health Care Centres (PHCCs) in Brega (Albrega Aljadida PHCC) and Ajdabiya (Eldora PHCC).



Almadina) in Tarhuna were selected by the Primary Health Care Institute and the Tarhuna District Health Manager to be supported in partnership with IMC.

Furthermore, 7 FPA mentoring sessions for 27 doctors (78% women) from PHCCs in Janzour, Nalut, Zintan, Ghadamis, Garabulli, Al Jufra and Msallata were conducted online. Online trainings on NCD care pathways for 40 general practitioners (including 76% women) from Janzour, Msallata, Tahuna, Zintan, Garabulli, Al Jufra, Nalut, and Ghadamis was concluded by GFA. Through PCI partnership, ongoing development of strategic PHC in-service training plan in cooperation with Primary Health Care Institute and partners. Two PHCCs (Alkhadra (see picture) and Gharb

### UNHCR

UNHCR met with Al Swani Municipality mayor and health service director and discussed the health needs of IDPs refugees in the municipality where UNHCR will be supporting two PHCC by QIPs through ACTED after an assessment visit to Swani municipality in June 2021 where four health facilities assessed (Togar Health Centre, Kramia Health Centre, Zaitoon Almaeda Health Centre and Swani Poly Clinic) there is a huge shortage in medical consumables and there is a need of basic medical equipment and maintenance of the facilities in terms of medical equipment and building rehabilitation.



UNHCR conducted follow up orientation session about COVID vaccine registration with community mobilizers and care givers to improve access to COVID vaccine and to solve the obstacle preventing refugees

from vaccination.

UNHCR donated 5 prefabs to COVID isolation centers in Zliten, Tawerga, Sirte and Gadamis in coordination with MOH emergency directorate

UNHCR continue the provision of primary health care services through partner (International Rescue Committee) including General, Reproductive and Mental health consultations and referral cases to public hospitals and private clinic. During the reporting period of August, UNHCR CDC had provided 2080 medical consultations and 574 referrals.



A 24 hours medical consultations were provided 24/7 through the IRC medical hotline with emergency referrals to secondary facility of 80 through ambulance services.

During the reporting period (IRC) mobile team has provided over 475 beneficiaries with primary healthcare services in Azzwaya Abu Issa DC, Tariq Sika DC and, Abusalim DC Ain Zara DC.



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### PUI

**Health awareness activities:** CMs in BGZ and ABD municipalities have continued their activities among the community, 12 community mobilizers in multiple groups worked to ensure they will reach as much as they could people lives in their communities, and in respect to COVID 19 restriction measures they deployed awareness session (individual and grouped) about NCD and protection related topics in different public premises including HCFs, public gardens, malls, and IDP camps. 719 women girls, and 453 men and boys were targeted by this activity.

Additionally, 48 persons benefited from individual Awareness Sessions about Non-communicable diseases (notably diabetes and hypertension) in Ahmed Algeriany clinic, in Almarj district (CDCS)

13 Community Mobilizers worked in different sites in Al Jawf, Al Kufra, to Libyans and non-Libyans about the Covid-19 vaccination and preventative measures, informing the communities about the available vaccines the work schedule of the nearest vaccination centers (ECHO/SDC).

In Al Kufra region, PUI also performed more than 100 screenings for NCDs patients followed with referral to PUI outreach medical doctor and provided Covid-19 awareness messages tailored for persons suffering from comorbidities



**Capacity building activities:** On August, PUI facilitated two ToT training targeted MoH staff from 3 HCFs supported by AICS consortium project implemented in Benghazi and Al Bayda municipality, number of participants are 8 (5 Male, and 3 Female). This month also PUI conducted a training for 7 participants on pharmaceutical stock management held in clinic No. in Al Bayda. In Al Marj, a training At HCF level targeting Doctors and Nurses at Ahmed Algeriany clinic in Almarj took place on NCD Care pathways. 3 doctors and 12 nurses benefitted form this training.

**Donation of drugs / medical equipment:** On August 16th, and in the framework of LEAD for Recovery Project (AICS), PUI had delivered first patch of protective equipment and medical supplies to Al Bayda Medical Center and Clinic No.3 in Al Bayda Municipality, to help improve the quality of health services provided to patients, and protect healthcare workers against COVID-19. With assistance of CDCS, Drugs and consumables were donated to Ahmed Algeriany clinic (Almarj), on the 17th Aug 2021.



### INFORMATION SOURCES:

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

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