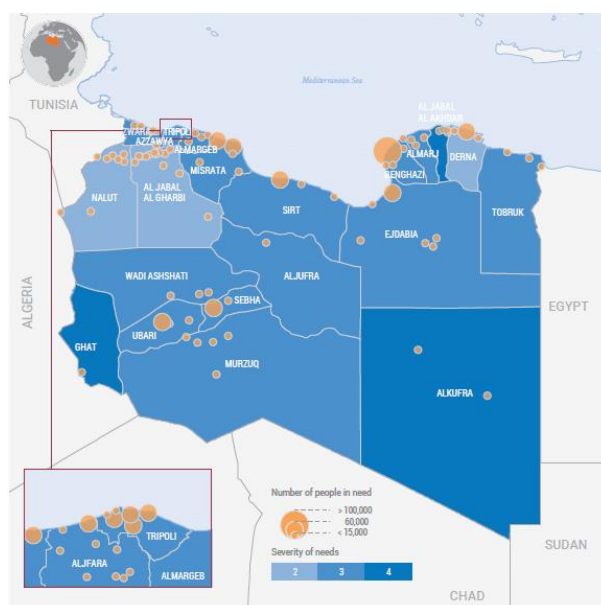




# HEALTH SECTOR BULLETIN # 1

## JANUARY 2022



Emergency type: Complex Emergency  
Reporting period: 01.01.2022 to 31.01.2022

Figures as per the recalculation of the target population estimate that 211,000 people will require humanitarian assistance for the first five months of 2022 as per HRP 2022

<b>Total population</b>	<b>People affected</b>	<b>People in need (PIN)</b>	<b>People in need Health Sector</b>	<b>Children in Health Sector PIN</b>
8.2 M	2,470,000	0.8 M	804, 000	38%
<b>PIN (IDP) Health Sector</b>	<b>PIN (Returnees) Health Sector</b>	<b>PIN (Non-displaced) Health Sector</b>	<b>PIN (Migrants) Health Sector</b>	<b>PIN (Refugees) Health Sector</b>
56,000	18,000	52,000	41,000	43,000
<b>People Targeted Health Sector</b>	<b>Required (US\$ M) Health Sector</b>	<b>Operational partners in Health Sector</b>	<b>Number of projects in Health Sector</b>	<b>With Disability in Health Sector PIN</b>
211,000	18.6	11	21	15%

## HIGHLIGHTS

- Coordination was convened with the newly assigned Director of the International Cooperation Office to discuss health priorities in 2022, address challenges and plan for the upcoming health sector meeting in mid-February 2022.
- As part of the Libyan national COVID-19 vaccination campaign led by the Libyan National Centre for Disease Control (NCDC), IOM resumed the second phase of the campaign by conducting the awareness-raising sessions on COVID-19 vaccines with a total of 1,361 adult migrants (1,067 males and 294 females) in one detention centre and community settings in three Municipalities during the reporting period (30 Jan - 5 Feb 2022).
- On 26 Jan, UN agencies in Libya participated in an Inter-agency Mission to Sabha. Again, health was a preliminary discussion with the local health authorities at which Health Sector's support and collaboration in the South was highly acknowledged.
- Annual Health Sector Report was completed and disseminated to all Health partners [health\\_sector\\_libya\\_annual\\_report\\_2021.pdf \(reliefweb.int\)](#)

### SITUATION UPDATE

- As per the key findings of Round 39 of the mobility tracking component of the Displacement Tracking Matrix (DTM) programme conducted by IOM Libya, there are 179,047 IDPs, 661,892 returnees and 621,007 migrants in Libya. Furthermore, 98% of the returnees returned to their places of origin due to improved security.
- As per the Rapid Needs Assessment of Returnees to Tawergha published in December 2021 by Norwegian Refugee Council NRC Libya, reported that out of the 278 respondents, 72 individuals (25.9%) reported having at least one family member with a severe medical condition. These conditions included asthma, hypertension, diabetes, heart conditions, cancer, etc. However, 57.55% (N=160) mentioned that constraints hinder access to health services, the most significant being that health facilities are not available in the areas.
- On Monday, 20 Dec, and through the COVAX facility, UNICEF facilitated the arrival of 1,178,190 doses of the Pfizer COVID-19 vaccine. This latest arrival raises the total number of COVID-19 vaccine doses delivered to Libya through COVAX to 1,463,670.
- WHO Libya COVID-19 Surveillance Weekly Bulletin: Epidemiological Week 05 (31 Jan – 6 Feb) reported that case numbers in the country have risen with a significant increase in case incidence, positivity rate, lab testing capacity and deaths reported by the end of Jan (Epid week 3 and 4) and the start of February (Epid week 5). In the reporting week, at the national level, transmission classification for Libya has remained a very high incidence of community transmission (CT4) with 341.9 cases/ 100,000 population/week and a 33.4% weekly test positivity rate. Moreover, Libya had an adequate lab testing capacity at the national level with 1023 persons tested/100,000 population/week.
- Produced the health sector operational response report based on the 4Ws data for 2021.
- [Health sector 4W 2021 HRP interactive dashboard](#)
- [NCDC: Covid-19 vaccination campaign targets age group 12-17 \(libyaobserver.ly\)](#)
- [US delivered 1.4 million Covid-19 vaccines to Libya \(libyaobserver.ly\)](#)
- [Libya enters the fourth wave of Covid-19 pandemic after the spread of Omicron \(libyaobserver.ly\)](#)
- [GNU makes Coronavirus vaccination mandatory in the country | The Libya Observer](#)
- [Report of the Secretary-General on the United Nations Support Mission in Libya \(unmissions.org\)](#)
- [UN reinforces commitment to humanitarian needs and development goals in sabha | UNSMIL \(unmissions.org\)](#)
- [Libya — Migrant Report 39 \(October - November 2021\) \(iom.int\)](#)
- [NOC inks multi-million-dollar agreement with WHO | The Libya Observer](#)

### HEALTH SECTOR 4W INDICATORS FOR DEC 2021 (REPORTED BY IOM, WHO, IMC, HI, IRC, PUI AND UNICEF)

1.1.1 Number of outpatient consultations (excluding mental health, trauma consultations, physical rehabilitation)	31,980
1.1.2 Number of patients referred for treatment between different levels of care and locations	566
1.1.3 Number of trauma/injury related consultations	485
1.1.4 Number of mental health consultations	573
1.1.5 Number of physical rehabilitation (disability) sessions/consultations	220
1.1.8 Number of health facilities and community centers providing MHPSS services	1
1.1.9 Number of mobile medical teams/clinics (including EMT)	48
1.2.2 Number of vaccinators trained on cold chain and vaccine management	65
2.2.1 Number of public PHC facilities supported with health services and commodities	8
2.2.4 Number of provided standard health kits	2
2.2.5 Number of provided PPE (personal protective equipment) materials	879,000
2.3.1 Number of health facilities supported with mobile medical teams	55
2.3.3 Number of IDP camps/settlements covered by fixed health points and/or mobile medical teams	5
2.3.4 Number of official detention centers covered by fixed health points and/or mobile medical teams	16
2.3.5 Number of disembarkation points covered by fixed health points and/or mobile medical teams.	4
3.1.1 Number of health service providers trained through capacity building and refresher training.	105

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

#### 1. COMMUNICABLE DISEASES

##### COVID-19

The overall number of new cases reported in Epid week 5 shows a 6% increase (23,284 cases) from 21,908 cases last week, with West reporting a 6% increase in new patients. The East reported a 9% increase, and the South had a 42% increase in cases. The trend in cases at the national level is consistent with the regional EMRO Omicron trends.

In Epid week 5, the number of new deaths (63) decreased by 22% compared to last week (81). As a result, the weekly mortality rate was 0.93 deaths per 100,000 cases, with a weekly case fatality rate of 0.3%. However, the CFR remained high in the East (5), showing increased disease severity. Compared to last month, West reported a 10% decrease while East reported a 50% decrease in deaths for the reporting month.

Compared to Week 4, there was a 1% increase in overall national testing: by regions, West (1% increase), East (9% increase) and South (47% increase). Thus, 96.4% (67,194) of national testing was performed in the West as compared to both East (1.8%, only 1,284 tests) and South (1.8%, only 1,224 tests) Regions. West represents 64%, East represents 28%, and South represents 8% Libyan.

For Week 5, the national positivity rate jumped to 33.4% from 31.9% in Week 4; West, East and South had 33.5%, 23.5% and 39.5% weekly positivity rates, respectively. WHO recommends that positivity rates be kept below 5% in all districts in a country.

Libya remains classified under very high community transmission (CT4) with Alpha, Beta, Delta, and Omicron Variants of Concern (VOC) circulation.

##### MEASLES

There is a considerable risk for measles. Libya is in the measles elimination phase. The latest significant measles outbreaks were reported in Libya in 2017-2018, with more than 1,000 cases. The national vaccination campaign was conducted in 2018. However, the measles virus still circulated in Libya. The measles surveillance system has been affected by the COVID-19 pandemic. The measles programme suffers from HR turnover, and no action plan was developed for the last two years. In 2021, Libya reported 105 suspected measles cases, out of which 14 cases were lab-confirmed while 11 cases were lab-confirmed for rubella.

##### TUBERCULOSIS

There is a substantial risk for tuberculosis. The National Tuberculosis Control Program notified 1744 TB cases out of 4000 estimated cases in 2020, less than 45% (Global average - 59%). The treatment success rate for the TB patients registered in 2019 is only 70% which is also less than the global average of 86%. MDR TB treatment services are not fully operational in all the country's regions, and TB HIV coordination is yet operationalised. There is no National Strategic Plan to prioritise the high impact interventions to achieve TB elimination in the country. Infection and prevention activities are yet to be prioritised in the country.

### **WATER-BORNE DISEASES**

It is one of the leading causes of morbidity in Libya. Most cases are acute diarrhoea, bloody diarrhoea, and acute jaundice syndrome, especially among children. There are hot areas for mentioned diseases with poor sanitation and pure water supply infrastructure. A majority of regularly assessed communities report a high incidence of diarrhoea, lice, and scabies. The absence of data highlights the seriousness of the actual situation on the ground.

No cholera cases have been reported in Libya, but cholera outbreaks have been reported in neighbouring countries. Last October 2724, acute and bloody diarrhoea reported cases from EWARN sentinel sites.

### **RIFT VALLEY FEVER**

In recent years, cases among animals have been reported detected in an animal survey conducted by the Animal health control centre in Alkofra, Alshati, Ubari and the southern area. In December 2021, 12 animal samples were serologically positive for Rift Valley Fever in Misurata, Wadi Etba and Bani Waleed areas in Libya.

### **MALARIA**

Libya is a malaria-free country, but there is an elevated risk of rollback after 50 years of control. If NCDC reports confirm the presence of vectors in Libya, the infection cycle will be completed, and local transmission will start. Recently, the surveillance and Rapid response team administration at NCDC announced the record of 19 cases of Malaria in Libya since January 2021, with some cases with an unclear history of travel which increases the possibility of local transmission. In addition, on 16 Dec 2021, a new case of cerebral malaria was diagnosed in the intensive care unit of IbnSina Hospital / Sirt for a resident of Waddan city in the municipality of Al-Jufra.

## **2. CHILD HEALTH**

As per UNICEF estimates, in Libya, the percentage of surviving infants who received the third dose of DTP-containing vaccine is 73%, while the percentage of children who received the second dose of measles-containing vaccine, as per administered in the national schedule, is 72%. As a result, 321,430 children require humanitarian assistance, particularly in health services. UNICEF has planned to target 120,000 children and women accessing health care and 269,253 children/caregivers accessing mental health and psychosocial support. The main priorities include children and women accessing primary healthcare, health care facility staff and community health workers trained in infection prevention and control and IMNCI and MHPSS support to children and their caregivers.

## **3. TRAUMA AND INJURY**

The risk of trauma and injury remains moderate because of the volatile security and political situation. However, as per IOM Libya, migrants in Libya (both in detention centres and in urban settings) face additional challenges and protection concerns linked to their status in the country and the vulnerable situations many find themselves in, including their higher risk of exposure to violence, exploitation, hazardous living conditions, and abuse at the hands of smugglers and traffickers.

## **4. REPRODUCTIVE HEALTH**

As per UNFPA Libya, Women and girls are more likely to face challenges in accessing health services due to the lack of documentation required by many public health facilities. Therefore, the main priorities for 2022 include improving the capacity and resilience of health systems with the provision of integrated reproductive health services by building the capacity of frontline health care

providers in the face of conflict and COVID-19 restrictions by providing essential reproductive health (RH) kits throughout Libya and to provide direct consultations, counselling and awareness sessions on SRH issues especially to women and girls of reproductive age (15-49).

### 5. NON-COMMUNICABLE DISEASES AND MENTAL HEALTH

With regards to **non-communicable diseases**, 78% of the overall burden of disease is attributable to non-communicable diseases in Libya Cardiovascular diseases account for 43%, cancers 14%, respiratory diseases 4% and diabetes mellitus 5% of all deaths, and 18% of adults between the ages of 30 and 70 years are expected to die from one of the four major non-communicable diseases. Risk behaviour is typical in Libya. The incidence and prevalence of NCDs in Libya continue to increase due to changing lifestyles and the increasing prevalence of risk factors, particularly obesity. Steps are being taken to tackle the burden of non-communicable diseases (NCDs).

### 6. FUNCTIONALITY OF HEALTH FACILITIES

There is no country-wide system to gather information and monitor and assess needs, response capacities and funding requirements due to lack of population/health data and data culture. In addition, there is no data available with the health authorities on many functioning and non-functioning health facilities due to a lack of HeRAMS and HMIS systems. Therefore, plans of rolling out DHIS-2 across Libya must be achieved. As per the SARA survey in 2017, following the number of health facilities were present across the country: 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).

### 7. AVAILABILITY OF ESSENTIAL SERVICES

Very few public health facilities offer a standard package of essential health care services. In addition, closure of health facilities and COVID isolation centers and labs is frequent across the country due to increased transmission of covid-19 among health workers, lack of PPE and supplies and sometimes non-payment of dues to the health workforce.

Libya needs revision, harmonisation and costing of the Libyan Essential Package of Health Services (including sexual, reproductive, maternal, and newborn health; child health and immunisation; public nutrition; communicable and non-communicable diseases; mental health and psychosocial support mainstreaming in all health-related services).

### 8. AVAILABILITY OF HEALTH STAFF

The core HWF density is adequate (7.6 per 1,000 population). Most of the HWF is female and young, aged between 30 to 40 years, hence the workforce is stable. However, the severe maldistribution of the HWF, with gaps across geographical regions, districts, and municipalities, has led to unequal access to essential health services. Moreover, some health facilities are overstaffed while others are understaffed. Libya has severe deficiencies in the mix and distribution of skills across the geographical regions (SARA 2017), worsened by compromised professionalism, integrity, leadership, and discipline in applying existing regulations and guidelines. Even amid an abundance of doctors, dentists and pharmacists, there are shortages of these disciplines in the South, where they tend to receive more nurses and midwives than doctors. The distribution of health personnel is haphazard and not guided by norms and standards, resulting in some health facilities being



overstaffed while others are understaffed (WHO study 2018). The HWF shortages in Libya are not about availability but the need to better manage the existing HWF.

## 9. AVAILABILITY OF ESSENTIAL DRUGS, VACCINES AND SUPPLIES

There are chronic shortages and acute stockouts of medicines, equipment, and supplies. For example, 80% of PHC centres did not have essential medicines of that remaining functioning. Although Libya is a resource-rich country, it must work on the regular supply of essential drugs, essential vaccines and medical products and workforce training and supportive supervision based on a data-driven approach in its governance and decision-making processes.

## HEALTH SECTOR ACTION



Terre des Hommes Italy (TDH IT) is implementing a COVID-19 response project funded by DG-ECHO, collaborating with Helpcode and ODP partners. During the last months, several activities related to the National COVID-19 Vaccination Campaign support.

### Risk Communication and Community Engagement (RCCE):

TDH community health team conducted outreach campaigns and awareness-raising sessions in Tripoli and Misrata. A total of 6,625 beneficiaries were reached through one-to-one education sessions related to COVID-19 vaccination. Community Health Volunteers were involved in Q&A about the importance of Covid-19 preventive measures, addressing rumors on the vaccines and giving practical advice on getting the vaccination. In addition, the teams distributed around 4,700 flyers to the public.

As part of the more extensive support to the national campaign, six additional billboards on the vaccination campaign have been affixed in Tripoli (2), Ubari (2) and Ghat (2) and a radio campaign on Turathia, libda and shababia radios started at the beginning of December 2021.

## Capacity building for Community Health Workers, Volunteers and Health workers:



In December 2021, a first round of the capacity-building component on Protection aimed to strengthen the capacities of child protection and Health Community Volunteers and Workers in protecting children, fostering their development and psychosocial well-being, and safely talking with them while performing their duties.

Through coordination with NCDC, a training to improve Pharmacovigilance, Adverse Events Following Immunisation knowledge and their reporting have been held in Tripoli on 27 Jan 2022. Around 25 Health staff from several health facilities in Tripoli attended.



# HEALTH SECTOR BULLETIN

## January 2022

### Donations:

7,250 surgical masks, 57,000 FFP2 masks, 1,140 gowns (various sizes), 2,040 bottles of alcohol (5lt per bottle) have been purchased and evenly delivered to various Health Centers in Tripoli (Alhani Health Compound, Mujahideen neighborhood H, Hamidia HC, Alqarqni health compound, Al Giran PHC and Was-ayiat Abdairi HC), Ubari (Ubari Al-Mashrouh, Alhaita HC, Alghareefa HC, Garagra HC, Akhlif HC and Bint Bayh HC) and Ghat (Brackett HC, Awaynat HC and Ghat Almadina HC).

Same Health centers also received 9,2000 vaccination cards, posters on Waste disposal and Session management, foot stamps and stickers.



### Coordination

As part of supporting evidence generation for crucial nutrition indicators, UNICEF facilitated two consecutive meetings, with partners, including PHCI, Bureau of Statistics and IOM. The meeting focused on the revival of the SMART survey and the initiation of this significant initiative. In addition, the UNICEF team participated in Tunis's WFP-UNICEF Strategic Partnership Workshop on 17 Jan 2022. The discussion focused on central areas of convergence, especially in Nutrition, Social Protection and Education. Health & Nutrition team apprised the participants of the SMART survey and the latest progress.



UNICEF C4D staff held a meeting with Help code and Terre des Hommes to coordinate and share experiences in RCCE knowledge and products such as IEC materials and discuss participation in upcoming RCCE capacity building workshops planned by UNICEF. The main area of focus in this partnership is municipalities in the Southern part of the country.

### Demand Creation & Risk Communication and Community Engagement

#### RCCE Technical working group meeting

UNICEF will be conducting Risk Communication and Community Engagement workshops targeting the eastern, western, middle, and southern regions. The first training is scheduled in Sabha on 12 Feb 2022. Participants will be media focal points from national and local ministries, institutions, NGOs, and INGOs.

### Demand creation - Risk Communication and Community Engagement

Fifty billboards with the theme 'Yes to Vaccination' containing seven critical messages on COVID 19 preventative measures including benefits of vaccines – designed to address rumors and misinformation and increase vaccine uptake were installed at high traffic areas in and around Tripoli to reach approximately three million people.

### Health System Strengthening Activities:





### Capacity Building to strengthen Integrated Young Child feeding Practices

UNICEF and Primary health care institute are strengthening PHC Nutritional services through Ongoing support for the 67 supported Nutrition focal points, at 55 targeted PHC facilities, through advanced online training modules virtual platforms used includes WhatsApp, Facebook, and Telegram. All South, east, and west trainees are added to these platforms to enable experience exchange. Discussion sessions were conducted in both English and Arabic format; the area of focus included Anthropometric

measurements, Nutritional screening, counselling on breastfeeding and complementary feeding practices.

Over 2000 children were counselled through these efforts, with 200 diagnosed malnutrition, cases included Rickets, obesity Diabetes, hypothyroidism, and Iron Deficiency anaemia. Additionally, through Mother support groups, about 1000 mothers were counselled on appropriate Integrated Young child feeding practices.

### Capacity Building on Cold Chain and Vaccine management

In coordination with vaccine administration at NCDC, UNICEF initiated cascade training in the western region. The training focuses on strengthening the capacity of vaccinators nationwide on Cold Chain and Vaccine Management (CCVM). The training was concluded for the municipality of Subrata and is still ongoing in Alkhoms and Tripoli, starting from Abu Salim. A total of 192 personnel were targeted from these workshops.



### Mobile Vaccination Team

As part of ongoing activities supported by UNICEF and PHCI, the team conducted EPI immunisation activities at Sharaa-Zawiya and Triq-Alsika detention center. These activities will protect vulnerable children against vaccine-preventable diseases. In addition, follow-up visits were scheduled for all.



### Providing reproductive healthcare services through mobile health units

UNFPA's mobile health units deployed in underserved areas of Tripoli, Sabha, Benghazi, Ghat and Um Al Araneb are providing lifesaving maternal and newborn health services, including primary and comprehensive obstetric and newborn care, family planning and medical case management for gender-based violence survivors, as well as general consultation and first aid. The mobile health units assisted 1,590 women, including 576 migrants, with antenatal, postnatal care and family planning services in January. Similarly, the medical teams assisted 1,550 children with pediatric consultations and ensured twenty safe deliveries. In addition, through community health workers, UNFPA's partners reached 1,667 individuals, including 707 migrants, with awareness sessions on breast cancer, HIV, family planning, and postpartum depression.





# HEALTH SECTOR BULLETIN

## January 2022



- UNHCR distributed medical equipment and supplies to Tripoli University Hospital and Weriamma healthcare centre Tajoura. This donation is part of UNHCR continuous support to the Libyan health facilities to respond to COVID-19 needs.
- UNHCR donated medical supplies that can serve around 75000 people, including face masks for oxygen, disposable bed sheets, antiseptics, and medical instrument trolleys.
- UNHCR also supported the Weriamma health care centre in Tajoura. It provides primary health care, childbirth, and vaccination services. In addition, one electrocardiograph and one ultrasound machine were provided to improve the quality of health services at the center.
- In response to the COVID-19 pandemic in detention centers, UNHCR distributed personal protective equipment (gloves, masks, and hand sanitisers) to 189 detainees in Ganfouda, DC.



- UNHCR distributed medical equipment and supplies to four PHCCs in the Libyan Tunisian-Algerian borders. Sinawn PHCC, Sha'awa PHCC, Derj PHCC, Ghadames PHCC as a continuation of its approach to maintaining essential health services and systems during the pandemic. These items will serve 30000 beneficiaries.

- UNHCR provides health services through its partner IRC using public PHCCs in different municipalities in Tripoli's capital. IRC provided 858 general, reproductive, and mental health consultations during the reporting period and referred 265 cases in public hospitals and private clinics. In addition, phone consultations and appointments

continue to be used and give exceptions to emergencies.

- IRC continued to conduct medical visits to detention centers where it provided 278 medical consultations in Tariq Sika DC and 240 consultations in Ain Zara DC.
- The 24/7 medical emergency hotline team continues to support PoCs. As a result, 51 PoCs were assisted, and 18 were referred to secondary health facilities during the reporting period.
- COVID vaccination for non-Libyans is still ongoing as part of the national vaccination campaign. A total of 18 registered refugees and asylum seekers were vaccinated during the reporting period.

### KEY PERFORMANCE INDICATORS

#### Primary Health Care Consultations and Referrals

IOM medical teams provided a total of **12,495 primary health care consultations** (9,295 men and 3,200 women) to migrants, IDPs and host community members and **referred 449 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 **3,114** migrants in detention (2,771 men and 343 women) in 13 detention centres: namely, Triq al Sika, Ain Zara, Wadi Alhai, Ghiryan Abu Rashada, Baten Al Jabal, Dirj Albayda, Shahhat, Alkufra, Ganfouda, Almarj, Alqubba and Talmetha DCs.

**35** 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 five primary health care centres (Shouhada Abduljalel PHCC, 17 Feb Polyclinic, Shohada Ejdabia PHCC, Aldurra PHCC and Al-Aoeanea PHCC), IOM provided **1,774** primary health care consultations (772 men and 1,002 women) to the IDPs and host community members, along with supporting the centers with medicines, medical consumables and IEC materials on COVID-19 out of which **16** migrants were supported with transportation to the secondary and tertiary health facilities for medical investigation and clinical management.

##### 3. Medical outreach

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

IOM medical teams reached **7,607** migrants and IDPs (5,752 men and 1,855 women), out of which **398** 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 **1,124** migrants (1,046 men and 78 women) at **Abusitta, Azzawia and Alkhums** disembarkation points (DPs) were rescued. In addition, **31** migrants received the medical screening and triage upon arrival, and **one** migrant was referred to the secondary health facility for clinical management.





# HEALTH SECTOR BULLETIN

## January 2022

Among the above consultations, IOM provided:



- 127 gynaecological consultations and 329 antenatal and postnatal cares to the female migrants, IDPs and host community members
- 92 consultations for migrant children on the integrated management of childhood illness
- Routine immunisations and records for 11 migrant children under the age of five
- 154 health care consultations related to psychiatric care and mental and psychosocial care
- 381 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 **1,474** migrants to assess fitness to travel (FTT) under the Voluntary Humanitarian Return and Reintegration (VHR) program.

### National Health System Strengthening

On 23-27 January 2022, in close collaboration with the National Center for Disease Control (NCDC), IOM conducted a five-day tuberculosis screening campaign at the Abousalim district in Tripoli, targeting the migrants and Libyans living in the community setting. As a result, 224 individuals (224 migrants and 2 Libyans) were screened for tuberculosis through the chest X-ray, and six suspected cases underwent further clinical investigation. To date, one migrant was identified as an active TB case and enrolled in treatment and care.



In the last week of January, in close collaboration with the National TB Program (NTP) at the National Center for Disease Control, IOM conducted the evaluation visits to six NCDC branches in east Libya (Ejdabia, Benghazi, Almarj, Albayda, Derna and Tobruk branches) to assess the quality and functionality of facility as well as diagnostic capacity in each branch to identify the potential needs gap.

### COVID-19 response

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

IOM medical team conducted 168 outreach campaigns and awareness-raising sessions in Sebha, Ubari, Tripoli, Zwara, Bani Walid, Benghazi and Ejdabia. A total of **6,862** migrants and IDPs improved their awareness and knowledge of the COVID-19 prevention methods and health-seeking behaviours when having the suspected symptoms.

#### 2. Points of Entry (PoEs)

IOM Medical teams supported the NCDC staff at Ras Jedir POE by providing a medical check to all passengers returning to Libya as part of the IOM COVID-19 response plan. A total of **78,043** cross-border travellers (67,565 men and 10,478 women) were screened by checking temperature and general condition.

#### 3. Surveillance, rapid response teams and case investigation

In close collaboration with NCDC and IRC, IOM conducted COVID-19 outbreak assessment visits at Ain Zara and Triq al Sika DCs in response to the alerts generated by the IOM medical team and partner agencies. As

a result, 550 persons in Ain Zara DC and 119 persons in Triq al Sika DC were triaged respectively, and the rapid antigen tests and samples investigated all suspected COVID-19 cases were sent to the NCDC laboratory for real-time PCR. All cases with positive rapid antigen test results will be closely followed up by IOM and IRC medical teams.

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

IOM emergency medical teams provided supportive supervisory visits and on-the-job training for the MOH staff at Tarhouna and Zintan isolation centres to support setting up the intensive care units in each isolation centre.

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

IOM MHPSS teams have provided the following assistance:

- Mental Health and Psychosocial Support (MHPSS) services were provided to 720 migrants (508 men, 149 women, 32 boys, 31 girls) in Tripoli, Benghazi, Alkufra, Beni Walid, Misratah, Sebha, Zwara and Ajdabiya in several locations, including IOM centre in Hay Alandalus, detention centres, and urban locations including shelters, collective houses, labour migrants gathering points, health facilities. In addition, the MHPSS teams accompanied IOM medical teams to distinct locations and conducted various MHPSS activities.
- Mental Health and Psychosocial Support teams organised several psychosocial awareness-raising sessions this month, focusing on information dissemination about MHPSS related vital messages, the impact of COVID-19 on mental well-being, and how to cope with related stressors. The sessions targeted 341 beneficiaries in several urban locations in Tripoli, Zwara, Sebha, Beni Walid, Misrata, Alkufra, and Ejdabiya.



**Coordination and management of health services in 11 municipalities:** In cooperation with the Primary Health Care Institute (PHCI), GIZ will support 11 municipalities\* in managing and coordinating Primary Health Care (PHC) services. A concept in alignment with the Family Practice Approach was developed with PHCI. This entails quarterly capacity building workshops for up to 100 local health authorities (District Health Managers and Municipal Health Representatives) and PHCC management teams (managers, senior nurses, and data managers). Furthermore, the local health authorities will be supported in establishing municipal health committees, including representing key municipal actors, civil society, NGOs, and spokespersons of disadvantaged population groups. This empowers local health authorities and their communities to better plan and manages resources to improve their municipalities' access to health services.

**Hospital support:** Through the partnership with IMC, 22 doctors (68% women) and 29 nurses (72% women) and 29 lab technicians (41% women) from hospitals in Tobruk, Benghazi, Tarhuna, Brak Al Shate and Zintan received mentorship and clinical tutorials in the management of COVID-19 patients and PCR testing. **Primary health care:** IMC has supported the Albrega Aljadida PHC Centre in Brega and Eldorra PHC Centre in Ajdabiya.

\*Janzour, Garabulli, Msallata, Tarhuna, Nalut, Al Zintan, Ghadamis, Al Jufra, Al Bawanis, Brega, Ajdabiya



# HEALTH SECTOR BULLETIN

## January 2022



### Southern Libya

By December 2021, the rehabilitation of the three facilities in Al Shati was completed, and in January 2022, the rehabilitation of the three facilities in Ubari and Sebha was completed. The rehabilitation works for all six affected health facilities focus on WASH facilities and overcoming architectural barriers, including demolition and preparation works, tiling works, water and sewage piping, painting works, electrical works, water treatment, and improving access to the health centres for people with disabilities following the Universal Design Guidelines. The contract for solar panels for three facilities was signed in January 2022. The supplier's materials procurement will begin in late January, and installation of the solar panels will begin in



February. The vendor for procurement of the PPE kits and medical equipment was confirmed in early January 2021. Purchase approvals have been sent, and the medical equipment and PPE kits will be distributed to affected facilities in February. The distribution includes medical equipment focused on obstetrics, prenatal health and laboratory equipment, and infection prevention and control equipment. In addition, capacity building training at the seven affected health facilities will begin in February. These will cover the following topics: Protocols for screening and triage; Standard infection prevention and control protocols and proper use of personal protective equipment; Waste management and cleaning of potentially reusable medical equipment; Referrals and coordination with health facilities. Finally, community awareness activities near the seven target facilities will begin in February.



Première Urgence Internationale (PUI), with funds of the Centre De Crise et de Soutien (CDCS), continued to support Ahmed Algeriany PHC in Al Marj through the implementation of an evidence-based model for the management of non-communicable diseases, providing primary health care and MHPSS services and deploying a rapid response team in case of emergencies in the districts of Ajdabiya and Al Marj.

In January, 127 new patients of non-communicable diseases benefited from provided health services. Of those, 15 patients received MHPSS sessions. In addition, 776 people were reached through education sessions related to non-communicable diseases and infectious diseases. Additionally, 28 Almarj DHS' employees (6 male, 22 female) have been trained on Infection Prevention Control (IPC) measures, and standard precautions and medical consumables were donated to Almarj DHS.

Furthermore, PUI Mobile Health Team conducted 176 medical consultations in Alhlees, Garyounis, Alryadyah IDPs camps and provided psychosocial support to 64 people (14 male, 32 female).



# HEALTH SECTOR BULLETIN

## January 2022

In Al-Kufra, PUI, with funds from DG-ECHO and the Swiss Agency for Development and Cooperation (SDC), supported the Governmental COVID19 vaccination campaign in Al Jawf, Rubyana and Tazirbu. To do so, PUI is coordinating with relevant authorities such as the NCDC, PCHI and MOH and is supporting four vaccination centres managed by Al Kufra DHS.

PUI continued to disseminate information about COVID-19 preventative measures and vaccines in Al Kufra district in Tazirbu, Al Jawf, and Rubyana through 23 community mobilisers, reaching 2453 community members. Moreover, as part of the outreach campaign and RCCE activities, PUI has disseminated vital messages to promote the vaccination campaign through the Facebook Page and two radio sessions in a local radio station in Al Kufra. Furthermore, PUI conducted a risk communication workshop with Al Kufra DHS with 7 participants and supported implementing a management system and care for adverse effects following the immunisation at ALrifl Ahwaige Center. As a result, 85 vaccinated individuals have been followed-up.

Also, the PUI team conducted Supportive Supervision activities in Alrifi Ahwaige Center (the leading vaccination site in Al Jawf) and Libya vaccination clinic (Alshura area, Al Jawf). PPE materials, medical waste management equipment, and cold chain equipment were delivered to Tazirbu vaccination clinic, Alrifi Ahwaige vaccination centre, Rebyana vaccination clinic and Libya vaccination clinic.



Furthermore, the PUI mobile medical team conducted 384 primary health care consultations, providing Sexual and Reproductive Health services to women in remote areas in Al Kufra Mantika.



**Project Title: Contribute to primary healthcare and lifesaving protection services for conflict-affected populations in Libya**

**Locations Implemented: Misrata, Tripoli, Sabha**

**Duration: 9 months (1 Jan to 30 Sept 2022)**

**Donor: BHA**

During January, there were three (3) mobile teams deployed. One team in each of the target locations in Sabha, Misrata and Tripoli. Through these teams, 11 health facilities, namely Sidi Abduljalil and Sharaa Algarbi in Tripoli, Seha Madrasiya, Al Zaroq, Alshaheed in Misrata, AlHuriyat (Zliten) as well as Tawargha Polyclinic and Aljadeed, Al Gorda, Temenhent in Sabha as well as Alzwayia in Brak Shati and 2 IDP locations, namely Fallah 1 and Fallah 2 camps were assisted through out-patient consultations to include reproductive, maternal and newborn care, provision of essential medications for common morbidities as well as referrals. In addition to providing health care services, the medical teams participate in the early warning and response network (EWARN). The medical teams conducted 1,420 consultations. Among these are 119 antenatal consultations. IMC also deployed one (1) MHPSS counsellor in each location to provide MHPSS services at the health facility level. In addition, one psychiatrist based in Tripoli provided advanced MHPSS services when required.

# HEALTH SECTOR BULLETIN

## January 2022

There were 1396 individuals screened for COVID-19 disease, of which 17 were reported as suspected cases.

**Project Title: Contribute to the COVID-19 Pandemic Response in Libya**

**Locations Implemented: Sabha**

**Duration: 9 months (1 Jan to 30 Sept 2022)**

**Donor: Private Funding**

In January, one medical doctor was retained in the isolation unit of Sabha Medical Center as part of the case management team. Side by side with the MOH medical staff, the deployed doctor, provided case management to moderate to severely COVID-19 patients.

The project also supports the risk communication and community engagement activities of the COVID-19 response through the IMC COVID Facebook page, providing awareness-raising regarding COVID-19 disease and sharing information regarding services available.

**Project Title: Protecting most vulnerable populations from the COVID 19 pandemic in Libya**

**Locations Implemented: Tripoli**

**Duration: 9 months with one-month no-cost extension (1 Apr 2021 to 31 Jan 2022)**

**Donor: EUTF**

Two (2) mobile teams were deployed within Tripoli, regularly visiting two health facilities, namely Al Qadasiya and Al-Madina Al-Kadima. The teams assist in screening patients for COVID -19 exposure or disease prior to referral to the nearest COVID-19 facility for further assessment. In addition, the teams conducted four general medical consultations, 22 obstetric and gynaecological consultations, 4 of which were antenatal.

The support to the triage unit in Tripoli Central Hospital has been continued with the deployment of a medical doctor and nurse.

Further, ten community health volunteers continued to raise awareness among non – Libyan communities on preventing and controlling COVID-19 disease. This activity distributes flyers, posters and educational leaflets translated to languages that the target audiences are familiar with.

There were 870 individuals screened for COVID-19 disease, of which 25 were reported as suspected cases.

**Project Title: Improving primary health care in deprived and post-conflict areas in Libya**

**Locations Implemented: East, West and South Libya**

**Duration: 14 months extended**

**Donor: GIZ**

In January, five health care facilities with COVID-19 units were conducted mentoring sessions in Tarhuna, Tobruk, Benghazi, Zintan, Brak Alshati. Mentoring sessions were focused on case management and laboratory diagnosis for COVID-19 disease. The sessions were conducted by a 2-member team of medical doctors and laboratory technicians deployed within the facilities target. In addition, there are five teams deployed to the locations, as mentioned earlier.

In addition to deploying mentors, remote follow up sessions were conducted by a team of 3 trainers for reproductive health, child health, communicable and non-communicable disease management. At least 539 health care providers (277 nurses, 262 doctors) participated during these sessions.

This month, preparations for the upcoming PFA and ToT for PFA training have been underway. The training will target 34 MHPSS focal persons working with GIZ and will be conducted starting 8 Feb 2022



# HEALTH SECTOR BULLETIN

## January 2022



### Tripoli

#### Primary Health Care Consultations and Referrals

IRC medical teams provided primary health care consultations to a total of 1853 individuals (783 Male and 1070 Female) representing migrants, IDPs and host community members and referred 383 migrants and refugees to secondary and tertiary health facilities for further medical management. The services were provided within the supported primary health care centres (PHCCs).

#### Detention Centers (DC):

IRC -DC teams provided primary health care consultations for 573 migrants in detention centers (492 men and 81 women) located in al Sikka, Ain Zara and Abu Saleem DCs.



Sixteen beneficiaries were referred from these detention centers to the secondary and tertiary hospitals for medical investigations and clinical management.

#### Emergency intervention at DCs:

The MMT suspected multiple cases with symptoms of AURI (suspected Covid-19) in Ain Zara DC and immediately reported through the EWARN

system and tested some of the detainees and turned COVID-19 positive. In coordination with the IOM and NCDC surveillance team of Ain Zara Municipality, a joint mass screening for the most COVID-19 suspected "symptomatic" cases in the DC was conducted, and cases were treated and isolated, with no need for further management



#### Rescue at Sea:

IRC-RAS medical team responded to 3 rescues at sea operations where 170 migrants (92 male and 78 female) at Tripoli disembarkation points (DPs).

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

Mental Health and Psychosocial Support (MHPSS) services were provided to 219 beneficiaries (152 male, 67 female) in Tripoli, several locations including detention centres and health facilities.

#### Community Health Activities:



# HEALTH SECTOR BULLETIN

## January 2022

IRC community health workers and community outreach volunteers maintained their health awareness-raising sessions to targeted communities; 276 awareness sessions were conducted in several locations in Tripoli, reaching a total number of 3,905 beneficiaries. Awareness topics covered included TB, HIV/AIDS, COVID-19, Scabies, Diabetes, and Hypertension. In addition, one hundred thirty education flyers in different languages were distributed, including (Arabic, English, French, Tigrinya, and Oromo).



### World migration day



On 8 Jan 2022, IRC teams (health and Protection) participated in the World Migration Day celebration. The IRC health team facilitated awareness-raising sessions for participants at the Altarasana Sports club located in Souq Aljumma Tripoli. As a result, more than 60 clients attended the health station, and 62 health educational flyers were distributed. **Project Name:**

Advancing capacity for and coverage of the Essential Services package through Systems strengthening (ACCESS) in Libya.

#### Geographic coverage:

- Ain Zara baladia
- Shahhat baladia
- Wadi Alshati baladia

#### ACCESS map:

#### Donor:

European Union (EU) / The Directorate-General for Neighborhood and Enlargement Negotiations (DG NEAR) / The European Neighborhood Instrument (ENI)

#### Project objective:

ACCESS is designed to contribute to the global objective "To improve the population's health status in targeted areas" with a specific objective of "strengthening health care system at the local level".

#### Specific Objectives:

**Specific Objective 1:** Gradual establishment and operationalisation of the ESP, including Non-communicable Diseases (including Mental Health), Reproductive, Maternal and New-born Health, Child Health, Communicable Diseases, and Emergency services, is adhered to and made accessible to communities in the targeted municipality

**Specific Objective 2:** Management and coordination capacities of the District Health Office in the targeted municipality is improved and accountable to PHCI and communities.

#### Specifically, ACCESS will address the following five priorities:

- The gradual establishment of the ESP in the targeted municipalities and consolidation of its operational
- Improved quality of the services offered.



# HEALTH SECTOR BULLETIN

January 2022

- Establish a community health service delivery network at the most peripheral level of the health system.
- Continuous education and upskilling of national health personnel involved in service delivery.
- Promotion of behaviour change and healthy lifestyles emphasises community health, good hygiene, and nutrition practices.

## Inception phase: Jan - Mar 2022

- Critical tasks are done or in progress:
- Stakeholder engagement:
  - Held a meeting with the PHCI director
  - Held a meeting with District Health Officer for Shahhat, PHCI director and ICO of the PHCI
  - Held a meeting with the ICO (Dr Azzam) and his office staff at MOH
- Launched staff recruitment
- Launched baseline assessments:
  - Developed/adapted tools
  - Launched recruitment of data collectors
- Prepared draft procurement plan (Pharma+Equipment) and identified potential local suppliers
- Developed DIP for Y2 & 3
- Developed MoU and shared with PHCI; pending to share with the ICO
- Commenced process for Benghazi registration renewal
- Context updates and potential gaps/needs/adaptations already identified:
  - Monitoring context around elections/safety & security risks
  - Brak Ashati - municipality split into three municipalities (Brak, Algurdha Ashshati, Edre)
  - ICO transitions at the ministry/new staff
  - PHCI proposal for a consultant to finalise the EPHS
- Top priorities for the next month:
  - Finalise staff recruitment and onboarding
  - Start data collection for the baseline assessment
  - Sign the MOU



ICRC

- ICRC conducted an educational session for the nurses in Al-Khoms polyclinic on "Guide on Hypertension management for nurses". This session follows a set of training that we give the Polyclinic staff. The training covered the basics of dealing with the case management of a hypertensive patient from a nursing perspective and included a practical session on how to measure blood pressure correctly. Another practical session was conducted on "injectable drugs calculation and medication administration skills" at the same polyclinic. Within its support to Emergency Departments, ICRC successfully donated two Blood warmers to Benghazi Medical Center, and two were donated to Brega General Hospital



## Pillar 1: Coordination, planning, financing, and monitoring

- WHO's sub-office in Benghazi attended the MoH's regular emergency meetings and advised implementing COVID-19 measures.
- WHO's sub-office in Sebha continued to monitor the epidemiological situation in the South with the local MoH Office and the health facilities involved in the COVID-19 response. The office also met with the

# HEALTH SECTOR BULLETIN

## January 2022

Emergency Directorate of the MoH to review urgently needed support to isolation and triage centres in the South.

### **Pillar 2: Risk communication, community engagement and infodemic management (RCCE)**

- Shared eight radio educational segments on COVID-19 preventive measures and COVID-19 vaccines with the NCDC and local radio stations. The segments were produced in close cooperation with the NCDC as part of WHO's efforts to increase public awareness of COVID-19 preventive measures and the importance of vaccination.
- Continued developing critical social media messages in collaboration with key partners to fight vaccine stigma and misinformation by disseminating COVID-related information on multi-media platforms.
- Prepared talking points on COVID-19 therapeutics, vaccines, and new COVID-19 variants as part of WHO's virtual press conferences on COVID-19 in Libya.
- Developed COVID-19 health promotion messages and posted them on the WCO's social media platforms (in Arabic and English) (available at <https://twitter.com/WHOLIBYA> and <https://www.facebook.com/WHOLIBYA/>).

### **Pillar 3: Surveillance, epidemiological investigation, contact tracing and adjustment of public health and social measures (PHSM)**

- WHO held an online meeting with the COVID-19 surveillance genome sequencing focal point in EMRO, who requested the WCO ask the IHR national focal point for information on COVID-19 variants circulating in Libya.
- WHO met with the NCDC's disease surveillance department representatives to discuss the main gaps and support required for RRTs in the South. For further daily updates, see the COVID-19 Libya dashboard.

### **Pillar 4: Points of entry, international travel and transport, and mass gatherings**

- Disseminated EMRO's weekly bulletins on travel measures and restrictions in the region.
- Attended virtual meetings with staff at points of entry (POEs) and mass gathering teams to review mass gathering events and POE activities planned for the first quarter of 2022.

### **Pillar 5: Laboratories and diagnostics**

- Conducted a two-day training workshop for 27 COVID-19 laboratory technicians in Al Bayda City.
- Followed up with the NCDC branch in Sebha on the requirements to reactivate the NCDC laboratory in the city. As a result, the laboratory resumed its work on 24 Jan 2022.

### **Pillar 6: Infection prevention and control, and Protection of health workforce**

- Conducted a three-day training workshop for 25 doctors working in isolation centres on IPC, case management and emergency referrals.
  - Conducted a two-day training workshop in Sebha on the safe handling of medical waste in cooperation with Sebha Medical Centre.
  - Visited Kwefia isolation ward in Benghazi to discuss strengthened cooperation (including facilitating the work of the IPC officer) and assessing gaps using WHO's standard tools. Nine WHO-funded IPC officers continue to support 24 health facilities across the country.
  - Conducted an on-site two-day training workshop for 12 nurses, two doctors, and the IPC team in Aljabal Alakhdar on hand hygiene, PPE, and IPC guidelines.
  - Trained six nurses in Sebha Medical Centre on hand hygiene.
- o Visited Shahat isolation department in coordination with the IPC officer in Al Jabal Alakhdar to discuss strengthened cooperation and ways to facilitate the work of the IPC officer.

### **Pillar 7: Case management, clinical operations, and therapeutics**

# HEALTH SECTOR BULLETIN

## January 2022

- Finalised with the Emergency Directorate of the MoH the list of COVID-19 drugs and equipment required for the first six months of 2022.

### **Pillar 8: Operational support and logistics, and supply chains**

WHO distributed the following supplies for a total value of just over USD 421,558:

- 13 776 COVID-19 prevention kits to community health volunteers in the South to support community initiatives in Sebha, Albwanees and Bent Baya.
- Five oxygen concentrators to Bent Baya Isolation Centre in the South.
- PPE supplies to the PHC clinic in St Francis Church in Tripoli.
- 42 000 surgical masks to Nalut isolation centre, NCDC Souq Aljumaa branch, Daraj isolation centre and Al Khums isolation centre in the West.

### **Pillar 9: Strengthening essential health services and systems**

- In coordination with the PHCI and the Ministry of Education, WHO conducted two one-day orientation workshops on the SCALE mental health project and the School Mental Health Package. A total of 56 participants from the 18 municipalities targeted by the SCALE project attended the workshops.
- The fifth batch of laboratory technicians completed advanced TB laboratory diagnostic training at A Mami Hospital in Tunis.
- WHO coordinated a four-day training workshop for 26 PHC nurses on the case management of different NCDs. The training was facilitated by experts from the PHCI, using its updated guidelines.

### **Pillar 10: COVID-19 vaccination**

(All data as of 30 Jan 2022, unless otherwise mentioned, COVID-19 Surveillance and Vaccination Data Source: as received from the National Centre for Disease Control (NCDC), Libya MoH Source: <https://web.facebook.com/NCDC.LY/>)

#### **1) Vaccine Supply and Utilisation**

- As of 30 Jan 2022, Libya had received a total of 8 698 360 doses of vaccine (all sources), of which 3 238 267 were estimated to be utilised (wastage adjusted).
- Available vaccines stocks are estimated to be 5 460 093 doses.
- Vaccines currently in use include Sinopharm (with a shelf life until July 2023) and Pfizer (with an expiry date in July 2022).
- National vaccine administration daily capacity is estimated at 150 000 doses of regular cold chain vaccine and 25 000 ultra-cold chain vaccine.
- Over the past 28 days, the average daily vaccination rate stood at 12 000 administered doses, while the daily vaccination rate increased to 13 000 administered doses over the past seven days.

#### **2) Vaccine Coverage: as of 30 Jan 2022**

- 3 051 042 doses of vaccine have been administered.
- A total of 2 031 276 people (29% of the population) has received at least one dose of the two-dose vaccine regimen.
- A total of 1 035 185 people (15% of the population) has received the first dose of vaccine (partially vaccinated).
- A total of 996 091 people (14.3 % of the population) has received a second dose of vaccine (fully vaccinated).
- A total of 23 675 people (0.3% of the population) has received a booster dose.

#### **3) Population currently targeted for COVID-19 vaccination**

All populations aged 12 years and above, regardless of gender and health status, including pregnant women and breastfeeding mothers.

#### **4) Vaccines used per group category**



# HEALTH SECTOR BULLETIN

## January 2022

- AstraZeneca: population aged 40 years and above.
- Sinopharm: population aged 12 years and above.
- Pfizer: population aged 12 years and above + pregnant women.

### 5) Recommendations on heterologous use of the vaccines

- The NCDC COVID-19 Scientific Advisory Committee and NITAG have made the following recommendations: o Sinopharm (inactivated) or Pfizer (mRNA) as the second dose for those who have received the first dose of Sputnik V vaccine (vectored).
- Sinopharm (inactivated) or Pfizer (mRNA) is the two-dose regimen for those who have passed six months since the first dose of the Sputnik V vaccine.
- Sinopharm (inactivated) is the second dose for those who have received the first dose of the Sinovac vaccine (inactivated).

### 6) Booster dose

Booster dose to be administered after three months (previous recommendation was six months) of the second dose of the two-dose vaccine regimen. Preferably the same vaccine to be used for boosting; otherwise, another recommended heterologous vaccine can be used.

### 7) Main reasons attributed to low coverage

#### Demand Side/Vaccine uptake (estimated 80%)

- Safety and efficacy concerns and preference for natural immunity.
- People who received the first dose of Sputnik and Sinovac vaccines refused to receive the second dose from other recommended vaccines.
- COVID-19 pandemic epidemiological situation, high demand during high waves and vice versa.
- People's vaccine type preferences and availability, mRNA vs Adeno vs inactivated virus.
- People's vaccine preferences and availability are based on travel requirements/restrictions.

#### Supply Side/Access (estimated 20%)

- Service delivery modalities: relying primarily on a fixed site strategy.
- Vaccines and ancillary supply to HCFs: 1) ad hoc reported stockouts 2) UCC vaccine transportation and storage.
- Healthcare force fatigue and motivation: reported temporary strikes.

### 8) Summary COVID-19 Vaccination Campaign indicators

Total vaccines doses procured	8,698,360
Estimated total doses utilized (wastage adjusted)	3,238,267
Estimated total doses stock remaining	5,460,093
Total administered doses	3,051,042
Number of people who have received one dose of a two-dose vaccine regimen	1,035,185
Number of people who have received the second dose of the two-dose vaccine regimen	996,091
Number of people who have received booster doses	23,675
The proportion of people partially vaccinated	15
The proportion of people fully vaccinated	14.3
The proportion of people who have received at least one dose of a two-dose vaccine regimen	28.1
Average daily vaccination rate (last 28 days)	12k doses

# HEALTH SECTOR BULLETIN

## January 2022

### FUNDING STATUS FOR HRP2022

#### Libya Humanitarian Response Plan 2022

<https://fts.unocha.org/appeals/1060/summary>



Response plan/appeal snapshot for 2022

11-Feb-2022

**US\$75.3m** total requirements of plan



**US\$19.9m** total funding to Libya (2022)



[Show more](#)

### LINKS TO IMPORTANT INFORMATION RESOURCES

<https://www.who.int/health-cluster/countries/libya/en/>  
<https://www.humanitarianresponse.info/en/operations/libya/health>  
MOH Libya  
<https://www.facebook.com/NCDC.LY/>  
<https://ncdc.org.ly/Ar/>  
Health sector 4W 2021 HRP interactive dashboard  
COVID-19 Libya Interactive Dashboard

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