HEALTH SECTOR LIBYA

HEALTH SECTOR BULLETIN

June 2020

Libya

Emergency type: Complex Emergency
Reporting period: 01.06.2020 to 30.06.2020

Total population	People affected	People in need	People in acute need	
6.7 million	1.8 million	900,000	300,000	
IDP	**Returnees**	**Non-displaced**	**Migrants**	**Refugees**
216,000	74,000	278,000	276,000	48,000
Target Health Sector	**People in need Health Sector**	**Required (US$ m)**	**Funded (US$ m)**	**Coverage (%)**
203,137	525,992	30	3.6	12

KEY ISSUES

The socio-economic impact of COVID-19 in Libya will be profound and long-lasting.

The governments in the east and west have introduced separate measures to combat the pandemic disabling to obtain a holistic and comprehensive approach with collection and consolidation of their needs.

Communicable diseases remain a serious threat for Libya and require continued technical support.

COVID-19 Response-Risk Communication and Community Engagement, Action plan for South, was launched on 30 June.

The most serious concern in the south is related to the absence of governance on the ground with competing GNA, LNA authorities and tribes.

Various alerts from different sources on possible stock outs of certain vaccines, absence of procurement of vaccines for 2020 were received.

Various health needs remain unmet in 29 municipalities.

2020 PMR (Periodic Monitoring Report) related indicators (May):	
Number of medical procedures provided (*including outpatient consultations, referrals, mental health, trauma consultations, deliveries, physical rehabilitation*)	**15,296**
Number of public health facilities supported with health services and commodities	**104**
Number of mobile medical teams/clinics (including EMT)	**39**
Number of health service providers and CHW trained through capacity building and refresher training	**464**
Number of attacks on health care reported	**4**
Percentage of EWARN sentinel sites submitting reports in a timely manner	**64%**
Percentage of disease outbreaks responded to within 72 hours of identification	**78%**
Number of reporting organizations	**11**
Percentage of reached districts	**100%**
Percentage of reached municipalities	**57%**
Percentage of reached municipalities in areas of severity scale higher than 3	**42%**

SITUATION OVERVIEW

1 June, the United Nations Support Mission in Libya (UNSMIL) welcomes the acceptance by the Government of National Accord and the "Libyan National Army" of the resumption of talks on the ceasefire and associated security arrangements based on the draft agreement submitted by UNSMIL to the parties during the Joint Military Commission talks (5 + 5) (JMC) on 23 February 2020.

4 June 2020, two doctors of the FMSC (Field Medicine Support Center) were killed after UXB/ERW exploded while both were on their duty evacuating injured patient(s) in Ain Zara area.

6 June 2020, an ambulance point affiliated to the Field Medicine and Support Center (FMSC) was hit in the Abu Qurayn area, near Sirte. No injuries were reported. The facility incurred significant damage, including ambulance vehicle.

Since 10 June, a further 3,800 people have fled their homes following an intensification of conflict around Tarhuna and Sirt. This brings the total number of internally displaced people to 27,750 people, according to IOM's Displacement Tracking Update from 18 June 2020. Those areas with the largest displacements include Benghazi (6,550 people) and Ejdabia (6,050 people) in the East, and Bani Waleed (4,750 people) in the West.

12 June, statement attributable to the Spokesperson for the Secretary-General on Libya: The Secretary-General is deeply shocked by the discovery of multiple mass graves in recent days, the majority of them in Tarhouna. The Secretary-General calls for a thorough and transparent investigation, and for the perpetrators to be brought to justice. In particular, he calls on the authorities to secure the mass graves, identify the victims, establish causes of death and return the bodies to next of kin.

18 June, update to the 44th session of the Human Rights Council, Pursuant to Human Rights Council Resolution 40/27 included: Between 1 January and 31 March 2020, UNSMIL documented at least 131 civilian casualties (64 deaths and 67 injuries), caused mainly by ground fighting, with 81% of casualties attributed to the LAAF, representing an increase in civilian casualties of 45 per cent compared to the last quarter of 2019. Between 1 April and 11 June, civilian casualties further increased dramatically, with UNSMIL documenting 250 civilian casualties, including 82 civilians killed and 168 civilians injured. In 2020, WHO documented at least 21 attacks on medical facilities, ambulances and medical personnel, in one of the most shocking ongoing manifestations of this conflict. Some 8,800 people remain detained at 28 official prisons in Libya, among whom an estimated 500 are women and around 60% are kept in pre-trial detention. There are additionally some 10,000 people detained in detention centers under the authority of armed groups. UNSMIL continues to receive credible reports of arbitrary or unlawful detention, torture, enforced disappearances, extra-judicial killings, denial of visits from families and lawyers, and deprivation of access to justice.

22 June, the third meeting of the International Follow-up Committee on Libya (IFCL) was convened at the Senior Officials level, via video conference. The meeting was co-chaired by the League of Arab States (LAS), represented by Assistant Secretary General Hossam Zaki, and the United Nations Support Mission in Libya (UNSMIL), represented by Acting Special Representative of the Secretary-General Stephanie Williams. Members of the IFCL expressed their concern at deteriorating humanitarian and economic conditions, which have been compounded by the COVID-19 pandemic. They urged Libyan authorities to take all necessary measures to ensure unimpeded access for all humanitarian personnel. Participants stressed the need to resume oil production under the auspices of the National Oil Corporation, reiterated their call for the transparent and equitable distribution of resources and underscored the importance to restore the integrity, unity, and lawful governance of all Libyan sovereign institutions.

23 June, statement by UNSMIL welcoming the establishing of Fact-Finding Mission to Libya (FFML). UNSMIL anticipates that the creation of this investigative mechanism will reinforce the work of the United Nations, Panel of Experts, and International Criminal Court in Libya, and also strengthen the capacity of national courts and other relevant entities in Libya to ensure that perpetrators of human rights violations are held accountable.

The GNA announces extension of curfew in June, daily from 2000 hrs. to 0600 hrs. from Sunday to Thursday while Fridays & Saturdays are subject to a full 24 hours curfew to help mitigate the increasing spread of COVID 19 transmission.

President al-Sisi warns that GNA forces advancing on Sirte could provoke Egyptian intervention. As GNA and LAAF affiliated forces take positions around Sirte and the outcome of negotiations is uncertain, civilians gripped by fear and in need of protection. "Cairo Declaration" continues to prompt reactions while Turkish-Russian engagement on Libya intensifies.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

The socio-economic impact of COVID-19 in Libya:

The socio-economic impact of COVID-19 in Libya will be profound and long-lasting. Several major external and internal factors will affect its course:

Externally, COVID's effect on the global economy has drastically reduced demand for oil and gas –which constitute Libya's main source of revenues. (COVID-19 aside, in the first half of this year, Libya had already lost around 6 billion dollars because of an oil blockade imposed by General Haftar). The continued disruption of oil and gas production and exports is likely to have disastrous economic and social consequences for Libya.

At the same time, the worldwide production of goods and services has been drastically reduced because of COVID-19. This has left Libya's health system extremely vulnerable, since it is heavily dependent on both imported medicines, supplies and equipment, and imported services provided by international medical experts).

Internally, the country is facing a perfect storm of vanishing revenues, divided governance, widespread corruption, the near collapse of the health system and other basic services, and the escalating fighting.

The lack of foreign exchange will have a huge impact on all sectors in Libya and on the lives of ordinary people. Inflation has gone up and the value of the Libyan dinar has gone down. Government salaries are being cut across the board. The government is increasingly unable to finance essential services (including health care) in municipalities throughout the country. In the east, the rival government appears to be no longer able to create money from credit.

The severity of the impact of COVID-19 on Libya will be heavily influenced by progress (or lack of progress) dealing with the political crisis. The failure of political rivals to reach a sustained peace agreement has taken a heavy toll on the economy, which the pandemic is exacerbating. The rival governments in the east and west have introduced separate measures to combat COVID-19. Both sides have attempted to make political capital out of the pandemic by discrediting the opposing side and declaring that they have the capacity to respond on their own. The current outlook seems bleak, and a political solution to the conflict seems as remote as ever.

Following years of neglect and under-investment in the health sector, Libya is ill-equipped to tackle COVID-19. A recent health sector assessment found that only just over half of communities had emergency health services or health care services for children, and just under half had any kind of general clinical services. The situation is even worse when it comes to reproductive health care. Mental health services are basically non-existent.

Attacks on health care are continuing. Thus far this year, there have been more confirmed attacks on health care in Libya than in any other country worldwide. The resulting closure of health facilities has an obvious immediate impact:

people who need health care, including some who may be infected by COVID, are no longer able to obtain it and some of them may die. In the longer-term, the cost of rebuilding hospitals and clinics and retraining health staff can run into hundreds of millions of dollars.

If COVID-19 continues to spread in Libya, it will be difficult to contain for several reasons, including the decrepit health system, the high number of internally displaced people because of the conflict, and the presence of well over half a million migrants and refugees, many of whom are exposed to severe human rights violations and who have no access to health care. There is a confirmed fact that rates of TB are on the rise in the country and that there may be many migrants with undetected TB who have no access to treatment. This inequitable treatment of different segments of the population ends up affecting all groups, since this killer disease can silently spread.

A recent example of the impact of COVID-19 on health care. When the pandemic started, the government decided to suspend vaccination services and focus on COVID-19. But vaccination services are critical. Vaccination has been described as a public health "best buy". It's one of the most cost-effective interventions to save lives and improve health outcomes. At WHO's repeated urging, the government agreed to reverse its decision to suspend vaccination.

Yet, for several reasons including collapsing revenue and in-fighting between different government departments, Libya has not replenished stocks of any of the vaccines that are critical to tackle childhood diseases such as measles and polio. Stocks of all vaccines are forecast to run out some time in the next two weeks. Again, at WHO's repeated urging, the national authorities finally placed an order for some of these critical vaccines. However, no one knows when they will be received.

COVID-19 shows that a pandemic on top of a political conflict and a collapsing economy can greatly exacerbate the already severe socio-economic crisis in a fragile country. UNDP is leading the development of a report setting out the framework for the UN's socio-economic support to Libya in the face of COVID-19. The framework consists of five work streams, one of which is related to health and is led by WHO. Only a lasting political agreement between the east and west will help mitigate the impact of COVID-19 and lead to peace and prosperity in the country.

Latest key developments/changes in the COVID-19 context:

As of 29 June: 802 confirmed cases. 206 recovered cases. 573 active cases. 23 deaths. Transmission scenario classification of Libya remains as cluster of cases. Total number of tests in 13 labs (in 7 municipalities) is 30,707 (including 16,769 in Tripoli, 10,577 in Benghazi, 1,432 in Misurata, 1,739 in Sabha, 149 in Zliten and 41 in Gharyan).

In addition to other sector HRP priorities to be addressed, COVID-19 pandemic illustrated immediate needs across the country, including support to rapid response teams, procurement and distribution of PPE, procurement of lab diagnostic kits and supplies, equipment, establishment and support to the isolation sites/wards, provision of continuous capacity building support, risk communication and community engagement.

The governments in the east and west have introduced separate measures to combat the pandemic disabling to obtain a holistic and comprehensive approach with collection and consolidation of their needs.

Absence of comprehensive COVID-19 national preparedness and response plan led to fragmented response and in many instances uncoordinated by the responsible authorities. This led to the absence of the system to report and reflect on the levels of response and funding.

COVID-19 pandemic impacted significantly delayed implementation of ongoing health sector projects, including roll out of planned activities in new geographical areas.

Besides provision of lifesaving and life-sustaining health supplies, there was a reported evidence for the increased need for continuous technical support, advise and expertise to the national authorities not only on COVID-19 related issues and maintenance of essential health services.

Escalation of military situation in May impacted changes in displacement patterns with health sector focused response towards the east of the country.

Health sector led by WHO has continuously followed up on the levels of national response in the south. Regular meetings and discussions were held between WHO and NCDC leadership. The NCDC is fully engaged with the response enhancing its work on the ground: rapid response teams, contact tracing, testing, etc. NCDC branch in Sabha was mobilized to build up a continuous response in already highly challenging environment. Contact tracing, detection, isolating, quarantine, monitoring was enabled. Surveillance activities were put in place while many obstacles have been in place, including interference from other structures and entities. 11 of 16 municipalities report COVID-19 cases. All, except for 2 (hospitalized in Sabha), patients are on home isolation. Low level of commitment related to home isolation with limitation of follow up to confirmed cases in home isolation is the reality. There is poor coordination among the local health authorities. Sabha medical complex remained the only facility providing case management with its own problems, shortages of HR, refusals to report to work.

The most serious concern in the south is related to the absence of governance on the ground with competing GNA, LNA authorities and tribes. There is an understanding that earlier and lately provided assistance (medicines, consumables, equipment) from the central levels has not been effectively used and/or distributed which disabled possibilities for organizing a timely efficient response. The NCDC local team is well trained, working closely with WHO and other partners. Earlier non-existing laboratory capacity was overcome by provided equipment and supplies though currently established practice of delivering supplies is not effective as most of the key equipment received remained uncomplete, without the necessary accessories. Shortage of HR is everywhere in health facilities. Political dispute is a major reason for all failures in the south. The NCDC follows up on all reported cases of "perceived" discrimination in NCDC issued statements and updates. NCDC may be a subject of the increasing criticism as being and remaining the only neutral technical bodies.

COVID-19 disease surveillance situation: There are 119 rapid response teams (RRT) across the country. Not all samples reach the laboratories within 24 hours. A line list is prepared and maintained by NCDC in Tripoli, Sabha and Benghazi. Line lists in many instances are not filled correctly. Benghazi does not share its line list with Tripoli. Yet discussions are underway to implement COVID-19 data collection and submit via Go.Data platform. There are no specially trained data managers across the country. There are 14 testing laboratories.

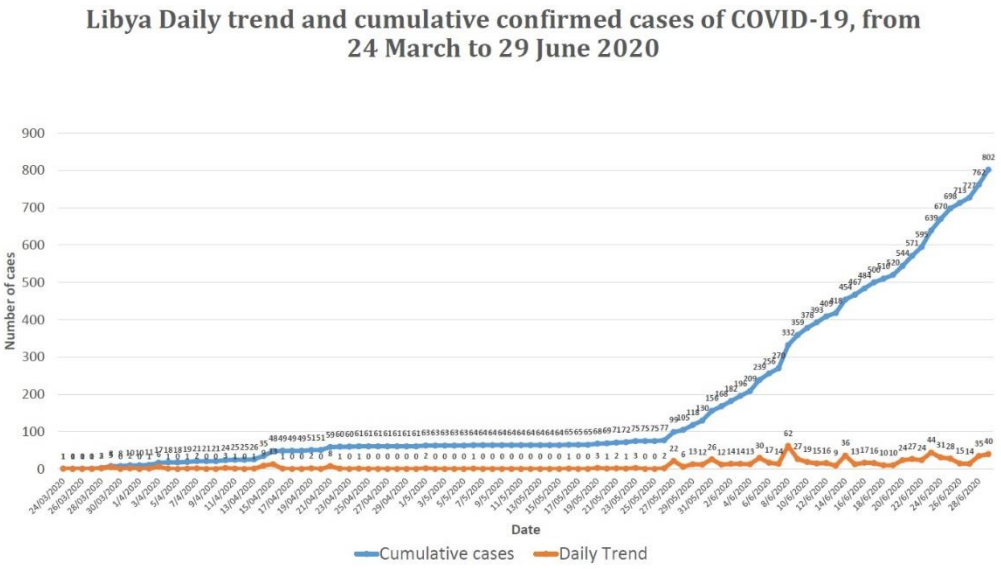
Municipality	**COVID-19 Testing Facility**
Tripoli	NCDC Tripoli
	Tripoli Central Hospital
	Biotechnical Research Center Laboratory
	Tripoli University Hospital
	National Animal Health Center
	Mitiga Isolation Center
	Al Khadra hospital
Misrata	NCDC Misrata
Sabha	NCC Sabha
Benghazi	Benghazi Medical Center
	Kweifia Chest Hospital
Zliten	NCDC Zliten Reference Center Laboratory
Gharyan	NCDC Gharyan lab

Al Jafra	Al Jafra hospital

The progression of COVID19 outbreak in Libya has been clearly documented since first case was reported. There have been efforts to identifying chains of transmission by rapidly identifying imported cases and confirming clusters with success, but the following points need to be considered: There is no monitoring and evaluation of indicators for contact tracing mechanisms across the country to identify all chains of transmission. There is no use of collecting data for contact tracing and visualization of chains of transmission using outbreak response and symptom tracking tools like go.data platform. Containment measures may not be accounting for the possibility of pre symptomatic transmission by including the period before symptom onset when conducting contact tracing. Absence of above measures means that the is a strong probability of missing chains of transmission due to inefficiency of paper-based reporting systems and incomplete identification of contacts.

RCCE activities are still in early stages with more emphasis on risk communication with little to no community engagement, community-based surveillance is not possible now.

COVID-19 testing is still unavailable at primary level. Community reporting app Speetar which is a Libya based telehealth platform where self-reporting patients can be triaged by doctors is still not linked to surveillance system. Similarly, WFP led Emergency Telecom Sector Hotline Tawasul 1404 used as National COVID Hotline has referred 97 cases who had symptoms to NCDC. Daily zero reporting at all primary sites to surveillance administration is activated. There is another NCDC toll free number 195 for reporting any suspected cases.



Majority of the cases reported in Libya are through hospital-based surveillance. The minimum essential data that needs to be reported from hospital setting is still a challenge with paper-based reporting systems and lack of training of doctors on case notification and case definitions. Hospital based nosocomial infections of COVID still remain a challenge.

Virologic sentinel surveillance for ILI cases through GISRS labs has been working since 2019 on three sites in Tripoli with no submission of genetic sequencing data to GISAID or other genetic repository. ILI/SARI surveillance is also being carried out in limited health facilities in Benghazi.

Enhanced surveillance for residential facilities (prisons, elderly, people with disabilities), vulnerable populations (IDPs, refugees, returnees, and migrants in Libya), in camps and among displaced population humanitarian or low-resource settings is in place and carried out as per need basis. COVID-19 tests were conducted among front line workers when the numbers were still low, sometime in beginning of May.

Mortality surveillance has not been initiated formally but mortalities are being reported from hospitals as the number of deaths are very less as of now. COVID related deaths occurring in community for people not reporting to hospital or for asymptomatic cases remains a challenge.

Laboratory surveillance is well established with lab testing data readily available for decision making. Although cased based data reporting has been replaced with weekly aggregated data reporting due to challenges in collecting detailed sociodemographic and epidemiological data for cases from the field, mostly due to paper-based reporting systems and possibly lack of training. Recently, an EQAP evaluation has been done in two of the 11 labs, one in Tripoli and one in Benghazi. Lack of data triangulation between surveillance-laboratory-clinical management. There is no proper assessment on the use of effectiveness of non-pharmaceutical intervention to measure control of transmission.

Event based surveillance from online content, radio and print media is still not established formally. Although COVID related events are taken notice of when they generate significant media attention. Participatory surveillance through mobile apps is one avenue which still needs to be explored. There is no involvement of volunteers on surveillance especially contact tracing, use of PHC in screening and further expansion of RRT capacity

Surveillance at points of entry is also being done on a regular basis. There is no exit strategy for resuming activities and reactivation of points of entry.

Overall impact on availability of health services and remaining gaps of health sector response:

Under strategic objective 1 health sector was not able to build a response or reach out with service delivery to the following districts: Nalut, Tobruk, Sirte, Ubari. No service provision was registered in terms of support with outpatient consultations, referrals, trauma/injury related, mental health and disability related consultations, vaginal and caesarian support in these districts. Minimum operational presence is in Al Jabal Al Akhdar, Aljafra, Almarj, Derna, Wadi and Ashshati. No or minimum trauma response is provided in Al Jabal Al Akhdar, Aljafra, Almarj, Derna, Ejdabia, Ghat, Nalut, Sirt, Tobruk, Ubari, Zwara. Referral system should be enhanced in most of the districts as yet only functioning for Tripoli, Misrata and Benghazi area. The predominant number of mental health consultations is reported for Tripoli area while absent in 80% of other districts in the country. Disability support is only focused on Benghazi, Misrata, Sabha, and Tripoli. Reproductive health services are being reported only for Tripoli area. There is no monthly, quarterly or bi-annual data available or shared by the authorities for coverage by Hexa and/or MMR. There is a need to scale up and increase not only the number of new sentinel sites in different districts but make sure the current ones (126) are all active while 50% provide regular reports. This is a serious situation while COVID-19 surveillance activities were prioritized and sidelined all other disease surveillance activities.

Under strategic objective 2 there are only 102 PHC facilities which were assisted with no support in Al Jufra, Al Marj, Azzawiya, Murzug, Zwara. 79 hospitals received assistance while hospitals in Almarj and Ghat did not receive support. Mobile medical teams should be introduced in Aljfara, Derna, Nalut, Sirt, Tobruk, Ubari, Wadi Ashshati. Minimum response is in place with rehabilitation/refurbishment of health facilities. 10 health facilities were supported.

Under strategic objective 3 capacity building events did not cover health service providers in Azzawiya, Ejdabia, Ghat, Murzug, Sirte, Ubari, and Zwara. Only 25 community health workers were reported trained. No health workers were trained on CMR (clinical management of rape).

Latest figures on detention centres in Libya

	Total population	PoCs
TOTAL LIBYA	2462	1341

DCIM Detention Centers Estimated overall population figures (IOM & UNHCR)		
Tripoli area	**Total population**	**PoCs**
Triq al Sika	246	118
Abusliem	105	3
Janzour	0	0
TOTAL Tripoli	351	121
North-West	Total population	PoCs
Zwara	60	31
Sabratha	0	0
Azzwaya Abu Issa	250	69
Azzawya Al Nasr	564	234
Ghiryan al Hamra	0	0
Zintan (Thaher Al Jabal)	660	610
TOTAL North-West	1534	944
Outside Conflict Area	Total population	PoCs
WEST		
Zliten	87	0
Suq al Khamis (Khums)	490	276
Total	577	276

Situation with the communicable disease surveillance in Libya:

Communicable diseases remain a serious threat for Libya and require continued technical support.

- The national surveillance system for communicable diseases basically stopped since the start of the conflict.
- The only active surveillance program is the EWARN which is running in only 126 hospitals and public health centers and lacks sustainable technical and financial support.
- Active surveillance sites are disproportionately distributed across the districts.
- Data reported through EWARN has not been appropriately analyzed or interpreted and not used for any response activities. There have been continuous attempts to improve the quality of collected data but little progress reached.
- The number of sentinel sites has remained the same and low for quite some time. There is no progress reached to increase the number and expand the coverage of sentinel sites. In the country where there are more than 1000 public health facilities, extensive private sector, 126 sites are far from being sufficient.
- It is a reality that there is no clear understanding of the real situation with communicable diseases across all 22 districts and 100 municipalities with a large percentage of people living in remote, rural areas, outside of key cities as Tripoli, Misrata, Benghazi. COVID-19 illustrated that the reporting from active sites reduced to 50-70%. Some of the critical
- The production of weekly EWARN bulletins stopped with the last one produced during the first week of February covering 3rd epi week.

At this stage Libya (over 660,000 migrants and refugees are estimated to live in Libya, including over 48,000 refugees registered with UNHCR) does not have an integrated surveillance system to capture and report separately on non-Libyans (migrants, refugees, etc.) on COVID-10 and non-COVID-19 related morbidities. There is no possibility to report with this kind of data on a weekly or monthly basis. Health sector will be considering addressing this existing gap when developing operational solutions to expand, improve and support the current national surveillance system (which is still weak, largely disrupted) with its 126 sentinel sites only in the country of almost 1500 public health facilities.

Electronic system:
• NCDC staff did not have admin right to view and modify collected data
• The system itself is difficult to use, not used friendly
• No data analysis component/ report generation in the system
EWARN system
• Alert logs were never used and some information regarding the alert is filled by central level electronically
• An alternative mechanism to share the alerts using Viber/what's apps are used
• Lack of patient registry at some health facility
• Surveillance officers need refresher training on EWARN principles
• Many alerts are not investigated due to workload and lack of resources
RRT
• There is a need for refresher training for RRT
• Lack of supplies especially PPEs
• High staff turnover rate

- NCDC managing disease surveillance system is very much keen to receive the required technical support.

Required steps:

- Besides supporting NCDC to develop a strategic plan for communicable diseases prevention and control, it is essential: To support NCDC to explore the requirement of expanding and enhancing the EWARN surveillance system. Immediate sensitization of EWARN management technical team in NCDC (Tripoli, Benghazi) is required by the Regional Office.
- A systematic evaluation is needed of EWARN to check the possibility of using this platform as a routine national surveillance program for communicable diseases.

Explosive ordnance, including explosive remnants of war, anti-personal mines, unexploded sub-munitions and improvised explosive devices

Health sector followed up closely on the reported information on increasing number of injuries among civilian population returning to the areas of origin. As per the initial information, most of the victims (55) have been hospitalized into Tripoli University Hospital. A few patients were airlifted abroad. Field Medicine Support Center is actively engaged in the situation and response.

HEALTH SECTOR ACTION/RESPONSE

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

Health sector works closely with OCHA and others on the development of the concept paper, Country Based Pooled Funding (CBPF) mechanism in Libya. Country-based Pooled Funds (CBPFs) are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator (ERC) and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator (HC).

Health sector works closely with the protection sector on the key principles of IDP return and conditions of returns and recommendations on how to facilitate safe, dignified, and voluntary returns, in cooperation with the humanitarian and development communities.

Health sector works closely with other sectors to support the decision to revise the current humanitarian coordination structure, through a proposed workplan to ensure concrete deliverable and follow-up actions, and a table listing all coordination groups within the Libya response to check if they all meet some minimum requirements to ensure their efficiency.

COVID-19

Funding requirement for the health sector COVID-19 preparedness and response plan was updated.

Estimated funding requirements (by organizations)	TOTAL (USD)	Funding Available (USD)	Funding Gap (USD)
WHO	22,300,000	2,188,085	20,111,915
UNFPA	1,215,800	0	1,215,800
UNICEF	9,050,000	3,320,000	5,730,000
UNHCR	600,000	600,000	0
IOM	2,440,000	376,300	2,063,700
UN Habitat	260,000	0	260,000
UN Women	60,000	60,000	0
UNDP	7,380,888	7,380,888	0
Emergency Telecom Sector	120,000	0	120,000
TDH	555,000	44,000	511,000
IMC	2,724,000	2,724,000	0
Emergenza Sorrisi/Naduk	697,000	45,000	652,000
HI	350,000	350,000	0
IRC	1,586,000	885,314	700,686
PUI	430,000	430,000	0
TOTAL:	**49,768,688**	**18,403,587**	**31,365,101**
Note: active MSF-Holland, MSF-France, ICRC/IFRC/LRC but outside of the plan			

Pillar 1: Country-level coordination

- WHO met with the leadership of NCDC a number of times. Subjects under the discussions included COVID-19 testing at PoE, situation with vaccines' availability in the country, NCDC led COVID-19 priority response pillars (especially the ones related to surveillance, rapid response, national laboratory). The NCDC requested to continue ongoing technical coordination on the NCDC led pillars directly with the NCDC. The NCDC is fully engaged with the response in the south enhancing its work on the ground: rapid response teams, contact tracing, testing, etc.
- WHO participated in the meetings of the COVID-19 Scientific Committee in Tripoli with presentation on trends and possible scenarios and its work maintaining essential health services. It also stressed the need for Libya to increase its testing capacity.
- WHO provided COVID-19 updates and inputs for VTC with USG Political and Operational Support.
- Situation with increasing number of COVID-19 confirmed patients in the south of Libya has been monitored. Separate updates were prepared and disseminated.
- WHO disseminates daily updates of new and cumulative figures on registered COVID-19 cases.
- UNDP is the technical lead for the UNSEF (UN Framework for the Immediate Socio-Economic Response to the Impact of COVID 19), supporting the RC and the UNCT to develop the Framework for Libya. The work started on assessment mapping and strategizing the response in five streams in the leadership of several UN agencies.

Stream	Lead	Co-Lead
1. Health Services	WHO	UNFPA
2. Social Protection	UNICEF	WFP
3. Economic Response and Recovery	UNDP	*TBD*
4. Macro-Economic Framework	WB	*TBD*
5. Social Cohesion	UN Women	UNDP

A Task Force was formed, and a few meetings conducted. Health sector shared the required assessment products for assessment mapping and strategizing the response in five streams in the leadership of several UN Agencies, where WHO leads the "Health stream".

- WHO updated COVID-19 transmission scenarios for Libya in the COVID-19 Partners web site, an online platform that allows all countries, implementing partners, donors and other stakeholders to collaborate in the global COVID-19 response. The platform includes real-time tracking to support the planning, resourcing and implementation of country preparedness and response activities.
- Health sector took part in the progress meeting organized by the NCDC on 29 June to update on the response in the country.

Pillar 2: Risk communication and community engagement

- UNDP- COVID-19 public awareness video production on hygiene and individual protection guidelines and measures during COVID-19 pandemic, published by the Municipality of Benghazi, on various social media platforms by the support of SLCRR project though the EUTF fund: https://www.facebook.com/583011441820083/posts/284994590179328
- GIZ: Through IMC: 5 Psychological First Aid Training for Municipal Emergency Committees with 76 participants (36 women) from 6 municipalities (Al Jufra, Al Bawanis, Nalut, Ghadamis, Msallata and Tarwergha); Procurement process of 9,600 posters promoting social distancing and IPC in 16 municipalities; Preparation for Youth Engagement webinars with groups from Al Bawanis and Ghadamis; Preparation of participatory workshops in 8 municipalities to map key actors in COVID-19 response, their roles and coordination, and to determine their capacity building requirements.
- UNDP: SFL local partner in Sabha launched COVID-19 online symptom self-assessment tool (http://sncd.ly/) to help community members assess their symptoms.
- Emergency telecommunication sector reported almost 1000 phone calls in 2 weeks.
- Health sector follows up with the MoH to expand risk communication response.
- UNICEF supported the Presidential Council Scientific and Steering Committee to combat COVID-19 by producing two educational and interactive videos on municipalities readiness assessment to respond to the needs of COVID-19 and the vaccination preparedness in the clinics. UNICEF together with its private sector partner 'Tripoli Optics' engaged with Libyan sports figures, influencers and actors to raise awareness on COVID-19 addressing the public and encouraging families to follow reliable sources to curb misinformation. During the reporting period, eight out of planned 12 videos were produced and disseminated which reached out to more than 200,500 viewers.
    - Yousef Aljaroushi, Libyan actor: https://drive.google.com/file/d/1_ah2jmGrSHiEn5BNyOmBlEPDUHDAB9zt/view?usp=sharing
    - Nissim Badroush, Al-Ahly basketball player: https://drive.google.com/file/d/1AiCwryHCZXzWrIFKYQBNBT4VW74Bx7Zb/view?usp=sharing
    - Osama Al Sanusi, Goalkeeper: https://drive.google.com/file/d/1WrCckNvwT-MXFINsgCTnfgShw8UTugdV/view?usp=sharing
    - Ahmed Kaeeb, Broadcaster at Almadina Radio: https://drive.google.com/file/d/1QHk_Zwf2jeuL3FFRsDHLa2MbsWA2QoFV/view?usp=sharing
    - Jamal Abu Nawara, former football player/current coach: https://drive.google.com/file/d/10-x5WKQizIoyttTITIDpA8X-5KVot4IV/view?usp=sharing
    - Narjis Al-Ameer, known human development trainer/instructor: https://drive.google.com/file/d/1-mv31jsuvufbapHhYI-KF5Vi3MVTP4cv/view?usp=sharing
- In continuation with efforts to support municipalities in controlling crowds at the banks which remains an issue in Libya during COVID-19, UNICEF supported "Ratib" app was launched on the 17th June at Al-Jumhuriya Bank in Tripoli. So far, the app has been used by at least 3,000 individuals, while a total of 1,500 attendees were reached with IEC key messages. At least 25 bank employees received training on infection prevention and control measures recommended for workplace.
    - https://drive.google.com/file/d/1jZms2vEeg3M4UxkZhjkroqMNsJDNaTwe/view?usp=sharing
      Launch video featuring:
        - Dr. Badreddin Al- Najjar, director of the National Centre of Disease Control
        - Mr. Kamal Almazwghi, director of Al-Jumhuriya Bank branches in Tripoli.
        - Mr. Nasir Krewi, Tripoli Municipal Council

- As part of the plan, UNICEF in coordination with MoH, Sabha RCCE sub working group was established while municipality level activities were planned. UNICEF also supported installation of 10 billboards to promote the National Center for Disease Control helpline on information sharing for COVID-19 in Sabha municipality.
- COVID-19 Response-Risk Communication and Community Engagement, Action plan for South, was launched on 30 June. Key activities planned with NCDC Tripoli + Sabha NCDC branch, Sabha Municipality media focal point and RCCE WG members. The campaign will be implemented in three phases staring 30th June and ending 31st July 2020. To achieve the desired results actions and implementation modalities will be modified as the campaign progresses.

The campaign is divided into three interlinked phases- activities will continue from 30 June to 31 July		
Phase (1): 30th June - 10th July **(Formal launching and Sabha focused)**	**Phase 2; 11-to 20 July** **(scale-up to 6 municipalities)**	**Phase 3: 21 to 31 July** **(cover whole south 16 municipalities)**
• Formal launching with all partners (30th June) • Running the Facebook page • Dissemination of IEC material (Poster display in bakeries, restaurants & Fuel stations Installation of five billboards) • Production and dissemination of videos • Broadcast of videos on Sahab TV channel • Ramadan FM radio interventions- • Involvement/orientation of Journalist (informed and responsible reporting)	• Establishment of COVID-19 Municipality Task force (6) • Installation of billboards on main entrances • Local level events: religious & tribal elders • Mapping of radio station and involvement • Continue running the Facebook page • Continue dissemination of IEC materials (Poster: bakeries, restaurants & Fuel stations) • Municipality level youth involvement	• Establishment of COVID-19 task force at municipality (10) • Continue dissemination of IEC materials • Installation of billboards on main entrances • Local level events; religious & tribal elders • Mapping of municipality radio stations • Continue Running the Facebook page • Posters: bakeries, restaurants & Fuel stations • Municipality level youth involvement

Pillar 3: Surveillance, rapid response teams and case investigation

- UNDP- Eight (8) thermometer devices were procured and delivered to the municipality of Sebha to help detect body temperature. Those devices will be distributed and used in various locations Throughout the city. Supported by the SLCRR project through the EUTF fund.
- WHO completed the COVID 19, Libya Risk Classification as of 12 June. This should help and facilitate to prioritize out intervention support. The risk classification will be updated on weekly basis in coordination and discussion with the NCDC.
- WHO follows up on all newly registered cases across the country.
- GIZ: Through IMC: provision of PPE and training RRTs targeting 8 municipalities are ongoing; Procurement process of up to 2000 Kits for COVID-Sample taking (swabs) for RRTs in selected municipalities.
- WHO worked with the NCDC to streamline weekly aggregated reporting by WHO's focal point for the International Health Regulations.
- IMC provided HR support to expand NCDC Rapid Response Team (RRTs) (working in shifts to filter 30-50 daily calls from 60 different locations); supporting coordination between the NCDC, cities and municipalities for PPEs distribution plans; working in shifts as RTTs, based in the NCDC central office, to be ready for any field supportive visits; supporting Zwara General Hospital (Emergency department) and the Isolation center.
- The IRC, jointly with the DoH, conducted screening for COVID-19 of the migrants and refugees in the community through the facilities supported by IRC and by trained medical staff.

Pillar 4: Point of entry (IOM update)

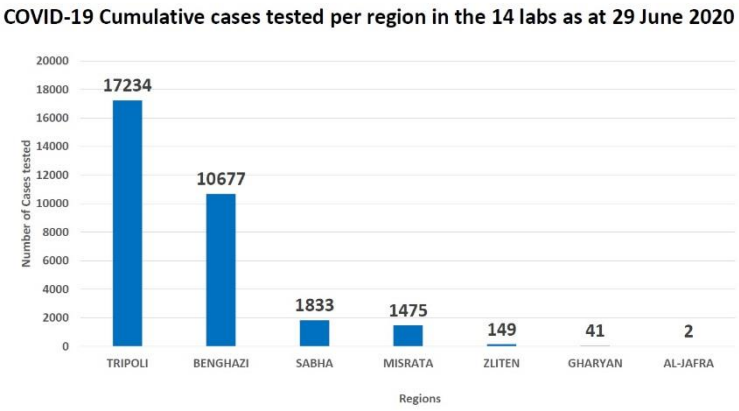
IOM in coordination with NCDC organized trainings for health workers/staff at Point of Entries (PoE) on COVID-19 prevention, infection control and management were conducted in three batches (of two days each) from June 6-11, 2020. A total of 44 participants were trained from the PoE of (Ras Jdir, Musrata, Wazen, Alkhums)

disembarkation point. The trainings provided latest information regarding COVID-2019, case detection, case tracing and infection prevention measures. Pre-and post-test questionnaire showed significant improvement in knowledge regarding to COVID-2019 among the participants.

IOM medical teams supported the NCDC staff at Misurata Airport providing medical checks to all passengers returning to Libya as part of IOM Covid-19 response plan. A total of 1712 travelers were screened by checking temperature and general condition, while samples for PCR tests were collected. The travelers were also provided health awareness sessions at the airport.

Pillar 5: National laboratory

The NCDC reports continuous shortages of PPEs and GeneXpert cartridges.



WHO has been working with the national COVID-19 Scientific Committee in Tripoli on test supplies (cartridges) in the pipeline. In addition, WHO followed up with the UNDP and requested that the cartridges (3,400) procured by UNDP be sent to the south as soon as they arrive in the country. NCDC was also requested that any available stock of cartridges in Tripoli be sent to Sabha to cover the gap until new supplies arrive. WHO requested the Regional Office that the global ceiling for procurement of testing supplies including cartridges must be increased for Libya given the critical situation in the country. WHO has placed earlier orders for another 1210 kits (one kit includes 10 GeneXpert cartridges, enough to support 10 tests)

Pillar 6: Infection prevention and control

- UNDP - 30 pieces of sterile protective clothes were delivered to Sabratha municipality to be used by medical staff frontlines. Those clothes were ordered from a sewing center operated by women volunteered to produce PPEs to combat COVID-19, by the support of SLCRR project through the EUTF fund.
- GIZ: Procurement process of PPE for 16 municipalities; Ongoing support to Women Training and Development Centres in production of PPEs.
- Through its implementing partner IRC, UNHCR completed infection and prevention control training for 20 Gargarish PHCC medical staff. The IRC conducted IPC & COVID-19 workshops to PHC staff at targeted pilot sites in Sooq Aljooma, Zliten and Gharyan. A total of 72 participants attended the various training sessions.

- As part of UNICEF's support to the immunization program under the COVID-19 with the National Immunization Program at the NCDC, UNICEF successfully trained 43 immunization staff from the functional immunization centers at Abusaleem, Hay Alandalus, Tajoura, Ain Zara, Souk Aluma and Central Tripoli municipalities. The NCDC staff was trained on the WHO IPC guidance for immunization services with respect to the COVID-19 distancing precautions as well as the continuity of safe immunization in COVID-19 context. UNICEF will be conducting these trainings for in all the municipalities to ensure immunization staff, children and caregivers from protracting and spread of COVID-19 through IPC.

Pillar 7: Case management

- WHO follows up closely on newly reported mortality cases (in Sabha). Continuous technical advice and recommendations are provided to the local health authorities.
- UNHCR donated to COVID-19 Committee in AzZawiah one generator and two tents to be used for COVID-19 triage. UNHCR, in coordination with WHO, donated to health authorities in Sabha one generator, installed in Sebha polyclinic and four tents to be used for COVID-19 triage. In coordination with the Central Emergency Operations Room at the Highest Committee to Combat COVID-19 in the east, UNHCR donated 2 generators to al Zawawa Martyrs Reception Center and al Laythi Reception Center as well as 4 generators were donated by UNHCR to al Karama Reception Center, Sidi Younis Reception Center, al Hadaeq Reception Center and Tika Reception Center. This was coordinated with Benghazi Medical Services Administration in addition to donating 2500 Masks, 2500 gloves and 5 tents to be used in COVID-19 triage.

Pillar 8: Operational support and logistics

- WHO expects to receive a shipment in Benghazi containing 21 tons of health supplies, including COVID-19 supplies and standard health kits:
- UNDP - 340 cartridges (3,400 tests) are ready in the Netherlands to be delivered in Misurata airport.
- IOM procured medical equipment and supplies for the benefit of Philippine Embassy and provided shipment consisting of 10,000 pieces of face masks and 10,000 pairs of gloves were donated to the Philippines embassy in Libya as part of IOM's response to COVID-19.
- The UN Libya informed the national authorities about launching "COVID-19 Supply Chain System: Requesting and Receiving Supplies", Supply Portal. This Portal can be accessed via the link https://covid-19-response.org

Pillar 9: Essential health services maintained

In effort to coordinate and harmonize areas related to reproductive health (RH) and in support to the Libyan national RMNCAH strategy, UNFPA & MOH Co-chaired the RH-SWG meeting 15 June 2020. The meeting attended by different stakeholders including relevant directorates within MOH , NCDC, UN agencies, local and International NGOs.

Health sector plan of action (Tarhouna, areas of displacement), June 2020, was developed based on inputs received from: IMC, WHO, PUI, UNICEF, GIZ, IRC. Health sector focused its response: Al Jafara, Al Margeb, Misrata, Ejdabia, Benghazi, Al Jabal Al Gharbi, Al Jufra, and Sirt. A key ask by health sector was to secure access for supplies (medicines, consumables and medical equipment) and medical teams to identify and meet critical needs in affected areas

Health sector has closely monitored the situation in Sirte due to potential of shifting lines of conflict.

UNFPA conducted 2 trainings on COVID-19 preparedness, prevention, case management and correct use of PPEs to a total number of 54 doctors and nurses from Al Razi psychiatric hospital.

GIZ support for Psychological First Aid Trainings in the Context of COVID-19, reaching 100 members of Municipality COVID-19 Emergency Committees (MECs) from Al-Jufra, Al-Bawanis, Nalut, Ghadamis, Tawergha, Msllata, Al-Zintan, Garabulli and Janzour: "It was the first time for me to really understand the psychological accumulations we suffer from the pandemic and the conflict," one of the participants shared after completing an online Psychological First Aid (PFA) training course. The PFA trainings were supported by GIZ and IMC together with Dr. Wesam Abdalla Daab from the Ministry of Health. PFA is a globally recommended, evidence-based approach for supporting people during a traumatic or crisis event and was recently reviewed and adapted to address the specific needs in the context of COVID-19. The online training aimed at strengthening the MEC members' skills in providing PFA to their family and community members by applying the three action principles of PFA: Look, Listen, Link.

Besides general information, discussions and role plays on PFA, the trainings also comprised of a self-care module on how to manage one's one stress. Many of the participants expressed their surprise in how helpful the trainings were for them. "It is important that we take care of our mental health" a participant shared and stated that she now feels empowered to support others. The MEC members signaled interest for further trainings in mental health. This activity is part of the collaborative GIZ Libya Programme's COVID-19 response, which is supported by the EU and the German Government.

IMC trained 462 health workers in COVID-19 preparedness and response. The training focused on case definition, screening, triage, patient flow, Infection Prevention and Control and donation of PPEs to ensure reduction of transmission at the level of Health care workers.

- Under EUTF COVID-19 program: IMC team provided primary health care in one PHC center serving mixed immigrant population, in Hay Al-Andalus area, provided primary health care and referrals to mixed immigrants, locals, and IDPs, as well as sensitization messages as a part of health awareness to mixed immigrant population on COVID-19. IMC CHWs managed to ensure that migrants have access and link to the health facility and awareness about COVID-19 and where to seek services.
- Under AICS-EUTF funded project: IMC team continued working with stockholders in NCDC and the MOH by conducting training related to COVID-19, and PPE donation. Field assessment to Janzour municipality, Janzour village hospital: the assessment revealed that the hospital is still not operational but will be opened as a triage center. The municipality is in process of making an isolation center for COVID-19 with 150 beds capacity.
- Under GIZ funded program: IMC continued to provide support to primary health care sector through PHC-sector support project. The project has 3 support field teams on the ground at 3 sites: Zintan, Nalut and Al-Bawnis while other sites like Ghadames, Jufra and Misullata are supported with PPE donations and trainings. COVID-19 trainings continued to be provided during the month. In Zintan 2 new PHC centers were covered with COVID-19 trainings: Alshamali PHC and Awlad Khalifa PHC. Online trainings and online awareness sessions were provided and all received positively especially at Sabha. PPE was donated to an additional 3 municipalities: Ghadamis, Jufra and Misullata. In Tamenhent the IMC team continued to provide services and covered the absence of medical doctors, providing triaging and consultation services. 5 clinical tutorials were conducted in Nalut.
- Under UNFPA funded project: The teams continue to provide medical consultations in SRH in Fahloom, Alqadisia and Aljadeed health centers in Tripoli and Sabha. A total of 350 medical consultations were provided in June 2020. CHW in all 3 health facilities conducted one to one and group awareness sessions. The number of people reached through the awareness sessions in June 2020 was 552. A one-day training for COVID-19 preparedness and response was conducted for MoH PHC medical staff in Tripoli targeting mainly Fashloom PHC center. 24 participants were trained included doctors, nurses, and coordinators. UNFPA RH kits use and indications were conducted to Fashloom and Alqadisia health centers. A total of 20 posters were posted in different departments of Fashloom and Alqadisia PHC centers . Donation of UNFPA RH-kits, other medications and medical supplies was done both Fashloom and Alqadisia PHC centers. RH kits (No. 6 and 11) were donated to Sebha medical center. RH Kits (No. 3,4,6,8,9) and medical supplies were received by Aljadeed PHC center.

- Under OFDA COVID-19 funded project: IMC new project in Libya began n June. This project builds on IMC's ongoing OFDA-funded project in Tripoli, Benghazi, Misrata, and Sabha. The medical team provided two training sessions related to COVID-19 infection control and prevention, with cooperation from the National Planning Council in the city of Zawia, Sabrata, and Surman.

Situation with vaccines' availability in Libya:

Health sector led by WHO has followed up on the situation with vaccines' availability in the country. Technical consultations were carried with the Prime Minister, Central Bank of Libya, NITAG, NCDC, WHO HQ, WHO Regional Office. Regular updates were provided to the key Member States on this issue. V

Various alerts from different sources on possible stock outs of certain vaccines, absence of procurement of vaccines for 2020 were received. WHO stressed the importance of procuring vaccines as soon as possible, in order to avoid major disruptions to Libya's routine immunization programme for a lengthy period and hence increase the risk of outbreaks of vaccine-preventable diseases. WHO was requested to provide guidance on priority vaccines for Libya which included considerations of the economic crisis the country is facing, the requirements set out in Libya's routine immunization programme, the need to maintain population immunity against the epidemic-prone diseases that cause high childhood morbidity and mortality, and the current gaps in vaccine supplies across the country. The list also took account of the WHO recommendations for routine immunization on the WHO web site. Of the 16 vaccines on the list, nine were classified as critical, three as essential and four as important. The nine critical vaccines include those that will protect Libya's children against life-threatening diseases such as measles and polio.

N°	Priority	Definition of priority	Type of vaccine	Patient profile	Required dosage
1	1	Critical	BCG	Neonates	1 dose at birth
2	1	Critical	Hepatitis B	Neonates	1 dose at birth
3	1	Critical	OPV	Infants	5 doses in first year of life
4	1	Critical	Pentavalent (DTwp-Hib-Hep B)	Children under two	4 doses at 2, 4, 6 and 18 months of age
5	1	Critical	IPV	Infants	2 doses at 2 and 6 months of age
6	1	Critical	MMR	Children under two	2 doses at 12 and 18 months of age
7	1	Critical	PCV	Infants	3 doses in first year of life
8	1	Critical	Rotavirus	Infants	3 doses in first year of life
9	1	Critical	DTwP	Children of school age	One dose at school entry
10	2	Essential	Seasonal influenza	High-risk groups	1 dose annually
11	2	Essential	IPV	Infants	1 dose at 4 months of age
12	2	Essential	Td	Children aged 15 Women of childbearing age	1 dose
13	3	Important	Meningococcal conjugate vaccine	Children under two	2 doses first year of life
14	3	Important	HPV	Children under 15	1 dose at 12 years
15	3	Important	Hepatitis A	Children under two	1 dose at 15 months
16	3	Important	Chicken pox	Children under two	1 dose at 15 months

CERF allocation to COVID-19 response in Libya:

Jointly with WASH sector and as part of the Advisory Group, as health sector lead provided technical guidance and support in selection of 3 NGOs for COVID-19 response under CERF allocation (3 million USD) to Libya.

Health sector prioritized technical areas for urgent support: Strengthen rapid response teams across the country; Support international health control offices at points of entry (PoEs); Risk communication community engagement; Support the establishment of isolation wards/departments in selected health facilities. Priority response activities were identified: Infection control, waste management and disposal at isolation sites and health facilities; Supply and equipment at PoEs; Pharmaceuticals and medical devices' supply and personal protective equipment; Extensive awareness raising through risk communication and community engagement.

WASH sector prioritized technical areas for urgent support: Strengthen rapid response teams in selected areas in East, West and South; Enhance IPC (Infection Prevention and control) component in WASH program; Support the capacity enhancement of Sector partners and Govt officials on IPC. Priority response activities were identified: Undertake extensive prevention and handwashing campaigns at all levels and all places including, schools, health facilities, and public spaces to improve preventive practices; Provision of critical hygiene materials to the most vulnerable and affected groups and hygiene awareness on IPC; Rehabilitation of water and sanitation facilities and provision of handwashing stations in DCs, CCs, HCFs, Isolation centres and/or other priority areas ensuring IPC measures to be in

place; Fumigation, disinfection, sterilization and solid waste management activities in HCF/Isolation centres/DC/CCs; Supporting IPC/WASH in schools and establishing guidelines for safe school reopening covering IPC.

The final decision and recommendations will be issued the first week of July.

Health sector response (January-May 2020)

15 health sector organizations are operational (6 UN agencies and 9 INGOs) and reporting regularly to a monthly 4W, including priority response under the developed health sector COVID-19 preparedness and response plan.

Health sector partners reached all of 22 (100%) districts, health response is not available in 32 of 100 municipalities. 43% of reached (68) municipalities were in areas ranked higher than 3 severity scale. Out of total of 58 municipalities ranked higher than 3, health sector reached 29 municipalities. Therefore, various health needs remain unmet in the rest of 29 municipalities.

Strategic Objective 1: A total of 84,867 medical procedures (25% of the target) were provided by health sector organizations. Only 33% of all medical procedures was provided in areas ranked higher than 3. 49 health facilities and community center provide MHPSS services (24% of the target). 53 mobile medical teams/clinics are deployed across the country (91% of the target). Out of 53 operational mobile medical teams, 16% are in areas of severity scale higher than 3. Only 70% of EWARN sentinel sites report in a timely manner with 75% of disease outbreaks responded to within 72 hours of identification. There are 126 EWARN sentinel sites across the country. National measles and rubella elimination program inform about a direct impact of COVID-19 resulted in a decrease of reporting rates due to movement restrictions, imposed curfew, reduction of functioning health facilities and number of health workers. This was influenced also by the unstable security situation, displacement, closure of health facilities in the area of military clashes and displacement of surveillance officers.

Strategic Objective 2*:* 181 public health facilities (PHC centers and hospitals) are supported with health services and commodities (28% of the target). Out of total of 181 public health facilities supported with health services and commodities, 52 (29%) are in areas of severity scale higher than 3. 65 health facilities (including detention centers, collective centers, and community centers) are supported by mobile medical teams/clinics across the country. 10 public health facilities received support with physical rehabilitation/refurbished (6% of the target). A total of 1574 standard health kits were distributed to all almost all districts. Health sector partners cover 14 IDP camps. 13 official detention centers covered by fixed health points and/or mobile medical teams. 9 disembarkation points are covered by fixed health point and/or mobile medical team.

Strategic Objective 3: A total of 2,837 health service providers were trained. 20 flash updates on attack on health care were produced.

UPDATES FROM PARTNERS

Key performance indicators, WHO Libya, January-May 2020:

- WHO operational response takes place in all 22 districts (100%).
- 55 (55%) of municipalities are reached by WHO.
- 20 (36%) of reached municipalities by WHO are ranked as areas with severity scale higher than 3.
- 69% of medical procedures supported by WHO are provided in areas with severity scale higher than 3.

- WHO account for 29% of all provided medical procedures (including outpatient, referral, trauma, mental health, physical rehabilitation, delivery support consultations) by health sector (24,531 out of a total of 83,817).
- WHO response with direct service delivery support is present only in 8 out of 22 districts.
- 50% of emergency medical teams (10) supported by WHO are provided in areas with severity scale higher than 3.
- 10 emergency medical teams (including 6 emergency hospital teams and 4 mobile medical teams) are supported by WHO. This is 29% of a total 53 teams managed by the health sector.
- 14 public health facilities are supported through 10 emergency medical teams. This is 22% of a total 65 facilities supported by the health sector.
- 46 PHC facilities received support with health services and commodities. 72 public hospitals received support with health services and commodities. A total of 118 (65%) of public health facilities receive support with health services and commodities.
- 72% of all the standard health kits distributed by health sector across the country was provided by WHO (1,126 out of 1,574).
- 34% of trained health service providers (960 out of 2,837) were trained by WHO.
- Libya is the country with the highest (20) number of reported attacks on health care in the world followed by Afghanistan and Syria. WHO issued 20 Flash Updates accordingly and reported to SSA.

IOM

IOM medical teams provided 5718 medical consultations to migrants, refugees, host communities and IDPs. A total of 2874 beneficiaries screened at Point of Entries for COVID 2019 and referred 111 migrants to secondary/tertiary hospitals for further medical management. The medical teams provided medical consultations for 1623 detained migrants in Dahr Aljabal DC, Tariq Al-Sikka DC, Al-Sabaa DC, Shouhada Alnasr DC, Abu Issa DC, Ganfouda DC, Tokra DC, Kufra DC, Souq AL Khamees DC, Zwara DC. Another of 34 migrants were referred from these detention centers to the secondary and tertiary health care hospital for further medical management.

IOM medical team through Migrant Resource and Response Mechanism (MRRM) program conducted medical consultations to 1716 migrants in urban areas in Zwara, Sabha, Qatroun, Tripoli, Hay Al-Andalus Office and Bani Waleed. IOM medical team referred 46 migrants to the secondary and tertiary health care hospitals. IOM medical team also conducted health awareness sessions and distributed IEC materials on COVID-2019.

IOM through its support to four Primary Health Care Centers (Alawaineya, 17 Feb PHC, Shouhada Abduljalel PHC, Alsiraj PHC) conducted medical consultations for 928 IDPs (Male 460, Female 468), along with supporting these centers with medicines, medical consumables and IEC materials on COVID-2019.

Through its mobile outreach services, IOM's medical mobile team supported health care services for migrants, IDP's and conflict affected populations targeted in urban locations (Surbana Shelter (Hai Al-Andalus), Sudanese Shelter (Souq Al-Jumai) and Abdulsalam Shelter (Janzour Area), Janzour and Tojura urban locations) in Tripoli, which benefitted of total 1236 persons and referred 28 cases from above shelters for hospital management.

IOM medical team provided reproductive health care services especially antenatal and postnatal follow ups to 50 pregnant women in the first second and third trimester of pregnancy and provided nutritional vitamin supplements.

IOM medical team conducted medical pre-departure medical screening for 110 migrants located in IOM Tripoli office, Tajoura Hear center, Disable Rehabilitation Center in Janzour to assess their fitness for Travel (FTT).

IOM medical team supported the migrants rescued at sea at different disembarkation points and screened 1350 migrants (Abusitta DP, Sobrata DP, Surman DP, Alzawya DP); during the screening 105 migrants provided medical consultation and 3 referrals made to hospital.

UNHCR

Through its implementing partner IRC, UNHCR continue providing primary healthcare and referrals to secondary healthcare facilities at its Community Day Center, Gergarish primary healthcare center in Tripoli with and in UNHCR Misrata Shelter, Aljazeera and Skiarat primary healthcare centers in Misrata with a total number of 2760 of medical cases. Through its implementing partner IRC, UNHCR responded to provide life-saving healthcare at Tripoli naval base and Azzawiya oil refinery port disembarkation points.

IMC

IMC medical team provided 4,342 OPD consultations and 2640 awareness sessions to beneficiaries with special focus on COVID-19 and ensuring social distance and infection control measures in the community. IMC supported 27 PHC clinics to ensure essential health services are provided during the quarantine period. Two schools in Benghazi were added to the MMUs schedule in order to service new IDPs in Benghazi. Under OFDA funded program: Mobile Medical Units (MMUs) provided primary health care inside 22 PHC clinics on semi-static weekly schedule for IDPS and host community in Tripoli, Benghazi, Sabha, and Misrata. On other COVID-19 related updates, please read above.

IRC

Supporting primary healthcare clinics (PHCCs) in Tripoli: The mobile medical team supporting Elmgarief and Bab Al Hurria PHCCs continued to conduct visits to Elmgarif PHCC. About 526 consultations including general, reproductive and mental health consultation have been provided with 25 referral cases. Activities at Sikka DC and Elharat PHCC continue with IRC medical team conducting visits to Sikka DC twice a week and Elharat PHCC three times a week. IRC successfully conducted about 404 consultations at Sikka DC and 351 consultations with 35 referrals at Elharat PHCC. Activities at Gurji-CDC continue with IRC team operating daily on the ground. The IRC team have successfully conducted over 988 consultations which include general, reproductive and mental health services, along with about 274 referrals to public and private clinics. IRC supported the registration process at UNHCR office – Serraj by providing medical screening daily and when needed the medical team also provided medical consultations at the same location especially at registration time of the DCs newly released POCs. Activities at Gergarish PHCC continue with IRC team daily visits with monthly 876 consultations.

Providing Rescue At Sea (RAS) to survivors: continues to conduct Rescue At Sea (RAS) and have successfully conducted 7 rescue activities in June (4 June - 194 survivors were rescued; 9 June - 185 survivors; 17 June – 130 survivors; 18 June – 328 survivors; 24 June – 74 survivors; 26 June – 270 survivors; 27 June – 92 survivors).

Supporting primary healthcare clinics (PHCC) in Misrata: The mobile medical team a continues to conduct daily visits to 3 PHCCs 5 days a week, with 96 monthly consultations, including 265 referrals to public and private facilities and 35 patients for specialized secondary and tertiary services. All related services (lab tests, medical and surgical procedures, medications and admissions) are covered by the IRC. The IRC is hosting 44 people of concern in the LRC shelter in Misrata and provide with primary and specialized health services,

protection, psychosocial support and three meals a day till the expected evacuation. The IRC facilitated vaccination campaign to all 8 children in the shelter. The organization organized the Word Refugee Day' celebration. The renovation of the LRC shelter has started.

Strengthening primary health care (PHC) services: The IRC Mentors continued to visit health facilities on a weekly basis to provide coaching and support. In Zliten municipality conducted mentorship in Hei-Almohameen, Al Qusba, Algwailat, and Ezdo Al-Janobia PHCs. In Souq Al'Jooma municipality conducted activities in Arada, Alheshan, Alharat and Bab Tajoura PHCs. In Gharyan the team started in Gharyan polyclinic, Awlad ben Yaqub, Abu Zayan.

The IRC conducted a four days CHW training on NCD for 14 nominated participants. The organization donated drugs and medical supplies to some of the targeted areas facilities, in Soaq Ajomoa, Zliten and Gharyan as a second shipment of the scheduled shipments.

UNFPA

Service delivery: under implementing partner IMC, UNFPA mobile teams provided essential integrated SRH / GBV services (ANC, Family Planning, STI, HIV testing and counselling) to a total number 354 women and girls in 2 PHC center in Tripoli (Al-Qadessia / Fashloum) and 1 PHC in Sabha (Al-Jadid).

RH commodities and supplies: provided 15 RH supplies and commodities to Aljadeed PHC, Al-Qadessia, Elkhomes hospital, Tarhouna Hospital and Bani Walid hospitals. The donated kits will support normal deliveries, C sections and family planning services to a total number of 1,215 women and neonates.

PUI

Great Benghazi: ECHO funded two Mobile Health Teams (MHT) covering urban settings including 1 PHCC in 8 IDP's camps in Great Benghazi. PUI teams were mobilized on the emergency response for Tarhouna's IDPs during the month of June as soon as the first displaced persons arrived. Unfortunately, the activities of this project end in June. UNHCR funded one MHT covering DCs, mainly Ganfouda but Ajdabya and Tolmitha during the month of June. EU funded/IRC consortium-lead one mentor team ensuring the strengthening the skills of ministry staff in dealing with NCDs in al-Fouihat and Boatni PHCCs.

Al-Kufra: ECHO funded one MHT covering rural settings in Al-Jawf and surroundings. A partnership has been developed for outreach activities (especially sensitization) with volunteers from Libyan Red Crescent in order to increase the covered population in the area. A scale-up of activities is planned for July as PUI has been granted from another funding from ECHO in this area. MHTs deliver comprehensive package of curative (including SRH) and preventive care at primary level for communicable and non-communicable diseases, free of charge for both adults and children. PSS support activities are also included. Services offered are completed with health and hygiene promotion, and referral pathways financially covered by PUI.

UNDP

SDG INTEGRATION WEBSITE: https://sdgintegration.undp.org/countries/libya

STORY: https://www.ly.undp.org/content/libya/en/home/stories/Authorities-in-Ghat-equipped-to-respond-to-COVID-19.html

GLOBAL PRESS RELEASE: https://www.ly.undp.org/content/libya/en/home/presscenter/pressreleases/2018/UNDP-Governments-must-lead-fight-against-coronavirus-misinformation-disinformation.html

CALL FOR PROPOSAL: https://www.ly.undp.org/content/libya/en/home/library/Sustainabledevelopment/Call-for-Proposals-for-Personal-Protective-Equipment-Production-in-Libya.html

BLOG/OPED: https://www.ly.undp.org/content/libya/en/home/blog/Innovative-solutions-to-stop-biodiversity-threats-in-Libya.html

CALL FOR PROPOSAL: https://www.ly.undp.org/content/libya/en/home/library/democratic_governance/Call-for-Proposals-Voter-and-civic-education-campaign.html

UNICEF

Distribution of integrated MCH and nutrition package supplies in six municipalities: UNICEF distributed integrated Maternal Child Health (MCH) and nutrition supplies to six municipalities (Alshweirif, Garabouli, Alkhomis, Alzentan, Baniwaleed and Ejdabiya) benefitting at least 120,000 people within these municipalities (20,000 individuals per municipality. So far, UNICEF has distributed MCH and nutrition packages to 12 municipalities, benefitting 240,000 individuals. The package has all the essential and lifesaving medicines and supplies to ensure the availability of PHC and emergency MCH services. This support will also serve the Pillar-9 of the COVID-19 response. i.e. Continuity of essential health services.

In June, UNICEF also distributed cold boxes and vaccine carriers to vaccination centers in Tripoli and Alrhebat and will continue distribution to all the vaccination centers nationwide.

Supporting prevention of mother-to-child transmission of HIV (PMTCT) program: UNICEF handed over PMTCT (Zidovudine injections and Septrin effervescent tablets) drugs to NCDC, which will benefit at least 100 newborns. UNICEF is also working with Customs Department on custom clearance of Anti-Retro Viral (HIV) drugs (Zidovudine solution and Efavirenz tablets), which will ensure availability of PMTCT drugs at the national level.

INFORMATION SOURCES:

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

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

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