

HEALTH SECTOR BULLETIN



June 2021

Libya

Emergency type: Complex Emergency

Reporting period: 01.06.2021 to 30.06.2021

Total population	People affected	People in need	People in need Health Sector	People in acute health need
7,400,000	2,470,000	1,250,000	1,195,389	1,010,000
PIN (IDP)	PIN (Returnees)	PIN (Non-displaced)	PIN (Migrants)	PIN (Refugees)
168,728	180,482	498,908	301,026	46,245
Target Health Sector	Required (US\$ m)	Funded (US\$ m)	Coverage (%)	
450,795	40,990,000	3	7.3	

KEY ISSUES	2021 PMR (Periodic Monitoring Report) related indicators	
Health sector related challenges and obstacles	Number of medical procedures provided (including outpatient consultations, referrals, mental health, trauma consultations, deliveries, physical rehabilitation)	32,270
Deterioration of security situation in detention centers in Tripoli	Number of public health facilities supported with health services and commodities	70
Supporting epidemiological and laboratory surveillance in Libya	Number of mobile medical teams/clinics (including EMT)	50
Development of national policy and a strategic action plan for nursing and midwifery in Libya	Number of health service providers and CHW trained through capacity building and refresher training	333
Health sector assessment registry for quarter II 2021	Number of attacks on health care reported	0
Situation with HIV treatment in Libya	Percentage of EWARN sentinel sites submitting reports in a timely manner	48
Health sector 2021 HRP Periodic Monitoring Report	Percentage of disease outbreaks responded to within 72 hours of identification	82
	Number of reporting organizations	13
	Percentage of reached districts	91
	Percentage of reached municipalities	46
Impact of the heat wave on health service delivery (among functioning health facilities) across the country	Percentage of reached municipalities in areas of severity scale higher than 3	13

SITUATION OVERVIEW

- June 3, the director of Libyan Red Crescent branch in Ejdabia was kidnapped by a group of unknown people. Until now, his whereabouts are unknown.
- Libyan Prime Minister stressed the need for real partnership between the public and private sectors in the health field and a need to develop an effective vision for the health insurance project.
- Libyan Prime Minister urged health sector to raise salaries. The General Syndicate of Libyan Doctors (LGMC) announced that it would begin a partial strike in both the public and private sectors due to their low salary. The strike would continue until the activation of a governmental decision to raise the salaries of health sector employees.
- Unconscionable sexual violence against migrant women and girls in Tripoli's Shara' al-Zawiya detention centre – suicide attempts out of desperation & starvation.
- MSF suspends its work in two detention centers in Tripoli, <https://www.msf.org/violence-against-migrants-forces-msf-suspend-centre-activities-libya>
- The UN SG tweeted on 27 June “I am very concerned about the serious and deteriorating humanitarian situation in Libya. An estimated 1.3 million people need assistance, an increase of 400,000 since last year. I urge countries to support our Humanitarian Response Plan to help the most vulnerable.”
- Second Berlin Conference on Libya took place on 23 June. Some of the key conclusions included: “We commit to supporting the interim Government of National Unity in its efforts to improve the delivery of basic services to the Libyan people, restore water and electricity supply, education and medical services including providing vaccines against Covid-19, to combat corruption, revive and diversify the national economy, and engage in the reconstruction of the country’s infrastructure; We recall the obligation of the interim Presidency Council, the interim Government of National Unity and all parties in Libya to fully respect international humanitarian law and international human rights law as applicable, to protect civilians and civilian infrastructure and all Libyans and Non-Libyans, and allow access for medical personnel, human rights monitors, humanitarian personnel and assistance, also through engagement with UN entities.”
- Programmatic scoping mission in the context of the transition, UNDP Libya, 7 June-9 July 2021 takes place.
- Libya will be included into Focused Countries Initiatives, launched by the global Health and Migration Programme at WHO/Headquarters. The aim of this initiative is to recognize countries’ different challenges, opportunities, capacities and readiness in scaling up the Global Action Plan (GAP) implementation.
- Greece and Libya discuss health cooperation, including Greek administration over Libyan hospitals.
- The Minister of Health for the Government of National Unity (GNU), Ali Al-Zanati, visited the southern region where discussed the current health situation in Sabha municipality.
- The Ministry of Health highlighted the necessity of reactivation of Ghat General Hospital.
- The Ministry of Health highlighted the necessity of receiving any external assistance by health facilities as a subject of mandatory coordination with the respective technical department of the Ministry of Health and ensuring importation and procurement of supplies with no less than 2/3 of the validity period.
- There is a reported deterioration of the situation in Ashshwayrif municipality with accessibility to COVID-19 services.
- Libya’s Parliament Fails to Approve 2021 Budget.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

Some of the health sector related challenges and obstacles

There are remaining notable tensions and gaps increasing the need for health sector partners to expand and increase its operational presence.

The House of Representatives has not yet approved the GNU’s budget for 2021, including health.

Libya continues to face repeated stockouts of critical vaccines, compounded by difficulties securing funds from the Central Bank of Libya to place new procurement orders.

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There are acute shortages of medicines for child cancer patients and patients with life-threatening diseases such as TB and HIV/AIDS.

Coordination of the national response to COVID-19 remains fragmented.

A remaining challenge is to activate the health information system maintaining its data collection and analysis across the country. Libya remains one of few countries not reporting on key health performance indicators despite all earlier launched initiatives.

A considerable work was done in terms of risk communication, but more emphasis needs to be placed on community engagement and infodemic management strategies.

Surveillance data, epidemiologic investigation, contact tracing, and adjustment of public health and social measures in municipalities remained poorly aggregated or analyzed centrally, not disaggregated on age gender and not being reported through IHR focal point.

There remained inability to measure the contribution of points of entry in the epidemiology and implementation of closure of border and its impact and significance of a particular PoE and unofficial borders.

Persistent shortage of supplies and reagents - this is related to absence of forecasting. 93% of the laboratory testing done and capacity concentrated mainly in the west.

Non implementation of national IPC plan, lack of institutionalized IPC programs in health facilities, frequent shortages of PPEs in isolation centers, unavailability of data for COVID infections in COVID and non COVID healthcare workers.

Poor follow up of home isolated patients. Low number of case management health facilities across the country, unclear COVID-19 referral pathways, frequent critical oxygen supply shortages in COVID isolation centers especially in the east and west, lack of monitoring, oxygen therapy and advanced respiratory support equipment in isolation centers. Difficulty in establishing triage and isolation mechanism in the detention centres due to the overpopulated conditions and unavailability of isolation spaces. COVID-19 supplies are not equally distributed in the country and no clear information on availability and distribution plans from engaged stakeholders, non-availability of essential supplies forecasting and trained staff for the country.

Strengthening essential health services and systems - support to the public health facilities across the country, especially in remote and hard to reach areas (severity scale applicability). Many routine and elective services have been suspended, and in some cases, restarted and resuspended. Unavailability of country specific or context relevant list of essential services, unavailability of Essential Health Service Package data.

Health sector remains to be one of the sectors with minimum operational presence and response by national NGOs.

New registration procedures for health sector organizations in Libya were introduced and required further clarity. On a monthly basis 5-8 health sector partners reported access related issues, including visa restrictions, lack of approvals, etc.

Deterioration of security situation in detention centers in Tripoli

Latest deterioration of the security situation in some of the detention centers in Tripoli that led MSF-H to take a decision to temporarily suspend its routine activities in these centers. Deterioration is linked to the massive influx of people being intercepted and returned by the Libyan Coast Guards; at least three incidents of mass shooting (Abu Salim and Mabani Detention Centers). Witnessed numerous accounts of different levels of physical abuses/violence in these centres.

Health sector is reminded that WHO strategy is in line with WHA 70.15 resolution for WHO to provide health leadership and to provide support to Member States to promote the health of Refugees and Migrants and subsequently

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the Global Action Plan “Promoting the health of refugees and migrants’ 2019-2023” has been agreed by the World Health Assembly in 2018. The GAP has the following 6 priorities:

- Promote the health of refugees and migrants through a mix of short-term and long-term public health interventions;
- Promote continuity and quality of care, while developing, reinforcing and implementing occupational health and safety measures;
- Advocate mainstreaming refugee and migrant-sensitive health policies, legal and social protection, and gender equality, including interventions to protect and improve the health and well-being of women, children and adolescents living in refugee and migrant settings; and promote partnership and intersectoral, intercountry and interagency coordination and collaboration mechanism in global, regional and country agendas;
- Enhance the capacity to tackle the social determinants of health and accelerate progress towards achieving the Sustainable Development Goals, including Universal Health Coverage;
- Support measures to improve communication and counter xenophobia;
- Strengthen health monitoring and health information systems.

Supporting epidemiological and laboratory surveillance in Libya

One week WHO EMRO mission took place in Libya with the following objectives: Describe the COVID-19 epidemic in Libya and identify its main drivers; Describe the COVID-19 surveillance activities; identify strengths and weaknesses; Describe the national COVID-19 laboratory network; Make recommendations for the improvement of laboratory testing and the detection of COVID-19 variants; Describe the national surveillance system; Draft/fine tune the roadmap for the implementation of EBS in Libya; Make recommendations for the strengthening of the national surveillance system and discuss the relevance of supporting integrated disease surveillance; Identify technical support and resources needed to permit WCO Libya to provide the appropriate support to the MoH for the strengthening of surveillance (epi and lab).

Expected outcomes include: COVID-19 epidemic and surveillance (epi and lab) activities in Libya described; National surveillance system described; Recommendations for the strengthening of COVID-19 detection and surveillance made; Review of the EBS project and support/guidance to the EBS consultant provided; Roadmap for the implementation of EBS developed; Further support for the strengthening of disease surveillance in Libya identified.

Development of national policy and a strategic action plan for nursing and midwifery in Libya

UNFPA supported consultancy to provide support to the Ministry of Health for the development of national policy and a strategic action plan for nursing and midwifery in Libya. There will be an active engagement with development partners while working directly with MOH directorates of HRD, PHCI, ICO and others to review existing policies, literature and consult through several consensus building workshops to propose rational policies and drafting a 10 years strategic action plan along with its quality assurance, Institutional development framework and resource mobilization policy briefs for its implementation.

Health sector assessment registry for quarter II 2021

Health sector assessment registry for quarter II 2021 was updated.

Health sector organization	Name of the assessments, surveys, studies
ICRC	<ul style="list-style-type: none">• Assessment Al Brega General Hospital in Brega/Ajdabya as part of the Emergency Department Support Project, April.• Assessment of Ghadamis Hospital and Awal and Dirij PHCCs in Ghadamis for 3 months primary health care support, May.• Two remote assessments to Ibn Sina and Al Afiya hospital for the Emergency Department support project, May.• Assessment of Tajoura and Al sayad PHCCs for possible 3 months ad hoc support, June.• Assessment of one PHCC in Tarhouna for Primary Health Care possible support, June.• Assessment of Tazemerit PHCC in Yefrin for primary Health Care possible support, June.

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	<ul style="list-style-type: none"> Assessment of Abu Jaafar PHCC in Al Urban for possible 3 months support, June.
IMC	<ul style="list-style-type: none"> Primary Health Care Facility Assessments in Sabha and Ain Zara (Tentative Dates - June 13 to 30, 2021)
IRC	<ul style="list-style-type: none"> Need assessment on the availability and quality of health service, quality, medical equipment and capacity building needs of eight health facilities in Al Khoms and Bani Walid municipalities: Bani Walid (Bani Walid General Hospital; Emergency Unit; External Polyclinic; Eshmeikh PHC; Almordom PHCC; Jomla PHCC; Alhosna PHCC); Al Khoms (Al Khoms Educational Hospital; Sug-Alkhamees Hospital; Al Khoms Polyclinic) End line assessment of EUTF and ENI supported 12 facilities in Zliten and Souq Jouma and Gharyan municipalities. Patient exit surveys in five supported health facilities in Tripoli (CDC, Al Nasib Altidkari, Mhemed Almgarif and Zawyet Aldhmani and Al Harat health facilities).
PUI	<ul style="list-style-type: none"> Initial assessments in Al-Marj (health project starting): Ahmed Alghreany clinic (PHCC); Salama Aldroogy clinic (PHCC); Alemam Malek clinic (PHCC); Almarj general hospital; Nephrology center; Ophthalmic center; Almarj center of diabetes; Alfaraby medical center (Private) and Almarj Altakhsosy (Private). Multisector assessments: Rebyana (AKF district, Great Benghazi – area to define).
UNHCR	<ul style="list-style-type: none"> Health needs and access barriers in seeking health care among refugees and IDPs in Libya. Health Care facilities assessment in Sebha and Brak Al Shati. Health Care facilities assessment in Derj. Health Care facilities assessment in Ghadames. Health Care facilities assessment in Nalut.
WeWorld-GVC	<ul style="list-style-type: none"> Sebha, Brak, Al Qurdah, Bint Baya: technical need assessment for rehabilitation works and provision of medical equipment and supplies in six health care facilities and one isolation center.
WHO	<ul style="list-style-type: none"> WHO operational monthly assessment, district health situation. Assessment of situation with availability of electricity across the south. Selected HeRAMS assessment across the country, January – May. Infection Prevention and Control (IPC) Assessment Framework at the Facility level (IPCAF), May-June. Infection prevention and control health-care facility response for COVID-19, May-June. EWARN evaluation, March-April (Ramadan and EMRO mission). Situation analysis of the health workforce (pre-step to develop HRH strategic plan), March-May. Assessment on forecasting oxygen planning needs, June. Assessment of the quality and availability of routine immunization services at 30 PHC facilities, June. Situation analysis of mental health services in 17 municipalities using the mhGAP situation analysis tool, June.

Situation with HIV treatment in Libya

There is an urgency of the situation and steps to be undertaken further to support National AIDS Program in Libya.

NCDC requests for centralized procurement of HIV drugs through MSO (Medical Supply Office) of the Ministry of Health remain unanswered and unmet until now. There is a reported stock out. There is no timeframe on availability of these drugs in the second half of 2021.

WHO Libya has provided support to the national health authorities (NCDC and Benghazi Center for Infection Diseases) since the last 3 years. This included a number of donations of ARVs (for example, 90% of BCIDI needs in ARV supplies were covered by WHO). WHO Libya is in the process for finalizing a proposal to the Government of Germany (“Strengthening the management of targeted communicable diseases in Libya”) which includes the response component to further support HIV program with ARVs medicines, HIV diagnostic capacity and capacity building training for medical staff. In parallel, currently WHO undertakes immediate steps for operational solutions within the EU funded project on TB. In July 2020 a request for support was received by WHO Libya from the NCDC/NAP (National AIDS Program) to assist in provision of HIV medicines needs for one year. According to the NCDC, no supplies were received from MoH/MSO for the period of 2019-20 and the shortage gap kept increasing. Similarly, a request was received from Benghazi. Considering the funds’ limitation WHO Libya could respond to the request from Benghazi delivering supplies in the beginning of 2021. Unfortunately, the main request of the NCDC/NAP could not

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be met by WHO Libya due to shortage of funds to cover such costs. In December 2020 WHO Libya donated to the NCDC/NAP Efavirenz 600mg tablet to meet severe shortage through an emergency local procurement. In late April 2021 WHO Libya received information about the remaining stock of lopinavir/ritonavir tablets for donation to different countries at the WHO HQ. These tablets were part of a donation from manufacturers to WHO for use in the concluded Solidarity clinical trial sponsored by WHO. WHO Libya put a request for 100,800 (about 6 months) of LPV/r 200/50mg via EMRO team. This should cover the needs for some registered 140 HIV patients with the HIV center in Benghazi (16,800 tablets/month). WHO is in contact with the MoH/MSO to advocate for accelerating procurement process of HIV medicines. Similarly, WHO follows up with the International Cooperation Office of the MoH and its senior pharmacists working on forecasting needs for medicines and supplies

Despite all undertaken advocacy and engagement of key stakeholders for overcome the existing long-term bottlenecks, there is no situation improvement even under the consideration of formed Government of National Unity responsible for ensuring equal service delivery across the country. We estimate that despite all available financial resources Libya will continue to depend on external funding and assistance to meet the health/treatment needs of people living with HIV. Despite the seriousness of the problem, there is a well-known donor' funding fatigue of HIV, PMTCT and inability to ensure continuity of provision (sustainability) of treatment through ad hoc external funding efforts.

WHO is ready to provide technical support through international consultants to update the national HIV guidelines and review the whole procurement process for ARVs, identify bottlenecks and propose solutions as well as advocacy interventions with the Minister of Health.

EWARN and epidemiological situation updates

EWARN updates in June 2021 (week 22 to week 25; 2021) period (31 May 2021 to 27 June 2021). Average completeness of reporting (64) 51%. Total number of consultations is 37,716. Out of the 37,716 total consultations, a total of 12,574 EWARN notifiable cases were reported.

Respiratory illness: AURI: 6,908 accounting for 55 % of total cases. The highest number of cases reported from Al-Abyar (1338). ALRI: 1,841 accounting for 15% of total cases. The highest number of cases reported from Benghazi (560). COVID-19: 1,182 confirmed case reported from sentinel sites, the highest number of cases reported from Sabha (193).

Water borne disease: Acute Diarrhea (AD): 2,425 (19% of total cases), most reported from Baniwaleed municipality (605). Bloody diarrhea (BD): 51, most reported from Baniwaleed municipality (24). Acute Jaundice Syndrome (AJS): 35, the highest reported number from Tripoli municipality (13)

Vaccine preventable disease: AFP cases: 5, most reported from Benghazi (3). Suspected Measles (SM): 7 most reported from Regdaleen (3). Pertussis 24 most reported from Benghazi municipality (14). Meningitis (suspected) 29 most reported from Benghazi municipality (15).

Other diseases: Cutaneous Leishmaniasis; 36, most reported from Zliten (13) and Aljmail (13). Food poisoning; 10, all reported from Sabha (10).

HEALTH SECTOR ACTION/RESPONSE

Weekly COVID-19 updates produced by WHO Libya.

AFP updates: Weekly AFP updates published by WHO Libya.

Weekly EWARN bulletins are being produced by NCDC.

Mid-month (1-15 June) health sector operational update produced with the inputs.

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

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Coordination meetings:

Updated schedule of health sector meetings for July-September 2021. This includes:

- National level health sector coordination meeting
- Sub-national Benghazi health sector coordination meeting
- Sub-national Sabha health sector coordination meeting
- Migration health sub-sector WG
- Reproductive health sub-sector WG
- TB sub-sector WG
- MHPSS sub-sector WG
- PHC sub-sector WG
- COVID-19 IPC WG
- COVID-19 RCCE WG
- Joint Technical Coordination Committee/Basic Services WG/Health sub-sector WG

Migration Health sub-sector working group took place on 22nd June.

MHPSS sub-sector working group took place on 15th June.

Sabha sub-national health sector coordination meeting took place on 30th June.

Health sector 2021 HRP Periodic Monitoring Report

Health sector 2021 HRP Periodic Monitoring Report is prepared. 15 health sector organizations are operational (6 UN agencies and 9 INGOs) and reporting regularly to a monthly 4W (out of total 27 reported in Health Sector Field Directory), including priority response under the developed health sector COVID-19 preparedness and response plan. There are estimated 100 health sector projects, with 130 million USD in active projects (including HRP and non-HRP response). Reporting HRP health sector partners reached all of 22 (100%) districts. Health response is not available in 50 of 100 municipalities. 45% of reached municipalities were in areas ranked higher than 3 severity scale.

Strategic Objective 1: A total of 101,074 medical procedures (8% of the target) were provided by health sector organizations. Most of medical procedures are provided in Tripoli, Almargeb, Benghazi, Alkufra and Misrata. 85% of medical procedures take place in severity scale 3. 66 health facilities and community center provide MHPSS services (44% of the target). Community based surveillance is established, and results have been weekly reported from 8 migrant-dense municipalities. 36 mobile medical teams/clinics are deployed across the country (60% of the target). Only 55% of EWARN sentinel sites report in a timely manner with 80% of disease outbreaks responded to within 72 hours of identification. There are 131 EWARN sentinel sites across the country.

Strategic Objective 2: 257 public health facilities (PHC centers and hospitals) are supported with health services and commodities (30% of the target). Most of these facilities are in Tripoli, Alkufra, Sebha, Misrata and Aljara. 135 health facilities (including detention centers, collective centers, and community centers) are supported by mobile medical teams/clinics across the country. 32 public health facilities received support with physical rehabilitation/refurbished. A total of 474 standard health kits were distributed to all almost all districts with most of supplies for Al Jabal Al Akhdar, Benghazi, Alkufra, Murzuq and Ejdabia. Health sector partners cover 13 IDP camps. 12 official detention centers covered by fixed health points and/or mobile medical teams. 7 disembarkation points are covered by fixed health point and/or mobile medical team. More than 1.8 million PPE were donated by the sector. A network of 150 RRT (rapid response teams) was supported as well as 8 laboratories and 58 isolation centers. More than 7,000 PCR kits, 61 oxygen concentrators.

Strategic Objective 3: A total of 1,970 health service providers were trained.

Key achievements for the sector response covering January-May 2021.

- A total of 101,074 medical procedures was provided by health sector organizations. 85% of all medical procedures were provided in severity scale areas higher than 3.

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- Out of 36 operational mobile medical teams, 16% are in areas of severity scale higher than 3.
- A total of 257 public health facilities supported with health services and commodities.
- A total of 1,970 health service providers was trained.
- A total of 100 active projects with 130 million USD budget is rolled out for COVID and non-COVID response.
- Access granted for COVID-19 vaccination for non-Libyan population.
- A total of 6 POE (3 airports and 3 border crossing points) are equipped to conduct COVID-19 screening for the in- and out-bound passengers. These 6 POE are equipped with well-established isolation centers, trained medical professional and referral mechanism to shift the suspected patients to the nearest isolation centers.

Access to electronic medical journals, scientific publications and participation in global electronic libraries

During WHO visits to medical centers and universities across Libya, WHO frequently received requests as to whether WHO could support them to get access to electronic medical journals, scientific publications and participation in global electronic libraries. As a result, WHO received a confirmation that in collaboration with HQ colleagues and Research4Life partners, a special decision has been taken to provide ALL eligible institutions in Libya with full access to the content of Hinari and Research4Life programmes free of charge till 31 December 2021. The responsible focal point in the MoH was contacted and informed accordingly.

Impact of the heat wave on health service delivery (among functioning health facilities) across the country

Almergeb	All functioning health facilities provide health services. Limited number of health specialists. Part time. Impact of shortage of electricity.
Al-Ajailat, Sabratha, Zwara	Health facilities have been closed for several days. Security related concerns. Health facilities and hospital in Sabratha work normally. Generators are available. Health facilities in Zwara are functional.
Almarj	All health facilities are functional.
Zawiya, Surman	Prolonged absence of electricity. Health facilities are functional. PHC centers lack generators.
Qatrun	Health facilities are largely impacted. Generators are available but no fuel. Facilities mainly closed.
Wadi Al Shati	Prolonged absence of electricity. Health facilities are functional. There is a lack of generators and fuel. Facilities are partially affected.
Derna	All hospitals and health centers are functional. Reported absence of some of health personnel.
Ajdabiya, Alwihat	Health facilities are functional. During the electricity cuts – limited capacity.
Al Jabal Al Akhdar	All health facilities are functional
Tripoli	Health facilities are functional. A few PHC centers do not have generators.
Bani Walid	All health facilities are functional with generators.
Murzuq	All functioning health facilities are at limited capacities. X-ray equipment fails due to electricity cuts. Cold chain may get affected.
Al Jufra	Waddan PHC and Sokna PHC stop functioning during electricity cuts off due to the absence of generators.
Wadi Al Hayat	Health facilities are open in mornings and evenings. Isolation center in Bent Baya is affected. Oxygen plant becomes non-operational.
Al Kufra and Tazarbu	Facilities continue to function while experiencing disruptions with available generators.
Zliten, Misrata, Zliten	All health facilities are functioning. Electricity is not available for 5-6 hours. Diesel is available.
Tobruk	Electricity is not available for 8-12 hours. Functioning health facilities operated at limited capacities. Staff does not report to work. Lab and x-ray equipment become affected. Some of PHC centers do not have generators and lack diesel.
Sabha, Ghadwa, Al Bawanis	All health facilities remaining functional. Generators are mainly available but lack of diesel.
Ghat	Health facilities are functional. Shortages of health supplies. Electricity is available.
Jafara	Electricity cuts impact availability of health services. Staff does not report to work. Some of the facilities suspend services due to breaks down of generators. Long hours of electricity cuts.
Ghadames	Key health facilities are functional. Some of PHC centers (lab services) get disrupted due to the absence of generators.

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Health Information Management materials produced:

- Health sector Libya, 4W snapshot, May 2021.
- Map, health sector Libya operational presence in Libya, May 2021.
- Links to interactive dashboards:
 - [Libya Health sector 4Ws 2021](#)
 - [COVID-19 health facilities Libya](#)
 - [COVID-19 response Key indicators 2021](#)
 - [COVID-19 Libya dashboard](#)

UPDATES FROM PARTNERS

WW-GVC



Southern Libya: in the framework of Integrated Protection Programme funded by SDC project in Sebha, 275 family hygiene kits were distributed to the most vulnerable families, following an analysis based on WW-GVC CPA Approach. Family hygiene kits were designed according to the WASH cluster guidelines, for at least one month and up to five family members, contain 18 items (such as female sanitary towels, toothpaste, shampoo, detergent, soap, etc.). In addition, 159 COVID-19 kits and 50 first aid kits were distributed. Each COVID-19 kit can last at least one month for a family of five and consists of 4 items (disinfectant bleach, medical masks, gloves and hand sanitizer). One first aid kit consists of 10 items (plasters, surgical tape, all-purpose gauze, scissors, thermometer, antibacterial wipes, etc.).



Figure 1: Al Maamoura Girls High School session on COVID-Prevention



Figure 2: Technical Medical Faculty in Al Maamoura session on Diabetes



Figure 3: Basmati Training center in Al Maya, Session on Hypertension



Figure 4: AlHurya Elementary School in Al Maamoura, Session on COVID-19 Prevention

Western Libya: after recruiting and training 28 community mobilisers, WW-GVC started conducting the awareness raising sessions in the municipalities of Al Maya, Al Maamoura and Sorman on Hypertension, Diabetes, COVID-19 prevention and Tuberculosis. The number of participants reached in these sessions is 694 (457 women and 237 men) in total mostly from the local community and 3 from the migrants. Since most of the sessions have been conducted in

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high schools and training centres, 79% of the participants age is below 25 years old, while the rest 19% is between 26 and 65 years old. One COVID-19 session has been conducted in an elementary school reaching 21 children (8 boys and 13 girls - age between 7 to 14 years old).

The Libya Public Financial Management (LPFM)

Workshop on PHC Operational Work planning in Zliten and South Zawiya: The Libya Public Financial Management (LPFM) program held a workshop at Corinthia Hotel in Tripoli (June 23, 9am – 11.45 am) to the task force members



of Zliten and South Zawiya. LPFM's primary health care team introduced the methodology of the operational workplans, including the field data collection that feeds into the forthcoming situational analysis. Following the workshop, LPFM and the municipality staff will jointly conduct the field assessment for the PHC clinics of Zliten (AlMunterha, AlHarsha, both centers, and PHC unit of AlJihad), and South Zawiya (Nasser, Shalghouda, and Beer Alghanam, all centers). The workshop also shed light on the division of labor between the task force members and staff from the respective Health Directorates. The field work will feed into the preparation of the PHC operational workplans which will encompass the primary health care needs in the selected clinics. Once these are identified, LPFM will

benchmark the available HR and medical supplies against its proposed standardized requirements to determine any existing gaps. The next phase will work on costing these needs.

Workshop on Costing of Primary Health Care Services in Misurata: The PHC team organized a workshop at Corinthia Hotel in Tripoli (June 23, 12pm – 2.00pm) to Misurata's task force members to discuss the preliminary costing of the proposed package of health services developed by LPFM for three centers (Merbat, Skirat, Ras Tobah). LPFM's PHC team presented the breakdown of the package, based on the data it had collected jointly with the task force during two separate field assessments. The team and the task force also discussed the highest priority PHC services to be taken into account in finalizing the costing of the package—which will be carried out jointly by LPFM and Misurata's municipality staff by the end of July.



ICRC



Abdulrahim, an eight-year old child born with a congenital malformation leading to a bilateral below-knee amputation early in his life, never walked until June 2021. Thanks to the Prosthetic team at Janzour Physical Rehabilitation Center who assisted him and fabricated his bilateral artificial limbs. Abdulrahim is now able to stand, walk, and play with his friends. ICRC supports the Physical Rehabilitation Centre in Janzour, since 2018, with prosthetic and orthotic material, capacity building through training abroad, and one-on-one coaching at the center.

PUI

Through the month of June 2021, with the support of the DG-ECHO, Première Urgence Internationale (PUI) provided primary health care and PSS services, and organized health promotion sessions and awareness raising activities in Al Kufra Mantika.

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Primary health care consultations: PUI Mobile Health Team provided 416 primary health care consultations in Al Kufra. This included 361 general medical consultations, 55 nursing consultations. The most prominent diseases that were recorded during the curative consultations were upper respiratory tract infections (seasonal), gastrointestinal diseases linked to the poor quality of the water and hypertension, reflecting the important prevalence of non-communicable diseases in the region.

Community health activities: Through its network of 10 community health workers,

PUI carried out malnutrition screening for pregnant and lactating women and children under 5 years old. This included antenatal and postnatal care follow-up visits and referrals to primary healthcare centers when needed.

MHPSS services: Psychosocial counselling was provided for 11 individuals.



Health and hygiene promotion: Through its network of community health workers, PUI conducted health and hygiene promotion sessions. A total of 126 individual sessions and 57 group sessions were conducted. Additionally, PUI organized an awareness campaign on different health topics, particularly COVID-19 preventative measures and healthy lifestyle reaching 129 individuals in the areas of Al Ajhar, Al Tullab, Al Shura, Bezzima Al Jadida, Al Kufra Al Jadida and Gader Fai. In addition, messages about the importance of vaccination registration through the online platform of the NCDC were disseminated at community level.

Additionally, in June, as part of the organization's efforts to enhance access to essential services for conflict-affected communities in southeast of Libya, including the right to equal access to health care services for all girls, boys, women, and men in Al Kufra PUI launched its online communication campaign entitled "Hikayat from Libya" (*Hikayat is the Arabic translation of "Stories"*). The website www.hikayatfromlibya.com includes a photo exhibition and many "hikayat" from the field, depicting the barriers to access to health that are encountered by people in Al Kufra region. PUI's priority is to provide a high-quality health integrated services to people in need, alleviate their sufferings, and contribute to improving their access to essential services. This is why we are making their voices heard!

In Benghazi, PUI completed an assessment of primary health services, as part of a project funded by the Centre de Crise et de Soutien (CDCS). The project aims at improving access to comprehensive, quality health services especially for non-communicable diseases in Al Marj. Eight Healthcare Facilities were assessed in order to map the different primary, secondary and specialized services available in the area and define more precisely the referral mechanisms. To introduce the care pathways developed through a previous project implemented with IRC and PCI and proposing an innovative model for the main non-communicable diseases, a first training of trainers is taking place in the final week of the month, to introduce the care pathways developed for the most prevalent pathologies and discuss the referrals mechanisms for complications of NCD. Five physicians (Ahmed Algheriany clinic, Salama Aldurowgy Clinic, Alemam Malik Clinic) and key persons from the Department of Health Services have been identified as participants for a proper appropriation of the model by the authorities.



UNFPA's mobile health clinics continue providing essential reproductive health services

Libya has been grappling with conflict and deteriorated health infrastructure causing issues for sexual and reproductive health service provision. The situation has been aggravated further by COVID-19 pandemic in the country. Keeping this in view, UNFPA through its partner Alsafwa, continued the provision of essential reproductive health services in Sabha by deploying mobile medical units. In the month of June, the teams assisted a total of 232

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women and 222 children, including 49 migrants with obstetric/gynecological and pediatric services. Through community health workers, UNFPA reached 238 migrants with awareness sessions on COVID-19 and pregnancy, and reproductive health. Meanwhile, over 1,200 individuals were reached through awareness materials, focusing on sexual and reproductive health and COVID-19, distributed in Tripoli and Sabha.

UNHCR

UNHCR conducted an assessment visit to assess health services in Swani municipality where four health facilities assessed (Togar Health Centre, Kraimia Health Centre, Zaitoon Almaeda Health Centre and Swani Poly Clinic) there is a huge shortage in medical consumables and there is a need of basic medical equipment and maintenance of the facilities in terms of medical equipment and building rehabilitation.



UNHCR conducted orientation session about COVID vaccine registration with community mobilizers and care givers where COVID vaccine registration guidance translated in refugees' local languages.



UNHCR continue the provision of primary health care services through partner (International Rescue Committee) including General, Reproductive and Mental health consultations and referral cases to public hospitals and private clinic. during the reporting period of June, UNHCR CDC had provided 11



A 24 hours medical consultations were provided 24/7 through the IRC medical hotline with emergency referrals to secondary facility of 55

through ambulance services.

During the reporting period (IRC) mobile team has provided over 372 beneficiaries with primary healthcare services in Azzwaya Abu Issa DC, Tariq Sika DC and, Abusalim DC Ain Zara DC.

IMC

Health Systems Strengthening

During the month of June 2021, 20 primary health care centers (6 Tripoli, 4 Sabha, 1 Benghazi, 9 Misrata) were supported through 11 medical mobile teams (5 Tripoli, 2 Sabha, 2 Benghazi, 2 Misrata), each composed of a medical doctor, nurse and midwife. The teams are assisted by dedicated community health mobilizers, pharmacists and medical coordinators. Aside from augmenting health care service capacity in the static health facilities, the mobile teams have regularly visited 6 IDP locations. Cumulatively, the teams conducted 3,852 general medical consultations, 231 antenatal care consultations and reached 2,549 community members with key health messages.

Five (5) hospitals (Tripoli Central Hospital, Ophthalmology IU Center - Tripoli, Oncology Isolation Center - Misrata, Respiratory IU Center – Sabha, and Alamal Benghazi IU Center) continue to receive support in June 2021. Support includes the deployment of ICU medical doctors and nurses dedicated to infection prevention and control. In

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contribution to the COVID-19 response, 4,758 beneficiaries utilizing health care services in supported health facilities have been screened for COVID-19.

Health facilities continue to experience periodic strikes from MOH health care providers as they ask for salaries to be paid on a regular basis. This has hampered the delivery of health care services by deployed medical mobile teams as well as those assigned in the isolation units.

The ongoing national tuberculosis program continued throughout June 2021 in Tripoli and Misrata. The support in collaboration with the National Center for Disease Control includes screening and identifying beneficiaries who may be suffering from tuberculosis, ensuring continued medical management and follow up. By the end of June 2021, there had been 19 beneficiaries were registered for TB management, 119 patients were provided with free diagnostic services as part of the support to the laboratories at the Tripoli and Misrata NCDC laboratory and four primary health centers (Ghargour PHCC, Almadina Alqadima PHCC, Ras Friedekh (Shuhada Armela) PHCC, Alaswak PHCC). Further, 38 patients were transferred by ambulance to a higher level of services from the primary health care centers supported.

Capacity Building

Ten (10) community health workers of different nationalities were provided with a 1 -day orientation session on Basic Community Health topics, including community education on the prevention of COVID-19 disease.

On June 17th, 16 participants from supported health facilities were provided with psychological first aid training with a focus on self-care during the COVID-19 pandemic with the support of EUTF.

From June 20th to 24th, three medical doctors assigned to Sidi Khalifa PHCC received MhGAP training. The training was followed up with supportive supervision on June 28th by the psychiatrist trainer.

Two static teams started working at Eldora PHCC in Ajdabiya and Albrega Aljadida PHCC in Brega. Each team consists of a doctor, nurse and community health worker (CHW). The team will be providing on-the-job capacity building to the facilities' staff as well as assisting in the service provision. CHWs will provide health education and awareness to the PHCCs visitors and community. This support aims to increase the quality of service provision.

As part of the COVID-19 testing and treatment capacity building, IMC trained a total of 18 lab technicians on the testing techniques in the municipalities of Nalut and Zliten, targeting the staff of Nalut Hospital and Zliten Hospital with the support of GIZ.

Donor Support

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

UNICEF

COVID-19 vaccination roll-out related support: As part of ongoing support for strengthening of for effective implementation of COVID-19 vaccination campaign and to ensure continuity of Expanded Program of Immunization (EPI) for children. 251 Fridge-tag (Improving temperature monitoring) in vaccine refrigerators delivered to the Vaccination department at NCDC, which will be installed in 251 fridges in 125 vaccination sites.



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As ongoing support for strengthening of Cold Chain System Building and for effective implementation of COVID-19 vaccination campaign, during the reporting period 43 vaccine fridges have been provided to 40 vaccination sites in 25 municipalities. Dispatching of Generator set, diesel, water cool, 50kVA, as part of UNICEF support for strengthening of vaccine Cold Chain System for effective implementation of COVID-19 vaccination campaign and maintain the cold chain of other vaccines for children. This generator will maintain electricity for the main cold room of -20m3 which used for storage of vaccines at the medical supply Organization covering vaccine supplies to 50 vaccination sites in 6 municipalities Tripoli, (Tripoli center, Abosleim, Hi- Alndulus, Ain zara, Tajoura, and SukAljuma). 7,700 Bag, biohazard has been provided to 77 COVID 19 vaccination sites in 9 municipalities and 500 Container, sharps, leak- resistant

dispatched to 10 vaccination sites in 6 municipalities.

Continuity of essential health services: As part from US State Dept project in strengthening Primary health care program, UNICEF dispatched the necessary medication one IEHK 2017 kit, basic unit) to Karzaz PHC center at Misrata municipality to support national health system for maintaining continuity of essential health care services. These supplies are expected to serve at least 1000 population for three months.



Dispatchment of two IEHK2017, kit, basic unit to health facilities at Sert municipality. The supplies are expected to serve at least 2000 population for three months. In addition to dispatchment of

lifesaving package equipment, stethoscopes, sphygmomanometers and thermometers to 13 primary health care facilities.



As part of EUTF ongoing project in strengthening MNCH Program, two IEHK 2017 kit, basic unit dispatched to omar Almukhtar PHC at Toubrak municipality in the East region, and two other IEHK 2017 kit, basic unit dispatched to Alberket PHC center at Ghat municipality in the far south to support the national health system for maintaining continuity of essential health care services. The supplies are expected to serve at least 2,000 population for three months in each location.



UNICEF In cooperation with PHCI, has started vaccination of children hosted in the detention centers in Tripoli, and in cooperation with Libyan society (the Local NGO) re-established nutritional assessments of migrant children and PLW hosted in Tripoli detention center (Amabani) and accordingly food rations and RUTF have been provided for malnourished migrant and PLW.



Capacity building: UNICEF through the EUTF-funded project committed to support the Health Information Centre (HIC)/ MOH to roll out the District Health Information System (DHIS2) in 670 health facilities within the targeted 24 municipalities, during June 2021, the HIC team has concluded a three days training workshop on DHIS2 for 23 health facilities' statistics focal points at Brak municipality in south region.

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#	Material description/ Sabha triage & isolation center	Qty
1	IEHK2017, kit, suppl.3-renewable	6
2	IEHK2017, kit, basic unit	20
3	Resuscitation kit, basic	13
4	Oxygen concentrator/SET	18
5	Sphygmomanometer, (adult), aneroid	30
6	Stethoscope, binaural, complete	30
7	Faceshield, fog-resistant, fullface, disp	1800
8	Gloves, w/o powder, nitrile, L, disp, box/100	30
9	Mask, high-fil, FFP2/N95, no valve, nonster	1000
10	Thermometer, clinical, IR, non-contact	20
11	Coverall, protection, Cat III, type 6b, XL	75
12	Bag, UNICEF, blue polyester, 360x230x610mm	10
13	Goggles, protective, indirect-side-venti	170
14	Laryngoscope, adult, child, set	5
15	Hand sanitizer, Alcohol >60%, 75-100ml	170
16	Mask, surgical, type IIR, ear, loop, disp, pack 50	100

#	Material description	Carton
1	Biscuit, high energy/protein, CAR/16x400g	50
2	Emergency food ration, 500g/CAR-24 (BP5)	150

Aldahmani PHCCs and have conducted about 1504 medial consultations during this month. A MMT supported by UNHCR also operates daily at the community development center (CDC) in Seraj and provide general, reproductive and MHPSS services. With support from UNHCR, regular visits were also conducted to Sikka DC, Abu Salim DC and Ain Zara DC in Tripoli as well as Abu Issa DC in Zawiya and have provided about 470 consultations. An extra visit to Shara Al Zawya DC was made as an emergency response on the 30th. In addition, Medical assistance was provided to 141 PoCs before evacuation to Rwanda upon request from UNHCR on the 30th.



With support from UNHCR, Rescue At Sea activities continued and 27 rescue operations were responded to in June. There was a total of about 304 medical consultations conducted. In addition, 24/7 hotline and ambulance transportation services continue to be provided via JRP ambulance. In June, over 280 individuals were assisted (208 males and 82 females).

IRC in coordination with IOM continue to provide food supplement to vulnerable cases such as TB cases, malnourished and lactating mothers in Tripoli.

In cooperation with IRC and the National Center for Disease Control (NCDC), the IRC launched Covid-19 vaccination campaign on the 1st, 2nd and 5th of June for IRC staff from Misrata, Alkhoms, Tawergha and Bani Walid. 75 personnel including national, international staff and IRC dependents, were vaccinated with the first dose.

With support from UNHCR, 33 POCs continue to be hosted at Misrata-LRC shelter. The MMT provided a total of 23 consultations along with providing 19 cases with medical referral to secondary and tertiary public and private hospitals. On the 11th of June, a new baby girl was born at the shelter to an Eritrean mother and both are in good condition. The newborn was vaccinated (birth vaccine) with the first dose on June 17th and the next dose of vaccination has been scheduled for the 17th of August 2021.

With support from AICS, in Misrata, the COVs in remain active and have delivered about 25 health education sessions reaching nearly 359 beneficiaries in order to raise the awareness among the targeted beneficiaries. During this month in Bani Walid and Misrata 75% of the maintenance for the targeted schools has been achieved. In Alkhoms, the clinical mentors have visited the targeted health facilities to follow-up the implemented HMIS program with the statistician and HMIS employees who attended the HMIS TOT under AICS3 last month and about 129 health education sessions were conducted for targeted communities at several settings, directly reaching 1653 beneficiaries (513 Females and 1140 males). In Bani Walid, 112 community awareness sessions were provided to about 1311 beneficiaries (956 males and 355 females).

Distribution of PPEs sufficient for 200 health care workers for nearly 2 months, Oxygen concentrations and IEHKs have been dispatched to Sabha Triage and isolation centres sufficient for 10,000 people.

As response to Alkufra migrant's emergency situation, UNICEF in coordination with LRC distributed nutritional supplies.

IRC

Activities and Achievements: With support from SIDA and RDPP, the IRC mobile medical teams (MMTs) continue to conduct regular visits to Elharat, Al Nosb Altedkary, Elmgarief, and Zawyet



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Trainings: On 1st June at Alhasna Health facility in Bani Walid, a cascade training was conducted covering hand hygiene, applying, and removing Personal Protection Equipment (PPE), Antiseptic technique, and medical waste



management, for 14 participants, 12 Nurses (2 males and 10 female) and 2 females lab technicians.

PSM cascade training was conducted at Bani Walid General Hospital on 24th of June. The participants were 7 Assistant pharmacists (6 females and 1 male) and at Al Zemla PHCC on 26th of June. The participants were 7 Assistant pharmacists (3 females and 4 males)

On 15th, 16th and 17th of June, training on Clinical and programmatic TB was conducted for doctors of targeted health facilities in Misrata at Medical Manpower Development.

Clinical mentor conducted pharmaceutical and stock management TOT in Misrata with Prof. Adel Aboshofa for the first group on 15th, 16th, and 17th of June, and for the second group on 19th, 20th and 21st. In addition, TOT on humanitarian principles and right to Health was conducted on 27th, 28th and 29th of June in Misrata.

In Alkhoms during this month, IPC cascade training was conducted on 17th of June at Alkhoms Polyclinic. The training was attended by 8 medical staff and 2 IRC staff, (6 Females and 4 Males). In addition, PSM cascade training was conducted at Alkhoms Hospital on 23rd of June, Seven pharmacists (2 Females and 5 Males) attended this training. In Tripoli, BLS training was conducted for 26 participants from PHCC staff.



Donations: With support from AICS, on 22nd of June, two Air conditioners were donated to DOH in Misrata as part of minor enhancement. With support from SIDA, IRC is conducting maintenance for Gout Aldees PHCC in Hai Alandulus municipality. With support from UNHCR, IRC is conducting maintenance for Abusleem DC.

GIZ

Stakeholders in Brak Al Shati discuss access to COVID-19 Testing, Treatment and Vaccination Services

With support from Joanne Al Himyary, GIZ invited spokespersons representing the Murzuq IDPs and the Sudanese community living in Brak Al Shati, as well as key stakeholders, including the Mayor of Brak, the District Health Manager, the Director of Brak General Hospital, members of the Municipality Emergency Committee to a workshop to discuss the access to COVID-19 testing, treatment and vaccination services in the municipality. IMC and OCHA Sebha Sub-office representatives also joined the workshop. The aim of the workshop was to identify the barriers disadvantaged population groups, in particular migrants, face when accessing these services and discuss possible solutions to diminish the constraints. Even though stakeholders were hesitant to talk about the constraints the migrants face, a lively discussion of how to improve the situation for the whole population evolved. Based on the discussions during the workshop, an action plan was developed, focusing on a strategic awareness campaign led by a media and communications office in the municipality, in order to raise the awareness on COVID-19 in the population as well as decrease the stigma around COVID-19 testing, treatment and vaccination. Furthermore, the necessity to improve the infrastructure of the hospital and support the capacity development of health staff was raised. The action plan was shared with the Area Coordination Group South to seek possible synergies. A second workshop is planned in July to jointly take stock of the progress and plan further steps to enhance the community's access to COVID-19 related services.

IOM

Primary Health Care Consultations and Referrals: IOM medical teams provided a total of 8,758 primary health care consultations (6,578 men and 2,180 women) to migrants, IDPs and host community members and referred 125 migrants to secondary and tertiary health facilities for further medical investigation, treatment and management.

DCs: IOM medical teams provided primary health care consultations for 2,434 migrants in detention (2,012 men and 422 women) in 14 detention centres: namely, Triq al Sika, Ain Zara, Mabani, Azzwaya Abu Issa, Ghiryan Abu

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Rashada, Baten Al Jabal, Albayda, Shahhat, Alkufra, Ganfouda, Almarj, Alqubba and Talmetha DCs. 23 migrants were referred from these detention centers to the secondary and tertiary hospitals for further clinical management.

PHC clinics: Through its support in four primary health care centres (Shouhada Abduljalel PHC, 17 Feb Polyclinic, Alsiraj PHC and Al-Aoeanea PHC), IOM provided 549 primary health care consultations (262 men and 287 women) to the IDPs and host community members, along with supporting the centers with medicines, medical consumables and IEC materials on COVID-19.

Medical outreach: IOM mobile teams (Health program and Migrant Resource and Response Mechanism (MRRM) program) are providing primary health care services for migrants, IDPs and host communities at over 20 project sites in urban settings. Project locations cover Hai Al-Andalus, Ghot Alshaal, Ain Zara, Alsirraj, Souq Aljumaa, Abdulsalam, Al-Aoeanea, Janzour, Tajoura, Zwara, Sabha, Ubari, Qatroun, and Bani Waleed. IOM medical teams reached 5,775 migrants and IDPs (4,304 men and 1,471 women), out of which 102 migrants were referred to the secondary and tertiary health facilities for clinical management.

Rescue at Sea: IOM medical team responded to rescue at sea operations where 4,130 migrants at Abusitta disembarkation point (DP) were rescued (3,880 men and 250 women). 206 migrants received the medical screening and triage upon arrival and 6 migrants were referred to the secondary health facility for clinical management.

Among above consultations, IOM provided: 118 gynecological consultations and 196 antenatal and postnatal cares to the female migrants, IDPs and host community members; 45 consultations for migrant children on the integrated management of childhood illness; Routine immunizations (polio and tuberculosis vaccines) and records for 12 migrant children under the age of five; 68 health care consultations related to psychiatric care and mental and psychosocial care; 196 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 493 migrants to assess fitness to travel (FTT) under the Voluntary Humanitarian Return and Reintegration (VHR) program.



Coordination: Under the leadership of the Ministry of Health, IOM held the third meeting of the Migration Health Sub Working Group in Tripoli on 22 June, with over 30 national officials, UN agencies and international partners working in migration health in attendance. Participants discussed critical topics, including the preparation of COVID-19 vaccination for migrants, the expansion of health information systems in detention facilities and the improvement of health service delivery in disembarkation points and detention centres.

National Health System Strengthening:

In close collaboration with the National Center for Disease Control (NCDC), IOM conducted two rounds of a four-day tuberculosis screening campaign in Tripoli urban settings (Hai Alandalus and Gargarish neighborhood). Out of 640 migrants, 68 of whom underwent further clinical examinations. Six migrants were confirmed positive and started necessary treatment under the close follow-up by IOM medical teams.



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IOM also conducted two rounds of three-day training workshop in Benghazi on contact tracing and follow up of TB cases in close collaboration with National TB Program (NTP), NCDC. The training was facilitated by 3 experienced NTP staff and addressed community-based interventions for the prevention and control of tuberculosis. 40 medical professionals (12 women and 28 men) participated in the training including 13 medical doctors from Libyan Red Crescent (LRC), 8 doctors from surrounding respiratory hospitals and 19 IOM staff working in east Libya.

Risk Communication and Community Engagement (RCCE): IOM medical team conducted 322 outreach campaigns and awareness raising sessions in Sebha, Ubari, Tripoli, Zwara, Bani Walid and Benghazi. A total of 12,046 migrants improved their awareness and knowledge of the COVID-19 prevention methods and health seeking behaviors when having the suspected symptoms.

Points of Entry (PoEs): IOM Medical teams supported the NCDC staff at Ras Jedir POE by providing medical check up to all passengers returning to Libya as part of IOM COVID-19 response plan. A total of 108,390 cross-border travelers (85,629 men and 22,761 women) were screened by checking temperature and general condition.



National Laboratories: On 6-10 June 2021, IOM conducted a five-day hands-on training on the "Strengthening Laboratory Capacity in Detecting COVID-19" for a total of 14 laboratory technicians (8 females and 6 males). The participants attended from the National Center for Disease Control (NCDC) branches, hub-hospitals and COVID-19 isolation centers in Tripoli and Benghazi.

Infection Prevention and Control (IPC) and Case Management

IOM conducted two rounds of six-day intensive training on ICU management of COVID-19 cases for a total of 28 medical doctors (4 females and 26 males) working in the COVID-19 isolation centers in the following locations: Gharyan, Sebha, Alzintan, Brak, Alzawya, Derna, Tobruk, Shahhat, Jufra, Tripoli and Misrata.



Mental Health and Psychosocial Support (MHPSS) services: Mental Health and Psychosocial Support (MHPSS) services were provided to 517 migrants (236 men, 141 women, 94 boys, 46 girls) in several locations across Libya in Al Kufra, Benghazi, Misrata, Sebha, Tripoli and Zwara, including IOM center in Hay Alandalus, detention centers, and several urban locations where migrants are present like shelters, collective houses, labor migrants gathering points, IOM mobile clinics, migrants schools, and in emergency settings such as disembarkation points following interception/rescue at sea operations in Tripoli.

During the reporting period, the MHPSS teams accompanied IOM medical teams to different locations and conducted a varied set of activities, including individual basic counselling and psychological first aid, psychosocial awareness sessions, support group sessions, group readings of IASC MHPSS COVID 19 storybook for children and their families, facilitation of recreational activities for children, art based psychosocial activities for women and adolescent, psychoeducation sessions, psychosocial assessments and referrals to protection and specialized mental health care services.

Also, the MHPSS teams conducted 41 follow up psychosocial support sessions throughout the month, including sessions for migrants with mental health conditions and their caregivers and migrants following distressful events across Libya. Concurrently, the MHPSS teams conducted 25 referrals to other IOM teams for migrants in need of assistance, and 4 referrals to IOM medical team for specialized mental health care across Libya. Through the MHPSS helpline, and as a response to COVID 19 mobility restrictions, migrants living remotely continued to access mental

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health and psychosocial support services. The MHPSS helpline received 5 calls from Tripoli, where migrant Nigeria and Sudan were provided with remote counselling and psychosocial support services.



IOM MHPSS programme continued working on MHPSS capacity building and mainstreaming in line with providing direct MHPSS services to the affected population. In June, The MHPSS programme organized three interactive trainings on MHPSS, Psychological First Aid (PFA) and supportive communication in Tripoli and Benghazi. The first training on Psychological First Aid in Tripoli targeted 11 first responders within governmental agencies working in migration and emergency contexts such as LCG, GACs, DCIM and Libyan border security. While the second and

third trainings in Benghazi on MHPSS concepts, community based MHPSS, PFA and supportive communication targeted 33 first responders from IOM, LRC, and active workers in CSOs in Benghazi such as the Libyan psychological association and psychologists working in Benghazi public psychiatric hospital. The trainings provided a rich space for different participants to discuss and share experiences and gain basic knowledge on MHPSS concepts and PFA and supportive communications.



Moreover, IOM continues supporting the national coordination mechanism through chairing the MHPSS technical working group (MHPSS TWG) with IMC (International Medical Corps) and in close coordination with the Ministry of Health, where the TWG conducted their monthly meeting on 15th of June with active participation of 26 members. Furthermore, the MHPSS TWG continues to provide technical support and guidance to MHPSS actors and different humanitarian sectors in Libya.

INFORMATION SOURCES:

The health sector Libya web page is activated: <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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