HEALTH SECTOR LIBYA

HEALTH SECTOR BULLETIN

November 2021

Libya

Emergency type: Complex Emergency
Reporting period: 01.11.2021 to 30.11.2021

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*	*17.2*	*42*	

KEY ISSUES

Remarks to the Security Council by Ján Kubiš, Special Envoy of the Secretary-General for Libya, and Head of the United Nations Support Mission in Libya

Public health assessment situation in Libya

Recommendations for Health System Transformation of Libyan Public Health Facilities

CCPM

IOM Libya Weekly Migrant COVID-19 Vaccination Update

Updates from partners

2021 PMR (Periodic Monitoring Report) related indicators (October)	
Number of medical procedures provided (including outpatient consultations, referrals, mental health, trauma consultations, deliveries, physical rehabilitation)	25,369
Number of public health facilities supported with health services and commodities	85
Number of mobile medical teams/clinics (including EMT)	44
Number of health service providers and CHW trained through capacity building and refresher training	436
Number of attacks on health care reported	0
Percentage of EWARN sentinel sites submitting reports in a timely manner	48
Percentage of disease outbreaks responded to within 72 hours of identification	81
Number of reporting organizations	14
Percentage of reached districts	95
Percentage of reached municipalities	55
Percentage of reached municipalities in areas of severity scale higher than 3	18

SITUATION OVERVIEW

The Prime Minister discussed with the Deputy Minister of Health the issue of financial renumeration of staff involved in COVID-19 response.

Libya's Health Ministry creates first electronic system to manage treatment internally and abroad.

Libya is to pay 20-25% of total amounts for provided medical abroad treatment in Turkey and Jordan.

The Libyan health authorities discussed with international organizations issues of expanding health care to migrant population across the country.

The Minister of Health briefed the Head of Presidential Council on health situation and response across the country.

The Deputy Minister of Health discussed with the Medical Supply Organization a way forward to overcome challenges with supply chain and availability of COVID-19 and non-COVID-19 supplies.

The situation in Libya continued to be tense with armed groups mobilization being reported in Tripoli and across the western region

Statement by the President of the Security Council on Libya - 24 November 2021: https://unsmil.unmissions.org/statement-president-security-council-libya-24-november-2021.

Remarks to the Security Council by Ján Kubiš, Special Envoy of the Secretary-General for Libya, and Head of the United Nations Support Mission in Libya: https://unsmil.unmissions.org/remarks-security-council-j%C3%A1n-kubi%C5%A1-special-envoy-secretary-general-libya-and-head-united-nations-1

1,038,083 (14%) of the targeted population received the first dose of COVID-19 vaccines, while 658,323 (9%) received the second dose. A total of 6,846 migrants received the first dose, including 1,685 receiving the second dose.

NCDC issued a circular on travel regulations related to the new COVID-19 variant (Omicron).

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

Public health assessment situation in Libya

Key Health Risks		
Public health risk	**Level of risk*** **	**Rationale**
COVID-19	High	Although, after a decreasing trend since mid-August 2021, case and death incidence rates in the country have begun to plateau. Still, Libya remains classified under the high incidence of community transmission (CT3) with Alpha, Beta and Delta Variants of Concern (VOC) circulation and an adequate level of lab testing capacity at national level. At the brink of the 'fourth wave' from Europe, with 8% fully vaccinated population and despite efforts by donors and health sector the inequities become grave at sub national level. Testing capacities remained limited in East (90/100000 pop) and in the South (47/100000 pop) and positivity rates high in East (24%) and South (41%). Risk remains high in West while extremely high in East and South regions.
Violent Trauma and mass casualty	Moderate	Libya continues to be one of the most vulnerable countries in the region due to the present threat of large-scale hostilities, the presence of foreign armed groups, the trafficking of drugs and migrants, uncontrolled borders, organized crime and corruption. The situation will be exacerbated by the continuing spread of COVID-19 in Libya. Violent injury contributed a substantial disease burden in the country. Only

		40% of communities have emergency services. The signed ceasefire at the end of 2021 decreased the number of earlier reported clashes of 2020 which led to increased needs for trauma and post-trauma disability care. Reliance on life-saving and life-sustaining health care services is increasing across the country in 2021 as the availability of essential medicines is a major challenge (70% of functioning PHC facilities do not have any of the top 20 essential medicines).
Malaria	Low	Libya is malaria free country. Most detected malaria cases were imported cases mainly between migrants coming from epidemic area, also some Libyan nationality cases who visited epidemic countries were detected. Few Libyan cases infected without travel history but no confirmation on local transmission or about presence of Anopheles mosquitoes specially in southern area. NCDC' experts sent to area where cases detected without travel history or other transmission methods as blood transfusion or surgical operation to study presence of malaria vectors. There are few indicators of vector presence in south which consider as concerns of roll back of malaria local transmission after 50 years absence. At the same time there is no malaria guidelines or suitable surveillance program specially in last ten years. There is no national lab protocol for malaria. Country faced interruption in malaria drugs and prophylaxis supplies.
Attacks on healthcare	Moderate	In 2019 – 62 reported attacks, 76 deaths and 52 injuries. In 2020 – 36 reported attacks, 9 deaths and 23 injuries. In 2021 – 2 reported attacks, 0 deaths and 0 injuries. Since signing the ceasefire, the frequency of attacks on health has largely reduced while the risk remains high in post-election period of early 2022.
Measles	High	Libya is in the measles elimination phase. Last big measles outbreak reported in Libya on 2017-2018 with more 1,000 cases reported. National vaccination campaign was conducted in 2018. Measles virus still circulated in Libya. Measles surveillance system is affected by COVID-19 pandemic. Measles program suffers from HR turnover and no action plan developed for last 2 years. No specimen transportation mechanism in place. Routine vaccination coverage for measles in last two years didn't clear specially with COVID-19 situation. Measles surveillance network need urgently support with refresher training and motivation. Train vaccine supervisor on coverage rate calculation is urgently needed. Country didn't have plan for supplementary immunization activities or national immunization days regarding measles. Also, there is no program for rubella congenital syndrome surveillance and no awareness campaigns conducted after 2018, measles ep situation picture not clear in last two years, program faced a lot of challenges specially without allocated fund for activities and for program operation cost.
Influenza	High	No stand influenza surveillance program in place, national influenza center in Libya does not function. 2 sentinel sites selected for ILI and SARI. Influenza Lab has full capacity for detection and confirmation with shortage of trained human resources. Regular influenza vaccination campaigns conducted every year with moderate acceptance between target groups due to lack of awareness campaigns on important of vaccine to protect risk groups from influenza complications.
Leishmaniasis	High	In the last two decades, CL has become a major public health problem in the country. The COVID-19 pandemic compounded by the political conflict interrupted EWARN and fragmented data about CL cannot reflect the real situation during 2020 and 2021.
Water-borne diseases	High	Water-borne diseases in Libya are one of the main causes of morbidity in Libya. Most cases are acute diarrehea, bloody diarehea and acute jaundice syndrome specially among children. There are hot areas for mentioned diseases with poor sanitation and pure water supply infrastructure. No cases of cholera reported in Libya but cholera outbreaks reported in neighboring countries, treat of cholera still serious problem specially with weak border health management and high migrant flow. In last October there are 2724 acute and bloody diarrehea reported cases from EWARN sentinel sites.
Tuberculosis	High	The National Tuberculosis Control Program notified 1744 TB cases out of 4000 estimated cases is 2020 which is less than 45% (Global average - 59%). The treatment

		success rate for the TB patients registered in 2019 is only 70% which is also less than global average of 86%. MDR TB treatment services are not fully operational in all the regions of the country and TB HIV coordination is yet to be operationalized. There is no National Strategic Plan to prioritize the high impact interventions to achieve TB elimination in the country. Infection and prevention activities are yet to be prioritized in the country.
HIV	High	Although ART is free for all Libyan citizens, shortages have recently led to treatment interruptions and increasing numbers of PLHIV admitted in very advanced stages of the disease with high mortality. Among those who are not able to buy drugs from neighboring countries, sharing of ARVs and relying on partial treatment with one- or two-drug regimens are reportedly common. In this scenario, the development of resistance to first-line ARV drugs is a serious concern, which is further complicated by the lack of capability for resistance monitoring in Libya. Instability within the MoH causes problems with procurement, contracts and financial matters. Libya's pharmaceutical management and supply chain is a complex, multi-tiered, bureaucratic system with multiple and highly compartmentalized distribution channels. As currently structured, the system cannot meet the needs of two important stakeholders: PLHIV and the ART center healthcare providers who serve them. Prolonged, recurrent stock-outs for critical ART medications [particularly pediatric formulations, lopinavir/ritonavir, (LPV/r), Raltegravir (RAL)], for testing reagents and supplies, and for medications used to treat common opportunistic infections, have become more acute in the last year at virtually all ART centers. This situation is problematic as physicians are not able to prescribe the optimal ART drug combination according to Libyan guidelines. PLHIV may be switched to formulations that are not guideline complaints, or worse, they may skip their medications entirely because they are not available. The net result is likely to be greater drug resistance, increased morbidity, and earlier death among PLHIV.
Plague	High	Last outbreak of plaque was in June 2009 in Tobruk. 6 cases reported with one death, the possibility of reoccurrence of plague in the same area still high specially with presence of reservoirs and agent cause. Lack of detection capacity in lab and delay of diagnosis may cause a big disaster particularly with absence of treatment protocol and trained HR.
Brucelosis	High	Libya considered as endemic country for brucellosis. No accurate date on human cases in last ten years but outbreaks in animal side reported by Animal Health Control Centre.
IDPs, migrants and refugees	High	199,949 are IDPs, 648,317 are returnees, 610,128 are migrants, 41,404 are registered refugees and asylum- seekers. Despite that the fact of the present cessation of hostilities and improvements in the general security situation with possible references that "Libya remains in the post-crisis stage of transition and recovery", the living conditions of migrants have further deteriorated in the already overpopulated detention centres and heightened the risk of possible outbreak of communicable diseases including COVID-19. Health sector coverage of detention centers remained non-comprehensive. Of concern was a rapid security deterioration across the detention centers and temporary suspension of work by humanitarian health partners (e.g., negative ramifications of law enforcement structures in detaining almost 5,000 migrants over the period of two days in Tripoli in October 2021).
Hepatitis C	Low	Hepatitis C cases reported with low incidence rate. There are good procedures in blood banks to test all blood bags by viral screening, the same procedures with all patients admitted to hospitals for surgery operations or delivery. Prevalence rate as general low compared with neighboring countries.
Rift Valley fever	Moderate	There are no human cases reported in Libya but some research studies results confirm exposure to RVFV in life period (presence IgG antibodies). There are cases among animals reported in last years detected in animal survey conducted by Animal health control center in Alkofra, Alshati, Ubari and also in south area.

Flood and heat wave	Moderate	As a result of flash floods, certain parts of the country get negatively impacted with a moderate-severe disruption of social services, including health. In addition, Libya is characterized by rising temperatures and extreme heat in Libya when it becomes essential to protect health service providers and patients. During summer 2021 and the latest heat wave a large number of functioning health facilities remained closed; shortages of electricity were of common nature; in those facilities where generators were available, fuel supplies were not sufficient; key medical staff could not report to work.

Health Status and Threats

Population mortality:

There is no updated information available for the last years (see reasons below). Earlier, the draft of the Libya national health policy set up four goals:

Indicator	Baseline	Year and source	Target value (2030)
Life expectancy at birth	71.9 years (both sexes)	2016	74.9 years (both sexes)
Maternal mortality ratio	9 per 100,000 live births$	2015	6 per 100,000 live births
Neonatal mortality ratio	7.1 per 1,000 live births	2016	7.1 per 1,000 live births
Under 5 mortality rate	12.9 per 1,000 live births#	2016	12.9 per 1,000 live births

Table 6. Trends in key indicators, 1990-2007

Indicator	1990	1995	2000	2007
Infant mortality rate (per 1000 live births)	27.0	24.4	21.0	16.7
Under-5 mortality rate (per 1000 live births)	43.0	30.1	27.0	20.1
Maternal mortality ratio (per 100 000 live births)	77	77	40	27

Vaccination coverage:

National Immunization Program (NIP)
The NIP is led by the NCDC through the National Immunization Administration (NIA) with support from a national immunization technical advisory group (NITAG) and partners including the pharmaceutical sector, medical suppliers, UNICEF and WHO. Vaccination in Libya has been mandatory since 1972. The national immunization schedule includes more than 10 vaccines to vaccinate the targeted children annually. Immunization activities are implemented in cities, towns, and villages under the supervision of local National Immunization Program (NIP) supervisors. The NIA relies mainly on 649 fixed immunization sites to deliver routine immunization services, complemented by outreach/mobile teams that support vaccination activities in schools. Vaccines are supplied by the national cold store and distributed to four regional cold stores in Fazzan, Misrata, Benghazi and Tripoli. The NIP's key challenges include 1) the late procurement of vaccines due to lengthy administrative processes, 2) lack of monitoring and supervision, 3) poor vaccine stocks management to facilitate the timely and efficient implementation of the programme and track vaccines, and 4) high numbers of migrants and internally displaced people (IDPs) who are not covered by outreach programmes and who require special focus and support.

Despite these challenges, Immunization coverage rates remained high during the last decade until 2018, ranging between 95-97%.

Since 2019, routine immunization coverage began to decrease to 75% at national level due to continued conflict, prevailing insecurity, COVID -19 pandemic, and frequent nationwide stockouts of some vaccines which will greatly increase the risk of the resurgence of vaccine-preventable diseases such as measles and polio.
In 2021, the situation worsened as a result of the delay in the arrival of the required amount vaccines to vaccinate the annual target for reasons related to pre-purchase procedures, as all used vaccines were fully provided as of September

2021, which contributed significantly to the decrease in the immunization coverage and the accumulation of large numbers of Children eligible for vaccination since the beginning of this year.

COVID-19 vaccination coverage
COVID-19 vaccines are being delivered by National Immunization Program since the begging of the vaccination campaign in April 2021, NIP providers who working at Fixed immunization posts are carrying out the vaccination process including effective vaccine management. NIP supervisors at all level are supervising vaccination campaign activities.

As of 25th November 2021, 1612033 (22%) of the target population received the 1st dose (partially vaccinated), while 552117 (7%) received the 2nd dose (fully vaccinated). According to IOM Libya weekly Migrant COVID-19 vaccination update ended 13th November 2021, a total of 4,918 migrants (496 females and 4,422 males) have received the 1st dose (partially vaccinated), out of which, 612 migrants (12%) have received the 2nd doses (fully vaccinated).

The average monthly coverage since the beginning of campaign ranged between 20 thousand (lowest coverage) in May to 50 thousand (highest coverage) in August, then it began to gradually decrease in September and October 2021. The required vaccination coverage to interrupt virus transmition cannot be reached if the monthly coverage continues at this low rate. Reasons behind accessibility and utilization must be addressed and the corrective actions should be undertaken to increase vaccination coverage.

Internally displaced people, Refugees and Migrants:

July -September 2021 IDP and returnee data of IOM Displacement Tracking Matrix's (DTM) Mobility Tracking in Libya illustrates that a year since the ceasefire agreement signed on 23 October 2021, the general security situation in Libya has remained stable, with no new mass displacements reported during 2021 while the trend of previously displaced families returning to their places of origin continued. However, by the end of September 2021, 199,949 individuals were still displaced in Libya despite the cessation of hostilities and improvements in the general security situation. This indicates that while the overall humanitarian situation has improved, Libya remains in the post-crisis stage of transition and recovery.

The number of returnees identified increased to 648,317 individuals. Return of displaced families to their places of origin has continued, albeit at a slower rate, indicating that the most vulnerable families affected by the armed conflict, and those who cannot recover the pre-crises levels of household wellbeing and socio-economic capacities remain displaced.

DTM Libya identified a total of 610,128 migrants from over 44 nationalities in the 100 Libyan municipalities during data collection (July – September 2021). The number of migrants has continued to increase during the reporting period, continuing a trend which started in January 2021. However, the number of migrants in Libya continues to remain slightly lower than pre-pandemic levels and significantly below that of 2019 for the corresponding period of time (655,144 migrants present during June - July 2019; Round 26). Before the beginning of 2021, the migrant population in Libya had decreased consistently following the onset of the COVID-19 pandemic and the subsequent economic downturn which resulted in increased unemployment, a reduction in available labour opportunities, tightened security controls and mobility restrictions.

UNHCR reports 212,593 Libyans as currently internally displaced (IDPs), 643,123 as IDP returnees, 41,404 registered refugees and asylum- seekers. 362 refugees and asylum-seekers released from detention in 2021. 6,738 vulnerable refugees and asylum- seekers departed since 2017 (539 so far in 2021). So far in 2021, a total of 27,551 asylum-seekers, refugees and migrants have been reported as rescued/intercepted by the Libyan Coast Guard (LCG).

Population group	PiN 2020	PiN 2021	% of Reduction
IDPs	172,871	131,832	24%
Migrants	303,740	232,000	24%
Non-displaced	501,939	281,303	44%
Refugees	46,245	43,000	7%
Returnees	228,084	115,439	49%

Total	1,252,879	803,574	36%

Violent trauma and Mass casualty:

Libya continues to be one of the most vulnerable countries in the region due to the ever-present threat of large-scale hostilities, the presence of foreign armed groups, the trafficking of drugs and migrants, uncontrolled borders, organized crime and corruption. The situation will be exacerbated by the continuing spread of COVID-19 in Libya. Violent injury contributed a substantial disease burden in the country. Only 40% of communities have emergency services. The signed ceasefire at the end of 2021 decreased the number of earlier reported clashes of 2020 which led to increased needs for trauma and post-trauma disability care. Reliance on life-saving and life-sustaining health care services is increasing across the country in 2021 as the availability of essential medicines is a major challenge (70% of functioning PHC facilities do not have any of the top 20 essential medicines). Emergency health care, as well as treatment services for patients requiring specialized care, must be continued to be maintained. As per practice, 80% of the humanitarian need (present and potential) is driven by violent conflict. Migrant and refugee populations further increase the demands on emergency and trauma systems, while the political context and bureaucratic constraints applied by local authorities constrain the current strategic and system planning. Sophisticated and well-resourced response mechanisms are not in place to tackle high incidence of violent injury. Only a very small number of international organizations have developed capacities for providing trauma care in Libya. Most humanitarian health agencies have not prioritized injury care because of mandate issues, security concerns and capacity and resource gaps.

Attacks on health care:

2019 – 62 reported attacks, 76 deaths and 52 injuries. 2020 – 36 reported attacks, 9 deaths and 23 injuries. 2021 – 2 reported attacks, 0 deaths and 0 injuries.

Since signing the ceasefire, the frequency of attacks on health has largely reduced while the risk remains the same. Health sector is not active in reporting. Mainly WHO updates and reports based on social media or its network of 25 field coordinators, sub-offices. Protocols of information sharing was not done for Libya as not operationally necessary. Basically, there is no framework due to complexity and sensitivity of the issue and stakeholders involved. Verification process (minimum two sources) is not in place with the required triangulation of data. Not capturing all the incidents – only media picked up. Politically driven conflict – a biased reporting and a one-side approach. Protection of medical facilities and notification mechanism is highly sensitive and disputable. De-confliction, sharing of coordinates is a challenge. There was a need to separate WHO roles and responsibilities to report on "wounded/casualties" during the conflict as directly politized issue and enormous pressure. Another point addressed was expectation from WHO to name the perpetrators while focus should be on impact. Another aspect – increased incidents in 2019/2020 with medical personnel associated with the Ministry of Defense and reporting issues.

Gender-based violence (GBV):

In 2021 an estimated 153,000 people are most at risk of GBV, requiring sustained prevention and response services including 30,000 displaced, 16,000 returnees, 26,000 non-displaced Libyans, 63,000 migrants and 16,000 refugees. Of the total, 90,000 are women (59%) and 41,000 are girls (26%). Movement restrictions, curfews, closures of services and limitation in social contacts has led to stark increases in GBV risks, which has been compounded by acute shortages of GBV services reducing entry points for survivors to receive timely and quality care. Migrant and refugee women, many of whom have no recognized status have an increased risk of sexual exploitation and abuse. Migrants and refugees in detention centres are most at risk given reporting of widespread abuses that are documented. Along with the discrimination in accessing to specialized services experienced by migrants and refugees further limits their access to support.

The significant gaps in GBV services across Libya means that health consequences, including serious mental health consequences, sexually transmitted infections, unplanned pregnancies, and other possibly life-threatening health complications remain unaddressed. Scaling up and establishing comprehensive GBV prevention and response services are urgently required, especially in geographic locations that lack any specialized GBV services and are affected by increased conflict and displacement. Advocacy on establishing protective legal mechanisms for women and girls, to

end impunity for perpetrators due to the legal loopholes and unlimited humanitarian access to detention facilities needs to be strengthened.

Communicable diseases:

COVID-19

After a decreasing trend since mid-August 2021, case and death incidence rates in the country have begun to plateau. At the national level, Libya reported a minimal change but a declining trend in cases, deaths and COVID-19, with a high incidence of community transmission and adequate lab testing capacity Libya remains classified under the high incidence of community transmission (CT3) with Alpha, Beta and Delta Variants of Concern (VOC) circulation and an adequate level of lab testing capacity as national level. Libya has been presented with a hiatus to prepare and respond to the next coming 'fourth wave' of Europe. With COVID vaccination rates for fully vaccinated still remain 8% for the Libyan population, the previous peak of cases and death is likely to repeat itself. As we drill down from national to subnational levels, the inequities become glaring in terms of preparedness and response. Positivity rates remain very high in the East (23.8%) and South (41%), CFR remained high in the East (11) and South (4.8) and in the South, testing is only being done in only two districts out of six namely Sabha and Aljufra which is attributable to low reporting of cases by RRTs and constraints in lab supplies in all districts in the South and the pattern is repeated is repeated in Eastern districts too. Eleven districts across the country have no to limited testing capacity and remains limited in East and South as a whole. Vaccine administration in Libya is not keeping up with supplies. Doses administered are much less than doses received with only 46% vaccine utilization and attributed to vaccination hesitancy and low uptake factors although the vaccine supply remains adequate. Within migrants , only 4918 migrants have been vaccinated with only 12% of these numbers fully vaccinated. There are security-related (fear of persecution/arrest) issues by the non-Libyan population to come out for vaccination due to recent crackdowns. Oxygen stock outs are frequent at major isolation centers in East there is no official government-based data available on oxygen needs and consumption. Similarly, official MOH data on case management capacities is not available and life saving medicines for COVID like low molecular weight heparin and tocilizumab not available. PPE stocks are also frequent.

Influenza

Influenza surveillance program in establishment phase, national influenza center not function yet, only one lab has the capacity of influenza lab detection, most of clinicians don't use influenza case definition for diagnosis. There are frequently delay on vaccine supply due to administration arrangements. No data available on genotypes circulated in Libya but there are no human avian influenza cases reported, only between birds reported on 2013.

Leishmaniasis

In the last two decades, CL has become a major public health problem in the country. Almost all cases have occurred in the northwest (e.g., Tripoli, Al Jabal Al Gharbi) and the south (mainly Wadi Al Hayaa) as shown in the map. In Libya, the sandfly season lasts from May to October. Most cases (60%) are recorded between November and February each year, peaking in January. Since 2017, surveillance of cutaneous lieshmaniasis (CL) has been integrated into the disease Early Warning Alert and Response Network (EWARN). Between epidemiological week 2 in 2018 and epidemiological week 2 in 2019, a total of 2977 patients with CL were reported through EWARN. As of epidemiological week 44, in 2019, before the COVID-19 pandemic, a total of 4185 cases had been reported. This number represents a significant increase compared with the same period in 2018, indicating an outbreak as defined by the EWARN standard operating procedures which might be explained by improving surveillance and people displacement. The COVID-19 pandemic compounded by the political conflict interrupted EWARN and fragmented data about CL cannot reflect the real situation during 2020 and 2021.

Measles

Libya after 2018 measles outbreak and vaccination campain which conducted on Dec 2018 as respond to this outbreak must have good surveillance program to monitor disease progress and suplementry vaccination activities to prevent outbreaks, routine vaccination coverage rate affected by COVID-19 and no accurate data on it.

Malaria:

Libya free country of malaria but there are high risk of roll back after 50 years absence, if NCDC reports confirm presence of vector in Libya the infection cycle will be completed and local transmission will start. Shortage of chemoprophylasis in public sector and travel medicine not introduced in the contry make travel to epidemic countries high risk. Recently, the surveillance and Rapid response team administration at NCDC announced the record of 19 cases of Malaria in Libya since January 2021, with some cases with unclear history of travel which increase the possibility of local transmission and mandate to intensify the investigation to detect the vector in the area where the cases recorded, to strengthen the surveillance network and to build up the capacity of the medical doctors on the management of Malaria cases.

TB:
Libya adopted WHO endorsed directly observed treatment -short course (DOTS) TB treatment from over last 2 decades. The National TB Program under the aegis of National Center for Disease Control (NCDC) in Ministry of Health (MOH) is responsible for implementation of TB control activities across Libya. The NTP is delivering the TB services through 27 designated TB units (11 in Western Region, 4 in Central Region, 1 in Southern Region, and 11 in Eastern Region) and 5 TB & chest hospitals (Abusitta-Tripoli, Zraiq-Misrata, Shahat, Sabha and Kuwaifiya-Benghazi hospitals). The TB diagnostic and treatment services are available in all these centers free of cost. Most of TB resources are repurposed for COVID 19 Management led to disruption of TB services (over 20% reduction of TB cases) in 2020 (see Figure). The country recorded less than 70% treatment success rate for the patients registered for treatment in 2019. The inpatient services are available only in 2 hospitals in the country and 15 MDR TB patients are registered for treatment in 2020. The domestic funding is covering only human resource component of NTP and all the other activities including drug procurement are from donor driven projects. Figure: Trend in TB Notification: 2013-2020 (Source – WHO Global TB Report 2021)

The high priority issues in TB control program include development of National Strategic Plan, Advocacy for sustained domestic investment to implement all the components of TB control, expansion of TB diagnostic services in difficult to reach areas, systematic screening of migrants, refugees and other vulnerable population, decentralized MDR TB treatment services, bi-directional screening of TB HIV patients, robust recording & reporting, supervision, monitoring & evaluation, drug logistics management, building partnerships and TB preventive treatment to high risk individuals.

HIIV:
The estimated HIV prevalence in the MENA region where Libya is located is quite low, amounting to less than 0.1 percent. In the year 2018, the number of PLHIV in MENA was estimated to be around 240 000 [160 000 – 390 000] (UNAIDS/WHO 2018).

Current challenges:

- Lack of a pre-defined budget for the purchase of pharmaceuticals and other medical commodities.
- Disconnections between various levels in the system, namely hospitals, NCDC, and MOH.
- Absence of Health Information Systems to HIV facilities and no data record.
- Absence of national unified procurement procedures resultant in acquiring expensive pharmaceutical brand names over genetics.
- There is almost no civil society engagement in the areas of HIV prevention, treatment, and support. Libya's most vulnerable groups and those with the highest HIV prevalence rates namely, migrants, and prisoners, sex workers, and drug users - are not a key focus for any civil society group's efforts.
- Prevention of mother-to-child transmission (PMTCT) services is not optimal although the country has taken steps in recent years to improve them and National guidelines for PMTCT need to be updated.
- National guidelines for the treatment of HIV were created in 2010 and developed in November 2016, but it needs to be updated.
- Libya has three Anti-Retroviral Treatment (ART) centers: Tripoli Central Hospital ID-TCH, Tripoli University Hospital ID-TUH, and the Jomhuriya Hospital (Benghazi), and the most comprehensive and advanced ART site is the Benghazi Centre For Infectious Diseases and Immunology (BCIDI); but generally, there are no medications among all the above-mentioned HIV centers. The lack of diagnostic tools and medications is negatively impacting the PMTCT program.

Malnutrition and child health:

The current under 5-year mortality rate in Libya is estimated to be 13 deaths per 1000 live births, with over half of these deaths occurring during the neonatal period (the first 28 days of life). Malnutrition, diarrhea, and pneumonia generally contribute to a major proportion of deaths in children under 5. The most recent formally accepted figures on the prevalence of these health conditions dates from 2007. A more recent report on a household survey done in 2014 has not received universal endorsement given that the summary of results is at times inconsistent with the results presented. Survey results indicate that levels of malnutrition measured were a 30% prevalence for stunting, 9% wasting, and approximately 25% of children under 5 were reportedly overweight. These figures are not dramatically different from UN estimates made for 2013, where prevalence of various forms of malnutrition in children under 5 years were reported as 21% stunting, 6.5% wasting, 3% severe wasting, and 22.4% overweight. The MoH reported a prevalence for low birth weight of 4% for 2013. Prevalence of diarrhea in children under 5 during the preceding 2 weeks was 14%, with similarly reported prevalence of 28% for cough, and 25% for fever. Of the 8% of children with suspected pneumonia (based on analysis of observed symptoms), 83% saw a doctor either in a public or a private health facility.

Noncommunicable diseases and injuries:

In Libya, 78% of the overall burden of disease is attributable to non-communicable diseases. Cardiovascular diseases account for 43%, cancers 14%, respiratory diseases 4% and diabetes mellitus 5% of all deaths, and 18% of adults between the ages of 30 and 70 years are expected to die from one of the four main non-communicable diseases. Risk behaviour is common in Libya. A 2010 survey amongst youth (13–15 years of age) found that more than 13% have ever smoked cigarettes (20% boys, 7% girls), while 36% of youth have been affected by passive smoking. A survey in 2014 found that 13% of those aged over 15 regularly smoked cigarettes (24% male, 2% female). Per capita consumption of alcohol is 0.1 liters of pure alcohol per capita per year, which is amongst the lowest national rates recorded worldwide. The prevalence of other risk behaviours is high, however, with the rate of insufficient physical activity among adolescents at 77% (11–17 years of age, 78% boys, 88% girls). The overall age-standardized rate for insufficient physical activity is 38% (33% males and 43% females). Raised blood pressure affects 36% of adults over 18 years, (40% males and 31% females), while obesity affects 28% of the population (20% males and 36% females).

The incidence and prevalence of NCDs in Libya continues to increase as a consequence of changing lifestyles and the increasing prevalence of risk factors, particularly obesity. Steps are being taken to tackle the burden of non-communicable diseases (NCDs). The WHO Framework Convention on Tobacco Control was signed by the Libyan government in 2004, and the protocol on illicit tobacco trade was signed in 2012. The non-communicable disease program was established at the end of 2010, with components for surveillance, nutrition, violence and injury, disabilities and rehabilitation, and mental health and substance abuse. Although availability rates for NCD services are high, overall readiness scores - which reflect the actual ability to deliver services - are low for both hospital and PHC level services.

The Ministry of Health and the health sector partners in Libya prioritized four important areas for improving the access and quality of health care services, one of which is NCD prevention and management. This is timely since a 2017 Service Availability and Readiness Assessment (SARA) indicated a low level of preparedness for NCDs, despite the fact that 78% of all of the total burden of disease in Libya is due to chronic diseases (SARA, 2017).

Mental Health:

There are no published data on the prevalence of mental health disorders in Libya before 2011, when the conflict began. WHO estimates that mental health conditions more than double when populations are affected by conflict. It is likely that one in seven Libyans - over one million people - need mental health care for conditions such as depression, bipolar disorder, post-traumatic stress disorder, anxiety and schizophrenia.
In 2017, a service availability and readiness assessment (SARA) conducted by WHO showed that mental health care was grossly inadequate: only six hospitals, one clinic and four primary health care (PHC) facilities were providing mental health services. A complementary mapping of private health care facilities conducted by WHO in 2019 showed that mental health services, especially for patients with severe conditions, were very limited.

An assessment of mental health and psychosocial support (MHPSS) conducted in Libya in 2017 states that "m*ental health is a chronically neglected field in the country with many longstanding problems that predate the conflict that started in 2011, including underdeveloped community and specialized services, shortage of qualified workforce, lack of facilities, social stigma towards people with mental illness and funding marginalization".* Around three decades ago, psychiatric hospitals in Benghazi and Tripoli, each with approximately 200 beds, were established to treat people with mental health conditions across the country. However, shortages of mental health professionals and psychotropic medications have drastically affected the accessibility and functionality of both hospitals. The situation is compounded by the rampant stigma of mental health illness and the overall shortages of psychiatrists, psychologists and nurses.

Data on drug use in Libya are limited. However, anecdotal data indicate the problem has been growing since 2011. Although Libya has never been a hub for the cultivation and production of drugs, instabilities in the region and changes in drug trafficking routes (with some now transiting through the country) have led to the greater availability of illicit drugs. The real number of drug users in unknown because many users do not come to the attention of the authorities due to stigma and fear of legal consequences. Heroin users, most of whom are injecting drug users, account for 97% of treatment-seeking patients. Most drug users live in urban areas and begin using drugs around the age of 14.

A mental health situation analysis conducted in the first half of 2021 in 16 municipalities from all regions including 165 primary health care centers using mhGAP situation analysis tool. It was found that there is no system in place to gather information, to monitor and to assess the needs related to mental health of public health facilities. Additionally, the results showed that mental health and psychosocial support services are not available at PHC level. Only few centers in three municipalities provide basic psychosocial support services and only one municipality (Sebha) provides psychotropic medicines for patients without continuity.

Currently with the support of WHO, 30 PHC health centers in 18 municipalities across the country (Hai Al Andalus, Ain Zarah, Al Sawani, Sidi Saeh, Tarhonah, Zwara, Azzawia , Zletin , Ghiryan, Nalut, Misrata, Sirt , Benghazi, Al Bayda, Ejdabia, Al Kufra, Sebha and Murzuk) provide integrated mental health services through more than 100 trained health professionals. The doctors received training on mhGAP-Intervention Guide version 2.0 which has been endorsed by MOH as reference/protocol to manage mental health conditions at PHC centers. Specialized trained mental health professionals provide clinical supervision for PHC trained doctors while they provide mental health services, and the essential psychotropic medicines will be available in these canters before the end of 2021. In addition, 30 schools were selected in the above-mentioned municipalities to provide mental health services based on WHO School Mental Health Package. Moreover, the process of developing the National Mental Health Strategy has been initiated.

The long-lasting violence in the country is believed to further increase the proportion of the population in need of mental health and psychosocial support, requiring a combination of immediate and longer-term interventions. Following decades of neglect, it will take years to build services that can cope with the emerging needs.

Natural hazards

The Libyan Arab Jamahiriya is one of the driest countries in the world, with only 7% of its land receiving annual rainfall of over 100 mm. About 95% of the country is desert. Nonetheless, as a result of flash floods, certain parts of the country get negatively impacted with a moderate-severe disruption of social services, including health. In addition, Libya is characterized by rising temperatures and extreme heat in Libya when it becomes essential to protect health service providers and patients. During summer 2021 and the latest heat wave a large number of functioning health facilities remained closed; shortages of electricity were of common nature; in those facilities where generators were available, fuel supplies were not sufficient; key medical staff could not report to work.

Recommendations for Health System Transformation of Libyan Public Health Facilities (based on the materials prepared by Libya Equal Access and Development (LEAD) for Recovery Consortium – made up of four implementing INGOs – ACTED, the International Rescue Committee, Premiere Urgence Internationale, and WeWorld-GVC (WW-GVC), working cross 12 municipalities in eastern and western Libya and funded by the EU and AICS)

QUALITY SERVICES

- QUALITY ASSESSMENT TOOLS: Short term: Develop a common health facility quality assessment tool. Medium term: Link Quality Assessment Tools to electronic cloud-based recording and pilot with local authorities.
- DATA TO MONITOR QUALITY AND ACCESS: Short term: Report HIS in DHIS2. Medium term: Support to municipalities for dashboarding HIS data, and advocacy for acceleration of national HIS strengthening
- SUSTAINABLE POWER: Engage private sector to create sustainable power solutions for supported health facilities.
- BUILDING STANDARDS: Train health facility staff on facility building norms and advocate for national government building standards for health facility construction & maintenance
- MAINTENANCE: Organise training of municipality maintenance department and advocate for greater municipality prioritisation/budget for maintenance of building and equipment.
- COMMUNITY ENGAGMENT: Establish community management committees in supported facilities, to provide oversight over quality, and advocate for national adoption of health facility community management committees.
- ENHANCING FACILITY MANAGEMENT: Train health facility managers in standardised management tools to improve quality.
- IMPROVING HR MANAGEMENT: Support DHO HR performance management with appraisal & performance review of health facility workforce. Discuss process for reducing payroll and incentivising quality performance.

AFFORDABLE SERVICES

- DECENTRALISATION OF HEALTH BUDGET:
    - Discuss with central, regional, municipalities about extent that financial data on national budget for health can be shared at decentralised levels.
    - Advocate that a clear allocation could be made for operational costs (chapter 2), Investment and development (chapter 3) and pharmaceutical subsidies (chapter 4) for each health facility within the current budget allocation in municipalities.
    - Advocate for greater share of resources to be allocated sub-nationally.

- AVOIDING STOCK OUTS OF DRUGS BY PROCUREMENT BY MUNICIPALITIES:
    - Advocate that municipalities be able to use part of their health budget to purchase emergency essential drugs and other suppliesto avoid stock outs in health facilities.

- NON-COMMUNICABLE DISEASES:
    - Support DHOs in tools for increasing uptake of NCD services (including MHPSS). Include: registers, recall system (mobile sms), electronic template of patient notes with automatised recall, simplification of repeat prescribing.
    - Advocate for adoption of NCD programme tools to be adopted nationally after pilot by consortium.

ACCESS TO SERVICES

- HEALTH RIGHTS:
    - Short Term: Train staff in how to promote access for people with disabilities and migrants/ asylum seekers. Training including sessions with PWD to increase understanding/ empathy of health staff.
    - Medium Term: Set up monitoring system of access by those with disabilities, migrants, and other identified vulnerable groups andsupport government in strategic communications on health rights and availability of core health services.
    - Advocate to increase health rights for all population but also those with disabilities and migrants, that data recorded in DHIS2can be disaggregated for migrants and those with disability, and that ID cards do not need to be shown by clients to access health services.

- EQUITABLE DISTRIBUTION OF WORKFORCE:

  - Advocate for national payroll reform, national audit of health workforce and redistribution of workforce and incentivisation scheme in areas with insufficient workforce numbers. Discuss in each municipality the scope for local redistribution.

- STRENGTHEN REFERRAL:
  - Short Term: Develop SMS based referral –counter referral system (to and back from) between health centres and hospitals.
  - Medium Term: Create pilot electronic referral –counter referral system. Develop electronic system linked to DHIS2. Audit referral process.

- COMMUNITY ENGAGEMENT:
  - Short Term: Expand activities that empower civil society with knowledge of how to access health systems. Invest in IEC materials in other languages.
  - Medium Term: Address geographical inequities by creating inclusive civil society groups that themselves discuss access to health and advocate for improving access and quality.

HEALTH SECTOR ACTION/RESPONSE

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

AFP updates: Weekly AFP updates published by WHO Libya.

Weekly EWARN bulletins are being produced by NCDC.

Weekly Migrant COVID-19 Vaccination Update is regularly available through IOM.

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

Public health assessment situation is produced (see above).

Health sector 4W operational response update (October 2021) is produced**.**

Health sector contact list for Libya is updated.

Health sector coordination contact list for Libya is updated, including sub-national level and sub-sector working groups.

Final list of health sector assessments, surveys, studies, publications supported by health sector during January-November 2021 is produced.

WHO will represent Libya health sector in the planned (1-2 December 2021) EMRO **technical workshop on the implementation of the attacks on health care initiative** in FCV (Fragile, Conflict, Violence) countries in Istanbul, Turkey.

Libya health sector will be represented at the **technical meeting** in Amman, Jordan on 7-8 December as part of the joint project with Johns Hopkins Center for Humanitarian Health on **improving monitoring capacity** in humanitarian and fragile settings in the Eastern Mediterranean Region.

Health sector coordination meetings:

- RMNCAH sub-sector technical working group meeting took place on 3 November.
- Sub-national health sector meeting took place in Sabha on 15 November.
- MHPSS sub-sector technical working group meeting took place on 16 November.

Cluster Coordination Performance Monitoring (CCPM)

The Cluster Coordination Performance Monitoring (CCPM) in Libya was launched during 21-30 November 2021. This exercise is part of systematic and transparent assessment and monitoring of health cluster/sector performance against its six core functions (as determined by the IASC) and its' accountability to affected populations. Evaluation form is available at this link: https://ee.ccpmghc.org/x/WgECIunI. The following organizations were invited to provide their inputs"

1	Ministry of Health	National authority
1	ACF (Action Against Hunger)	International NGO
2	CEFA (The European committee for training and agriculture)	International NGO
3	Expertise France	International NGO
4	Handicap International – Humanity & Inclusion	International NGO
5	Helpcode	International NGO
6	IMC (International Medical Corps)	International NGO
7	IRC (International Rescue Committee)	International NGO
8	MSF France	International NGO
9	MSF Holland	International NGO
10	PUI (Premiere Urgence Internationale)	International NGO
11	TdH (Terre des Hommes – Italy)	International NGO
12	WeWorld-GVC	International NGO
1	AICS (Italian Agency for Development Cooperation)	Other
2	GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit)	Other
1	ICRC (International Committee of Red Cross)	Observer
2	IFRC (International Federation of Red Cross and Red Crescent Societies)	Observer
1	IOM (International Organization for Migration)	UN Agency
2	UNDP (United Nations Development Programme)	UN Agency
3	UNFPA (United Nations Population Fund)	UN Agency
4	UNHCR (United Nations High Commissioner for Refugees)	UN Agency
5	UNICEF (United Nations Children's Fund)	UN Agency
6	WHO (World Health Organization)	UN Agency

Health Information Management materials produced:

- Health sector Libya, 4W snapshot, October 2021.
- Updated https://www.humanitarianresponse.info/en/operations/libya/health
- Links to interactive dashboards and updates:
  - Health sector 4W 2021 HRP interactive dashboard
  - COVID-19 Libya interactive dashboard

Other key IM related deliverables include:

- Monthly health cluster bulletins
- Bi-annual inventory of health sector projects in Libya
- Quarterly overview of capacity building events supported by sector in Libya
- Quarterly overview of rehabilitation activities supported by sector in Libya
- Quarterly updated health sector contact list
- Bi-annual health sector field directory
- Mid-month health sector operational update
- Annual CCPM

UPDATES FROM PARTNERS:

GIZ

Strengthening municipal response to the pandemic: In October, workshops were held in Tawergha, Tarhuna, Ghadamis, Al Jufra, Al Shati-Brak, Al Shati-Edri, Alshargia and Alshwerif. These were the final workshops that were held with Municipal Emergency Committees (MECs) from GIZ's partner municipalities in the western and southern regions*. The workshops provided updates on the pandemic, the national vaccine campaign, how to contain COVID-19 spread and how to interpret surveillance data. The MECs also reviewed the pillars of the national COVID-19 response plan to determine their roles therein. Following this, MEC representatives were invited to a workshop in Tripoli to consolidate their recommendations to the National COVID-19 Coordination Committee. MEC representatives from GIZ's partner municipalities in the east were invited to this workshop**. A positive outcome of the workshop was the solidarity created between the participants. Following this workshop, the MECs presented their consolidated recommendations to representatives from the national COVID-19 coordination committee and the Ministry of Health. It was evident that the MEC members were conversant on COVID-19 thematic issues. To better respond to the pandemic, the MEC members recommended that roles and responsibilities of all concerned parties should be clearly defined and that a communication mechanism is established between them. This activity was implemented with the support from the national consulting firm, "Team Libya for Training and Development".

Other project activities

Hospital support: The first of three BL2 mobile laboratories was installed in Tobruk. The laboratory, furthermore, was inaugurated by the German Ambassador, the Mayor, the head of the local NCDC Branch and the Manager of the Tubruk Medical Centre. The mobile laboratories for Nalut und Garabulli arrived at Misurata harbor. The remaining equipment and consumables for hospitals have also arrived and need to be cleared from customs. In-person-training in "Asset Life Cycle Management in the context of COVID-19" for 28 hospital management staff members (14% women) was implemented by M4H. Targeted hospitals: Benghazi Medical Centre, Tubruk Medical Centre, Zliten Medical Centre, Nalut Central Hospital, Garabulli General Hospital, Al Zintan General Hospital, Brak General Hospital.

Primary health care: Medical equipment was donated to the GIZ-partner PHCCs in Al Brega (Eljadeda PHCC), Ajdabiya (Elshahid Mohammed Eldora PHCC), Garabulli (Western Rawajeh PHCC), Msallata (Al Qassabat PHCC), Ghadamis (Ghadamis PHCC) and Al Jufra (Hun PHCC, Wadan PHCC) and renovation work at Sidi Khalifa PHCC in Nalut was concluded and are ongoing in Al Kawassim Western in Zintan and at the Polyclinic in Garabulli.
A one-week mhGAP training for 20 doctors (55% women) and 20 municipal mental health focal points (50% women) from the GIZ-partner PHCCs in Al Brega, Ajdabiya, Garabulli, Msallata, Ghadamis and Al Jufra and GIZ partner municipalities was conducted. On-the-job trainings were provided to 12 doctors (92% women), 90 nurses (100% women) and 30 midwifes (100% women) at Albrega Aljadida PHC in Brega and Eldorra PHC in Ajdabiya with online mentoring sessions targeting 10 doctors (80% women), both through our partnership with IMC.

*Hay Al-Andalous, Janzour, Garabulli, Msallata, Zliten, Misurata, Tarhuna, Jadu, Nalut, Al Zintan Ghadmis, Tawergha Council, Al Jufra, al Shwerif, Al Shati (Brak and Edri), Al Shargia and Al Bawanis.
** Brega, Ajdabia, Jalu, Shahat, Jakharra and Tubrok.

ICRC

West:

- **Libya's Wheelchair Basketball Championship | 25 - 27 Nov 2021:** In collaboration with the Libyan Paralympic Committee, the ICRC sponsored the First National Wheelchair Basketball Tournament and Championship -of scale- in Libya. Four teams from across the country competed with high spirits for the first time on a 3-days series of games in Tripoli. In addition to sponsoring the sports events, the ICRC has provided sports wheelchairs for over 100 players (7 teams). ICRC's Physical Rehabilitation Program (PRP) works in part on Social Inclusion, which aims to improve the opportunity and participation of persons of disabilities in various aspects of life including sports events. The

ICRC sponsored 6 such Paralympic events in the past for Libyan disabled athletes; 2 International championships and 4 Local tournaments.

- ICRC health team conducted three First Aid trainings at 3 LRCS Branches (Sabratha, Alajaylat, and Aljmail) where 53 volunteers participated. Donation of 2 adult manikins followed to Sabratha and Alajaylat LRCS branches.

- ICRC in collaboration with the PHCI Department, ICRC printed 1500 copies of the family folder adopted lately by the MoH to be distributed at PHCCs supported by ICRC.

East:

- **Nurses' Role in Management of Chronic Diseases Sessions:** ICRC conducted sessions on the role of nurses in the management of chronic diseases according to the MoH NCD guidelines in the PHCs (5) and Diabetic Center (1) supported by ICRC in the East. 38 nurses participated during the sessions where key messages were provided regarding best practices on diabetes screening, asthma management in children using inhaler, and epilepsy. Lessons learnt show light on the very large diversity of knowledge and the use of practices. The aim is to scale this initiative into a larger discussion with nurses in the supported health facilities.

Photo 1. Mahmoud Hreish Polyclinic in Derna. Photo 2. ICRC Health Field Officer presenting the guideline on NCD, Jabal Al Akhdar Diabetic Center

Center:

Emergency Room Trauma Course (ERTC) in Misurata Medical Center (MMC): ICRC Misurata conducted an ERTC training for 18 doctors working in the MMC ER department over 3 days period.

Celebration of the World Diabetic Day (WDD) in Misurata Diabetes Center (MDC): ICRC supported the MDC in celebrating the International Diabetes Day on Nov 17th. The celebration included distribution of gifts to 39 diabetic children who got the optimal HbA1c control through this year and 3 patients using the insulin pump, as well as, an educational session for the diabetic patients on "Insulin administration and storage."

IMC

Pillar 1: Leadership, Coordination, Planning and Monitoring: Coordination with relevant authorities such as the NCDC, PCHI and MOH are ongoing. Activities pertinent to COVID-19 preparedness and response are implemented through the support of BHA, EUTF and GIZ.

Pillar 2: Risk communication and community engagement (RCCE): IMC maintained information dissemination activities with regard to C-19 in its target locations through community health workers and mobile medical units as well as through social media the IMC COVID-19 Libya Facebook Page. Messages are aligned to WHO/MoH, UNICEF as well as other inter-agency RCCE messaging.

Pillar 3: Surveillance, case investigation and contact tracing: IMC continues to screen beneficiaries utilizing health care services in supported primary health facilities and participate in the national disease surveillance system, submitting C-19 alerts through the EWARN. There were 923 individuals screened for COVID-19 disease, of which 16 were reported as suspected cases. These cases are referred for further assessment and case management.

Pillar 5: Diagnostics and testing: A consignment of diagnostic materials as well as personal protection equipment worth 78,035 USD was donated to the NCDC and Tripoli Central Hospital (Isolation Department).

Pillar 6: Infection Prevention and Control: IMC maintained its support in providing personal protective equipment for health care workers for 11 mobile medical units visiting 21 health facilities where services are offered. The support aims to facilitate the adherence of all health care providers assigned in the health facilities to minimum and enhanced health safety measures. In regards, the IMC has donated PPEs to the 6 PHCs (Al Aswak and Ras Friefdekh in Misrata, Al Madina Al Kadima, Al Qadasiya, Shara Elgarbi and Shuhada Abdeljalil in Tripoli), with a cumulative cost of 30,100 USD.

Pillar 7: Case management and therapeutics: IMC maintained its to support 4 health care facilities with C-19 isolation units, namely Tripoli Central Hospital and Ophthalmology Hospital (Tripoli), Oncology isolation center (Misrata) and Sabha Medical Center (Sabha). Support to Alamal isolation cent (Benghazi) was not maintained in in the month of November 2021 as the replacement medical doctor was not accepted by the hospital management. IMC deployed doctors contributed to the management of **67** in -patients with COVID -19 disease in November 2021.

Coordination and Health Information Management: IMC have been submitting the weekly EWARNs report through focal points identified by the NCDC in supported health facilities as well as notification for immediately reprotable diseases such as COVID-19 within the day a case is identified and referred for further assessment.

Primary health care (including mobile medical teams, detention centers): IMC continue to deploy 11 mobile medical teams to 21 health care facilities (5 Tripoli, 5 Sabha, 4 Benghazi, 7 Misrata) and 6 temporary service delivery points in IDP and migrant locations. Services offered include general medical consultations, maternal and childcare, provision of essential medications as well as disease surveillance. Cumulatively, the teams have conducted 1,096 general medical consultations and 12 antenatal care consultations. Four (4) trainings were organized and supported by IMC in collaboration with the NCDC and PHCI in the month of November 2021 benefiting 64 participants. These trainings include: TB case management which was participated in by 14 medical doctors from Abu Sita Hospital (November 21- 22, 23 – 24), MHPSS Referral Pathway Training provided jointly with IOM through the MHPSS technical working group attended by 25 participants of various qualifications and responsibilities relevant to MHPSS services (November 17 – 18), Safe Identification and Referral to MHPSS services attended by 16 community health workers (November 21 and 22), MHGAP training participated in by 9 service providers deployed by IMC to various locations (November 7 -11)

Secondary Health Care: IMC support for secondary health care is focused on triage and isolation units as described under Pillar 7.

Communicable diseases: childhood vaccination; disease surveillance and response; tuberculosis; leishmaniasis: IMC continues to support screening and active case finding for beneficiaries that may be suffering from tuberculosis

through its partnership with the NCDC in Tripoli and Misrata. These services are offered in Garghour Abu Salim PHCC and Al Madina Al Qadima PHCC in Tripoli as well as in Al Aswak PHCC in Misrata, while confirmatory diagnoses for tuberculosis are made at the NCDC Laboratories in Tripoli and Misrata, respectively. During thr period reported, there were 3 new TB cases registered for TB case management, however 122 patients were assisted with laboratory services.

Noncommunicable diseases (including mental health): IMC continue to deploy two psychiatrists (1 Misrata, 1 Tripoli) with a third psychiatrist is currently engaged as a mentor for participants who have participated in previous MHGap trainings. In addition, IMC have engaged MHPSS counsellors to provide psycosocial support services in the same locations where the mobile medical teams are visiting. Within the period reported, there were **6** individuals who were provided with MHPSS services.

Reproductive, maternal, newborn, child and adolescent health: IMC continues to provide maternal and child health care services through the 11 MMUs in the 21 health care facilities and 6 temporary service delivery points in IDP locations. There were 12 antenatal consultations, among these, 10 consultations are pregnant women that have had two or more ANC visits.

Gender-based violence: IMC maintained its services for women and girls with the continued engagement of GBV case workers and its referral network for women and girls that may need non-medical assistance in Fallah Camp 1 and 2.

Pillar 10: COVID-19 vaccination: IMC continues to provide support through its mobile medical teams to vaccination teams in health facilities as assigned vaccination centers by conducting pre-vaccination assessment of vaccinees when requested.

IRC

Primary Health Care Consultations and Referrals: During the month of November, with support from UNHCR, SIDA and RDPP, the IRC medical teams provided primary health care consultations at PHCCs and CDC in Tripoli reaching a total of 1649 individuals (651 men and 998 women) from migrants, IDPs and host community. In addition, the medical team referred 168 migrants and refugees to secondary and tertiary health facilities for further medical care.

With support from UNHCR, the IRC medical teams provided medical assistance at:

- Detention Centers (DCs): The medical teams provided primary health care consultations for 798 migrants in detention centers (552 men and 246 women) in detention centers: namely, Tariq Asikka, Sharaa Zawya, Ain Zara, Gheryan Abu Rashada, zawya and Abu isaa, and Wady Alhay. Three (3) beneficiaries were referred to the secondary and tertiary hospitals for medical investigations and clinical management.
- Rescue at Sea: The medical teams responded to 20 rescue operations and provided medical assistance to 960 migrants (865 men and 95 women) rescued at Tripoli disembarkation points (DPs) and 734 migrants (604 men and 130 women) at Al Zawiya Oil Refinery Port.
- Mental Health and Psychosocial Support (MHPSS) services: Mental Health and Psychosocial Support (MHPSS) services were provided to 154 beneficiaries (68 male, 86 female) in Tripoli, several locations including detention centers, and health facilities.
- Fitness to Travel Screening: IRC medical teams provided pre-departure medical screenings for 119 refugees at CDC shelter, and 38 at DCs to assess fitness to travel (UNHCR) program.

With support from AICS, the IRC provided the following:

Training:

- Infection and prevention and control "IPC" at Alkhoms and Baniwaleed targeted facilities.
- Pharmaceutical Stock Management at Alkhoms and Baniwaleed targeted facilities.
- Humanitarian principle and right to Health at Alkhoms and Baniwaleed targeted facilities.
- Neonatal Resuscitation training at Sooq-Alkhamis hospital.
- Health Information Management System at Alkhoms Education.
- Pediatric emergency training at Alkhoms and Baniwaleed targeted facilities
- Basic Mechanical Ventilation training at Alkhoms health facilities.
- Basic obstetrics and gynecology at Sooq-Alkhamis.
- Advanced Pediatrics Life Support at the Alkhoms health facilities.
- District Health Information Software 2 (DHIS2) at BaniWalid Municipality.

Community Health awareness activities:

IRC community health team conducted 596 outreach campaigns and awareness raising sessions in Tripoli, in Alkhums, and Bani Walid. A total of 8086 beneficiaries improved their knowledge of the COVID-19 prevention methods along with education sessions related to COVID-19 vaccination. with incorporating with local CSOs (LAMSA, LRC, Youth Fingerprint) in Misrata, Bani Walid, and Alkhums we distribute health education messages on non-communicable diseases and infectious diseases. IRC community health team develop several Information, Education and Communication (IEC) materials on non-communicable disease

With support from UNHCR, SIDA, RDPP and AICS, to mark of International Day of Diabetes millets. The IRC Community Health Teams supported organization and facilitation awareness day which include education sessions in Tripoli, Misrata, Bani Walid, Alkhums. The activities were focused on screening for high blood sugar, measuring blood pressure, measuring wight, and Hight (Body Mass Index- BMI), and distributed 120 and 2000 awareness raising posters and brushers respectively in Arabis, English, and French on DM symptoms, diagnosis, treatment and preventive measure, nutrition flyers. In addition to awareness sessions to promote covid-19 vaccination uptake. community health workers in Tripoli jointly with IOM conducted awareness raising campaign on scabies to the detainees in Abu Salim DC on 23rd, 24th, and 25th November 23rd, 24th & 25th. The activities focused on health education and hygiene promotion reaching 707 beneficiaries.

Successful story: A 25-years old lady from Nigeria, she attended Outpatient (OPD) consultation in AlHarat PHC. The patient had extreme fatigue, shortness of breath (dyspnea), irregular heartbeat, cold limbs with severe Anemia. It was very urgent and critical due to the low level of HGB=1.5g/dl, PLT= 4 according to the CBC results presented. She was quickly referred with an ambulance to Tripoli Medical Hospital for further investigation and treatment. The patient was admitted and diagnosed for pancytopenia. She was treated accordingly and received blood transfusion. The patient responded to the treatment very well and discharged in a good health. She was medically advised to continue her treatment at home and follow up.

Donations:

- 6 months' supply of Personal Protective Equipment (PPEs) to 10 targeted health facilities (3 in Alkhoms and 7 in Baniwaleed) municipalities and medical equipment to Alkhoms Education Hospital and Sooq-Alkhamese Hospital with support from AICS.
- 1 month supply of PPEs and medication to Tripoli University Hospital COVID-19 Isolation center and the Psychiatric Hospital of Tripoli with support from SIDA and RDPP.

Terre des Hommes Italy

Terre des Hommes Italy (TDH IT) is implementing a COVID-19 response project, funded by DG-ECHO, in collaboration with its partners, Helpcode and ODP. Through the month of October 2021 staff and partners provided support to the national RCCE campaign, organized awareness activities and information sessions targeting general population and key stakeholder and capacity building on COVID-19 prevention and response for health workers in Tripoli, Ghat and Ubari.

Capacity building for community health workers:
TDH supported Helpcode and ODP in organizing 6 training sessions on COVID-19 Prevention and Response and Infection Prevention and Control. Each session lasted 2 days. Around 100 Health Workers, from 6 different facilities in Tripoli, attended. During the month of December 2021 trainings on same topics will be delivered in Ghat and Ubari, targeting around 160 Health Workers from 9 different Health Facilities.

Risk Communication, and Community Engagement (RCCE):
Raising awareness sessions launched in September 2021 and to the 18 of November have reached 179 individuals on social media and 3,614 individuals at in-person info sessions organized by Community Outreach Volunteer teams in several settings such as gathering areas, community centers and COVID-19 vaccination points.
Teams discussed topics such as the importance of Covid-19 preventive measures, addressing rumors on the vaccines and giving practical advises on how to get the vaccination, targeting Libyan and non-Libyan population.
Moreover, in October 2021 Health Teams started organizing Community events to spread messages on personal hygiene and COVID-19 vaccination. To maximize the impact of such events TDH IT collaborates with other International and Local NGOs.

On November 14th, during the World diabetes day, CHVs joined IRC team at Zawiya Al-Dahmani Health Center. During the day, staff tested blood sugar levels and blood pressure of participants while raising awareness on the need of regular medical check-up, healthy lifestyle, personal hygiene, COVID-19 vaccines, vaccination registration and distribute IPC kits. Approximately 52 people were reached.

On November 18th another event, targeted 15 key representatives of several non-Libyan communities, was organized with the local organization Moomken. TDH IT volunteers focused on IPC, Vaccine's acceptance and vaccination mechanisms, while Moomken explained the service provided through their hotline, part of the CFM. Community events are planned until May 2022.

As part of the material support to the national vaccination campaign, 19,2000 vaccination cards, sets of posters on Waste disposal and Session management, foot stamps and stickers are being distributed in 6 vaccination centers in Tripoli, 6 in Ubari and 3 in Ghat. Four additional billboards on the vaccination campaign are affixed in Tripoli (2), Ubari (2) and Ghat (2). Moreover, a radio campaign, on three different Libyan radios, is going to start at the beginning of December 2021.

UNFPA

Building technical capacities of healthcare providers for effective service delivery: One of the key pillars of UNFPA's reproductive health intervention in Libya is to build the capacities of health care providers and to use innovative technology-based systems for effective service delivery on ground. In this regard, UNFPA and its local partner Alsafwa in coordination with the Ministry of Health conducted training on District Health Information System (DHIS2) along with provision of equipment for 15 healthcare providers including 8 females from 7 health facilities in Tripoli on 14 and 15 November. DHIS2 is a web based open-source health information management system capturing

and showcasing data for promoting the use of evidence for planning and decision-making, reporting, analyzing and dissemination for all health programs. The training on DHIS2 will enable health programme planners and care providers to utilize available data to do informed planning and improve health service delivery in Libya.

UNFPA Launched reproductive health interventions in Waryama PHC: After the inauguration of Weryemma PHC in Tripoli, UNFPA has launched Basic Emergency Obstetric & Newborn services through Alsafwa organization. A team of 6 pediatricians, 6 gynecologists, 1 GP, 1 mental health doctor, 5 midwives, 5 nurses and 3 CHWs has been deployed in the facility to ensure provision of SRH services, skilled birth attendance 24/7 for migrants and Libyan women.

UNICEF

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

National COVID-19 Vaccination Campaign:

In November, UNICEF continued to support NCDC's DRCCE activities to raise awareness about the COVID-19 vaccine. This month, activities were conducted in Hay Alandalus, Abiaslim, Al-Zintan, Alreygban, Yefren, Algeleah, Daher Alhabel, Ain Zara, Souq Aljiuma, and Derna. Activities included workshops on the COVID-19 vaccination campaign including answering frequently asked questions and addressing misinformation and rumors. The workshops were attended by the municipality deputy mayor, municipality vaccination supervisors, health care workers, local influencers, managers of health offices in the municipality, media offices in the municipality, volunteers, council of elders, scouts, among others. In addition, the emergency teams visited the municipalities' vaccination centers as well as distributed hygiene kits (facemasks and hand sanitizers) and flyers to the public. In total, around 515,050 people are estimated to have been reached this month through flyers, social media, volunteers, and local radio channels.

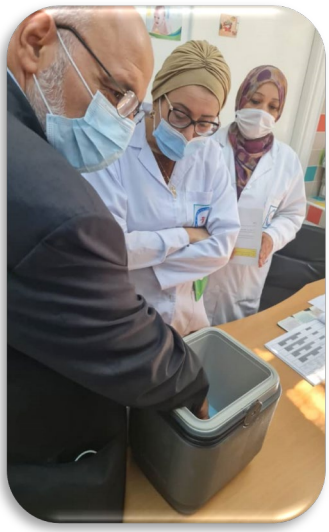
Health System Strengthening:

Capacity building:

UNICEF, in collaboration with IOM and WHO, organized a capacity development workshop for master trainers on cold chain and vaccine management including COVID-19. The workshop was held in Tunis and attended by participants from the Libya Ministry of Health, NCDC, the Medical Supply Organization and the Food and Drug Administration. To benefit from the workshop and exchange multi-country experiences, representatives from the Syria Ministry of Health, Medical Supply Organization, and UNICEF Syria also participated. In total, 18 people were trained as master trainers, whereof 14 from Libya (all male) and 4 from Syria (1 male, 3 females). As part of the training, the participants were divided into two groups and visited two maternal and child health centers (PMI Mellasine and PMI Ez-zouhour) in Tunis for experience sharing, on-the-job learning, and exchange of best practices.

Medical supplies, medicines, and equipment:

UNICEF supported the continuity of essential health services through provision of essential medical supplies. In November, a total of 195 vaccine carriers were dispatched to be delivered to primary health care facilities around the country to support the delivery of safe and quality vaccination services. Additionally, one Porkka cold room was provided to the Tripoli Medical Service Directorate Vaccination Department and two refrigerators provided to Aljfara vaccination site. Moreover, UNICEF dispatched a total of 12,000 surgical face masks (50 packs) to implementing partners and service providers to ensure COVID-19 safety measures while delivering health services. UNICEF dispatched 01 newborn care simulator, 01 premature infant care simulator, and 01 newborn CPR advanced care simulator to Benghazi Medical Center to support practical training in Emergency Obstetric and Newborn Care (EmONC). UNICEF also supported the Integrated Management of Newborn and Childhood Illnesses (IMNCI) cascade training conducted by WHO by providing 50 MUAC tapes and 60 ARI timers.



Vaccination activities in detention centers:
UNICEF together with PHCI conducted vaccination activities at Shara Zawiya detention center. In total, 4 children (3 girls, 1 boy) were vaccinated with BCG – OBV – Hep B, which will protect the child against tuberculosis, polio, and hepatitis B. Follow-up visits were scheduled for all.

HELPCODE

1. AICS project: "Health at the Center" - Integrated Health and Protection intervention in Southern Libya

In the framework of AICS project, Helpcode has started to implement its activities in the South of Libya (Ghat and Ubari Districts). In particular, the locations of its interventions are:

Ghat	
Ghat Municipality	Al-Fayyut Primary Healthcare Centre (PHCC)
Ghat Municipality	Asin Primary Healthcare Unit (PHCU)
Wadi el Hayat	
Municipality of Alghrayfa	Al-Gaerat Primary Healthcare Center (PHCC)
Municipality of Ubari	Ubari el Mashrouh Healthcare Unit (PHCU)
Municipality of Bint Beya	Gabroun Monthrah primary Health care center unit (PHCU)
Municipality of Ubari	Ubari Hospital

- 10 Community Health Workers (CHWs) have been recruited and trained on health topics.
- CHWs attended a three-day training about COVID-19 Prevention measures, Vaccination and Diabetes prevention.
- Awareness sessions and campaigns will start at the beginning of December until the end of May.
- The awareness activities started on the 15th November focusing on Covid-19 prevention, and Vaccination.
- Awareness campaigns have been programmed. They will use social media, in addition to organizing meetings with key stakeholders in targeted municipalities (Ghat & Ubari) and with the population (schools, Mosques, markets).
- The recruitment for two Emergency Medical Teams is ongoing.
- One team composed by one nurse, one pediatric and one gynecologist has started to work in the two targeted facilities in Ghat.
- The main topics covered by the EMTs include Healthcare Management & Quality, Pharmaceutical Stock Management, Health Information and data collection.
- The teams will work one week per month in each facility until June 2022.

2. ECHO project: ROLL THE SLEEVE UP! Support the vaccination roll-out in Libya

The aim of this ECHO funded project is to support the following facilities in the roll out of the covid-19 vaccination campaign, in partnership with Terre des hommes (TDH) and Organization for development pioneers (ODP).

Ghat	
Ghat Municipality	Ghat Center
Ghat Municipality	Albarkit
Ghat Municipality	Alawinat
Wadi el Hayat	
Bent Baiah	Bint Bayah
Bent Baiah	Akhlayif
Alghareefa	Garagrah
Alghareefa	Alghareefa
Ubari	Alhatiya
Ubari	Ubari Al-Mashrouh

- 20 Community Health Workers (CHWs) and 20 outreach volunteers have been recruited and trained on health topics.
- CHWs attended a three-day training about COVID-19 Prevention measures, Vaccination and Diabetes prevention.
- Awareness sessions and campaigns will start at the beginning of December until the end of May.
- The awareness activities started on the 15th November focusing on Covid-19 prevention and Vaccination.

- The awareness campaign has been planned. Events in the targeted municipalities (Ghat & Ubari) will focus on reaching local populations, including migrants in selected public places (schools, Mosques, markets, health facilities, etc.)
- Over 80 health care workers have already been trained on Covid-19 prevention and Infection prevention control in Tripoli and Ghat. The remaining trainings are planned until the end of December in Ghat and Ubari.
- Billboards and visibility materials for the health facilities have been delivered in Tripoli and the south

3. EUTF project: Restoring quality health care services in Zawiya and Ghat in Libya

The specific objective of the EUTF project is to guarantee access to appropriate quality health services for the populations of Zawiya and Ghat districts including displaced and migrant populations. In November, the project came to an end. The outcomes of the project include:

- 5 Health facilities supported with infrastructural work
- 7 Health facilities provided with medical equipment
- 331 health workers trained in various topics
- 1 Training on the Job team supported health workers in Ghat for 6 months
- A successful collaboration with Gaslini Hospital (Paediatric Italian Center for excellence)
- 82 community leaders involved in the awareness campaign
- As a result, 7 health facilities improved their service provision. People living in the target areas are more aware of available medical services and thus, the number of people accessing the supported health facilities increased.
- The closing ceremonies took place on November 23rd, 2021 in Ghat and November 29th in Tripoli.

IOM

Primary Health Care Consultations and Referrals: IOM medical teams provided a total of 9,604 primary health care consultations (6,937 men and 2,667 women) to migrants, IDPs and host community members and referred 266 migrants to secondary and tertiary health facilities for further medical investigation, treatment and management. In November 2021, IOM medical teams reported a total of 61 (53 men and 9 women) COVID-19 suspected cases.

1. DCs:

IOM medical teams provided primary health care consultations for 2,111 migrants in detention (1669 men and 442 women) in 16 detention centres: namely, Triq al Sika, Shara Zawya, Ain Zara, Mabani, Azzwaya Abu Issa, Ghiryan Abu Rashada, Baten Al Jabal, Albayda, Shahhat, Alkufra, Ganfouda, Almarj, Alqubba, Wadi al Hai, Zlitin and

Talmetha DCs. 18 migrants were referred from these detention centers to the secondary and tertiary hospitals for medical investigations and clinical management.

2. PHC clinics

Through its support in four primary health care centres (Shouhada Abduljalel PHC, 17 Feb Polyclinic and Al-Aoeanea PHC), IOM provided 462 primary health care consultations (205 men and 257 women) to the IDPs and host community members, along with supporting the centers with medicines, medical consumables and IEC materials on COVID-19.

3. Medical outreach

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

IOM medical teams reached 5,601 migrants and IDPs (3,839 men and 1,762 women), out of which 166 migrants were referred to the secondary and tertiary health facilities for medical investigation and clinical management.

4. Rescue at Sea

IOM medical team responded to rescue at sea operations where 2,808 migrants (2,292 men and 516 women) at Abusitta and Azzawia disembarkation points (DPs) were rescued. 106 migrants received the medical screening and triage upon arrival.

Among above consultations, IOM provided: 154 gynecological consultations and 294 antenatal and postnatal cares to the female migrants, IDPs and host community members; 537 consultations for migrant children on the integrated management of childhood illness; 31 health care consultations related to psychiatric care and mental and psychosocial care; 316 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 165 migrants to assess fitness to travel (FTT) under the Voluntary Humanitarian Return and Reintegration (VHR) program.

National Health System Strengthening: In November, IOM conducted a series of anti-scabies campaigns at Wadi Al Hay DC, Ain Zara DC, Abousliem DC, Mabani DC and Sudanese Embassy in response to the scabies outbreak. Migrants received new clothes, blankets and mattresses besides the personal hygiene kits, and were provided with medical treatments.

On 23-25 November, IOM conducted a training on the Early Warning, Alert and Response Network (EWARN) which is a network of health partners that collect and report surveillance data on selected epidemic-prone diseases. In close collaboration with the Health Information Center at the Ministry of Health, IOM is supporting the expansion of EWARN surveillance system in detention centres through capacity training for the partners providing health support in the detention centres. A total of 19 surveillance focal point (16 men and 3 women; 13 surveillance officers from NCDC, 3 doctors from IOM and 3 doctors from IRC) participated the training, representing the detention centres in west Libya.

COVID-19 response

1. Risk Communication and Community Engagement (RCCE): IOM medical team conducted 137 outreach campaigns and awareness raising sessions in Sebha, Ubari, Zwara, Bani Walid and Benghazi. A total of 4,164 migrants improved their awareness and knowledge of the COVID-19 prevention methods and health seeking behaviors when having the suspected symptoms.In November, IOM and National Center for Disease Control (NCDC) co-develop several Information, Education and Communication (IEC) materials on COVID-19 vaccines. Materials are available in Arabic, English and French and have been further translated into different languages.

2. Points of Entry (PoEs): IOM Medical teams supported the NCDC staff at Ras Jedir POE by providing medical check up to all passengers returning to Libya as part of IOM COVID-19 response plan. A total of 15,382 cross-border travelers (12,170 men and 3,212 women) were screened by checking temperature and general condition.

3. Surveillance: Following the training on District Health Information System (DHIS-2), IOM donated 18 electronic tablets to the Health Information Center at the Ministry of Health to support the expansion of the usage of DHIS-2 to COVID-19 isolation centres in west Libya. The tablets will work to strengthen data collection and reporting capacities related to the COVID-19 pandemic.

4. Vaccination: On 8-11 November, IOM conducted a four-day workshop in Tunis, Tunisia to enhance cross-border collaboration between Libya and Tunisia and strengthen infectious disease prevention and control capacities at airports, seaports and land crossing borders, in line with international standards, including International Health Regulations (IHR 2005). With trainers from the Libyan National Center for Disease Control (NCDC), over 40 participants, including 23 Libyan and 13 Tunisian public health focal persons working at points of entry, discussed the sustainable mechanism of cross-border collaboration and public health measures to be taken in the event of a potential public health emergency.

In November, to strengthen front-line immunization workers in Libya and reach underserved migrant communities, IOM in close collaboration with NCDC and UNICEF conducted a five-day 'training of master trainers' this week for vaccination staff from Tripoli, Sabha and Benghazi. The training sessions focus on vaccine storage, management and administration, and the training of master trainers, who will in turn, undertake trainings of vaccination staff nationwide to support quality vaccination services in Libya.

On 3 October, NCDC in collaboration with IOM launched a COVID-19 vaccination campaign for migrants in detention centres, with financial support from the European Union.

During November, 595 migrants attended COVID-19 vaccination information sessions and 2,476 migrants have received vaccines in nine detention centres (Abousliem, Baten Al Jabal, Shara Zawya, Triq al Sika, Ain Zara, Daraj,

Mabani, Wadi Al Hai and Ganfouda DCs) and four municipalities (Hai Alandalus, Janzour, Suq Aljumaa and Tajoura). To date, a total of 6,846 migrants have vaccinated either with Sinopharm or AstraZeneca vaccines through the NCDC-IOM campaign. The vaccination campaign will be further expanded to the migrant-dense municipalities in a phased manner.

Mental Health and Psychosocial Support (MHPSS) services

IOM MHPSS teams have provided the following assistance:

Mental Health and Psychosocial Support (MHPSS) services were provided to 783 migrants (504 men, 204 women, 51 boys, 24 girls) in Tripoli, Benghazi, Alkufra, Beni Walid, Misratah, Sebha, and Zwara in several locations, including IOM center in Hay Alandalus, detention centers, and urban locations including shelters, collective houses, labor migrants gathering points, health facilities, and to migrants following their interception/rescue at sea at Abusitta DP. The MHPSS teams accompanied IOM medical teams to different locations and conducted a varied set of MHPSS activities.

IOM's MHPSS team in Tripoli contributed to a training on First Aid, infection prevention and control and migration sensitive health services organized by instructors from LRC and IOM teams. The MHPSS team conducted a training session on MHPSS definitions, psychological first aid, and supportive communication. The trainings targeted 12 participants from the relevant Libyan national authorities involved in the rescue of migrants and subsequent actions at detention centers.

The MHPSS TWG chaired by IOM and IMC organized a 2-day workshop on 17-18 November in Tripoli. The workshop brough together 24 participants from the Ministry of Health international cooperation office, NCDC, PHCI, as well as INGOs and CSOs in Libya. The workshop aimed to strengthen the links between the TWG in Libya, agree on common MHPSS frameworks and terminology, and promote the creation of the referral mechanism process.

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, with the MHPSS TWG monthly meeting taking place on 16th of November. With the participation of 24 members Furthermore, the MHPSS TWG continues to provide technical support and guidance to MHPSS actors and different humanitarian sectors in Libya.

INFORMATION SOURCES:

https://www.who.int/health-cluster/countries/libya/en/
https://www.humanitarianresponse.info/en/operations/libya/health
https://www.facebook.com/Ministry.of.Health.Ly/
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CONTACT INFORMATION:

Mr Azret Kalmykov, Health Sector Coordinator, kalmykova@who.int
Mr Diyaeddin Natuh, Focal point, Surveillance System of Attacks on Healthcare, WHO Libya, natuhd@who.int