

# HEALTH SECTOR BULLETIN

**February 2021**

## Libya

Emergency type: Complex Emergency

Reporting period: 01.02.2021 to 28.02.2021



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	TBC	TBC	

KEY ISSUES	2021 PMR (Periodic Monitoring Report) related indicators	
The National Deployment Plan for COVID-19 vaccination	Number of medical procedures provided (including outpatient consultations, referrals, mental health, trauma consultations, deliveries, physical rehabilitation)	21,102
Selected COVID-19 update		
Registration procedures for health sector organizations in Libya	Number of public health facilities supported with health services and commodities	71
Health sector response for January 2021	Number of mobile medical teams/clinics (including EMT)	36
List of health sector assessments, surveys and studies for 2021, Libya	Number of health service providers and CHW trained through capacity building and refresher training	399
Overview of rehabilitation of health facilities in Libya by international organizations	Number of attacks on health care reported	0
WHO mission to the east of the country (Sirte, Al Bayda, Sahat, Sousa, Benghazi)	Percentage of EWARN sentinel sites submitting reports in a timely manner	TBC
Key health performance indicators, 2020	Percentage of disease outbreaks responded to within 72 hours of identification	TBC
	Number of reporting organizations	15
	Percentage of reached districts	91
	Percentage of reached municipalities	41
	Percentage of reached municipalities in areas of severity scale higher than 3	41

### SITUATION OVERVIEW

- The new Prime-Minister, Abdulhamid al-Dbaiba pledged priority response to COVID-19 vaccination, noting as well that the southern region (health and roads) would be a focus of the government's work.
- In meetings with various embassies the Ministry of Health of Libya discusses different cooperation modalities, including supply of medical equipment, deployment of foreign health care workers specializing in ICU and other areas where a shortage of national health experts is experienced.
- The Secretary-General spoke separately with the President of the Presidency Council designate, Mr. Mohammad Younes Menfi, and the Prime Minister designate of the State of Libya, Mr. Abdul Hamid Mohammed Dbeibah. The Secretary-General congratulated Mr. Menfi and Mr. Dbeibah on their recent designation by members of the Libyan Political Dialogue Forum. The Secretary-General stressed the importance of ensuring that the new executive authority works towards the holding of national elections on 24 December 2021 and reiterated the United Nations full commitment to support their efforts in this regard.
- Statement by the co-chairs (Algeria / Germany / League of Arab States / UNSMIL) of the political working group of the international follow-up committee on Libya: The Political Working Group (PWG) of the International Follow-up Committee on Libya (IFCL) held a meeting on 25 February 2021 to review the progress achieved by the Libyan Political Dialogue Forum and the efforts of the unified interim executive authority, and to consider how participants of the Berlin process can further support these efforts.
- Special Envoy for Libya Ján Kubiš continues his meetings in Libya, meets with PC members designate and other Libyan officials.
- Mine clearance of Western Coastal Road by western and eastern technical teams started.
- International Working Group on Human Rights and IHL discusses security, political and economic dimensions of arbitrary detention, agrees to remain engaged on the matter.
- Preliminary findings of WFP vulnerability analysis suggest worsening food security situation in eastern Libya.
- Two major economic reforms on budget unification and addressing the banking crisis expected to have a positive impact on the economy and to create momentum towards unifying national financial institutions. But PFG continues blockade at Marsa al-Hariga oil port over unpaid salaries, putting NOC under pressure to declare force majeure.
- '5+5' JMC meets again in Sirte, discusses the deployment of international monitors and continues planning for the opening of the Western Coastal Road including mine clearance with UNMAS advice. On the ground, LAAF continues however enhancing fortifications and defensive positions in Central Libya.
- Tripoli, 28 February 2021 - The United Nations and its partners launched an appeal for US\$189 million for the 2021 Humanitarian Response Plan (HRP) to provide urgently needed assistance and protection to 451,000 of the most vulnerable people affected by conflict, COVID-19 and worsening economic conditions in Libya. "We seek to work closely with national and local authorities across Libya to implement the 2021 Humanitarian Response Plan to address the country's multiple challenges and support the most vulnerable people who need assistance," said Georgette Gagnon, Humanitarian Coordinator for Libya.

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

#### The National Deployment Plan for COVID-19 vaccination

The National Deployment Plan for COVID-19 vaccination in Libya has been finalized. WHO and UNICEF provided extensive technical inputs for the development of the Plan.

The plan highlights main components of the COVID-19 vaccination in the country.

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#	Section
	Foreword endorsement of the deployment plan
1	Introduction and background
2	National Regulatory preparedness
3	Planning and coordination framework
4	Prioritization and identification of target population
5	COVID-19 vaccination strategies
6	Microplanning at National, Municipality and health facility level
7	Cold Chain and Vaccine Management
8	Training of staff/ Human resource management
9	Vaccine Safety monitoring, management of adverse events following immunization (AEFI) & injection safety
10	Vaccine acceptance, Demand, Risk Communication & Community Engagement
11	Vaccination of Migrants and Refugees
12	Infection Prevention Control and waste management
13	Covid-19 Surveillance
14	Monitoring, supportive supervision and Evaluation of covid-19
15	Costing and Funding

According to the plan, 426 health facilities or vaccination sites will provide vaccination, where in addition to cold chain (already in place) a package of service will be made available.

Sufficient operational space is given for additional support by interested and capable international organizations: training of vaccinators and relevant staff; demand creation, risk communication, community engagement (continue promoting precautionary measures and enhancing acceptance for vaccine); support availability of package of health services (especially PPEs for 426 health facilities);

contribution and strengthening of cold chain component of vaccination program). The national cold chain inventory has been completed (the analysis is in place and a separate report is to be shared by UNICEF). Pre-registration mechanism is established for vaccination starting with frontline health workers, people above 60 and those with comorbidities.

Information about vaccine allocations (dates of shipment and implementation plan dates) will be communicated accordingly once made available and through the relevant government structures.

WHO and UNICEF provided technical feedback on ToRs for all proposed national level taskforces for COVID-19 vaccine introduction (prepared by the MoH and the NCC). Currently, there are four committees and eight task forces.

The Government of Libya is ready to cover the costs of administering COVID-19 vaccines to around 574,000 migrants and refugees in Libya but will not cover the costs of the vaccines themselves. For that, the GoL must send a letter to the Global Vaccine Alliance (GAVI) asking it to consider making vaccines available for around 16,200 high-risk migrants and refugees under its Humanitarian Buffer fund. The NDVP includes an annex explaining how migrants and refugees will be handled. The Government should consider treating migrants and refugees using the same criteria as for Libyans. In the Humanitarian Needs Overview for 2021, UNHCR and IOM have broken down the high-risk sub-groups among the migrant and refugee population as follows:

	Total population	Frontline health care workers	60 years and above & with co-morbidities	Pregnant and lactating women	Total high-risk population
Migrants	530,004	2,554	5,741	2,871	11,166
Refugees	44,142	1,324	2,207	1,545	5,076
<b>Total:</b>	<b>574,146</b>	<b>3,878</b>	<b>7,948</b>	<b>4,416</b>	<b>16,242</b>

WHO provided the necessary technical support to the MoH for drafting a letter to be submitted to the COVAX facility with the following subject: “Request Access to COVID 19 vaccines for high-risk population in humanitarian settings under COVAX Buffer in Libya”.

WHO supported Libya to complete all necessary three pre-requisites, including EUA for AZ/SK Bio vaccine, import license, signing of the Indemnity and Liability (I&L) agreement. Libya almost got missed out on the first round of COVAX vaccines because it did not submit two key documents on time: 1) an authorization/approval of vaccine use, and 2) an import licence (which must be issued by Libya’s National Regulatory Authority).

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The NCDC first coordination meeting took place on 27th February 2021 with follow up actions to further discuss COVID-19 vaccination guides for AstraZeneca-Oxford Vaccine - AZD1222 and Pfizer-BioNTech vaccine. Training materials available in Arabic languages will be further used.

As part of the first wave, Libya has received confirmation of 343,200 - 580,000 indicative doses of the AstraZeneca/SKBio vaccine (estimated arrival time in the country late February) and 54,900 doses of the Pfizer vaccine.

The Pfizer vaccine will be mainly distributed at urban centers, as the required Ultra-Cold Chain (UCC) storage requirements is non-available on the countryside which may cause difficulties in vaccine administration. WHO Libya is already working closely with NCDC to build health workers capacity to carry out the vaccination activities. Good risk communication is imperative and WHO works closely with UNICEF and NCDC on this component.

On 15<sup>th</sup> February, the WHO granted Emergency Use Listing (EUL) for the AstraZeneca. This vaccine is officially authorized for use in Libya within the framework of the COVAX Facility. A letter was shared detailing the Government of Libya's final allocation of the AstraZeneca vaccine through May. The letter also included the following key information: next steps to ensure for the Government of Libya to successfully access allocated doses and an update on Pfizer Q2 supply.

### Selected COVID-19 update

As of 27 February 2021, the total number of PCR COVID-19 tests performed in Libya was 744,836. Although Tripoli has the largest population, it only represents 18% of the country's total population while 74% of the total number of tests performed have been undertaken in Tripoli. Misrata follows with 13% of the total number of tests, and Benghazi with the second largest population, has only 4% of total tests performed. Testing must be increased and made available across the country.

As of 27 February 2021, Libya confirmed a total of 133,338 positive cases, with a positivity rate at 18% (almost 1 of every 5 tests is positive for COVID-19). The case incidence is 1,958 per 100,000 population and 32 deaths per 100,000.

The total cumulative number of deaths is 2,179, with a Case Fatality Rate of 1.6%, - which is below the EMRO average of 2.5%. Although deaths are increasing in terms of cumulative numbers since the year started, CFR remains difficult to calculate as the mortality surveillance system is weak, combined with low testing in wide parts of the countries may mean this number is severely under-reported.



As of 27 February 2021, it has been confirmed that at least several health facilities had closed due to the non-availability of oxygen and/or no human resources. Moreover, in Tobruk the main health facility caring for COVID-19 patients has reported being overburden with cases. Until present, bed occupancy reporting is a challenge, the National Centre for Disease Control (NCDC) is conducting a full assessment to have baseline data and to streamline the reporting. To support timely data collection, WHO has recruited a national Information Management Officer to facilitate the process.

Key immediate recommendations for the national authorities to enhance COVID-19 response:

- Increase testing capacity
- Support the implementation of the National Deployment and Vaccination Plan (NDVP)
- Support treatment of COVID patients
- Pay for vaccines for refugees and migrants

WHO Regional Office mission is planned for March 2021 to review/assess COVID-19 response in Libya.

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### Access in health

CEFA, PUI, IMC, TdH Italy, UNFPA, UNHCR, WHO, UNICEF report having various access issues for January 2021.

### Registration procedures for health sector organizations in Libya

A separate request was sent out by the ICO/MoH Libya to all NGOs on a new SOP for registration with the MoH (announced deadline: 16 February). The following steps were required:

- Registration with the Civil Society Commission - for national and international NGOs.
- Registration letter in the Ministry of Foreign Affairs (Civil Society Organizations directorate) – for INGOs.
- Signing a memorandum of understanding with the Ministry of Health (International Cooperation Office).

### Cutaneous leishmaniasis (CL) response in the west part of the country, including Tawergha

In 2020 WHO procured and delivered to the NCDC: 1800 ampoules of Pentostam, 200 ampoules of AmBisome, other antileishmanial medicines and treatments, including perchloric acid titration tablets and cryotherapy equipment. Conducted or supported the following training courses: a training workshop for five Libyan physicians on treating patients with VL; a three-week interactive on-line course for NCDC dermatologists on managing patients with CL. The course was facilitated by international experts. In 2021 WHO plans to:

- Support the NCDC plan to expand EWARN and launch improved data collection tools
- Secure antileishmanial medicines including sodium stibogluconate, meglumine antimoniate.
- Enhance diagnostic capacity by training health staff and increasing the use of rapid diagnostic kits.
- Expand training on the management of patients with leishmaniasis, focusing on health care staff in endemic areas and IDP camps.
- Continue deploying experienced mobile teams in IDP camps to diagnose and treat patients with the disease, conduct active surveillance and carry out vector control activities.
- Conduct health promotion campaigns in vulnerable communities to raise awareness of measures to prevent the disease.
- Develop and disseminate education materials.
- Carry out research to improve diagnosis, treatment and prevention.

## HEALTH SECTOR ACTION/RESPONSE

### Health information management support

- Enabling technical support for updating information on availability and functionality of TB services across the country.
- In coordination with other technical teams, finalized the list of COVID-19 KPIs to be included into the regular 4W.
- Developed COVID-19 health facility “Google” map as well as updated the list of COVID-19 laboratories.
- Providing support to NCDC for the preparation for Go. Data tool implementation for Libya.
- Provided training of the data analysis & visualization using PowerBi to the NCDC central data management team for COVID-1.

### Interactive dashboards

- [COVID-19 Libya dashboard](#)
- [Libya Health sector 4Ws 2021](#)
- [COVID-19 health facilities Libya](#)
- [COVID-19 response Key indicators 2021](#)

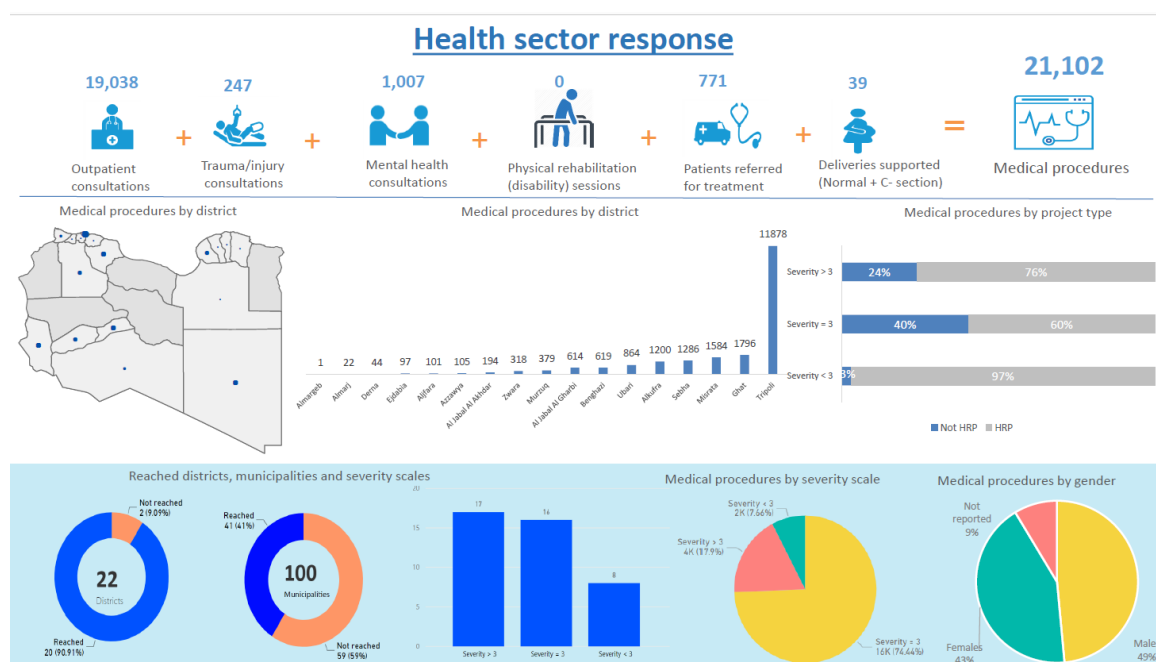
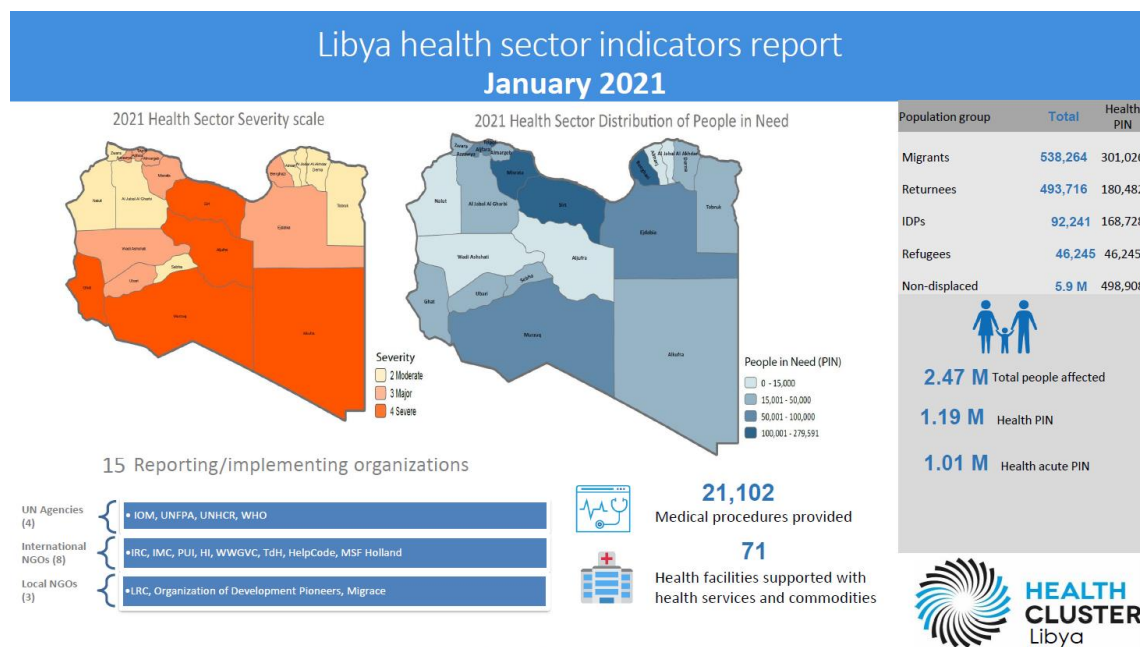


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### Health sector response for January 2021

The overview of health sector response for January 2021 was finalized and disseminated, including map of partners' operational presence.



### NCDC Annual Report for 2019

The Technical Cooperation Office at NCDC presented the Technical Cooperation Office Annual Report 2019. The report outlined the work and achievements of TCO/NCDC in 2019. The report provides opportunities for health sector organizations to utilize NCDC capability to strengthen public health services in the country.

### Schedule and structure of Libya health sector coordination meetings (February - June 2021)

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Schedule and structure of Libya health sector coordination meetings (February - June 2021) was shared with the health sector partners, indicating responsible sector and national leads/co-leads, contact information. Interested organizations were requested to liaise directly with indicated leads/co-leads to be included into the respective email lists.

- Tripoli (national)
- Benghazi (sub-national)
- Sabha (sub-national)
- Migration Health sub-sector WG
- Reproductive Health sub-sector WG
- TB sub-sector WG
- MHPPS sub-sector WG
- COVID-19 Infection Prevention and Control sub-sector WG
- PHC sub-sector WG
- COVID-19 RCCE sub-sector WG
- Joint Technical Coordination Committee (JTCC); National Economic and Social Developmental Board (NESDB); Basic Services WG; Health sub-sector WG

**PHC sub-sector WG:** The PHC Institute conducted a meeting on 9th of February 2021. The meeting focused on further coordination of all PHC related projects supported by international organizations.

**Migration Health sub-sector WG:** Migration Health sub-sector meetings were carried on 10<sup>th</sup> February 2021. Link: [Migration Sub Health Working Group 10 Feb 2021](#)

**MHPSS sub-sector WG:** The MHPSS sub-sector WG monthly call took place on 23<sup>rd</sup> February 2021.

**The Basic Services Working Group** meeting chaired by the Director General of National Economic and Social Development Board (NESB) took place on 28th February 2021. The key agenda included presentations of sub-working groups (Health, Education, WASH and Energy) on their priorities for 2021.

### List of health sector assessments, surveys and studies for 2021, Libya

List of health sector assessments, surveys and studies for 2021, Libya was completed. 11 organizations provided respective inputs. The list was circulated and will be updated accordingly.

### Overview of rehabilitation of health facilities in Libya by international organizations

Overview of rehabilitation of health facilities in Libya by international organizations was prepared and disseminated. 14 organizations provided respective inputs. Almost 100 health facilities have been listed as receiving support by international organizations.

### Deep Dive Libya

On 3<sup>rd</sup> February there was a second series of regional level “Deep Dive Libya” discussions within the humanitarian-development imperatives (NEXUS). Key recommendations included: a) further focus on the development of essential package of health services; b) establishment of technical working groups on prioritized 6 pillars of health systems strengthening to focus on multi-year planning enabling a sense of “ownership” by the health governance; c) prioritize “opportunities” and “enablers” overcoming well-recognized challenges and limitations in public health sector, improve the quality of the narrative for both, humanitarian and development, imperatives.

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### Expansion of WHO Libya field coordinators across the country

WHO Libya expanded its network of field coordinators from 11 to 25 to cover all respective districts across the country.

### WHO mission to the east of the country (Sirte, Al Bayda, Sahat, Sousa, Benghazi)

WHO humanitarian mission visited and assessed health situation



in Sirte district. WHO delegation met all the key decision makers (including and beyond Sirte COVID-19 Emergency Committee, Sirte Mayor, Ibn Sina Hospital administration, COVID-19 isolation center, Sirte polyclinic, Sirte oncology center, Bin Jawad Hospital).

Ibn-Sina Hospital is the only public hospital in the Sirte. It provides comprehensive health care services for more than 180 000 people in Sirte and surrounding areas. It is staffed by more than 130 physicians, 120 nurses and 250 health care workers. The hospital has 13 main specialist units but does not have sufficient intensive care capacity or facilities to conduct vascular, orthopedic and chest surgery. It also lacks oxygen to treat COVID-19 patients. Hence, some critically ill patients still need to be referred to Benghazi. WHO is providing oxygen supplies to strengthen emergency services, training staff and donating PPE.

The National Centre for Disease Control branch: The centre's sole X-ray machine was no longer working, which was affecting the diagnosis and treatment of TB patients. WHO will provide support to the centre to strengthen its capacity to diagnose COVID-19 and TB using a contribution from the EU.

Sirte Oncology Centre: The centre was established in 2018, mainly through community support. It is currently treating more than 420 cancer patients. However, it lacks chemotherapy drugs. Breast type is the most common type of cancer in Sirte: The centre organizes annual breast cancer awareness campaign but needs further support to improve its screening services.

WHO developed an action plan with clear timelines for support and some medicines and health supplies will be sent from WHO warehouse this week.

In Al Bayda WHO mission met with the Mayor of Al Bayda and General Manager of Al Bada Health Services directorate (AHSD); Al Jabal Al Akhdar COVID 19 committee; the Minister of Health of Interim Government; participated in the closure of WHO funded COVID-19 Laboratory training; Shahat COVID-19 committee; Shahat hospital; Sousa municipality health care directorate and Sousa hospital general manager.

### COVID-19 sequencing (the London Boom (SARS-CoV-2 variant))

WHO is facilitating with ECDC the Libya participation to cover for the whole genome sequencing needs (WGS) related to the SARS-CoV-2 variant surveillance. The services will include shipment of samples, sequence generation and basic bioinformatics analysis.

WHO facilitates the necessary process for coordinating the COVID-19 sequencing with the Sequencing Laboratory Network for COVID-19 and other emerging pathogens in Africa. This will help to connect and send samples to the reference lab based on the Africa CDC/WHO network structure. as attached. Following the Interim Guidance on



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Specimen transportation for viral sequencing using the Sequencing Laboratory Network for COVID-19 and other emerging pathogens in Africa, 20 samples would be shipped.

### Key health performance indicators, 2020

Indicator	Total Number for 2020	Source:
Number of Health facilities	1,656	MOH
Number of Functioning health facilities	1,656	MOH
Number of Accessible facilities	1568	MOH
Number of primary health care units	1,355	MOH
Number of primary health care units fully functional		
Number of primary health care units partly functional		
Number of primary health care units non-functional		
Number of hospitals	97	MOH
Number of hospitals fully functional	86	MOH
Number of hospitals partly functional	5	MOH
Number of hospitals non-functional	6	MOH
Number of BEmONC units	69	MOH
Number of CEMoNC units	52	MOH
Number of health facilities with full minimum health service packages		
Number of Doctors	14,988	MOH
Number of Nurses	44,510	MOH
Number of midwives	1,044	MOH
Number of Consultations	331,679	HC
Number of Deliveries	235,000	MOH
Number of Normal Deliveries assisted by skilled attendants	234,765	MOH
Estimated number of pregnancies per year	240,000	MOH
Number of ANC visits a pregnant woman has received during pregnancy		
Number of physical rehabilitation sessions.	3,723	HC
Number of Trauma cases supported	29,653	HC
Number of Mental health and psychosocial support interventions provided	4,852	HC
Crude mortality rate	4.01	MOH
Under five children mortality ratio	14.2	MOH

## UPDATES FROM PARTNERS

### PUI

As part of its programs aiming at strengthening the resilience of the most vulnerable populations affected by ongoing conflicts, Première Urgence Internationale (PUI) is currently operating in the East of Libya, mainly in the regions of Benghazi and Al Kufra. The main organization's activities in the country include the provision of health care services, mental health and psycho-social support, WASH, and protection to promote health and well-being amongst the targeted populations via an inclusive integrated approach.

Through the month of February 2021, Première Urgence Internationale (PUI) provided primary health care services and organized awareness activities in Al Kufra Region. PUI is implementing its health activities in Al Kufra through 2 mobile health clinics and community health activities through a network of 10 community health workers in 4 areas.

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PUI Mobile Health Teams provided a total number of 827 primary health care consultations as well as referral services to private and public hospitals for the cases needing specialized management. The most prominent diseases that were recorded during the month of February 2021 were hypertension, upper respiratory tract infections and gastrointestinal diseases.

Additionally, as part of its Infection prevention and control activities, PUI relies on its Mobile Health Teams and the Community Health Workers to disseminate health awareness messages on COVID-19 preventive measures at both household and health facility levels befitting 260 people in 8 sites in Al Kufra Region.

Furthermore, PUI conducted health needs assessments in 6 health care facilities in Benghazi, Al-Bayda and Al Kufra districts. This includes infrastructure assessments, health facility assessments, staff Capacity needs assessments, patients' surveys and community surveys. Based on the findings of these assessments, PUI will upgrade the targeted health facilities with the provision of equipment and refurbishment and will boost the capacity of health personnel via relevant technical trainings.

PUI's projects are implemented with the support of the European Union Civil Protection and Humanitarian Aid (EU DG ECHO), the Swiss Development and Cooperation (SDC), and The Italian Agency for Development Cooperation (AICS).



### IRC

Mobile medical health teams-Tripoli: The IRC medical team in Tripoli, with support from UNHCR, operates daily at the CDC in Gurji and have conducted over 635 consultations which include those for General, Reproductive and Mental health services, along with more than 101 referrals to public and private clinics. The MMT continue to follow Covid-19 preventive protocols and continue to rely on phone call appointments while giving exceptions to emergencies. In addition, two MMTs continue to conduct visits to Abu Issa DC every Monday and Thursday as well as Abusleem DC every Tuesday and have made 115 consultations during February. With support from RDPP, the mobile medical team (MMT) supporting Elmgariief, Nasib Altidkari and Zawit Aldahmani PHCCs have conducted over 1,173 consultations ( 480 at Elmagrieff PHCC, 216 at Nasib Altidkari PHCC and 477 at Zawit Aldahmnai PHCC) including general, reproductive and mental health consultation and have provided over 157 referral cases. With support from SIDA, the IRC mobile medical team continued to conduct visits to Tariq Asikka Detention Center (DC) and Al Harat PHCC providing medical services to detainees and beneficiaries. About 568 consultations have been conducted with 66 medical referrals to secondary and tertiary hospitals.

24/7 hotline and ambulance services: Through partnership with the Libyan Red Crescent (LRC) in Tripoli, the IRC medical team continued to provide 24/7 hotline and ambulance transportation services. In February, the IRC assisted a total of 62 (31 Male and 31 Female) with 12 referrals to secondary and tertiary public and private hospitals (6 females and 6 males).

Mobile medical health teams-Misrata: With support of UNHCR, the IRC continues to host 28 POCs at the Misrata-LRC shelter providing them with essential needs, accommodation, food, and primary and specialized health care along with referral of cases, protection and psychological support. They are staying in the shelter under our responsibility awaiting evacuation. The health team visits the shelter regularly on a weekly basis and are also available at any time as needed. COVID 19 precautions are implemented by ensuring temperature checks at entry, hand wash stations and mandatory masks worn by visitors. A total of approximately 6 consultations were provided and about 4 medical referral cases to secondary and tertiary public and private hospitals were made.

AICS 2 Project: During the month of February, the IRC continues mentorship and capacity building activities to 6 health facilities.

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- One TOT training in addition to four cascade trainings have been conducted as following:
- Basic IPC training on the 14<sup>th</sup> of February targeting 10 members of the central output patient department health workers.
- Covid-19 (methods of detection, prevention, response and control) training on the 15<sup>th</sup> of February targeting approximately 15 members of Almahjoub Neuro clinic health workers.
- TOT basic life support training targeting 15 healthcare workers of the targeted health facilities on the 16<sup>th</sup> of February.
- Covid-19 (methods of detection, prevention, response and control) training on the 21<sup>st</sup> of February targeting approximately 10 members of Qasr Ahmed polyclinic healthcare workers.
- Protection and humanitarian principles cascade training held targeting approximately 10 healthcare workers of Qasr Ahmed polyclinic.

The community outreach (COVs) remained active and have delivered 29 health awareness sessions to targeted communities, reaching approximately 350 beneficiaries directly (212 males and 138 females). The health education sessions included (but not limited to): non-communicable diseases such as diabetes Miletus and hypertension, COVID-19 awareness prevention and control; personal hygiene and tuberculosis, in addition to disseminating information about IRC health services.

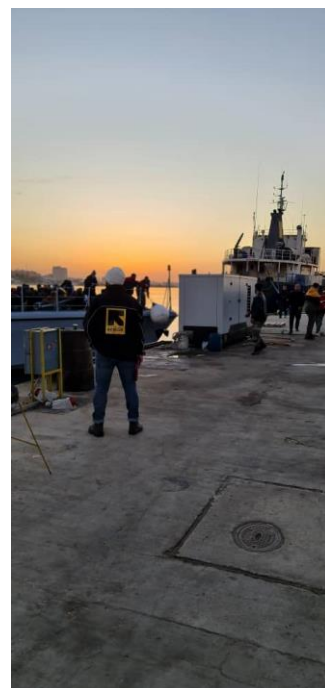
AICS 3 Project: Within the reporting period, the IRC team in Alkhoms continued to



conduct meetings with the managers of the selected health facilities and representative of Alkhoms municipality, Ms. Mona Hadea. During these meetings, the team discussed with the managers the preparation for the upcoming cascade training in addition to providing summary about the conducted community health awareness sessions in the select health facilities.

The IRC team has also continued to communicate with Misrata and Bani-

Waleed municipalities to give last update on medical equipment procurement, school renovations and garbage vehicle procurement.



Advanced cardiac life support, which is one of the needed trainings from the targeted health facilities, was provided on the 17<sup>th</sup> and 28<sup>th</sup> of February. Fifteen people of the selected health facilities, LRC and CSO medical staff as well as two IRC clinical mentors in Alkhoms have attended this practical training.

The CHWs and COVs have begun conducting awareness sessions on the 10<sup>th</sup> of February by visiting the waiting



rooms of Alkhoms Education Hospital, Alkhoms polyclinic, Labor station, Residential and work fields of non-Libyan communities. A total of 53 healthcare education sessions were conducted during the reporting period which included Covid-19 awareness prevention, control and Major NCDs in addition to dissemination information about the IRC health services. Total number of beneficiaries of these sessions are 386 people, 219 female and 167 male. During these sessions, the CHWs and COVs ensured preventive measures of Covid-19, providing sugar and blood screening as well as advising those with high blood pressure results to monitor their blood pressure and visit a physician to start treatment.

IRC is providing Rescue At Sea (RAS) to survivors: The IRC continues to conduct Rescue At Sea (RAS) visits and have responded to 17 rescue operations (Tripoli Naval Base and Tripoli seaport). There was a total of 2,844 (2,553 Male and 291 Female) people rescued and 171 medical consultations conducted.

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IRC, Health System Strengthening (HSS): South Deployment: With the support of the EU and in coordination with the Ministry of Health and local health authorities in the south, IRC has deployed:

- One Medical Mobile Team to Ubari city in the South, the team is composed of different medical specialties, 1 Orthopedic surgeon, 1 Gyne/ Obstetrician, 2 medical practitioners, 2 Pediatricians, 1 anaesthesiologist, 1 general surgeon and 1 Nurse as HIS person.
- Another MMT to Bent Baya rural hospital. The team is composed of 1 Gyne/ Obstetrician, 2 medical practitioners, 2 Pediatricians, 1 anaesthesiologist, 1 general surgeon and 1 Midwife as HIS person.
- A third team was sent to Tsawa rural hospital, which is composed of 2 GPs, 1 pediatrician and 1 HIS person.
- A fourth team of 2 GPs was sent to Murzuk general hospital.
- The team was sent to fill in the health human resource gap in the hospitals and surrounding health facilities to ensure the availability of emergency and essential health services in the targeted areas.

Donations: In coordination with the district health authorities, IRC has donated Personal protection equipment and hygiene supplies to our pilot facilities in Zletin, Tripoli, and Gheryan to ensure the availability of essential services to the beneficiaries. The supplies are expected to operationalize the Facilities for the rest of the year on average.

Health Promotion activities: In coordination with the DHOs, District Education offices and with the support of the EU, IRC started CHW activities in the schools surrounding the PHCs that were supported by IRC in Gharyan and Zletin. The activities are planned to ensure that students and school staff are fully aware and compliant with the Public Health and Social Measures for the control of COVID19 spread and support the right of education for children.

Comprehensive Family Planning: With the support of the EU, the IRC in coordination with Souq Aljuma DHO conducted a comprehensive family planning training for 14 Gynecologists. The trainees were involved in an interactive and simulated exercise on different methods for family planning.

Joint IRC-PHCI monitoring visits: IRC has coordinated with the PHCI team and Zletin DHO to have a joint monitoring visit to Zletin targeted facilities, where the team had discussions with the health facilities managers and staff to evaluate the implementation status of the pilot Essential Package of Health Services (EPHS) project that was supported by the EU.

### IOM

Primary Health Care Consultations and Referrals: IOM medical teams provided a total of 6,435 primary health care consultations to migrants, IDPs and host community members and referred 44 migrants to secondary and tertiary health facilities for further medical investigation, treatment and management.

DCs: IOM medical teams provided primary health care consultations for 1,357 migrants in detention (1,212 men and 145 women) in nine detention centres: namely, Tariq Al-Sikka, Abu Issa, Ganfouda, Tokra, Kufra, Ejdaya, Shahhat, Al Qubba and Albayda DCs. 13 migrants were referred from these detention centers to the secondary and tertiary hospitals for further clinical management.

PHC clinics: Through its support in four primary health care centres (Shouhada Abduljalel PHC, 17 Feb Polyclinic, Alsiraj PHC and Al-Aoeanea PHC), IOM provided 753 primary health care consultations (349 men and 404 women) to the IDPs and host community members, along with supporting the centers with medicines, medical consumables and IEC materials on COVID-19.



# HEALTH SECTOR BULLETIN

## February 2021

**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 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 outreach teams reached 4,325 migrants and IDPs (3,397 men and 928 women), out of which 29 migrants were referred to the secondary and tertiary health facilities for clinical management.

**Rescue at sea:** IOM medical team responded to rescue at sea operations where 2,948 migrants from Abusitta disembarkation point (DP) (2,578 adult male, 237 adult females and 133 minors). 222 migrants received the medical screening and triage upon arrival and 2 migrants were referred to the secondary health facility for clinical management.



**Fitness to Travel Screening:** IOM medical teams provided pre-departure medical screenings for 261 migrants to assess fitness to travel (FTT) under the Voluntary Humanitarian Return and Reintegration (VHR) program.



**National Health System Strengthening:** In close collaboration with the National Tuberculosis Program (NTP), the National Center for Disease Control (NCDC), IOM supported organizing a two-day workshop for “Contact tracing and follow up of TB cases” on 21-22 February 2021. The training facilitated by three experienced NTP/ NCDC staff aimed to enhance capacity of stakeholders in Tuberculosis cases contact tracing and adherence to the treatment among the migrants. A total of 15 medical doctors (1 woman and 14 men) participated in the training including three medical doctors from International Medical Corp (IMC) and IOM staff working in Tripoli, Sebha, Gatroun, Sobrata and Daher Aljabal.

### COVID-19 response

**Risk Communication and Community Engagement (RCCE):** IOM medical team conducted 203 outreach campaigns and awareness raising sessions in Sebha, Ubari, Tripoli, Zwara and Benghazi. A total of 6,236 migrants improved their awareness and knowledge of the COVID-19 prevention methods and health seeking behaviors when having the suspected symptoms.

IOM also conducted a series of hygiene promotion and COVID-19 awareness raising campaign at the detention centres in the East and West. The campaigns engaged the migrants in Ejdabia, Albayda and Shahhat detention centres in the East as well as Triq Alsikka detention centre in the West.



**Points of Entry (PoEs):** IOM Medical teams supported the NCDC staff at Ras Jedi, Misurata Airport and Wasen PoEs by providing medical check up to all passengers returning to Libya as part of IOM COVID-19 response plan. A total of 73,883 cross-border travelers (65,795 men, 3,286 women, 2,459 boys and 2,343 girls below 18 years old) were screened by checking temperature and general condition.

IOM also provided the Libyan Border Security and Management with PPEs to strengthen COVID-19 response capacity at Points of Entry including land crossing borders and seaports. The PPEs included 80,000 gloves, 50,000 surgical masks, 500 N95 masks and over 150 bottles of hand sanitizer.





# HEALTH SECTOR BULLETIN

## February 2021

### IMC

BHA funded activities: During the month of February, IMC, with BHA support, continued at 26 health facilities (17 PHCs, temporary clinics in 5 IDP settlements, and 4 COVID-19 Isolation units within MoH hospitals). Starting with the 4 isolations centers at 4 different locations (Tripoli, Misrata, Benghazi, and Sabha), our teams continued providing medical assistance and on-site supervision at the triage stations, medical wards and ICUs in response to the COVID-19 pandemic. During this period, there was a noticeable increase in admission rate, mainly in Sabha. The observed mortality rate among the COVID-19 patients is also on the rise, following the overall trend in Libya. IMC mobile medical units continued to provide primary healthcare services to IDP communities. These mobile teams are fully equipped with the required medical equipment and medication to provide primary health care, gynecological consultations, and psychological support, and the psychiatric consultations available in Tripoli through IMC's psychiatrist. 812 medical consultations were provided during this month. Hypertension (23%) and diabetes (17%) are respectively the most common morbidities, followed by upper respiratory tract infection (13%) and gastroenterological complaints (11%). This is in keeping with the trends from previous months.

GIZ funded activities: The month of February, IMC's GIZ funded project provided a second round of Family Practice Nursing training online to nurses as part of health care providers' capacity-building activities. Training targeted nurses and nurse assistants working at 5 primary health facilities: Martyrs of Sidi Abduljalil PHCC in Janzur, Garaboulli polyclinic in Garaboulli, Sidi Khalifa PHCC in Nalut, Wetern Gawasem PHCC in Zintan, and Tamenhent PHCC in Al Bawanis. The target of the training was 5 nurses from each health facility. However, due to technical difficulties related to the internet connection, electricity cuts, and limited experience in using online conferencing platforms. Only 11 nurses were able to attend the training in its entirety. The average growth in knowledge overall was 11%, with an average satisfaction rate of 92%. 80% of participants were females and only 20% males. The third phase of the eastern region primary health services assessment was conducted by IMC's lead analyst in the eastern region through 2 field visits conducted to 2 Primary Health facilities: Shahid Mohamed Aldora PHCC in Ajdabiya and Albrega Aljadida PHCC in Brega. Assessment of both health facilities was done through an in-depth assessment that looked into the readiness and availability of primary health care services considering 4 main components. Findings of the assessment were presented to health care providers and administrators of each facility through a half-day workshop. Feedback, and recommendations about how to improve health services at each facility were collected from participants after encouraging their active engagement in discussions. This feedback will also be included in the support plans designed for these facilities to be implemented in the next phase of IMC's intervention. The second supplementary donation of essential medications was delivered to supported facilities in Zintan, Nalut, and Al Bawanis during February.

UNFPA funded programs: IMC's UNFPA-supported medical teams have continued to provide Sexual and Reproductive Health services at Al Qadessia PHC in Tripoli as well as Al Jadeed PHC in Sabha. IMC's medical team started providing the services at Al-Ghrarat health center in Tripoli this month. These services included Postnatal Care, Antenatal Care, Family Planning, and Gynecological Care. Along with the medical consultations, IMC's teams have conducted health awareness activities through one to one or group sessions to the beneficiaries at the PHCs on hand hygiene, respiratory hygiene, proper face mask usage, social distancing, COVID-19 and pregnancy, ANC, PNC, and other topics related to reproductive and general health, as well as screening patients for COVID-19 signs and symptoms. Awareness sessions about female genital mutilation FGM were provided to Sudanese females in the Abu Salim area of Tripoli on the 8<sup>th</sup> of February in accordance with International Day of Zero Tolerance for Female Genital Mutilation and in collaboration with IMC's local partner Al Bayan. IMC's medical team are also providing several on-the-job trainings at Al Qadessia, Al-Ghrarat and Al Jadeed for the health care providers on vital signs, STDs, physiology of pregnancy, good practice to withdraw blood from peripheral IV line, nursery and role of nurses. IMC's MHPSS team has observed that many parents, especially mothers, are experiencing increased stress during the COVID-19 pandemic. To address this, the team is providing positive parenting awareness sessions in all of its locations in Libya, at PHCs, IDP settlements, and in Al Bayan Center in Tripoli. These sessions help parents, especially mothers, understand basic techniques for communicating more clearly and effectively with their children and encourages mothers and parents to seek additional support from the counseling team.

EUTF-funded activities under the PEERS project in consortium with CESVI: Our medical team continues providing TB services and essential primary healthcare to all people seeking for medical assistance at Al Madina Al Qadima and

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Ghargour PHCs in Tripoli. TB services include identification, registration, referral to NCDC and finally following up treatment courses. PHC services include consultation, medication dispensing and if needed referral to secondary health facilities. The project medical coordinator and team doctors, attend a two-day workshop conducted by a specialist from the NTP, sponsored by IOM on lost-to-follow up of TB cases and contact tracing of high-risk contacts. In this workshop, the NTP stressed the importance of collaboration among INGOs and UN agencies to decrease the missed TB cases and to identified at-risk contacts ASAP. IMC finalized the recruitment of an additional team in Misrata composed of a doctor, nurse and lab technician. We also recruited an additional doctor in Tripoli to enable us to fully cover two locations 5 days a week. These new staff will begin providing services on the 1<sup>st</sup> of March. Project CHWs received a one-day training session on TB case identification, screening and the importance of contact tracing. The session was very interactive and CHWs showed a great benefit and commitment. CHWs also attended a session on principles of gender base violence (GBV) and psychosocial support in order for them to better serve their communities. Our CHWs are still delivering awareness session on TB and other medical issues commonly faced by migrant populations. These CHWs are also active in referring patients from their communities to the supported PHCs. Currently, we have an effective referral process with NCDC OPD, as we are facilitating the beneficiaries' access to the OPD for specialist consultation and also guiding them to perform the needed investigation and imaging in order to either confirm or exclude TB infection.

EUTF funded COVID-19 response activities: In the last month, the project medical team has carried out medical consultations in Al-Qadisiya, and Al-Madina Al-Kadima PHCCs, while continuing to screen all patients and accompanying family members for COVID-19. The PHC medical team carried out 268 medical consultations and 428 individuals were triaged for COVID-19. The top morbidities were dermatological, musculoskeletal, and gastrointestinal complaints.

The IMC's medical team in Tripoli Central Hospital continues to support the Triage and Isolation department in response to the COVID-19 pandemic. During the period, they performed 103 nasal swab tests for COVID-19 and screened 286 patients and accompanying family members in Tripoli Central Hospital (located in Tripoli central municipality). IMC's 8 Community Health Workers held awareness-raising sessions targeting 1,705 beneficiaries in urban areas where migrants, refugees and asylum seekers congregate. In reference to the distribution of hygiene kits distribution, IMC received a referral from INTERSOS of 40 people in great need of assistance. As an immediate response, IMC provided INTERSOS with the necessary quantity of HKs on 15th of February, which were then distributed to these individuals.

AICS funded activities: With support from the AICS-led Baladati project, IMC is training healthcare professionals on the utilization of medical equipment to allow them to be able to use diagnostic equipment donated by IMC to improve the overall quality of health services and to improve access of vulnerable groups to health services as well. As part of this initiative, IMC conducted a highly technical and practical hands-on training on the use of GIT endoscopy this month. Training on the use of GIT endoscopy was provided to 1 group of 8 medical doctors, divided into 2 smaller sub-groups of 4 medical doctors each. Training on the utilization of GIT endoscopy as a powerful diagnostic tool is highly advanced training and requires hours of practice on the use of scopes on training models (mannequins) before it can be applied on real patients. These specialized training mannequins are available in very limited training centers. IMC cooperated with Tripoli Central Hospital's training department to facilitate the use of their training models on GIT endoscopy available at Tripoli Central Hospital. Training started by a theoretical foundational introduction and orientation on the GIT endoscopy at Janzour Village Hospital for 1 day followed by 4 days of intensive practical hands-on training at Tripoli Central Hospital. The training was received very positively, and participants became able to perform basic upper GIT endoscopic study after they had mastered the maneuvering on a training mannequin. The pre-test average was 48%, and the post-test average was 70%. This positive 22% overall growth in knowledge shows the success of this training session, while also shining a light on the need for continuing education for doctors across the country.

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Renovations at Zuwara Al Marine Hospital's medical warehouse that had been damaged extensively has reached 100% completion. The warehouse is fully renovated and fully equipped to be used by the main health facilities of the municipality including Zuwara Al Marine Hospital, primary health facilities, and the COVID-19 isolation center.

MHPSS Activities across programs: IMC now has an MHPSS appointment line that anyone living in Libya can use in order to make an appointment to see a counselor in a nearby PHC. Our MHPSS team, including counselors and psychiatrists, works in all four large cities in Libya and provide services in Arabic and English. MHPSS consultations are also available by phone, for callers who are unable to access a local PHC.

### TDH ITALY

With funding from the CERF-Health project "Supporting health institutions and communities respond to COVID-19 in Aljabal Algharbi, Azzawya, Misurata, and Tripoli" the procurement of medical supplies and equipment, training, and other activities were completed as of February 28, 2021.

Deliveries of supplies and equipment to sites in Aljabal Algharbi, Almageb, Azzawya, Misurata, and Tripoli are expected to commence in March 2021.

6 Training packages have been prepared after site consultations, and to date, six training packages have been delivered in October 2020, November 2020, December 2020, January 2021, and February 2021: COVID-19 Basics; Infection Prevention Control; PSS Risks to Health and Safety; Arterial Blood Gas Interpretation and Acid-Base Disorders; Collection, Storage, and Transportation of Specimens for COVID-19 Diagnosis; PPE for Suspected and Confirmed Cases of COVID-19.

Training will continue again in March and April with the delivery of the supplies and equipment to each site, training has reached eleven of the fifteen health sites and health providers which will be supplied under the CERF project in Aljabal Algharbi, Tripoli, and Misurata. Training packages have been delivered in-person and via remote Zoom presentations to staff from the following sites:

- Tawergha General Hospital
- National Cancer Institute
- Early Detection Center
- Misurata Hospital for Tuberculosis and Chest Disease
- Misurata Medical Center
- General Hospital of Zintan
- Zintan Isolation Center
- Gharyan Rapid Response Centre
- Rejban Rapid Response Centre
- Tripoli Children's Hospital
- Tripoli University Hospital

Further analysis of training results is still underway, and static online training materials have started to be released in December 2020 (COVID-19 Basics) and January 2021 (Infection Prevention Control).

Sites not yet reached will continue to be engaged, but alternative delivery mechanisms are being prepared. The other four training packages are still scheduled to be released in March of 2021.

RCCE activities launched in the second half of December 2020 and to date have reached 1,129 individuals on social media and 7,394 individuals at in-person info sessions organized in the community.

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Continuing activities planned for 2021 will include social media posts and promoted ads, distribution of printed materials, possible television/radio spots, and in-person sessions with students and caregivers returning to school, community groups, etc.

TdH-It is planning to integrate these RCCE activities with hygiene promotion activities in schools starting in mid-March 2021.

### WW-GVC



Western Libya: WW-GVC, in conclusion of a broader technical assessment for the rehabilitation, provision of medical equipment, capacity building and awareness activities, has facilitated six Focus groups discussions for males and females in Sorman, Sabratha and Al Maya. The discussion focused mainly on the availability and accessibility of health services in the targeted municipalities and the risk factors on public health. The result was a participatory and active discussion, focused on highlighting the areas of most interest for future action that will be implemented starting from April 2021.

Southern Libya: In the framework of an Health and WASH integrated response to COVID-19 in Sebha, in close collaboration with the local partner MIGRACE, WW-GVC is implementing capacity-building for medical staff in seven clinics located in Sebha Municipality (Al Jadeed, Al Mahdiyah, Al Manshiyah, Al Tahreer, Al Qurda, Al Tayouri, Al Hajara, and the Ghorda Polyclinic of Sebha).

The topics included are: a) Protocols for screening and triage (AICS funded); b) Infection prevention and control standard protocols (AICS funded); c) Correct use of Personal protective equipment (CERF funded); d) Correct use of medical equipment (AICS funded); e) Waste management process and



accompanied the distribution.

cleaning of potential reusable medical devices (AICS funds); f) Referrals and coordination with health facilities (AICS funded). A total of 430 members of medical staff (353 females; 77 males) in the targeted clinics and in the isolation center benefitted from this intervention. In addition to that, the distribution of 3000 PPE kits for triage, 200 PPE kits for treatment of severe patients and 26 infrared thermometers integrated the software activities. Moreover, the isolation center has been provided with oxygen delivery devices, airway management devices, intubation tools and other general consumables. A training on the proper use of those equipment



### UNICEF



Capacity building: UNICEF through the EUTF-funded project committed to support the Health Information Centre (HIC)/ MOH to roll out the District Health Information System (DHIS2) in 670 health facilities within the targeted 24 municipalities, during Feb 2021, the HIC team has concluded series of DHIS2 training workshop for 23, 44, 44, and 20 health facilities' statistics focal points at Benghazi, Albeda, Tubrak, and Emsad municipalities respectively.



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UNICEF through the EUTF-and USAID funded projects and in cooperation with Primary health Care Institute (PHCI) conducted training workshop on (Integrated Management of Neonatal and childhood Illnesses ( IMNCI) for at 14 health facilities west region municipalities as the following:



Tripoli, Zwara, Surman, Subrataha, Alzaweyea, Algraboili, Sukalkhmis, Misrata, Baniwalid, Alshwerf, Alzantan, Almya and Tawergha.



### Dispatching medical supplies and equipment:

- Dispatched the following medical supplies (complete set of IEHKs which contains the necessary medical equipment, medications and PPEs for Mitiga COVID 19 isolation center at Suk Aljuma municipality. The supplies are expected to serve at least 10,000 population.
- Distribution of Personal Protective Equipment (PPEs) for Libyan association for care of children with Down syndrome.
- Distribution of PPEs sufficient for 200 health care workers for nearly 2 months, oxygen concentrations and IEHKs have been dispatched to Sabha Triage and isolation centres sufficient for 10,000 people.

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

As response to Al Kufra migrant's emergency situation, UNICEF in coordination with LRC distributed nutritional supplies:

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

### **GIZ: New partnership to support the development of a unified PHC in-service training**

In cooperation with the Primary Health Care Institute (PHCI), GIZ entered a new partnership with Primary Care International (PCI) in February, to support the development of a unified PHC in-service training plan. The overall objective of this partnership is to promote a strengthened PHC workforce through reducing fragmentation and duplication and establishing agreed standards in continuous professional development within the PHC sector. Together with the PHCI and accredited training institutions, and in consultation with central actors and the PHC



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workforce, the in-service training plan shall be arrived at by consensus and under the jurisdiction of HR management in the MoH. Content wise, the plan will seek to align with the five health programs defined by the Essential Package of Health Services, with a particular focus on PHC services. It will be based on a comprehensive landscaping analysis of PHC in-service training in Libya and further used for the development of a core set of prioritised PHC in-service training modules. GIZ is looking forward to a fruitful cooperation and the sustainable anchoring of continuous professional development within the PHC sector.

### INFORMATION SOURCES:

The health sector Libya web page is activated: <https://www.humanitarianresponse.info/en/operations/libya/health>

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

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