

HEALTH SECTOR BULLETIN



January 2021

Libya

Emergency type: Complex Emergency

Reporting period: 01.01.2021 to 31.01.2021

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	2020 PMR (Periodic Monitoring Report) related indicators	
Impact of devaluation of the Libyan currency on humanitarian workers	Number of medical procedures provided (including outpatient consultations, referrals, mental health, trauma consultations, deliveries, physical rehabilitation)	376.468
Situation with public health funding	Number of public health facilities supported with health services and commodities	302
Update on COVID-19 vaccine introduction	Number of mobile medical teams/clinics (including EMT)	58
Consolidated draft of the COVID-19 national response plan.	Number of health service providers and CHW trained through capacity building and refresher training	7793
Overview of COVID-19 isolation centers across Libya	Number of attacks on health care reported	36
EWARN Libya evaluation	Percentage of EWARN sentinel sites submitting reports in a timely manner	68
Health priorities for 2021	Percentage of disease outbreaks responded to within 72 hours of identification	78
WHO Libya main roles and COVID-19 activities	Number of reporting organizations	25
	Percentage of reached districts	100
	Percentage of reached municipalities	92
Update on Health Diplomacy project (UNDP/UNSMIL)	Percentage of reached municipalities in areas of severity scale higher than 3	51

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SITUATION OVERVIEW

- The UN Secretary-General Antonio Guterres called on foreign fighters and mercenaries in Libya to immediately leave because "the Libyans have already proven that, left alone, they are able to address their problems".
- Acting Special Representative of the Secretary-General for Libya Stephanie Williams briefed the Security Council on Libya on 28 January 2021.
- Secretary-General appoints Mr. Ján Kubiš of Slovakia as his Special Envoy on Libya and Head of United Nations Support Mission in Libya
- A batch of 1,300 Libyan army personnel has completed a combat-focused training engagement under the supervision of the Turkish Armed Forces.
- UNSMIL urges unification of Libyan Electoral Authorities for Municipal Council Elections in Libya.
- UNSMIL and the International Follow-up Committee for Libya Security Working Group reiterated their full support to the 5+5 Joint Military Committee's commitment to the full implementation of the ceasefire agreement.
- Russian Special Presidential Envoy for the Middle East and Africa Mikhail Bogdanov and Foreign Minister of the eastern-based Libyan government Abdul Hadi Al-Hweij have discussed ways to facilitate intra-Libyan dialogue.
- The Deputy Chairman of the Presidential Council, Ahmed Maiteeq, held discussions with the Russian Foreign Minister, Sergei Lavrov, in Moscow on the present situation in Libya.
- Around 1,761 people were killed due to traffic accidents in 2020, according to the Ministry of Interior.
- The International Organization for Migration (IOM) and the UN Refugee Agency UNHCR issued a statement that they were deeply saddened by a tragic shipwreck off the Libyan coast, which was the first of 2021 in the Central Mediterranean, claiming the lives of at least 43 of illegal immigrants.
- The United Nations High Commissioner for Refugees (UNHCR) mission in Libya has confirmed the release of all asylum seekers held at the Zintan shelter, explaining that most of those released had been held for more than two years, in extremely dire conditions.
- The Misratan-led 3rd Force and the Sirte al-Jufra Security and Protection Operations Room (SASOR) closed the western and the eastern entrances of Misrata. This has affected civilian movement on the Coastal Road between Tripoli and Misrata, and further complicates the 5+5 Joint Military Commission's dialogue efforts between the Government of National Accord (GNA) and Libyan National Army (LNA).
- Protesters in Tarhouna have ransacked properties belonging to brothers from the al-Kani family and supporters of the Libyan National Army (LNA). The protests occurred following the reburial of multiple bodies found in yet another mass grave in Tarhouna.
- The Government of National Accord (GNA) prime minister and head of the Presidential Council (PC), Fayez al-Sarraj, established a new security body called the Stabilization Support Agency (SSA). On 17 January, al-Sarraj appointed selected armed groups' commanders from Tripoli, Zawia, and Kabaw to take charge of the force in a move that continues to refine the opposition to Minister of Interior Fathi Bashagha.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

Impact of devaluation of the Libyan currency on humanitarian workers

The recent developments in Libya may negatively affect the ability to deliver humanitarian projects. Following the devaluation of the Libyan dinar, the national staff have seen their purchasing power drop by 70%. The issue is complex and there is no easy way to solve it. This is an UN-wide issue that cannot be resolved by a single UN agency exploring whether there is any room for manoeuvre within the mandates while remaining within the boundaries of UN rules and regulations.

Situation with public health funding

It is reported that the MoH has a debt of 800 million LYD for previously procured medicines, supplies, construction work and as of January 31 the MoH warehouse(s) may be completely empty for supplies. Only the first of four tranches of the health budget for 2020 had been received by the MoH. Some 360 million LYD were expected to be paid for the supplies from July 2020 -March 2021 but had not been released from the Central Bank hence these orders have not been followed up on by the suppliers.

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The key message for WHO to act upon is (i) that there is a severe shortage of lifesaving medicines and supplies in the country and (ii) alert those with decision making power to the consequences this will have on vulnerable population groups.

WHO is working with the MoH to identify the top priority lifesaving supplies in consultations with the main hospitals, trauma hospitals, specialized hospitals, NCDC on urgent needs which will mainly cover insulin, blood expanders/products, HIV medicines, TB medicines, NCD medicines, vaccines, trauma medicines and surgical supplies. WHO interventions will be within WHO policy for procurement of essential medicines.

WHO is preparing a list of critical (lifesaving) supplies (vaccines, medicines, equipment) required over the next 6-9 months and the estimated cost so as to enable a meaningful discussion with the Governor of the Bank and key stakeholders.

Update on COVID-19 vaccine introduction

- The MoH Libya submitted part A of the vaccine application form to GAVI for 20% of the population as a first stage. The agreement was signed late October 2020. Total number of doses is 2,724,200 (should be enough to cover 1,362,100 people (20% of the population). However this will be even less if you include conservative wastage factor of 10% (140,000), meaning this will target 1,260,000.
- The Government transferred the upfront payment of 9,600,000 USD (or 30% of the total cost of the 2,724,200 doses). The estimated price per dose is at 10,56 USD.
- The vaccine candidate has not been selected yet. The final decision on which vaccine to be used is expected.
- Health workforce (about 200,000 (3% of population), above 60 years population (400,000 (about 25% co-morbidities), pregnant mothers (about 250,000) are among the target. Latest information from WHO questions the necessity to include pregnant women for vaccination (follow up with the authorities).
- All geographical areas are expected to be covered. Preliminary information that the distribution will follow the pattern of seasonal flu campaigns with 40% of vaccine' quota allocated to the east and the remaining for the rest of the country (west and south). The National Deployment Vaccination Plan led by UNICEF as in other similar instances related to routine and supplementary immunization activities.
- The Vaccine Introduction Readiness Tool VIRAT is ready and being updated. The work is coordinated by UNICEF with respective technical inputs by WHO.
- Vaccine cold chain requirements: next steps will depend on the type of the vaccine selected for Libya. The COVID-19 National Coordination Committee (NCC) has not reached yet the consensus and waiting for SAGE recommendations.
- Additional information: The NCC is in negotiation with the COVAX (GAVI) to secure, free of charge, additional 10,000 doses of Pfizer vaccine exclusively for frontline healthcare workers.
- The overall national vaccine deployment process is coordinated by the COVID-19 National Coordination Committee that should be fully functional by January 2021 with all preparations to be completed by March 2021.
- The COVID-19 National Coordination Committee (NCC) was established and the respective degree/ToR was issued under the signature of Dr. Khalifa Al Bakush (Head of COVID-19 National Advisory Scientific Committee). The committee is composed of 8 members chaired by Dr. Suliman Abusrewil (Head of NITAG and Member of COVID-19 National Advisory Scientific Committee).
- A number of technical observations were concluded with regard to the important to revise the proposed ToR as per VIRAT recommendations. The NCC provided its agreement to expand the ToR and WHO reviewed the latest ToR and proposed a new draft for the immediate consideration by the NCC.
- The crucial part of introduction of new vaccine is preparation of macro/micro planning, communication, and in this case cold chain and training.
- Advocacy will continue for Libya be a priority considering logistics and other reasons. Please note the shipment of vaccines based on current production and prioritization even with COVAX may be 2 shipments: the first priority group (3%-front line workers) followed by the second priority group (17% older population and with co-morbidity).

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- At this stage it will be priority for the NCC to reach the agreement with the Libya FDA (Food and Drugs Administration) to grant an emergency use authorization (EUA) of their vaccine of choice by now, rather than reviewing it for approval as it takes a longer time.
- A request was sent in January outlining that Libya is one among the self-finance participants (SFP) under COVAX facility and host a combined total of 555,011 migrants and refugees (44,142 refugees and 510,869 migrants). Within the population and Humanitarian Needs Overview (HNO) the UNHCR and IOM identified the following high-risk populations to access for COVID 19 vaccines and distributed as follows:

	Total Population	Health Care Front liners	60 Years old & co-morbidities	Pregnant Lactating Women	Total High Risk Population
Migrants	510,869		5,741	2,871	8,612
Refugees	44,142	1,324	2,207	1,545	5,076
TOTAL:	555,011	1,324	7,948	4,416	13,688

The above groups are in setting with comparatively high COVID 19 morbidity and mortality due to poor access to comprehensive health services and are considered as sociodemographic groups at disproportionately higher risk and are unable to physically distance themselves. The COVAX Facility was requested to support access to COVID 19 vaccines for high risk population in humanitarian settings under COVAX Buffer.

- A detailed update was circulated among the health sector illustrating the progress on:
 - Coordination framework established
 - National Readiness Assessment
 - Establishment of task forces
 - Population prioritization
 - Municipality population estimation
 - Pre-registration mechanism
 - Health facility/vaccination site package
 - Cold chain inventory
 - Vaccination of refugees and migrants

UNICEF, WHO, UNHCR and IOM jointly supporting the COVID-19 vaccine introduction in the country working closely with respective government partners.

UNICEF informed that the demand for vaccine and risk communication strategy under preparation (enhancing scope of RCCE) with ongoing survey. Health sector organizations were requested to participate:

- [English](#)
- [Arabic](#)

COVID-19 national response plan

The outcome of the COVID-19 National Response Plan meeting organized by the MoH on 11 November 2020 was the consolidated draft of the COVID-19 national response plan. During this workshop the participants reviewed the epidemiological situation and three plans (earlier prepared by the National Centre for Disease Control (NCDC), the multi-sector Supreme Committee and the National Council of Planning) and agreed to prepare one consolidated plan to be endorsed by the end of November 2020.

The participants of the meeting included the House of Representatives, MoH, NCDC, Scientific advisory committee of COVID-19, multi sectoral COVID-19 response committee, Ministry of Local Governance, Ministry of Planning as well as a few UN agencies.

The plan was disseminated with details of short- and middle-term recommendations.

Overview of COVID-19 isolation centers across Libya

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Region	Isolation Facility/ COVID Health care facility	Total isolation facility/ COVID HCF beds available	Total occupied (moderate)	Total Occupied (severe)	Total isolation Facility/ COVID HCF beds occupied	Occupancy rate %
South	Sabha (Respiratory clinic)	15	0	1	1	7
South	Sabha (Sabha isolation center, Al Barkoly)	75	1	2	3	4
South	Ubari (Bint Baya)	15	3	0	3	20
West	Mitiga	87	42	18	60	69
West	Ophthalmology hospital	35	18	12	30	86
East	Al Haya center Tobruk	Closed				
East	Tobruk medical center	14	12	1	13	93
East	Al Bayda	60	3	2	5	8
East	Benghazi medical center	250	24	12	36	14
	Total	551	103	48	151	27

Requested support from Sirt national hospital (to further coordinate, please contact WHO Libya)

RT PCR machine
COVID 19 RT PCR kits
ABG machine
CBC and Serology machine
Oncology medicines for 47 patients
Dialysis medicines for 99 patients
NCD medicines including Insulin
Electrical generator 750 KVA
UPS 120 KVA
Oxygen concentrators
Oxygen plant 18Nm3/h
Ambulance
ICU training for 21 GP, and 15 Nurse
Obstetrics and Gynecology Emergency training
Trauma and lifesaving training
Training and Teaching Center and supporting the hospital library with advanced tools, computers
1 emergency hospital team (expansion from currently planned 5 members to 7 members)

EWARN Libya evaluation

A systematic evaluation of surveillance system is required to identify technical and operational gaps, address challenges and provide recommendations to strengthen the effectiveness and operational efficiency of surveillance system. The objectives of the mission are to:

- Describe the EWARN system and how it operates
- Assess the effectiveness and usefulness of EWARN to meet system objectives
- Assess EWARN attributes
- Assess rapid response team capacity and operation
- Provide recommendations and practical measures for improvement

Once the dates are agreed, WHO technical team will conduct the following activities:

- Pre-evaluation phase: obtaining background documents, identifying key stakeholders, planning interviews and site visits and adapting evaluation tools; Train the 3rd party valuers on the evaluation process in terms of key informants' interview and document review at the selected municipalities and health centers.

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- Evaluation phase: conduct key informative interview for the central team at NCDC; system description and document review; supervise 3rd party in data collection
- Post evaluation: supervise data management in terms of collection and analysis; support report writing; provide short term and long-term recommendations for improvement.

Operational framework (the development imperative for further coordination between the MoH and Ministry of Planning)

As part of the coordinated work between the Ministry of Health, Ministry of Planning and health sector, a consolidated prioritized operational framework was developed. The document is with the Ministry of Planning at this stage.

Category	Key objective	Key interventions required to address the needs	Budget estimation (USD)
Health Service	Enhancing comprehensive primary care and family medicine by Increasing access to health services and providing basic health services package and supporting capabilities by establishing functional health facilities and mobile medical teams	Establishing 60 mobile medical teams/clinics	10,580,000
		Support to 30 “medical convoys” to remote areas to provide basic services and build local capacities	
		Supporting 600 public PHC facilities with needed health services and commodities	
COVID-19	Strengthening public health programs by early detection and response to epidemics, including national programs for infectious diseases, supporting epidemiological investigation, and expanding response and monitoring teams to combat them, including the COVID-19 pandemic.	Improve data processing competencies at the local and national levels to provide the regular, meaningful, and timely collected necessary information in order to evaluate the performance of the health system and to achieve the objectives required in the national COVID-19 response plan.	100,000*12
		Provide technical assistance and capacity building to engage in mechanism for regular, meaningful, and timely collection of data and its processing, particular focus on Mortality statistics to assess the overall status of various COVID-19 measures and actual effectiveness of interventions.	400,000*12
PRODUCTS, VACCINES, AND TECHNOLOGIES	Insuring functioning of a drug and supplies management system for a continuous smooth supply, forecast consumption patterns, and warehouse management etc	Promote and provide technical capacity with management support on organization, financing, information management and human resources to ensure selection, procurement, storage and distribution and use of drugs are in place.	3,000,000*12
		Assist PHC clinics establish a system that reports the status and consumption of medicines and supplies on a monthly, quarterly, and annual basis.	
GOVERNANCE	Re-mapping health facilities by developing a map of health services that operate on geographic distribution of population.	Develop a map of health services that operate on geographic information systems, identifying different types of health services that operate in the region.	800,000*12

HEALTH SECTOR ACTION/RESPONSE

- Daily update and continuously improving Libya dynamic infographic Dashboard for COVID-19 [COVID-19 Libya dashboard](#).
- Updated the link for [Health sector interactive analysis for the 4Ws](#).
- Sub-national health sector meeting was conducted in Sabha on 31 January 2021.
- The IPC (Infection Prevention Control) working group was conducted in Tripoli on 13 January 2021.
- Migration Health sub-sector working Group has been rescheduled on 9 February 2021.
- MHPSS sub-sector technical working group meeting took place on 13 January 2021.

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WHO Libya main roles and COVID-19 activities

WHO's main roles are:

1. Pandemic response: support the health authorities' efforts to respond to COVID-19 in Libya. In summary, this involves helping them prepare and implement a comprehensive COVID-19 preparedness and response plan.
2. Emergency response: coordinate the health sector's emergency and humanitarian response (and implement WHO's own health response).
3. Normative technical guidance: provide public health guidance to help Libya rebuild its health system (working across the humanitarian/development divide).

WHO's COVID-19 main activities include:

- Issue regular situation updates on the situation and WHO's response. The updates are sent to CMT members, heads of agencies, donors, health sector partners and others;
Issue daily epidemiological bulletins showing the trend of the disease.
- Act as the COVID-19 focal point/technical adviser for the UN in Libya:
 - Review information issued by the RC/HC on prevention and response measures for UN staff (symptoms; when to seek care; COVID-19 in the workplace; updates on COVID-19 vaccines, etc.)
 - Update the RC/HC on the latest WHO guidelines;
 - Established lists of hospitals for assessment by DSS and CM to which UN staff who fall ill with COVID-19 should be referred;
 - Maintain continuous dialogue with the UN's Chief Medical Officer, and provided staff, equipment and supplies to the UN Medical Clinic; liaised with health authorities in Tripoli and Benghazi to facilitate PCR testing for UN staff;
 - Gathered information from all UN agencies on the number of UN staff in Libya eligible for COVID-19 vaccines and advocated with the national authorities for 8,000 doses to be earmarked for the UN;
 - Prepare and maintain an overview of the UNCT's preparedness and response plan, including funding requirements.
- Brief the international diplomatic corps on the COVID-19 situation including main needs, obstacles and gaps.
- Work through network of field coordinators across the country to assess local needs, train staff, donate supplies, support the health response;
- Provide COVID-19 supplies (PPE, test kits, GeneXpert machines, laboratory equipment);
- Train health care staff including rapid response teams, laboratory officers, health care staff;
- Support the strengthening of disease surveillance and integration of COVID-19 into the national disease surveillance system;
- Advocate for the maintenance of essential health services during the pandemic and donate supplies to the national authorities to keep health care facilities running;
- Draw attention to other serious health issues such as the closure of vaccine services during the first wave of the pandemic and the COVID supplies blocked in customs (WHO successfully resolved both these issues);
- Work across the political divide to ensure that people in south, west and east Libya have access to health care for COVID-19;
- Support Libya's enrolment in the Global Supply Portal for COVID-19 and the COVAX Facility.

Overview of health situation in selected municipalities

WHO disseminated a regular update of the overview of health situation in selected municipalities in January.

COVID-19 Behaviour Assessment

UNICEF shared completed COVID-19 Behavior Assessment Report.

The Health Sector Libya Annual Report for 2020

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The Health Sector Libya Annual Report for 2020 was finalized and disseminated among the sector.

Developed annual HRP health sector update on 2020 response, including health sector operational presence map across Libya in 2020. Online interactive dashboard for Libya is available: [Libya: Health sector 4Ws monitoring & interactive dashboard 2020](#)

Libya Deep Dive Discussion

Regional working group meeting took place focused on Libya. The participants included UNHCR, UNDP, UNICEF, IFRC, WHO, LRC, the EU Delegation, GIZ, IMC, IOM, Libya Public Financial Management Program. The minutes and the presentation are available upon the request.

Development of HR strategy

WHO, UNFPA, the World Bank are discussing a way forward to enhance HR capabilities in the country. As such, UNFPA will help to develop National Nursing and Midwifery Strategy (Focusing on workforce deployment, capacity building, rational distribution and retention. In parallel, UNFPA will help the Ministry of Education to develop National Nursing and Midwifery Education Policy and Strategy. Both of these documents will be developed through an inclusive consultative process under the leadership of relevant ministerial technical directorates in congruence with WHO/ICM/ICN standards. Consultants are selected.

WHO will support the MOH to carry out a situation analysis of the health workforce in order to develop an HRH strategy based on the current context of health care in Libya with a view to improving service delivery at all levels of care. WHO will:

- Conduct a situation analysis of HRH in Libya to document gaps in 1) skills, 2) geographical distribution by level of care, 3) policy guidelines and strategies and 4) HRH development and management including attraction and retention strategies.
- Profile the whole health workforce in Libya (demographic, professional and employment status, leave patterns, remuneration and mobility within the sector).
- Conduct a workload indicators analysis that will yield information on the required skills and number of personnel required within facilities by levels of care.
- Conduct a training needs assessment to address shortages of certain specialties within the health sector.

WHO Libya operational workplan for COVID-19 response

Pillars	Needed funding	Percentage
P1. Leadership, coordination, planning, and monitoring	1,143,475	6
P2. Risk communication and community engagement	1,425,000	7
P3. Surveillance, case investigation and contact tracing	1,606,655	8
P4. Travel, trade and points of entry	577,000	3
P5. Diagnostics and testing	3,005,200	15
P6. Infection prevention and control	1,223,200	6
P7. Case management and therapeutics	3,808,220	19
P8. Operational support and logistics	3,592,654	18
P9. Essential health systems and services	1,941,091	10
P10. Vaccination	1,840,000	9
P11. Research, innovation and evidence	267,000	1
Total (excluding staff costs in Category 1)	20,429,495	100

Overview of WHO GBV related response for 2021

One of the goals is to build the capacities of health providers and front-line workers; by implementing further Clinical Management of Rape and Intimate Partner Violence Survivors Trainings with the UNFPA to improve GBV services and response pathways and training primary health care physicians, and conducting a Training of Trainers, on the latest WHO guidelines regarding the Clinical Management of Rape.

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WHO will also focus on integrating GBV services into the health cluster work and response; supporting planning processes; health services, response plans and project proposals and providing timely and sustainable technical support on GBV to the Health Cluster in Libya as needed. Additionally, integration of GBV into MHPSS activities in collaboration with other partners, including capacity building and community awareness. Collaborating with the GIZ on community awareness sessions within the MHPSS context and specifically within Women Development and Training Centers.

In recognition that no single agency can meet the multiple specialized needs of GBV survivors, WHO promotes interagency coordination; exploring collaboration opportunities with the MoH and other international organizations on GBV initiatives, supporting MoH and other concerned ministries in the prevention of and response to GBV and community awareness raising through PHC (ad hoc meetings, workshops, health promotion events), supporting linkages and coordination between the health cluster (including Sexual and Reproductive Health and Mental Health and Psychosocial Support working groups as relevant), the GBV sub-working group, and Clinical Management of Rape task force.

Update on Health Diplomacy project (UNDP/UNSMIL)

The project had the purpose that officials and informal medical leaders in Libya across conflict divides have support for, and access to dialogue and agreements on COVID-19 treatment and management. The project was expected to assist with the following outputs:

Political Dialogue Output 1: Safe and neutral platform provided within the framework of the political dialogue, helping to foster confidence building between actors and relevant stakeholders.

National Reconciliation Output 1: Space for Dialogue is created and maintained in key locations with potential to contribute to the national reconciliation process.

Political Dialogue Output 2: Government of National Accord (GNA) has strengthened capacity to respond to immediate public priorities (this is a secondary objective).

Headline achievements

- Safe and neutral platform – Libyan Health Diplomacy Mechanism
- Space for dialogue – We Are All Responsible Network
- Strengthened capacity to respond to public priorities
- Development of the project in Stage 2

Lessons learned

- Piloting in-country dialogue in a time of COVID-19
- Importance that project is viewed as ‘Libyan led’
- Separation of Track II and III
- Importance of consistent political engagement
- Strong media outreach, without a strategy
- Lack of progress on protection of HCWs

UPDATES FROM PARTNERS

IRC

Mobile medical health teams-Tripoli:

With support from RDPP, the mobile medical team (MMT) supporting Elmgarief, Nasib Altidkari and Zawit Aldahmani PHCCs conducted over 1,186 consultations including general, reproductive and mental health consultation and have provided over 195 referral cases.

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With support from SIDA, the IRC mobile medical team continued to conduct visits to Tariq Asikka Detention Center (DC) and Al Harat PHCC and have conducted about 560 consultations with 104 medical referrals to secondary and tertiary hospitals. On January 28th, a vaccination campaign was carried out for 36 children. This vaccination campaign was for regular vaccinations according to Libyan/home country (given availability of prior vaccination information) vaccine schedule.



made 56 consultations and 4 referrals.

With support from UNHCR, the IRC medical team in Tripoli operates daily at the CDC in Gurji and have conducted over 955 consultations which include General, Reproductive and Mental health services, along with more than 221 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 have begun conducting visits to Aboeesa DC and Abusleem DC and have

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 January, the IRC assisted a total of 54 (24 Male and 30 Female) with 21 referrals to secondary and tertiary public and private hospitals. (10 females and 11 males)

Mobile medical health teams-Misrata:

During the month of December, the mobile medical team in Misrata, with support from UNHCR, continued to support beneficiaries in 3 PHCCs (Al Jazeera, AlSkirat and Sidi Mbarak). The IRC provided primary healthcare, reproductive healthcare and mental health consultations to people of concern (POCs), migrants, refugees, IDPs and local host communities.



A total of approximately 651 consultations were provided and about 75 medical referral cases to secondary and tertiary public and private hospitals were made.

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 when needed. COVID 19 precautions are implemented by ensuring temperature checks at entry, hand wash stations and mandatory masks worn by visitors. On 10th of January, vaccination program for six children in shelter was continued. They received 12-month vaccination.

AICS2: During the month of January, the mobile medical team in Misrata, with support from EU funding AICS2 project, conducted monthly meeting with the stake-holders and the managers of the 5 targeted health facilities in addition to DOH in order to discuss the training activity that are going to be conducted as a part of capacity building to the MOH staff.

Training and mentoring:

- Six trainings have been conducted throughout January (2 TOT training and 3 cascading trainings) to MOH staff and one training to COVs.
- On 12th, 13th and 14th of Jan, TOT COVID-19 training (methods of detection, prevention, response and control) was conducted. Participants included 15 healthcare workers of targeted facilities, LRC, CSO in addition to clinical mentors.
- On 17th, 18th of Jan, Leadership and management training was conducted. Participants included the leaders and co-leaders of the targeted health facilities, CSO, clinical mentors and LRC staff.

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- Two cascading trainings under the title of “Protection and humanitarian principles and rights to health” has been conducted. On the 20th at the central blood bank and on the 21st at the central dental outpatient department.
- On 31st of Jan, IPC cascade training was conducted to MOH staff in the central dental outpatient clinic by the clinical mentor.
- On the 20th and 21st, Microsoft training was conducted on IRC premises to the COVs. The training was conducted by out HMIS assistant as a part of COV capacity building.

Awareness raised among the target population on inclusive access to health services: The community outreach (COVs) remained active and delivered awareness health sessions to targeted communities, reaching approximately 246 beneficiaries directly (110 males and 136 females). A total of 20 health education sessions were conducted during the reporting period, which 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.

The International Rescue Committee (IRC) is providing Rescue At Sea (RAS) to survivors: The IRC continues to conduct Rescue At Sea (RAS) visits and have responded to eight rescue operations (Tripoli Naval Base and Zwara port). There was a total of 469 (420 Male and 49 Female) people rescued and 79 medical consultations conducted.

The International Rescue Committee (IRC) is working with Libya MoH to Strengthen Primary Health Care (PHC) Services (HSS):



Deployment of IRC Medical Convoy to South Region: With the support of the EU, and in coordination with the Ministry of Health and local health authorities in the South, IRC has deployed its first Medical Convoy to Ghat City in the South. The convoy is composed of staff who have technical expertise in medicine, general surgery, gynecology, pediatrics, and anesthesia. The convoy will provide support to Ghat General Hospital until the end of March 2021 in coordination with a second UNFPA deployed team that will cover the surrounding PHC facilities; namely Berket, Tahala, Alfewiet and Eisien in coordination with WHO and HELPCODE

Donations of Medical Supplies and Equipment: With the support of the EU and in coordination with the district health authorities, IRC has donated a 40 feet container, on average, a year's worth of medication and medical supplies to each of our pilot facilities in Zletin, Tripoli, and Gheryan.

Health Promotion activities: In coordination with the PHCI and NCDC, and with the support of EU, IRC installed 10 billboards in Gherian and Zletin as part of COVID-19 Risk Communication and Community Engagement (RCCE) activities.



Cervix cancer awareness raising activity: In celebration of the Cervical Cancer Awareness month, IRC and in coordination with Souq Aljuma DHO conducted a cervix cancer awareness raising session to 21 gynecologists and Community Health Workers (CHW). The activity has covered an introduction to cervix cancer, its impact and the role of early detection through regular smear collection and HPV immunization.

Joint IRC-PHCI monitoring visits: IRC has coordinated with PHCI team to conduct joint monitoring visits to Souq Aljuma and Gherian targeted facilities. This visiting the facilities and speaking to the health facilities managers and staff to evaluate the implementation status of the pilot Essential Package of Health Services (EPHS) that was supported by the EU.

GIZ

DHIS2 trainings to support the National DHIS2 Roll-out Plan

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participants are introduced to DHIS2 and gain practical, hands-on experience on DHIS2 routine data entry as well as the DHIS2 dashboard, data visualization, analysis and reporting. Furthermore, DHIS2 reports and indicators adapted for Libya are discussed as well as MoH guidelines on DHIS2 reporting and the respective roles and responsibilities of the DHIS2 users. Due to the exuberated COVID-19 situation, the continuation of the trainings is postponed to mid-February.

WW-GVC

Western Libya: In January 2021, the assessment in seven health care facilities continued, targeting Al Mukhattat Health Care Center, Tina Medical Center (in Al Maya); Emergency Unit, Cardiac Center, Al Tweela Southern Medical Center (in Sabratha); Al Maamoura Village Hospital (in Al Maaroura) and Makhoulf Health Center (in Sorman Municipality).

The preliminary findings of the need assessment conducted by WW-GVC are showing that in all the facilities there is a shortage of medical supplies and consumables; as well as real need of medical staff and trainings to increase the response capacity of the clinics. Some facilities are also suffering from structural damage, which increased the difficulty in terms of accessibility and delivery of services to the patients, while others are lacking space and have overloaded rooms. Furthermore, the beneficiaries expressed, on average, satisfaction with the treatment and services, but huge concern regarding the lack of medicines and supplies in the health facilities.

Al Mukhattat Health Care Center in Al Maya



Southern Libya: In the framework of an integrated Health (funded by AICS), WASH (funded by CERF) and protection (funded by SDC) response to COVID-19 in Sebha, in close collaboration with the local partner, MIGRACE, WW-GVC is implementing capacity-building for medical staff in Sebha. Sessions are ongoing from the 24th of January 2021 until the 14th of Feb 2021 in seven clinics (Al Jadeed, Al MAhdiyah, Al Manshiyah, Al Tahreer, Al Qurda, Al Tayori, Al Hajara, and the Golden Polyclinic of Sebha). The topics included: a) protocols for screening and triage, b) IPC standard protocols, c) correct use of PPE, d) waste management process and cleaning of potential reusable medical devices, and e) referrals and

coordination with healthcare facilities. At the end of the action, 490 medical staff across the targeted primary health care centers and the isolation center will be benefitting from the activity. A pre-and post-training survey is being made to monitor the increase in the knowledge of the medical personnel.



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According to the feedback from the field team, the first training sessions were well received by the participants, who particularly appreciated the interactivity and dynamism of the training. They also pointed out a lack in medical supplies to be able to comply with different protocols, however, as part of the action, WW-GVC will distribute medical equipment and supplies in early February.

Moreover, a post of appreciation and gratitude for the trainings was posted on the Al Jadeed HCF Facebook page (https://m.facebook.com/story.php?story_fbid=247136693534474&id=105204667727678&sfnsn=mo).

IOM

Primary Health Care Consultations and Referrals: IOM medical teams provided a total of 6,824 primary health care consultations to migrants, IDPs and host community members and referred 69 migrants to secondary and tertiary health facilities for further medical investigation, treatment and management.



DCs: IOM medical teams provided primary health care consultations for 1,373 migrants in detention (1,202 men and 171 women) in eleven detention centres: namely, Dahr Aljabal, Tariq Al-Sikka, Abu Issa, Ganfouda, Tokra, Gubba, Albayda, Mabani, Shahat, Ajdabya and Alkufra DCs.

27 migrants were referred from these detention centers to the secondary and tertiary hospitals for further clinical management.

PHC clinics: Through its support in six primary health care centres (Shouhada Abduljalel PHC, 17 Feb Polyclinic, Wadi Qatara PHC, Zwetina PHC, Alsiraj PHC and Al-Aoeanea PHC), IOM provided 917 primary health care consultations (445 men and 472 women) to the IDPs and host community members, along with supporting the centers with medicines, medical consumables and IEC materials on COVID-19.

Medical outreach: IOM mobile teams (Health program and Migrant Resource and Response Mechanism (MRRM) program) are providing primary health care services for migrants, IDPs and host communities 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 4,534 migrants and IDPs (3,467 men and 1,067 women), out of which 41 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 386 migrants from Abusitta disembarkation point (DP) and Sobrata DP were rescued (313 adult male, 35 adult females and 38 minors). 70 migrants received the medical screening and triage upon arrival and 1 migrant was referred to the secondary health facility for clinical management.



Fitness to Travel Screening: IOM medical teams provided pre-departure medical screenings for 431 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 Center for Disease Control (NCDC) and Directorate of Combatting Illegal Migration (DCIM), IOM conducted a three-day tuberculosis screening campaign at Tariq Alsikka detention centre in January, targeting both migrants and staff. Out of 420 migrants and 110 staff members screened for the tuberculosis, five cases were positive and 21 (20 migrants and one staff member) suspected cases are still in the laboratory awaiting confirmation.

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COVID-19 response: Risk Communication and Community Engagement (RCCE): IOM medical team conducted 102 outreach campaigns and awareness raising sessions in Sebha, Ubari, Tripoli and Benghazi. A total of 4,747 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. The campaigns engaged the migrants in Ejdabia, Albayda and Shahhat detention centres.



Points of Entry (PoEs): IOM Medical teams supported the NCDC staff at Ras Jedir 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 67,055 cross-border travelers (62,117 men, 2,905 women, 1,169 boys and 864 girls below 18 years old) were screened by checking temperature and general condition.

IOM provided the necessary furniture, PPEs, medical consumables and medications to the National Center for Disease Control (NCDC) to set up health screening stations and isolation units at Mitiga Airport.

IOM also organized a two-day workshop on “Strengthening Emergency Preparedness and Response for Points of Entry in Libya” on 20-21 January. 15 NCDC officials and focal points from POEs reassessed the current situation of the preparedness and response capacity of all the POEs in Libya and discussed the roadmap to enhance the capacity of the POEs in a sustainable manner, recommended by the International Health Regulations.



Infection Prevention and Control (IPC) and Case Management

IOM conducted four capacity building training on IPC and COVID-19 case management for 11 psychiatrists from the Alrazi Hospital, 22 DC guards from the Triq Alsikka detention centre and 11 IOM health care workers providing the healthcare services in DCs in the East.

IMC

OFDA funded activities: Although Libya is going through a new wave of COVID-19 spread from the start of January, this did not affect our Mobile Medical Teams as they continued to provide primary healthcare services to IDP communities in 18 PHCCs and 5 IDP camps in Misrata, Sabha, Benghazi, and Tripoli.

These mobile teams are fully equipped with the required medical equipment and medication to provide primary health care, gynecological consultations, and psychological support, with psychiatric consultations available in Tripoli through IMC's psychiatrist. Our analysis for January showed that the most common morbidities were hypertension (23% of patients seen) followed by diabetes and URTI respectively. This month, our teams saw a higher percentage of women (69% of consultations). This is no doubt due to fact that in the past 2 months we have been more active in advertising our gynecological services to the communities where are teams are working.

Based on the needs that our team observed among dentists in Sabha, IMC organized a training session on basic IPC to protect dentists, assistants and dental patients from COVID-19 infection during dental consultations. This training targeted 30 dentists in 4 training groups at the University of Sabha to build their capacity to protect themselves from and their patients from the risk of COVID-19 infection during dental consultations and surgeries. Our 4 isolation center doctors continue to work in the 4 supported hospitals in Tripoli, Sabha, Misrata and Benghazi. These medical doctors continued providing medical assistance and on-site supervision at the triage stations, medical wards and ICUs in response to the COVID-19 pandemic.

GIZ funded activities: During the month of January-2021, IMC continued activities under GIZ supported project aiming to improve the provision of primary health care in Libya.

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In the Eastern region, the second phase of our 3 phase assessment is going through final revision and its results will be shared with the Ministry of Health to allow MOH to select 2 Primary Health Care facilities (1 in Ajdabiya and 1 in Brega) to receive full support from IMC in the form of light maintenance, improving provision of medical commodities, capacity building and improving provision of healthcare services. 8 Primary Health facilities were assessed during this study, 3 health facilities in Brega and 5 health facilities in Ajdabiya.

In the western region, IMC – GIZ project team of specialists are preparing for the family practice training that will target building the capacity of both nurses and doctors at the Primary Health Care level to provide basic services under the essential package of health services, an introductory online training for nurses was part of those preparations.

During the second half of January-2021, an introductory online training on family practice nursing was provided by IMC specialists. This training is designed to act as a starting session that will build rapport between trainers and targeted health care providers and to provide a brief basic introduction to the topics and disciplines under essential package of health services to be covered throughout the year 2021.

Training targeted mainly nursing staff working at 5 Primary Health Care facilities at 4 municipalities: Ghadamis, Jufra (Jufra-Hon, Jufra-Wadan), Misullata and Garaboulli. 14 health care providers participated in the training, 12 Nurses and 2 anesthesia technicians, 11 females and 3 males, training took place on 4 days during the period between 17th and 21st of January 2021. Participants were evaluated through pre and post-testing, comparison of pre-test and post-test showed a 13% increase in knowledge. Evaluation of satisfaction rate of participants about training showed 90% satisfaction rate.



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. 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 the importance of Vitamin D. IMC's medical team are also providing several on-job trainings at Al Qadessia and Al Jadeed for the health care providers on PNC, Phlebotomy, and STDs, insertion of foley's catheters, and drug administration.

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 four 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 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.

In January we saw a dramatic increase in of the total number of the cases accessing services at Ghargour PHCC (migrant, refugees and locals), because of the expanded services that are now offered by IMC's medical team at the PHCC. Also during the month, IMC supported Ghargour PHCC with additional PPE items, in order to enhance the IPC measures in the facility and to limit cross infection among the staff in the PHCC as much as possible. On the 20th of January, Ghargour PHCC received different types of laboratory reagents from the MOH's medical supply department for conducting several basic blood tests, such as glucose, urea/CR, CRP, and RH factor. This donation also included laboratory consumables, which effectively will improve the overall medical services provided through the PHCC.

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Activities in Al Madina Al Kadima, the second PHCC supported by this project, were halted from the 12th till the 24th of January for the purpose of cleaning and disinfection as a risk of COVID19 viral transmission among the PHCC health workers was identified. All the recommended disinfection measures have been applied, and activities resumed on the 24th of January.

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.

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. On the 21st of January, one of our CHWs reported an urgent need for TB screening in one of the Tripoli migrant camps located in Al Saraj area. IMC sent its medical team consisting of a medical doctor, a lab technician, and a nurse to conduct medical consultations on site. The team identified 13 highly suspected TB cases. Medication was dispensed as needed, and a referral schedule was submitted to refer the cases to NCDC OPD to complete their medical workup.

EUTF funded COVID-19 response activities: During January 2021, IMC's 2 mobile medical teams supported the intensive care unit of Tripoli Central Hospital and provided primary healthcare services for migrants at Al-Qadisia PHCC and Al Madima Al Qadima PHCC. As part of their duties. These teams screened and triaged over 500 patients for signs and symptoms of COVID-19 this month alone. Of these, 16 patients were found to be suspected cases and referred to secondary level care this month. During the reporting period, the main morbidities seen at the primary level are URTI, Gastrointestinal, Musculoskeletal complaints and urinary tract infections.

IMC's 8 Community Health Workers (CHWs) have continued to conduct outreach visits to areas within the catchment zone of the 2 supported PHCCs. CHWs conducted awareness sessions to 1,836 individuals during this month. The CHW team continues visiting these areas to further assess needs of people living in these areas of Tripoli. Alongside this outreach, IMC is building its own capacity to refer people who are in need of other services that IMC does not provide to other organizations to ensure that the needed support will be provided.

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 2 highly technical and practical hands-on trainings on the use ECG and Echocardiography this month.



A one-day training on the practical utilization of ECG was provided to medical doctors at Janzur Village Hospital and at Zwara Marine Hospital. It aimed to build the capacity of medical doctors on maximizing the utilization of ECG as a useful tool to aid diagnosis of emergency and chronic cardiac disorders, 16 medical doctors participated in training that targeted Janzur Village Hospital and 8 medical doctors participated in the training that targeted Zuwara Marine Hospital on 1st-January-2021.

The Practical Hands-on Introduction to Echocardiography training targeted 8 senior medical doctors from the staff of Janzur Village hospital and took place from the 10th to 14th of January 2021 at Janzur Village Hospital. It aimed to build their competence to use Echocardiography as a highly valuable diagnostic tool to assess cardiac patients and to inform health care providers to make accurate clinical decisions to improve patient management especially patients with multiple comorbidities and patients with Non-communicable diseases especially those suffering from hypertension and ischemic heart diseases and as part of routine assessment especially for older adults and as part of the pre-operative assessment of high-risk patients

Training included hands-on practice on real volunteer individuals and patients of the hospital under the supervision of the training consultant and senior doctors. All participants applied learned knowledge practically on real patients and received immediate feedback from the trainer. Comparison of improvement in knowledge and practical skills through pre-training, in-training, and post-training assessments show significant improvement. Also feedback received from trainees showed enhanced self-confidence in conducting an Echocardiography study.

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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 January 31, 2021.

The procurement process is closed, and final negotiations are underway, and deliveries are expected to commence in February 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 and January 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.

To date, training has reached eleven of the fifteen health sites 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 February of 2021.

RCCE activities launched in the second half of December 2020 and to date have reached over 1,034 individuals on social media and 2,629 individuals at in-person info sessions organized in the community. 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 early-February 2021.

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/>

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<https://ncdc.org.ly/Ar/>

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