

## HEALTH SECTOR BULLETIN



**April 2021**

### Libya

Emergency type: Complex Emergency

Reporting period: 01.04.2021 to 30.04.2021

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
<b>PIN (IDP)</b>	<b>PIN (Returnees)</b>	<b>PIN (Non-displaced)</b>	<b>PIN (Migrants)</b>	<b>PIN (Refugees)</b>
168,728	180,482	498,908	301,026	46,245
<b>Target Health Sector</b>	<b>Required (US\$ m)</b>	<b>Funded (US\$ m)</b>	<b>Coverage (%)</b>	
450,795	40,990,000	TBC	TBC	

KEY ISSUES	2021 PMR (Periodic Monitoring Report) related indicators – March 2021	
Libya COVID-19 Surveillance Monthly Bulletin	Number of medical procedures provided (including outpatient consultations, referrals, mental health, trauma consultations, deliveries, physical rehabilitation)	36,639
Key findings in health sector following an inter-agency mission to Misrata	Number of public health facilities supported with health services and commodities	83
Development of the national strategy for capacity building in Libya	Number of mobile medical teams/clinics (including EMT)	32
Current operational health sector coverage of detention centers	Number of health service providers and CHW trained through capacity building and refresher training	650
New health governance	Number of attacks on health care reported	0
Development of health workforce strategic plan	Percentage of EWARN sentinel sites submitting reports in a timely manner	57
EWARN evaluation mission	Percentage of disease outbreaks responded to within 72 hours of identification	79
Initiative for Developing a PHC Oriented Model of Care towards Universal Health Coverage in Libya	Number of reporting organizations	15
	Percentage of reached districts	100
	Percentage of reached municipalities	52
	Percentage of reached municipalities in areas of severity scale higher than 3	19

### SITUATION OVERVIEW

- Libya has received its first COVID-19 vaccines: 57 600 doses of Astra Zeneca AZD1222 vaccine (procured through the COVAX Facility) arrived on 8 April 2021. 200 000 doses of Sputnik V Component 1 vaccine (procured bilaterally) arrived on 4 and 9 April 2021. 150 000 doses of Sinovac vaccine (donated by Turkey) arrived on 14 April 2021.
- The national COVID-19 vaccination campaign started on 10 April led by the Prime-Minister. 426 sites are established across the country. One hundred seven municipality vaccine supervisors and 1450 vaccinators have been trained on field implementation guide, and 355 medical doctors have been trained on AEFI management and vaccine safety.
- As of 29 April 2021, Libya had administered 61 000 doses (0.88 doses per 100 population).
- WHO followed up on the necessity of inclusion of migrant and refugee population into COVID-10 vaccination. WHO was informed that refugees and migrants residing in Libya would be entitled to the COVID vaccine along the same criteria as for the host population. An electronic registration system for refugees and migrants is presently under development. The NCDC requested UN support (UNICEF is working on this) to prepare the annex to the National Deployment and Vaccination Plan targeting these vulnerable groups.
- On 17 March 2021, the Minister of Health of the interim government in the east handed over responsibilities to the Minister of Health of the GNU.
- On 18 March 2021, the GNU Minister of Health authorized the establishment of an MoH bureau in the east and appointed a bureau chief. The administrative structure for the bureau is pending approval. The GNU Minister of Health is working from Benghazi three days a week.
- The political and peace-building landscape remains fragile. The marked divide between the east and west will take time to resolve. However, people have appreciated the improvement in basic services (e.g., electricity and banking) and the launch of COVID-19 vaccination.
- This publication presents Displacement Tracking Matrix Libya's Round 35 IDP & Returnee Information Package covering January and February 2021. Round 35 includes [DTM's IDP & Returnee report](#), [Key Findings Factsheet](#), and Round 35 Dataset. In Round 35, IOM identified 245,483 IDPs and 623,219 returnees in Libya. Please click here to access the [report](#). Please find IOM Libya's [DTM COVID-19 Impact in Libya Dashboard covering January to March 2021](#). Click [here to access the dashboard](#).
- The upcoming plans for the UNSMIL Strategic Review are in place.

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

#### Libya COVID-19 Surveillance Monthly Bulletin, Epidemiological Month, 1–30 April

29 COVID-19 labs (out of 32) reported 93,566 new lab tests done for the month of April. Out of the total 977,625 tests done in Libya since the beginning of the response, 177,508 (18.2%) were confirmed positive for SARS-CoV-2 (COVID-19). As compared to March, there was a 31% decrease in overall national testing: as for all the regions, in the West (31% decrease), East (18% decrease) and South (52% decrease). The national positivity rate for April remained 18.7%; this is attributable to overall decreased lab testing in all three regions, with West having a positivity rate of 18.3%. It cannot be generalized based on high positivity rates in East (27.9%) and South (27.9%) compared with national-level positivity rate. The overall number of new cases reported shows a 32% decrease compared to the prior month, with West reporting a 31% decrease in new patients. East reported a 9% decrease and South a 63% decrease in the number of cases. Trends in the number of cases are directly proportional to lab testing trends in the regions reporting epidemiological week. In April, the number of new deaths (349) decreased by 26% compared to March. The monthly mortality rate remained 5.12 per 100,000 cases, with a case fatality rate increasing to 2%. South reported a decrease in deaths for the reporting month East (20% decrease), West (19% decrease) while South (69% decrease). Libya remains classified under community transmission with a verified circulation of two Variants of Concern VOC 202012/01(B.1.1.7, UK Variant) and 501Y.v2(B.1.351, South African Variant) in the country (*note: please refer to a separate monthly EPI COVID-19 surveillance bulletin, published by WHO Libya, based on data received from the NCDC*).

#### Some of the key findings in health sector following an inter-agency mission to Misrata

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As part of inter-agency mission (IOM, UNHCR, UNICEF, WFP), WHO assessed health situation in Misrata, identified needs, gaps, ongoing response. A meeting was conducted with the Municipal Council. Misrata Medical Complex, NCDC branch and National Cancer institute were visited. Continued needs were identified for further support to Misrata based health facilities, including provision of health supplies, capacity building, etc. Reactivation of the PHC services is essential. Support to Misrata Medical Complex with capacity building on health workforce, public health management, midwifery and nurses, IPC, ICU and emergency services, mental health, HIS) in close partnership with Misrata University should be considered. There is a need for enabling access of local health personnel to medical study and research (access to Hinari, Lancet, key online journals and publications, etc.) There is a remaining lack of certain medical specialists in the district, including dermatologist. Enhancement of pediatric services is one of the key asks. Supply chain system situation is of concern providing possibilities by WHO to provide standard health kits for further use for outpatient and inpatient services. COVID-19 isolation centers in Misrata town need non-interrupted supply of PPE, lab items, main consumables and essential equipment). There is a need to support the district with the availability of HIV/AIDS medicines. TB needs should be further addressed. Situation with children cancer treatment needs to be reviewed. Breast cancer is largely non-addressed in the area. Transportation (procedures) of radioactive materials for further use by the National Cancer Institute is reported to be a challenge.

## Development of the national strategy for capacity building in Libya

The PHC institute plans to develop the national strategy for capacity building at the PHC sector which aims to identify and address the gaps either in policy or implementation and to develop more advanced solutions. Preliminary technical discussions were conducted with the relevant stakeholders. An agreement was reached on a number of outputs. ‘‘The overall objective of this project is to promote a strengthened primary healthcare workforce in Libya empowered to deliver high-quality, evidence-based care to its population in collaboration with development partners in Libya. PCI’s first task is to assess the number and type of in-service training provided by partners and develop a framework and in-service training plan for primary healthcare workers in Libya. Content of the in-service training plan will seek to align with health programmes defined by the MOH for Libya with particular focus on areas that fall within the remit of service delivery at the health centres and which meet the capacity strengthening needs of the range of health workers therein’’.

## Current operational health sector coverage of detention centers

		Name of the operational health sector partner
Abusliem	ابو سليم	IRC/UNHCR, MSF OCA
Ain Zara	عين زارة	IOM
Al Bayda	البيضاء	IOM
Algatroun	القطرون	
Al kufra	الكفرة	IOM
Azzawya Abu Issa	ابو عيسى	IRC/UNHCR, IOM
Baten Aljabal	باطن الجبل	IOM
Brak Shati	براك الشاطئ	
Benghazi Ganfouda	بنغازي قنفودة	IOM
Ghiryan al Hamra	غريان الحمراء	IOM /AbuRashada
Mabani	المباني	MSF OCA
Shahhat	شحات	IOM
Shara Zawya	شارع الزاوية	MSF OCA
Triq al Sika	طريق السكة	IRC/UNHCR, IOM
Wadi Al Hai	وادي الحي	
Zliten	زليتن	IOM/closed

There is a separate follow up process with the health sector on the potential release of women and children from the detention centers (an estimated of 470 people). IOM and UNHCR were contacted for medical aspects of response.

## Increase of suspected TB cases in Tripoli

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There has been an exponential increase on referrals of migrants and refugees with suspected TB originating from Bani Walid region to the UNHCR health clinic since lately. UNHCR requested an urgent meeting of the engaged agencies, including WHO, IOM, UNHCR, IRC and MSF-H) to discuss the situation and plan possible corrective actions to address the immediate patients' needs. Some of the key recommendations included: increase screening working hours of the NCDC lab; facilitate patient's admission into the available beds of Abusitta Hospital that received support from UNHCR, IOM, MSF-H and IRC; further dialogue between the NCDC and MoH on the use of the hospital for TB treatment; WHO' visit to the Abusitta hospital with regard to the availability of MDR-TB unit; consider alternative locations such as Tripoli University Medical Center for services of TB center with MDR-TB capabilities.

## New health governance

The new Minister of Health has initiated a constructive process/dialogue to underpin the unification of the health system. It includes:

- Acknowledgement of past failings, particularly regarding COVID-19.
- Increased transparency.
- Wide use of social media and greater interaction with the general public.
- Comprehensive review of weaknesses and obstacles hampering the delivery of public health care services. The Minister understands that systemic health sector failures and gaps must be addressed collectively and urgently, using national and international funding and drawing on the best available technical expertise.
- Visits throughout the country to visit health care facilities and meet health officials and members of the general public to learn about gaps and challenges.
- Immediate decisions to release pending salaries for health workers, ensure their compliance with working hours, improve oversight of financial health expenditures, promote better planning, monitoring and evaluation, and strengthen COVID-19 vaccination by going beyond the COVAX facility to secure vaccines through bilateral agreements.

The above initiatives have been widely supported by the general public and have resulted in a high degree of hope that the planned transformations and reforms will succeed. The new health leadership has also held constructive meetings with the heads of UN health agencies to exchange views on health sector current work, needs and priorities.

There are notable tensions and gaps:

- The House of Representatives has not yet approved the GNU's budget.
- Libya continues to face repeated stockouts of critical vaccines, compounded by difficulties securing funds from the Central Bank of Libya to place new procurement orders.
- There are acute shortages of medicines for child cancer patients and patients with life-threatening diseases such as TB and HIV/AIDS. More work needs to be done to consolidate the country's Medical Supply Organization.
- Coordination of the national response to COVID-19 remains fragmented. (Despite the new PM's decision to dissolve all COVID-19 committees, the COVID-19 Supreme Committee in the east is continuing to work and send messages about its attendance at upcoming health sector and UN task force meetings.)
- The banking system remains dysfunctional and international organizations have only limited ability to withdraw cash in Libyan dinars to fund its humanitarian operations and COVID-19 response.

Key recommendations:

- The GNU should approve the health budget as soon as possible.
- Libya must urgently overhaul its childhood vaccination programme.
- In addition to continuing to fill critical health gaps, a focus should be on advancing health system development, which provides a key opportunity to build state capacity and legitimacy. This involves the following activities: Identify an effective health governance model at national, regional and district/municipality levels; Support efforts to strengthen all six blocks of the health system; Tap into Libya's own financial resources to strengthen the health system and promote linkages with international best practice and technical expertise; Collaborate with the national authorities on public-private initiatives; Advocate further with the national authorities to strengthen non-Libyans'

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access to public health care services; Use health system strengthening activities as an avenue for Health as a Bridge for Peace.

## Development of health workforce strategic plan

WHO continues to support the Ministry of Health in developing health workforce strategic plan. The purpose of this initiative is to support the MOH to carry out a situation analysis of the health workforce in order to develop an HRH strategic plan based on the current context of health care in Libya with a view to improving service delivery at all levels of care. This will be undertaken by a team of two local experts led by an international consultant with complementary expertise to address all aspects of the tasks foreseen. Specifically, team will:

- Conduct a situation analysis of HRH in Libya to document the situation and gaps in 1) skills, 2) geographical distribution by level of care, 3) policy guidelines and strategies, 4) health professional education capacities and 5) HRH management including employment, attraction and retention strategies.
- Carry out a health workforce satisfaction assessment survey and make recommendations on how to attract, motivate and retain health care workers, especially in remote areas.
- Profile the whole health workforce in Libya (demographic, professional and employment status, leave patterns, remuneration, absenteeism and mobility within the sector), based on the WHO HRH mapping study carried out in 2018.
- 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 maintains a continuous contact with the Ministry of Health, the World Bank and the engaged relevant health sector partners.

## Overview of the availability of electricity in southern health facilities

Source of electricity/ adequately	Insufficient	Slightly enough	Very enough	No update	Grand Total
Public electricity network	47	132	6	4	189
Nonfunctioning HFs (no update)				35	35
No report				3	3
Grand Total	47	132	6	42	227

## EWARN evaluation mission

Several years of armed conflict in Libya, compounded by the COVID-19 pandemic, have exacerbated the vulnerability of its population and disrupted its health system, including routine disease surveillance. In 2016, WHO established the Early Warning Alert and Response Network (EWARN) in collaboration with the National Centre for Disease Control (NCDC). EWARN supports the early detection of and rapid response to disease alerts for epidemic-prone diseases that require immediate intervention to stem their spread and reduce morbidity and mortality. EWARN is currently being implemented in 125 reporting sites in Libya, including PHC centres, hospitals and IDP collective shelters. Through EWARN, 18 epidemic prone disease is reported either immediately or weekly to allow rapid identification, detection and response to any outbreak alert or threat. Libya is at risk of outbreaks of vaccine preventable disease such as measles, acute diarrhoea and dysentery as a result of low immunization coverage, limited access to health services and poor sanitation and living conditions especially in remote conflict zones and in IDP camps. These diseases can become major killers if malnutrition is added to the picture. HIV and hepatitis B and C could become a major problem because of deteriorating practices in terms of blood safety, injection and treatment in health care service. TB pose a threat to the health system especially among refugees, IDPs and detention centres. Leishmaniasis is endemic in the western mountains and along the north/west coast, with resurgent outbreaks.

A WHO led evaluation conducted in April 2021, identified technical and operational gaps and challenges and formulated recommendations to strengthen the effectiveness and efficiency of the system. The main challenges identified included: insufficient human and financial resources; poor supervisory, monitoring and evaluation capacity; and weak linkages to laboratory diagnostic services. Moreover, the lack of regular, accurate and timely EWARN data

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meant that national authorities were not able to make informed decisions about the extent of outbreaks and the response required.

Rapid response to alerts and outbreaks, as an essential component of EWARN, is also under-functioning. The evaluation reveals limited capacity in alert verification, outbreak investigation, confirmation and response. Resources (both human and financial) are inadequate to support rapid response team activities and implement control and prevention interventions. There is shortage in personal protective equipment and infection prevention and control supplies which pose a risk of acquiring infection among RRT. High turnover and limited RRT staffing especially at central and regional level hinder the response capacity.

Despite sufficient financial resources and the government's frequent declarations of increased spending on health, there are acute shortages of health care facilities, staff, medicines and supplies across the country. Hence the need for external actors to continue to support the surveillance mechanism in place until it can be integrated into the national system.

Strategy:

The three-fold approach to strengthen communicable disease surveillance in Libya is articulated around three main areas:

- Enhanced EWARN that will yield real-time information to support the timely detection and verification of potential disease outbreaks caused by emerging and epidemic-prone diseases;
- Improved national capacity to respond to emerging and epidemic-prone diseases;
- Strengthened laboratory diagnostic capacity to support the prompt confirmation of outbreaks and monitor their spread.

Priority areas:

- Provide operational support to the national authorities to carry out rapid field investigations and confirm suspected outbreak alerts. (WHO will recruit a new professional staff member to provide direct support to the NCDC.)
- Enhance the regular supervision/mentoring of surveillance officers and EWARN focal points through supporting staff positions in NCDC branches to monitor reporting and response and assess the effectiveness of public health interventions implemented as a result of data yielded through EWARN.
- Forecast needs and plan/stockpile goods and supplies for health care facilities and laboratories at national and sub-national levels to support the rapid mobilization of resources in the event of disease outbreaks.
- Build the capacity of EWARN staff at all levels through refresher/on-the-job training focusing on EWARN basic concepts, epidemiology, surveillance and outbreak response.
- Strengthen the capacity of peripheral laboratories to confirm disease outbreaks, monitor their spread and confirm they have been brought under control.

## **Key advocacy messages for RC/HC meeting with the Minister of IDPs and Human Rights**

- There are more than 50 mobile medical teams deployed across the country and health sector is ready to expand to cover key IDP locations.
- There are more than 83 public health facilities supported by the health sector on a monthly basis, health sector is ready to provide further support to those locations and health facilities providing health care to IDPs.
- Health sector is working closely with the national health authorities and advocates to maximize the reach out to the priority groups among IDPs eligible for COVID-19 vaccination.

## **Selected briefing points (health sector related), RC/HC visit to Tawergha-Misrata**

Following the conflict in 2011, approximately 40,000 civilians were forcibly displaced from their town of Tawergha - 40 km south of Misrata- across the country and were prevented from returning by armed forces. The city of Tawergha was severely damaged, including schools, hospitals and residential areas. Most of the families were hosted in

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makeshift IDP settlements and camps in Tripoli, Benghazi, Tarhouna, Bani Waleed and Sebha. Despite the reconciliation attempts the conditions whether related to physical, material and legal safety have not been conducive for large scale return and reintegration as one of the processes leading to durable solutions. There is also no systematic and up to date assessment of the intentions and barriers of displaced Tawerghans in relation to pursuing durable solutions. According to reports provided by several humanitarian actors, around 6,000 Tawerghans have already returned in the city.

Recent assessments confirmed the persistence of serious gaps in basic services remain.

- The municipal council also opened last week a temporary hospital. This temporary hospital does not have the capacity to support the need of a bigger population.
- In a context of COVID-19 epidemic, concerns were raised on water and sanitation. All water tanks have been destroyed with water supply depending on well-drilling. Limited access to healthcare especially COVID-19 patients, obstetric, dialysis, and chronic diseases not a single home has been fully rehabilitated. There is no proper waste management system. In addition, medical partners have shared concern on issue of Leishmaniasis in Tawergha that is heightened by poor hygiene conditions and unplanned urbanization.

A separate list of recommendations is provided from the Protection sector.

## Access to electronic medical journals

Following various visits to medical centers and universities across Libya, frequent requests were received as to whether support could be provided to get access to electronic medical journals, scientific publications and participation in global electronic libraries. For example, WHO Regional Office informed that since 2016 Libya was one of the EMR eligible countries (Group B) to access Research4Life programmes with low-cost access, each eligible institution in Libya will need to pay USD 1,500 as an annual subscription to have online access to the content as mentioned above of Research4Life programmes. There is a follow up on identification of interested and eligible medical institutions for new subscription.

## Support with cancer treatment

National health authorities highlight that they would like (i) to receive technical guidance from WHO on how to develop the strategy including the action plan and (ii) to convene a workshop facilitated by WHO technical experts to ensure the required buy in of the key Libyan stakeholders in this field of the strategy and the action plan.

## Initiative for Developing a PHC Oriented Model of Care towards Universal Health Coverage in Libya

Libya will take part in the WHO Regional Office initiated activity to develop a 'Model of Care' for service delivery in Libya. The proposed activity is part of a regional initiative to support countries to take the PHC agenda forward through implementing the Operational Framework on PHC. The initiative is set to take place in four EMR countries (Palestine, Sudan, Pakistan, Libya). The initiative would complement the national efforts done to develop the UHC-Priority Benefits Package (UHC-PBP) and build on the findings from the measurement phase of the Primary Health Care Measurement and Improvement (PHCMI) initiative.

## HEALTH SECTOR ACTION/RESPONSE

**Daily, weekly, monthly COVID-19 updates** produced by WHO Libya.

**AFP updates:** Weekly AFP updates published by WHO Libya.

**Weekly EWARN bulletins** are being produced by NCDC.

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

**Coordination meetings:**

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- MHPSS sub-sector working group took place on 13<sup>th</sup> April.
- IPC working group meeting took place on 17<sup>th</sup> March.
- A joint IPC monthly April bulletin (UNICEF and WHO) was produced

## Health Information Management materials produced:

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

## UPDATES FROM PARTNERS

### PUI

Through the month of April 2021, with the support of the DG-ECHO, Première Urgence Internationale (PUI) provided primary health care and MHPSS services, organized awareness and capacity building activities in Al Kufra Mantika. Additionally, PUI supported the Department of Health Services in Al Kufra with equipment in order to boost their capacity to respond to the COVID-19 crisis in the region.



**Primary health care consultations:** PUI Mobile Health Team conducted 32 medical interventions in Al Kufra and Rebyana municipalities. A total number of 574 primary health care consultations were provided – including 425 general medical consultations, 46 sexual and reproductive health consultations, and 72 nursing consultations. The most prominent diseases that were recorded during the month of April 2021 were upper respiratory tract infections and gastrointestinal diseases. Additionally, medical assistance was provided for non-communicable diseases patients including hypertension and diabetes mellitus (non-insulin dependent).

**MHPSS services:** Mental health and psychosocial counselling was provided for 31 individuals.

**Infection Prevention and Control (IPC): Capacity building for community health workers:** PUI organized training sessions on immunization, COVID-19 stigma and the registration for COVID-19 vaccination on the National Center for Disease Control (NCDC) online platform. 11 community health workers attended the training sessions. **Health and hygiene promotion:** Through its network of community health workers, PUI conducted health and hygiene promotion sessions reaching 745 individuals – including 295 at health facility level, and 450 participants at community level. The sessions focused specifically on raising awareness on COVID-19 preventive measures and the vaccination campaign. Additionally, messages about the online platform of the NCDC for vaccination registration were disseminated at community level. **Supply / donation to the Department of Health Services (DHS):** As part of its efforts to boost the DHS' cold chain storage capacity, PUI donated a 40ft refrigerated container.

In the framework of its activities implemented in consortium with IRC, GVC and ACTED supported by the Italian Cooperation (AICS), PUI completed in Benghazi a training of trainers' session on IPC for 10 health personnel of 7 target facilities and related focal point of department of health services (DHS) offices: Benghazi municipality: Children Hospital, Al-Jawf municipality (Al-Kufra district): New Bezima Al Jadiddah Polyclinic, Libya polyclinic, Rebyana municipality (Al-Kufra district): Omar Almuktar PHCC, Al-Bayda municipality (Jabal al Akhdar district): Althawra Teaching Hospital, PolyClinic Number 3.

### UNDP

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Supply of Refrigeration for vaccines, cold chain for Health Directorate and Rehabilitation of Cold Chain refrigerator Building

<https://www.facebook.com/undp.ly/posts/5498365143569129>

Rehabilitation of ICU and newborn ward and patient's room at Benghazi Children Hospital

<https://www.facebook.com/undp.ly/posts/5531219843616992>

Supply of Personal Protection Equipment (breathing apparatus, workwear, gloves, masks & safety harness) in Ghat

<https://www.facebook.com/undp.ly/posts/5561227687282874>

## GIZ

**GIZ-PCI Partnership:** Developing a strategic PHC in-service training plan: In collaboration with the MoH-Primary Health Care Institute (PHCI), Primary Care International (PCI) is developing a strategic in-service training plan towards anchoring continuous professional development (CPD) within the primary health care (PHC) sector. CPD is one of the key elements of the Family Practice Approach, which Libya adopted in 2018. The aim of CPD is to ensure that health workers maintain and enhance their skills to deliver quality services to people and the communities they serve. The purpose of developing the in-service training plan is to take stock of existing training modules that are delivered in Libya and to identify whether there is need to introduce further training modules to meet the requirements of the Essential Package of Health Services (EPHS). In March, PHCI and PCI held initial meetings with partners within the health sector. The general outcomes attained from these meetings are that trainings provided to PHC workers in Libya should be standardized, sustainable, aligned with the health system's needs, accessible to all and accredited. Building on further exchange and one-to-one meetings with partners in the health sector as well as national accredited teaching institutions, PCI endeavours to take stock of current training modules to develop the first draft of the in-service training plan.

## WW-GVC



**Western Libya:** On April 15 2021, WW-GVC, with the collaboration of its local partner Migrace, set up the Feedback and Complaint Mechanism (FCM) in the targeted Health Care Facilities (HCFs) of Al Maya, Al Maamoura, Sabratha and Sorman in support of the upcoming refurbishments, capacity building and medical supply and equipment distribution. The FCM intends to collect information to take corrective actions and improve WW-GVC's humanitarian response. It will strengthen its accountability towards the targeted population in the area and enhance the participatory process. Indeed, the

beneficiaries will have the possibility to provide feedbacks on WW-GVC and MIGRACE ongoing project. Moreover, the FCM will enable the identification of potential cases of abuse or discrimination in the targeted HCFs from WW-GVC staff, local partner or suppliers. The FCM is composed of two main components: Feedback Box (along with feedback forms and explanatory posters) installed in the targeted facilities. The boxes will be opened on monthly bases by a selected committee consisted of WW-GVC M&E officer and a health facility representative. An online form through a QR code indicated on the explanatory posters. Information submitted in the online form will be immediately stored in the WW-GVC data storage system and processed according to priority level.

**Southern Libya:** WW-GVC is implementing an integrated WASH (funded by CERF) and protection (funded by SDC) response to COVID -19 in Sebha, in close collaboration with its local partner, MIGRACE, and other relevant stakeholders. Regarding health activities under the CERF project, the third round of distribution of materials to ensure proper cleaning (consumable hygiene products, detergents, disinfectants and tools) in 7 Health Care Facilities was finalized on April 29. The third round of distribution of Personal Protective Equipment (PPE) in the same 7 HCFs also took place on April 28. WW-GVC local partner Migrace distributed 883 PPE kits and post distribution monitoring activities were carried out in order to make readjustments if needed. Additionally, the rehabilitation works to increase the water storage tanks and hand washing stations in the 7 targeted HCFs were completed and handed over to the

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municipality on April 18. All 7 directors and staff of the facilities were satisfied with the operation. Finally, 12 community mobilizers started conducting community education sessions on basic IPC protocols. The aim is to reduce the risk of infection COVID-19 and promote proper hygiene behaviors. Since the 15th of April, 23 sessions were held in health facilities and public spaces with 316 beneficiaries reached.

## TdH

With funding from the CERF-Health project, “Supporting health institutions and communities respond to COVID-19 in Aljabal Algharbi, Azzawya, Misurata, and Tripoli.” Deliveries and post-distribution monitoring of supplies and equipment to Aljabal Algharbi, Almargeb, Azzawya, Misurata, and Tripoli were completed as of April 30, 2021; remaining materials and post-distribution monitoring will occur in May 2021. 6 Training packages have been prepared after site consultations, and to date, six training packages have been delivered October 2020 to April 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 to be provided to the sites in May 2021 during post-distribution monitoring and the remaining delivery packages. Training packages have been delivered in-person via classroom and briefing modalities, printed material distributions, published on Facebook and via remote Zoom presentations to staff.

RCCE activities launched in the second half of December 2020 and to date have reached 6,304 individuals on social media and 7,394 individuals at in-person info sessions organized in the community. Continuing activities planned for 2021 will include social media posts, distribution of printed materials, 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 May 2021.

## Common Feedback Mechanism (CFM)

Currently also being used as a national COVID-19 informational hotline, we have received calls from 98 callers, 17% were female callers, all cases were asking for information which includes the vaccination process, number of active cases, the medical consultation numbers, and location of hospitals providing PCR tests.

During April, we have answered 66 cases related to health sector, (29% were female callers), 95% were refugees, 2% were non-displaced and 3% were from IDPs. Those calls were all from the West. Callers were requesting information 51% about the registration to the health services, while 32% of beneficiaries were contacted for a follow-up about their satisfaction with the service, and 17% beneficiaries called to provide feedback.

This sector has 12 open cases: 10 cases have complained about the quality of the service including the lack of response from the partner. One case is open as the partner is unable to provide the needed service. One case has remained open due to the unavailability of the needed medication.

## IRC



Activities and Achievements: IRC mobile medical teams continue to provide primary healthcare services to migrants, refugees and the local communities. These services included general, reproductive and MHPSS. With support from SIDA, the IRC MMT continue to conduct regular visits to Elharat PHCC and have conducted about 347 medical consultations. With support from RDPP, the IRC MMT have conducted over 687 medical consultations at Al Nosb Altedkary, Elmgarief, and Zawyet Aldahmani PHCCs. A MMT supported by UNHCR also operated daily at the community development center CDC and have provided over 633 medical consultations. With support from UNHCR, regular visits were conducted to Sikka DC and Abu Salim DC in Tripoli as well as Abu Issa DC in Zawiya. A total of 382 consultations were made. With support from UNHCR, Rescue At Sea activities continued and 4 rescue operations were responded to at Tripoli Naval Base. There was a total of 37 medical consultations conducted. With support from

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UNHCR, 24/7 hotline and ambulance transportation services continue to be provided via JRP ambulance. In April, over 54 individuals were assisted (18 males and 36 females).

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

With support from UNHCR in Misrata, 25 POCs are hosted at Misrata-LRC shelter under IRC responsibility waiting to be evacuated, provided with all essential needs, accommodation, food, and primary, specialized health care and referral of cases as needed. In addition, Covid-19 precautions are taken. The MMT provided a total of 25 consultations along with providing 24 cases with medical referral to secondary and tertiary public and private hospitals, the number of POCs receiving transitional shelter decreased due to one leaving the shelter at the end of April.

With support from AICS, in Misrata, the COVs remain active and have delivered around 28 health education sessions reaching about 319 beneficiaries (95 males and 224 females) in order to raise the awareness among the targeted beneficiaries. In Alkhoms about 107 health education sessions were conducted for targeted communities at several settings, directly reaching 1395 beneficiaries (527 Females, and 868 males). Our network has been expanded to include new schools to the work field. In Bani Walid, the community awareness sessions were provided to about 1215 beneficiaries (742 males - 473 females).

Trainings: On the 5th of April, Infection and Prevention control cascade training was conducted in Misrata. Three females attended. On the 8th, 10th, and 11th of April, 3 IPC cascade-training sessions for the medical staff have been conducted in Alkhoms Hospital, Souq-Alkhamese Hospital and Alkhoms Polyclinic. 32 of the nurses and ICU technicians of the staff attended (9 Males and 23 females). On the 11th of April, infection prevention and control training in Bani walid was conducted. 14 medical staff attended (12 females and 2 males). On the 25th of April, Infection and Prevention control cascade training was conducted in Bani walid. 12 attended the training (8 females and 4 males).



Donations: Office furniture was donated to Al Nosb Al Tedkari and Elmgarief PHCCs in Tripoli under RDPP.

Challenges: Vague plan from Directorate for Combatting Illegal Migration (DCIM) regarding the DCs which has led to unpredictable schedules. In Alkhoms, the migrant community are requesting more blood pressure and blood sugar measurement. This is difficult to achieve due to shortage of devices, reduced working hours and reduced number of staff during this month. This has also indirectly affected the attendance rate of staff in both Bani Walid and Alkhoms. Low number of training participants due to lack of staff in the Blood bank in Misrata. The targeted health facilities apologized for the conducting cascade training as they were busy with the COVID-19 vaccination campaign. The medical equipment Installation Company could not begin this month due to their staff being on leave.

Future plans: Begin regular visits to Ainzara and Gharian DC. Support Ain Zara municipality with MhGAP training for 3 PHCs, data entry and analysis training for the PHCs management, and basic life support training. Donate lab reagent to 3 PHCs under Ain Zara municipality. Donate PPE materials to one PHC under Hai Alandalus municipality. The IPC Cascade Training In Bani Walid will continue after April for targeted 5 health facilities as well as In Misrata, donation of lab reagents to central blood bank and the rest of medical equipment to targeted health facilities will proceed, as well Installation of medical equipment at MMC, DoH, Zawit almahjoob polyclinic and Central Dental Outpatient Department (OPD).

## IMC

Continue to coordinate with relevant authorities such as the NCDC, PCHI and MOH. Activities pertinent to COVID-19 preparedness and response are implemented through the support of BHA, EUTF and GIZ. IMC continues to provide information dissemination with regard to C-19 in its target locations through community health workers and mobile medical units. Currently in the process of requesting approval of NCDC for the revised COVID -19 reference booklet for community health workers. The booklet includes background information on COVID-19, signs and

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symptoms, mode of transmission, protective measures and frequently asked questions about COVID-19 vaccines. IMC continues to screen beneficiaries utilizing health care services in supported primary health facilities and participate in the national disease surveillance system, submitting C-19 alerts through the EWARN. Currently seeking written approval from NCDC, TCH and relevant MOH department approval for available extraction machine and kit offers as part of the procurement process. The items needing approval are planned to be donated to Tripoli Central Hospital to strengthen testing capacity. Training on COVID-19 testing was conducted in NCDC for 16 laboratory technicians in the month of April. Preparations have commenced for a similar training targeting 25 laboratory technicians assigned in health facilities in the Western mountains for the month of May 2021. IMC continued to conduct infection prevention and control training in Sabha, reaching 30 participants in April. To total number of participants as of April 30th is 162 health staff. The training focused on universal precautions against infection in health care settings as well as proper use of personal protective equipment.

IMC continue to support 5 health care facilities with C-19 isolation units, namely Tripoli Central Hospital and Ophthalmology Hospital (Tripoli), Oncology isolation center (Misrata), Alamal Benghazi Medical center (Benghazi) and Sabha Medical Center – Al Barkoly. It has been noted that in Tripoli Central Hospital, the isolation unit have been intermittently closed due to the refusal of MOH health staff to work, following months of not receiving salaries. IMC continued to support PHCs in participating within the EWARN system

IMC continue to deploy 13 mobile medical units (MMU) to 16 health care facilities and 5 temporary service delivery points in IDP and migrant locations. Services offered include general medical consultations, maternal and childcare, provision of essential medications as well as disease surveillance. Within the period reported, there were 1,565 medical consultations. Within the period reported, there were 1,073 community members reached for key health messages. Core training on family practice approach for health care workers in 9 primary health care facilities in the municipalities of Nalut, Zintan, Garabuli, Jufra, Misellata and Janzour, which started in March 2021 continued in April 2021 with regular follow up sessions to ensure mentoring and case study discussions. There were 28 medical doctors who participated during the training sessions, which included topics on common morbidities, maternal and child health. Aside from online sessions, there were field visits conducted to the participating primary health care facilities as well as ongoing chat groups as part of the mentoring process. IMC continues to support screening and active case finding for beneficiaries that may be suffering from tuberculosis through its partnership with the NCDC in Tripoli and Misrata. Within the period reported, 10 beneficiaries screened for tuberculosis, and referred for laboratory confirmation and enrolled for treatment, while 86 patients with provided with free laboratory services, which includes liver profile, complete blood count, and blood chemistry to facilitate further management. Among all morbidities managed by the MMUs, 378 were due to hypertension and 5 cerebrovascular conditions, and 257 were due to diabetes. IMC MHPSS Counselors and Community Health Workers continue to provide twice-weekly support to the Suq Al-Tulataa COVID Isolation Center. The team provides support and health information to patients with suspected COVID, to their families, and to the staff working at the center. Continues to provide maternal and child health care services through the 13 MMUs in the 16 health care facilities and 5 temporary service delivery points in IDP locations. There were 60 antenatal and 9 post-natal consultations conducted within the period reported.

IMC assisted in pre-vaccination evaluation of 50 community members who have gone to Al Madina Alqadima Health Center for their first dose of COVID-19 vaccination. This intervention was conducted according to the request of the health facility manager, as available MOH staff became overwhelmed with the influx of community members who came for their COVID-19 vaccine appointment. \*\*\*Al Madina Alqadima Health Center, a designated vaccination center is one of the facilities visited by one of the MMUs in Tripoli. IMC signified interest to participate in the technical working groups formed, namely, training, advocacy and awareness, migrant and refugees, as well as monitoring, evaluation and supervision as of March 30th.

## IOM

IOM medical teams provided a total of 7,512 primary health care consultations to migrants, IDPs and host community members and referred 62 migrants to secondary and tertiary health facilities for further medical investigation, treatment and management.

DCs: IOM medical teams provided primary health care consultations for 1,855 migrants in detention (1,617 men and 238 women) in twelve detention centres: namely, Abu Rashda, Tariq Alsikka, Abu Issa, Ganfouda, Tokra, Almarj,

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Shahat, Ain Zara, Mabani, Batin Aljabal, Albayda, and Kufra DCs. IOM also provided health consultations Ejdabya upon ad-hoc request. 11 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 714 primary health care consultations (346 men and 368 women) to the IDPs and host community members.

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, Tajoura, Zwara,

Sabha, Qatroun, and Bani Waleed. IOM medical outreach teams reached 4,943 migrants and IDPs (3,727 men and 1,216 women), out of which 49 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 915 migrants (734 adult male, 120 adult females and 61 minor) were rescued at the Abusitta disembarkation point. 43 migrants were triaged upon medical screening and 2 migrant was referred to the secondary health facility for clinical management.

Fitness to Travel Screening: IOM medical teams provided pre-departure medical screenings for 817 migrants to assess fitness to travel (FTT) under the Voluntary Humanitarian Return and Reintegration (VHR) program.

Community Based Surveillance: IOM conducted an one-day training on the community based disease surveillance for 19 IOM health and DTM staff. The participants were from Kufra, Amsaad, Gatroun, Sebha, Ubari, Ghat, Zwara, Ras Jedir and Tripoli and will contribute to data collection for the weekly disease surveillance, which is conducted in close collaboration with the National Center for Disease Control (NCDC), IOM Libya's Migrant Health Department and the World Health Organization (WHO).



Strengthening Laboratory Capacity in Detecting Covid-19: In close collaboration with the National Center for Disease Control (NCDC), IOM conducted a 5-days training workshops on 4-8 April 2021. The participants were from NCDC laboratories across the country, namely from Tripoli, Yefren Wanzarik, Brak, Mizdah, Ghat, Jadu and Ubari.

TB screening campaign at Ain Zara detention centre: IOM also conducted a five-day tuberculosis screening campaign at Ain Zara detention centre in the first week of April. In close collaboration with the NCDC and Directorate of Combatting Illegal Migration (DCIM), the campaign screened 118 migrants and 18 staff members for the tuberculosis, out of which one case was confirmed positive and 9 suspected cases are currently under the laboratory investigation.

Anti-scabies campaign: IOM conducted an anti-scabies and fumigation campaign at Abu Rashda DC on 1 April 2021, screened and treated a total of 205 male migrants in detention.

Risk Communication and Community Engagement (RCCE): IOM medical team conducted 147 outreach campaigns and awareness raising sessions in Sebha, Ubari, Tripoli, Zwara, Bani Waleed and Benghazi. A total of 9,811 migrants improved their awareness and knowledge of the COVID-19 prevention methods and health seeking behaviors when having the suspected symptoms.

Points of Entry (PoEs): IOM Medical teams supported the NCDC staff at Misurata airport, 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

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of 74,767 cross-border travelers (62,270 men, 7,928 women, 2,741 boys and 1,828 girls below 18 years old) were screened by checking temperature and general condition. IOM finalized the donation of medical clinic to Mitiga Airport. The donations included the necessary medical equipment, furniture to support the point entry while managing the COVID-19 response.

Mental Health and Psychosocial Support (MHPSS) services: Mental Health and Psychosocial Support (MHPSS) services were provided to 441 migrants (256 men, 139 women, 42 boys, 4 girls) in IOM center in Hay Alandalus and several urban locations in Tripoli and Zwara, including shelters, collective houses, labor migrants gathering points, IOM mobile clinics, embassies, detention centers, health facilities, and at disembarkation points following interception/rescue at sea operations in Tripoli.

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

Also, the MHPSS teams conducted 31 follow up psychosocial support sessions throughout the month, including sessions for migrants with mental health conditions and their caregivers and migrants following distressful events in Tripoli and Zwara. Concurrently, the MHPSS teams conducted 14 referrals to other IOM teams (Protection, Migrant Resource and Response Mechanism, Voluntary Humanitarian Return, IOM medical team for specialized mental health care services) for migrants in need of assistance in different locations in Tripoli, Azzawya, Misrata and Zwara.

Through the MHPSS helpline, and as a response to COVID 19 mobility restrictions, migrants living remotely continued to access mental health and psychosocial support services. The MHPSS helpline received 18 calls from Azzawya and Tripoli, where migrants from Cameroon, Egypt, Ethiopia, The Gambia, Nigeria, Sudan, Syria and Togo were provided with remote counselling and psychosocial support services.

Moreover, IOM continues supporting the national coordination mechanism through chairing the MHPSS technical working group (MHPSS TWG) with IMC (International Medical Corps) and in close coordination with the Ministry of Health, where the TWG conducted their monthly meeting on 13th of April with active participation of 21 members. Furthermore, the MHPSS TWG continues to provide technical support and guidance to MHPSS actors and different humanitarian sectors in Libya.

## INFORMATION SOURCES:

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

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

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