HEALTH SECTOR
BULLETIN
Libya
July 2019

Libya
Emergency type: complex emergency
Reporting period: 01.07.2019 to 31.07.2019

| 6.6 million total population | 554,000 people in need of health | 388,000 people are targeted by health sector | 269,000 IDPs | 445,000 returnees | 641,000 migrants and 55,586 refugees |

HIGHLIGHTS

<table>
<thead>
<tr>
<th>Target</th>
<th>Total reached (June)</th>
<th>2019 HRP Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>So far in 2019, WHO’s Surveillance System of Attacks on Healthcare (SSA) in Libya has registered a total of 38 attacks on health facilities, 11 health workers killed, and 34 health workers and patients injured in the country.</td>
<td>388,000</td>
<td>Number of targeted people receiving a minimum package of health services through fixed or mobile facilities</td>
</tr>
<tr>
<td>Securing access for supplies (medicines, consumables and medical equipment) and medical teams to meet critical needs.</td>
<td>5,000</td>
<td>Number of targeted migrants in detention centers receiving a minimum package of health services through fixed or mobile facilities</td>
</tr>
<tr>
<td>Securing an effective system for referral and evacuation of critical medical cases to medical facilities.</td>
<td>100</td>
<td>Percentage of outbreak alerts verified per quarter</td>
</tr>
<tr>
<td>Agreeing on a more effective system for protection of medical facilities and workers.</td>
<td>50</td>
<td>Percentage of outbreak alerts contained</td>
</tr>
<tr>
<td>Agreeing on the sustainability/transition of health actors/facilities in case changes of control take place.</td>
<td>20</td>
<td>Number of health facilities supported with specialized emergency medical teams</td>
</tr>
<tr>
<td>One of the key components of a well-functioning health system is control of communicable diseases (including TB)</td>
<td>70,000</td>
<td>Number of beneficiaries reached with specialized healthcare services through emergency medical teams</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Required (US$ m)</th>
<th>Funded (US$ m)</th>
<th>Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>43.5</td>
<td>9.7</td>
<td>22.3</td>
</tr>
</tbody>
</table>
SITUATION OVERVIEW

The security situation in Libya remained unchanged and challenged by a new geographical scope of armed conflict to the cities outside the traditional southern Tripoli frontlines. These encompassed Gharyan, Jufra, Misrata and Sirte etc. of the western region, where intensification of precision drone strikes used by both sides have been reported. There are some 60-70 security-related incidents reported within the month.

The security situation in Tripoli is still being confronted by nearly four months long nonstop armed conflicts, airstrikes and artillery shelling resulting in continuous loses of human lives, injuries, destruction of properties, infrastructures and civilian displacement.

Western Libya: experienced number of armed conflicts between the crisis parties. For example, series of airstrike were reported in some of the cities outside the capital like Msallata of Murqub district, Aziziya, southwest of Mizda including al-Maghara, Kiliba south/southwest of Gharyan.

Eastern Libya: The general security situation in the eastern region SRM area has been relatively calm. At

Southern Libya: The security situation remained relatively stable. As it stands, UN missions in the region remained non-permissive owing to the persistent violence attacks on installations, extrajudicial executions, attacks on civilians’ properties, abductions, tortures together with the extremist armed group attacks and killing of both civilians/members of the security forces.

- 3 July 2019, two airstrike hit Tajoura detention centre (30 km east of Tripoli) – the centre was situated in a military base. As a result, 53 people got killed and 130 wounded. Total Population in Tajoura detention centre was 644 individuals (486 POCs registered with UNHCR). This was not the first time Tajoura DC has been hit, likely due to its location within a military base. An inter-agency mission was conducted to Tajoura detention centre to assess the situation.
- 15 July 2019, Health personnel and facilities continue to be impacted by the armed conflict, in violation of International Humanitarian Law (IHL). A doctor who had been earlier abducted was released in Tripoli after a series of high level advocacy actions.
- 16 July 2019, El-Sbeaa Field Hospital was attacked in Swani (West of Tripoli), resulting in the injury of 3 health staff (2 health care providers and 1 ambulance driver). This is the third time it has been attacked since late May. A Flash Update was produced.
- 27 July, Az Zawiyah Field Hospital was hit by an airstrike in the Airport Road area south of Tripoli. Four doctors and one paramedic were killed and eight medical personnel were injured. The field hospital was completely damaged. Flash Update is produced.
- 29 July 2019, Briefing to the Security Council, on the situation in Libya.
• 29 July 2019, one of the doctors of a field hospital was severely injured (airstrike) in Zatarna, Tripoli area. Flash Update is produced.
• So far in 2019, WHO’s Surveillance System of Attacks on Healthcare (SSA) in Libya has registered a total of 38 attacks on health facilities, 11 health workers killed, and 34 health workers and patients injured in the country.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

The aim is to provide life-saving and life-sustaining humanitarian health assistance. The health sector objective is to recover the largely disrupted public health services system, including the areas of all crisis-affected population

Proposed mid-year health sector response priorities may be defined as following:

• Revitalization of public health facilities.
• Provide outreach services through temporary deployment of medical mobile teams and clinics.
• Increase immunization coverage through fixed and outreach teams.
• Supporting the diagnostic and treatment services by provision of medical equipment and supplies needed for PHC and RH services at health facility or mobile team/clinic.
• Detect, identify and respond to communicable disease outbreaks.
• Increase NCD/PHC primary healthcare coverage and quality.
• Increase Mental Health and Psychosocial Support Services.
• Provide integrated reproductive health (RH) and gender-based violence (GBV) services.
• Strengthening the capacity of public health staff.
• Strengthen and improve the emergency referral system to access secondary and tertiary health care services in public health facilities as well as to strengthen the level of preparedness and response for and management of trauma and other types of patients.

Health Information Management:

• There is an overall need for continuation of ongoing efforts to strengthen health information management system and related activities across the country.
• First task is to re-evaluate the current 4W mechanisms used by the health sector. There is a need to synchronize and standardize them with necessary visualization.
• Needs assessments, surveys are to become an integral element of any operational planning and response.
• Health sector will come up with alternative options to integrate and mainstream ongoing emergency response across the country with existing health information system tools.
• Health sector will maintain quarterly updated Libya Health Assessment Registry (to be circulated soon).
• Private health sector assessment (PHSA) for Libya was completed. This work included the review of the private health sector, its assessment and mapping, its role in delivering health care, the magnitude of public private partnership (PPP).
Coordination with national health authorities:

- There is a repeated request for information on the efforts undertaken by the national authorities in planning and response across the country.
- Health sector is to explore a balanced approach in aligning with health authorities across the country focusing on health objectives, life-saving and life-sustaining paradigm in the country.
- A further dialogue is to be continued with the authorities on budgetary allocations per each year and subsequent budget lines as per established national priorities.
- A way forward is to consider building a further consensus of which areas of public health require further investment in health by traditional and non-traditional donors (including a continuous buildup of local technical expertise).
- The national health authorities encourage all health sector players to be in close contact and coordination with all engaged and responsible technical departments (such as international cooperation, emergency directorate).
- Timely coordination and exchange of information will enable effective and efficient planning and response and provide opportunities to avoid potential duplication of services.
- The national health authorities do encourage the steps for decentralization with direct engagement of district/municipality level health officials in micro planning, needs assessment and response (provision of supplies, roll out of mobile medical teams, support to static health facilities, conduct of capacity building events, etc.).
- Any plans for assistance, distribution of supplies, etc. are kindly requested to be closely coordinated with the Ministry of Foreign Affairs and relevant line departments of the Ministry of Health.

National health reforms:

Health sector should consider the following documents:

- Ministry of Health, State of Libya, Well and Healthy Libya: National Health Policy, 2030 by National Centre for Health Sector Reform
- Reorganized structure of Ministry of Health by National Centre for Health Sector Reforms
- Libya health policy context
- National health sector strategy for 2018-2020

Key advocacy points:

- Securing access for supplies (medicines, consumables and medical equipment) and medical teams to meet critical needs.
- Securing an effective system for referral and evacuation of critical medical cases to medical facilities.
- Agreeing on a more effective system for protection of medical facilities and workers.
- Agreeing on the sustainability/transition of health actors/facilities in case changes of control take place.
Attacks on health care:

There is the following classification of the types of attacks on health care:

- Violence with heavy weapons
- Violence with individual weapons
- Obstruction to delivery of care
- Psychological violence/threat of violence/intimidation
- Militarization of health care asset
- Assault without weapons
- Chemical agent
- Removal of health care assets
- Arson
- Sexual assault
- Armed or violent search
- Abduction/arrest/detention of health workers or patients

There is a **developed template for MVH** (monitoring violence against healthcare), which is based on the existing systems and available capacity and network of people on the ground. It is used for the production of Flash Updates for your consideration and attention.

There is a **developed an IM protocol** to provide structured approach for: (a) systematic reporting on violence against healthcare in Libya, (b) modality of verification & sharing information, (c) systematic dissemination of information; for advocacy purposes and streamlined response.

**Detention centers:**

- Situation with sustainable and predictable access to the detention centers require a continuous advocacy and dialogue with all involved and responsible national authorities.
  - Health provision (including specialized medical treatments) is yet limited. A special focus is on TB situation required a close technical coordination of all engaged stakeholders and compliance with treatment protocols, enabling conditions for permanent access to suspected and confirmed TB patients, availability of treatment, follow up, etc.
- Coordination of health activities among the engaged health organizations (e.g. 4-5 organizations) should be further facilitated. Different options are available for further operational planning and implementation (e.g. division of labor, 1 organization per a center, fixed rotational schedule by different organizations per a center, etc.).
- Necessities to look at consistency, continuity of care, predictability of mid- and long-term support are required.
- Further advocacy is a must with clear and updated principles of engagement by health and other sectors.
- It is essential to evaluate the situation of impact of violence against health (e.g. attacks on selected detention centers), plans and decisions to re-establish services on the grounds of attacked (fully or partially destroyed facilities).
- Long-term solutions (alternative options) are required to move away from the model of “detention centers” to enable full unimpeded access for health teams for life saving and life-sustaining services.
- Inter-agency mission to Zintan DC was conducted on 31 July. A separate update was prepared.
• Health sector is to provide inputs to the new “Migrants and Refugees Platform” and its “Principled Framework for intervention in Detention Centers”.
• Protection and health sectors (including all relevant sub-sector working groups) are to work very closely on mainstreaming protection into health.
• The return of detainees to Tajoura is of grave concern. Earlier it was reported that a number of people arrived from GDF to Tajoura (an estimated of 200). The situation at GDF is tenuous, and rights now GDF is not in position fulfil its function to receive vulnerable (eligible) cases as the space is blocked. There is an agreement that no assistance should be provided inside Tajoura DC, excluding life-saving and extraction to safer places. This is seen as imperative from a credibility standpoint and must be observed by all partners to avoid humanitarian community being manipulated by government. There is a need to define criteria and agree on when assistance in other DCs should be suspended.
• There are a total of 4,738 migrants (as of 12 July) in the following detention centers:

<table>
<thead>
<tr>
<th>Tripoli area</th>
<th>Total population</th>
<th>North-West</th>
<th>Total population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triq al Sika</td>
<td>272</td>
<td>Zwarra</td>
<td>229</td>
</tr>
<tr>
<td>Abusliem</td>
<td>485</td>
<td>Sabratha</td>
<td>10</td>
</tr>
<tr>
<td>Qasr Bin Ghasheer</td>
<td>0</td>
<td>Azzwaya Abu Issa</td>
<td>110</td>
</tr>
<tr>
<td>Ain Zara</td>
<td>0</td>
<td>Azzawya Al Nasr</td>
<td>668</td>
</tr>
<tr>
<td>Al Sabaa</td>
<td>544</td>
<td>Ghiryan al Hamra</td>
<td>0</td>
</tr>
<tr>
<td>Tajoura</td>
<td>0</td>
<td>Zintan (Thaher Al Jabal)</td>
<td>617</td>
</tr>
<tr>
<td>Janzour</td>
<td>211</td>
<td>TOTAL:</td>
<td>1634</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>1512</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outside Conflict Area</th>
<th>Total population</th>
<th>SOUTH</th>
<th>Total population</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEST</td>
<td></td>
<td>Sebha</td>
<td>0</td>
</tr>
<tr>
<td>Zliten</td>
<td>125</td>
<td>Brak</td>
<td>18</td>
</tr>
<tr>
<td>Suq al Khamis (Khums)</td>
<td>303</td>
<td>TOTAL:</td>
<td>18</td>
</tr>
<tr>
<td>Kararim (Misrata)</td>
<td>341</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sirt</td>
<td>106</td>
<td>EAST</td>
<td></td>
</tr>
<tr>
<td>TOTAL:</td>
<td>875</td>
<td></td>
<td>699</td>
</tr>
</tbody>
</table>

Tuberculosis in Libya:

Fact sheet, TB, Libya (July 2019) was developed by the engaged health sector partners with a focus on:

- Overall TB situation in the country
- Overview of detention centers
- TB situation in detention centers
- Key stakeholders in TB response
- TB response during 2019 by key stakeholders
- TB response in the detention centers
Gaps and challenges
- Need for support – technical and financial
- Key advocacy points

The total number of migrants in 17 detention centers (5 in Tripoli, 12 outside Tripoli) are around 5,000 individuals who face a lot of challenges regarding living conditions and food supplies, as well as difficulties to obtain approvals for medical referrals due to lack of documentation.

Overcrowded living conditions, bad hygiene standards, unsafe water and flooding of sewages contribute to serious health problems and spread of infectious diseases. Migrants in detention centers are kept in unventilated and overcrowded hangers.

352 TB and 2 MDR cases were detected in detention centers during 2019. Key stakeholders in TB response are: Donors: EU and Italy; International NGOs: IMC, MSF and IRC; National NGOs: STACO; UN agencies: WHO, UNHCR and IOM

Key advocacy points

One of the key components of a well-functioning health system is control of communicable diseases. As part of the end TB strategy there is a need to:

- Enhance the leadership capacity of NTP and carry out corrective actions in order to improve the leadership and coordination role of NTP.
- Mobilize national resources for the establishment and refurbishment of health facilities for the treatment of TB cases including MDR.
- Build capacity of national TB centers in order to improve effective diagnosis and management of all TB cases with the use of national guidelines, WHO case definition and effective treatment outcomes.
- Upgrade the specialized laboratories, diagnostic tools, laboratory network and sample transportation system.
- Improve the recording and reporting of TB cases according to the new definitions of the WHO guidelines.
- Strengthen the capacity of the monitoring and evaluation by integrating TB data in the HIS and surveillance system.
- Avoid duplication of health services in detention centers.
- Ensure all organizations working in TB receive necessary formal approvals from authorities to proceed with any construction/rehabilitation.

Communicable disease surveillance:

Surveillance system was established in Libya in 2001. Political instability and insecurity in Libya affected on system performance, some surveillance programs were stopped. There are 125 sentinel reporting sites. Data is being received, reviewed and analyzed. Weekly reports are produced. Rapid response teams trained to respond to any disease outbreak according to SOPs.

**Situation with Cutaneous and Visceral Leishmaniasis (CL)**

The MoH highlighted the need for support to detect and treat CL in Libya. CL is endemic in the Western part of Libya and is one of the diseases included in the weekly EWARN report started in Libya on 2016. Occasionally it can reach outbreak levels as in 2006 (incidence is 202.7 per 100,000 pop.). CL cases reported in 2018 through EWARN (week 2-2018 to week 2-
2019 were 2,977 indicating an outbreak as defined by the National SOPs of EWARN, or could be explained by improved diseases surveillance. Visceral Leishmaniasis is more prevalent in the east and south of Libya. VL reported from 2016-2018 were about 200, including 12 deaths. In 2019, data from Benghazi Children Hospital reported 34 VL patients and three children died. This hospital is the referral hospital of the eastern part and most parts of the south of Libya.

**Immediate steps are:**

- Capacity building of health workers of selected PHCs and hospitals on diagnosis and case management for leishmaniasis using WHO and National guidelines.
- Expand the diagnostic capacity in the East and South of Libya by supporting, de-centralizing and optimizing the use of the NCDC reference laboratory resources.
- Enable surveillance officers in the targeted PHCs and hospitals to integrate leishmaniasis a surveillance into DHIS-2.
- Training of 6 dermatologists on the surveillance, monitoring and evaluation of neglected tropical diseases and the use of the WHO integrated Data Platform (WIDP and JAB).
- Improve access to quality-assured medicines and rapid diagnostic tests (CL and VL) to hospitals.

**EWARN and epidemiological update:**

Average completeness of reporting is (103) 82%. Total number of consultations is 151,120. A total of 25,552 EWARN notifiable cases were reported. The breakdown is as follows:

**Respiratory illness**
- AURI: 15,830 accounting for 62% of total cases. Most cases are reported from Subrata municipality.
- ALRI: 4,086 accounting for 15% of total cases. Most cases are reported from Subrata municipality.

**Water borne disease**
- Acute Diarrhea (AD): 4,891 (19% of total cases), most are reported from Baniwaleed municipality.
- Bloody diarrhea (BD): 149, most are reported from Baniwaleed municipality.

Vaccine preventable disease
- Suspected Measles (SM): 75, most are reported from Benghazi municipality.
- Acute Flaccid paralysis (AFP): 1 case is reported from Benghazi.
- Pertussis: 21, most are reported from Subrata municipality.
- Meningitis (suspected): 19, most are reported from Benghazi municipality.

**Other diseases**: 318 cases are reported; with the most reported cases: Leishmaniasis; 222, most reported from Baniwaleed municipality; Food poisoning; 96, most reported from Benghazi municipality

**Public health response:**

**Ganfoda detention center (Benghazi) - measles cluster response:**

In the early of July, PUI notified to surveillance administration that some measles cases were detected in Ganfoda detention center and one severe case transferred to Benghazi pediatric hospital. Benghazi rapid response team visited detention center and investigated 10 suspected cases. 7 specimens were collected from patients. Specimen
of other 3 cases could not be collected and classified as epi linked confirmed. The lab results for 7 specimens were IgM positive for measles. All cases were among the migrants (Sudan). All of them were unvaccinated. Benghizi vaccination team collaborated with RRT and responded to cluster occurrence by conducting MMR vaccination preventive campaign for all contacts. 85 people were vaccinated with administration of vitamin A. Surveillance officer follows up the epidemiological situation with IOM. No new suspected cases were notified to date of this report.

**Summary AFP indicator performance as at Epi week 30, 27 July 2019:**

- Total AFP cases reported as at EPI-Week 30, 2019 = 43
- Total AFP cases reported in the month of July as at EPI-Week 30, 27th July 2019 = 4
- Discarded as NPAFP = 39 (91%)
- Pending AFP cases for classification = 4 (9%)
- Early detection and notification within 7 days of paralysis in 2019 = 39 (91%)
- Early investigation within 48 hours from date of notification in 2019 = 43 (100%)
- Annualized NP-AFP rate = 2.9/100,000 U15 years children
- % Stool adequacy = 43 (100%)
- Culture results within 28 days in 2019 = 34 (79%)
- Non-Polio Entero-Virus (NPEV) Detection rate 2019 = 4%

**RMNCAH Strategic Action plan for Libya**

The Ministry of Public Health of Libya has finalized RMNCAH Strategic Action plan. Next step is to further translate it into an actionable costed implementation plan. The ToR for a consultant to start with the process was drafted to be shared with the MoH. The overall objective is to develop a 2-years costed implementation action plan for the national RMNCAH strategy to achieve its set goals and objectives, through extensive consultation with a range of key stakeholders.

Specific Objectives are to:
- Prepare National Costed Implementation action plan for RMNCAH strategy of Ministry of Health in Libya.
- Cost all the possible lines of strategic priorities, interventions, activities and tasks.
- Draft and cost implementation / investment case scenarios of intervention for MoH.
- Identify ways of implementation and resource mobilization as per available funding sources and draft resource mobilization fact sheet for RMNCAH costed action plan

Preliminary observations are that the costing exercise is very complex and may be considered to be carried out by a group of experts. The formulation of interagency working group which could focus intensively on all aspects of the required assignment is thought to be more effective.

**2020 HPC**

Enhanced Humanitarian Programme Cycle Approach is being proposed with the HPC 2020 have an increased focus on linkages between needs and responses and a needs analysis that takes context into account. It is still not clear if there will be a 2020 HRP or if another modality may be used.

*Joint Donor Letter to Mr Mark Lowcock and IASC Principals, Enhancing the Quality of the Upcoming Humanitarian Programme Cycle Process - Focus on:*

- Better Data and Improved Data Collection
Improved Data Transparency
• Strengthened Joint Needs Analysis
• Clearer Response Prioritization
• Evidence Costing Methodologies
• Enhanced Monitoring
• Accountability to Affected Populations (AAP)

MSNA (Multi-Sector Needs Assessment) was distributed among the health sector partner. Health sections are lines (428-585).

HPC 2020 Timeline is developed and distributed by OCHA.

Monitoring and evaluation:

There will be a 2-day workshop on “Monitoring the Humanitarian Response in Libya”, on 1-2 August 2019 in Tunis. Health sector will be present.

There are ongoing inter-sector discussions to plan and develop possible contingency plans for detention centers and situation around them.

A preliminary list of health sector monitoring tools which are either active or being in development phase:

• 4W health sector
• Attacks on health care
• Progress on Humanitarian Project
• Progress on Developmental Projects
• Migrant Health (Consultations data + EWARN) - Programed in DHIS-2
• Mini Service availability and readiness Data - Programed in DHIS-2
• Emergency Information (Urgent Needs plus injuries and mortality data) - Programed in DHIS-2
• EWARN: 500 public health facilities are targeted - Programed in DHIS-2

Situation in the south:

• The southern part of the country remains underserved with a range of reported gaps and challenges in health.
• Overall situation is reported to be volatile and unstable.
• There is a need to find operational solutions for access (from outside), identification of possible implementing partners locally.
• Issues related to monitoring (including third-party), evaluation, quality assurances of any projects in the south are to be reviewed. Any best practices and examples are to be further promoted.

• Situation in Murzuq and surrounding areas should be further explored. Having full and unrestricted access of all communities irrespective of their origin should be guaranteed by both sides
• The following gaps are named: shortage of medical personnel, mainly doctors; shortage of medicines, medical supplies and equipment; lack of functional ambulance system; lack of functional referral system; partially functioning and in some areas non-functioning PHC centers; Increased flow of migrants and overstretching local capabilities.
Resource mobilization strategy:

- The health sector is funded only 22%.
- It is highlighted that there are significant financial resources available within the country and in the domain of national authorities. It is reported that substantial funding is allocated to public health across Libya.
- Health sector remains largely underfunded with a range of organizations present in the country with operational and technical capabilities to carry out health programs in partnership with health authorities.
- There is a need to develop a robust health sector resource mobilization strategy providing a unifying platform for all health organizations. At maximum, joint resource mobilization steps should be explored.
- Health sector will look at the ways to invest more to identify national health gaps and challenges, levels of ongoing and planned national health response by the authorities and streamline partner-donor relationships through production of Donor updates and reports.

Selected donor funded health sector projects:

- **EU - DG NEAR bilateral**: UNFPA, Advancing Midwifery, Nursing and Specialized Nursing in Libya, Tripoli, Misrata, Benghazi and Sabha, 2018-2020; Expertise France, Strengthening the blood transfusion system in Libya, Tripoli, Benghazi, 2018-2021; HI, Action for Mental Health Assistance in Libya (AMAL), Tripoli, Misrata and Benghazi, 2018-2021; IRC, Evidence based NCD Care: A Model for PHC in Libya, Souk Al-Goumma, Zliten, Gharyan and Benghazi, 2018-2021.
- **EU-Trust Fund- DG NEAR**: IRC, Strengthening resilience of mixed migrants, displaced populations and host communities in Libya through improved access to quality health services, Tripoli, Gharyan, Zliten, 2018-2020, Project ongoing until December 2021.
- **USAID/OFDA**: Implementing partners in health, countrywide, Health, Humanitarian Coordination and Information Management, Protection; WHO (Benghazi, Al Marqab, Misrata, Tripoli, Al Wahat districts)
- **US/BPRM**: Implementing partners in health, countrywide; UNHCR in health, countrywide.

### HEALTH SECTOR ACTION/RESPONSE

<table>
<thead>
<tr>
<th>Health care level</th>
<th>Type of facility</th>
<th>Number</th>
<th>Capacity</th>
<th>Supervision/ control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care</td>
<td>Primary health care units</td>
<td>728</td>
<td>provide basic curative, preventive and promotive services to 5,000 to 10,000 citizens</td>
<td>Municipality or baladya</td>
</tr>
<tr>
<td></td>
<td>Primary health care centres</td>
<td>571</td>
<td>provide basic curative, preventive and promotive services to 10,000 to 26,000 citizens</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Polyclinics</td>
<td>56</td>
<td>staffed by the physicians it provides laboratory, radiology and pharmacy service to 50,000 to 60,000 citizens</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Centres for disease control</td>
<td>29</td>
<td>Designed to provide TB diagnostic and treatment, these were later assigned to cater</td>
<td></td>
</tr>
</tbody>
</table>
Health sector composition in Libya:

- 16 - international NGOs
- 2 - national NGOs
- 4 - others
- 9 UN agencies
- 4 sub-sector working groups

An estimated **30-31 organizations** report to have some sort of health sector related activities.

- New health sector email list for Libya is created: health-sector-libya-partners@googlegroups.com
- Health sector contact list has been updated and shared.
- The frequency and details of national health sector coordination meetings are being discussed with the MoH. It is proposed to the MoH to conduct these meetings in MoH building in Tripoli. More details will be shared later.
- Assignment of dedicated health sector coordinator to Libya provides a common platform to all health sector organizations.
- There is a remaining space for further enhancement of coordination, more should be done considering the multiplicity of sector organizations (national authorities, UN agencies, INGOs, national NGOs, Red Crescent movement, observers, donors, etc.), especially by linking the national and sub-national work and activities.
- The work of all sub-sector working groups (at national and sub-national levels) is to be continued:
  - Migration sub-sector working group
  - MHPSS sub-sector working group
  - SRH sub-sector working group
  - TB sub-sector working group

**Overview of 4W 2019 HRP:**

There are 5 agreed upon 4W 2019 HRP indicators, including:

- Number of health facilities supported with specialized emergency medical teams
- Number of targeted migrants in detention centers receiving a minimum package of health services through fixed or mobile facilities
- Number of targeted people receiving a minimum package of health services through fixed or mobile facilities.
- Percentage of outbreak alerts verified per quarter
- Percentage of outbreak alerts contained

The review of 4W inputs illustrates that **only 6 organizations** contribute with and report monthly inputs to this 4W. These are: HI, IMC, IOM, PUI, WHO, MSF.
Overview of 4W Tripoli crisis:

The review of 4W Tripoli crisis illustrates that only 5 organizations report. These are: IMC, IOM, IRC, UNFPA, WHO.

Needless to say, above described requires further dialogue and understanding on the ways to proceed, either to proceed or suspend these 4Ws if the majority of health sector organizations do not find effective or of added value.

On the indicator “Casualties/ killed and injured (civilians/all)” in Libya:

There has been a continuous reference for this indicator and its update from “the health sector” for both, civilians and combatants. This is not either a regular health sector or WHO indicator. There is no existing tool in use to register and report on it in a robust methodological way in Libya.

This is the indicator which can be obtained only (formally or informally) from the responsible national authorities representing different parties to the conflict. Further consultations will be carried out on the way forward for the usage of this indicator. In the meantime, health sector will continue to report on attacks on health care.

Bi-weekly operational updates by health sector partners will be continued to be produced.

Response to Murzug area (Ahabi and Tawergha needs):

Following the reported needs in the area, health sector responded with rapid needs assessment, site visits and distribution of health supplies. WHO delivered IEHK kits to 4 PHC centers. Service gaps include: shortage of vaccines, FP, ANC, skilled care during normal delivery, NCDC management, absence of mental health services, and skilled care for child health, basic surgical services, radiological, laboratory and dental care services.

PHC, Quality indicators workshop, 22-26 July 2019

A workshop on implementation of the quality indicators for primary care in Libya jointly organized by WHO-EMRO, WHO/WCO Libya, and the Ministry of Health of Libya, was carried out on 22 – 26 July 2019. It aims to promote the quality of care at the PHC level in Libya guided by the use of the EMR (the Eastern Mediterranean Region) quality indicators. The necessary materials were distributed.

AFP/Polio/EWARN

- Back to back Refresher TOT and cascade Training for 81 Municipality Surveillance Officers on AFP, Measles and EWARN surveillance system from 01-06 July 2019
- Coordination for nomination of NCDC participants in the upcoming QGIS Mapping System and Newly Developed Risk Assessment Module Training Workshop for Surveillance Officers and Data Managers (Group B) which will be held in, Amman, Jordan, 15-17 October 2019.
- Support collection and delivery of AFP specimens from suspected cases to Tunis lab (continuous)
- Support collection and delivery of specimens from suspected measles cases to Measles lab in Zliten.
- Consolidation and dissemination of weekly epidemiological update reports (Epi week 27-30) for AFP/Measles.
- Field supervision for AFP/measles active surveillance activities (continuous).
- Maintained Libya Polio-free since 1991 (the date of last confirmed polio case) to-date despite the challenges of continuous migration from neighbouring countries through Libya to Europe, IDPs and refugees through a strong surveillance system.
• Stool adequacy rate has been maintained at 100% since January 2019 despite the surveillance officers and focal point working under difficult conditions due to prevailing security situation. Their efforts and capacity is really appreciated as this indicator reflects the quality of AFP surveillance system.

Health sector partners’ updates:

CCS – Helpcode - submitted health project proposal to AICS for support in Ghat and Zawiya.

CEFA (European Committee for training and Agriculture) – covers 2 detention centers (Tarek El Sikkaa) and the surrounded health facilities. The second one undergoes the assessment (Zwara DC). Medical equipment was provided to El Sikkaa DC and Al Jala’a hospital. Currently managing a health project in Sebha city in 4 facilities (Al Qahira and Al Karama Units, Abdel Kafi center and Al Manshia center). Separately, donated medical equipment for Tarek Al Matar DC, ambulance, and medical equipment to Tripoli Medical Center (TMC).

Cesvi supports the population through a Social Center and two Community Development Centers in Tripoli. The Social Center is a multifunctional center and represents a reference point for migrants and refugees: a set of different activities, including non-formal education, awareness raising sessions, social events and PSS, are implemented to offer a safe space where people can safely interact rebuilding interpersonal relationships and self-efficacy. In Misrata Cesvi launched in 2019 an intervention aiming to enhance the local capacity towards Gender Based Violence. The project seeks to ensure that survivors of Gender Based Violence have access to quality Medical-Psychosocial services by enhancing the capacity of local stakeholders to identify, address or refer cases of GBV to the appropriate service provider. Cesvi provides survivors with case management and psychosocial support ensuring a survivor-center approach in all the steps of the intervention. Cesvi is also operating in 3 DCs in Misrata through mobile units composed of specialized operators in charge of identifying cases and activating the support system.

Emergenza Sorrisi - Two medical mobile clinics (in Zawiya and Zintan DCs) provide PHC services. Al Nasser Detention Center (Zawiya), 6 days a week. Daher Jabel Detention Center (Zintan), 3 days a week.

IMC provides PHC services in Al Fallah 1 IDP Camp, Al Fallah 2 IDP Camp, Alshaheed polyclinic, Shuhada abd Al jalil polyclinic, Janzur Academy, Sedi Masoud Polyclinic, Abusalim DC, and CDC.

IOM medical interventions (June and July 2019) benefitted 15,985 migrants and IDPs in 27 locations including detention centers, IDP camps, PHC center and communities. Another 301 benefited from referral to hospitals and clinics for diagnostic and inpatient care. IOM medical teams & IPs attended 14 rescues at sea operations during this period. IOM also responded to the tragic incident of bombing on Tajoura DC on the eve of 4th July by conducting a triage and transferred 13 gravely injured victims to private hospitals for specialized management. Moreover, IOM organized a workshop in Tunis between 16 – 18 June on Cross Border Disease Surveillance and Population Mobility Mapping attended by 33 officials from different ministries and WHO. A follow up training was conducted on 21-22 July in Tripoli for DTM enumerators to pilot the “event-based disease surveillance” among mobile population; NCDC and WHO was in attendance beside IOM health experts.

IRC supports PHC (including RH, MH) and referral services in Fashloum PHC (Menshia), Megharif PHC (Furnaj). One mobile team visits Sikka DC 3 times per week providing PHC (including RH and health promotion) and referral services. Emergency calls + 24 hours, 4 days per week, are supported. There is a CHW team visiting IDP shelters.

MSF OCA provides PHC and referral services to the detention centers Anjila, Tajoura, AbuSalim,Sabaa.
PUI supports different interventions in the northern and south-eastern parts of Libya operating 3 programs: An NCD program funded by EU and implemented in collaboration with IRC and PCI for 2 preselected facilities. A support programs funded UNHCR with two components: a first pillar addressing basic and essential medical and non-medical needs of refugees and asylum seekers in detentions centers through mobile health teams offering primary health care (NCD, mother and child care, Mental health and psychosocial support care) with notably a referral system to secondary health facilities and interventions that will ensure access to clean water basic sanitation and hygiene. The second pillar is targeting IDPs, returnees and host communities in the greater Bengahzi area through quick impact projects concentrating on the rehabilitation and the restauration of public facilities. A support program funded by ECHO targeting vulnerable populations in north east through Mobile health teams offering primary and referral to second health care and through support to preselected health facilities in south east (Al Kufra) notably enhancing their capacities in term of pharmacy and stock management, Infection prevention control and regular reporting and specific disease notifications.

STACO: CCS + Terra de Hommes: Assessment for the Healthcare infrastructure in Ubari. Will commence with the rehabilitation of four elementary healthcare facilities not only structurally but also in terms of equipment, medicine, and medical supplies. QRC: experience in distribution of medicines and medical supplies to hospitals in Tripoli and other locations. International Organization of Migration (IOM): Provision of healthcare services to migrants in 5 detention centers. A joint STACO-ICRC-QRC Center for prosthetic parts in Zawia: This STACO initiative will serve the western region in Libya to serve all amputees (free of charge) by manufacturing and providing prosthetic extremities on site. QRC will fund the project’s costly operations, ICRC will provide technical support and machinery and STACO will provide the place and building as well as running daily operations. At the moment this project is in the assessment phase.

UNHCR supports services of PHC center Werimma in Souq Aljuma.

UNFPA supports services of PHC center Werimma in Souq Aljuma.

UNICEF distributed Maternal, Child health and Immunization supplies’ packages to support health services at 4 hospitals and 10 primary health care centers in 4 municipalities: Alwahat, Ejdabia, Ubari and Ashatee. Covered 2 hospitals and 5 PHC centers in Ubari and Ashatee municipalities and 2 hospitals and 5 PHC centers in Alwahat and Ejdabia municipalities. Each Hospital package serves around 25,000 population. Each PHC package serves around 15,000 population. Responded to the reported measles outbreak and nutrition situation in Ghanfouda DC in Benghazi area. Committed to support the implementation of DHIS2 in 24 municipalities that have around 670 health facilities. EPI support plan: planned capacity building events on Cold Chain and Vaccine Management training; FT2 training and placement, MLM training, Health facility microplanning training. Nutrition: Working on the nutritional assessment plan for IDPs in collective shelters. Delivered to NCDC the requested PMTCT drugs enough for 1 year.
SUCCESS STORY:

Launching of AMAL project – Action for Mental Health Assistance in Libya

Handicap International and its partner Nebras (Tunisian Institute for Rehabilitation), in collaboration with the University of Tunis, are implementing a three year project entitled “Action for Mental Health Assistance in Libya” (AMAL). The AMAL project, funded by the European Union aims to improve access and quality of mental health care services in Tripoli, Benghazi and Misrata. The project’s objective focuses on: access to mental health care services (de-stigmatisation of mental health disorders, provision of community based psychosocial interventions), capacity building of health professionals (specialized, and non-specialized) and offer of a specialized education curriculum in mental health.

The first action’s training and internship on mental health for Libyan practitioners was organized in June at the Medical University of Tunis and the University Hospital of Tunis. In total 15 persons (6 from Tripoli, 4 from Misrata and 5 from Benghazi) attended the training, which included a theoretical part and an internship in two selected facilities in Tunis. The training aimed at improving access and quality of mental health care services in Libya, while exchanging experiences on the role of both health and academic institutions in capacity building in this sector. Trainees have now returned to Libya where they started receiving patients.

In parallel, in order to inform an awareness campaign aiming at reducing stigma and increasing information about mental health as part of the project, a KAP survey on “Perception of mental health disorders and access to mental health services” was launched in June, with Handicap International training and recruiting six data collectors from the target Libyan cities. Data collection is ongoing in Tripoli, Benghazi and Misrata, and the results of the survey will be shared with mental health actors in Libya.

INFORMATION SOURCES:

https://www.who.int/health-cluster/countries/libya/en/
https://reliefweb.int/country/lby
https://www.humanitarianresponse.info/ru/operations/libya
EWARN: https://ncdc.org.ly/Ar/

CONTACT INFORMATION:

Mr Azret Kalmykov, Health Sector Coordinator, Tripoli, kalmykova@who.int
Mr Haroon Rashid, Health Information Management Officer, WHO Libya, hrashid@who.int
Mr Diyaeddin Natuh, Focal point, Surveillance System of Attacks on Healthcare, WHO Libya, natuhd@who.int