

# HEALTH SECTOR BULLETIN

July 2020



## Libya

Emergency type: Complex Emergency

Reporting period: 01.07.2020 to 31.07.2020

Total population	People affected	People in need	People in acute need	
6.7 million	1.8 million	900,000	300,000	
<b>IDP</b>	<b>Returnees</b>	<b>Non-displaced</b>	<b>Migrants</b>	<b>Refugees</b>
216,000	74,000	278,000	276,000	48,000
<b>Target Health Sector</b>	<b>People in need Health Sector</b>	<b>Required (US\$ m)</b>	<b>Funded (US\$ m)</b>	<b>Coverage (%)</b>
203,137	525,992	30	6.1	21.8

KEY ISSUES	2020 PMR (Periodic Monitoring Report) related indicators (June):	
	Expected shift of lines of military control from LNA/Benghazi to GNA/Tripoli.	Number of medical procedures provided (including outpatient consultations, referrals, mental health, trauma consultations, deliveries, physical rehabilitation)
The humanitarian situation is defined by Libyan authorities as dire and aggravated by COVID-19.	Number of public health facilities supported with health services and commodities	<b>69</b>
There was a reported serious lack of capacity in the south to handle the COVID-19 response.	Number of mobile medical teams/clinics (including EMT)	<b>41</b>
South-specific list of recommendations was developed.	Number of health service providers and CHW trained through capacity building and refresher training	<b>240</b>
Health sector plan of action for Sirt and areas of displacement was prepared.	Number of attacks on health care reported	<b>2</b>
43 public PHC facilities and 26 public hospitals are supported with supplies and services.	Percentage of EWARN sentinel sites submitting reports in a timely manner	<b>64%</b>
	Percentage of disease outbreaks responded to within 72 hours of identification	<b>80%</b>
	Number of reporting organizations	<b>11</b>
	Percentage of reached districts	<b>91%</b>
	Percentage of reached municipalities	<b>42%</b>
	Percentage of reached municipalities in areas of severity scale higher than 3	<b>36%</b>

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### SITUATION OVERVIEW

The security situation in Libya continued to become increasingly tense. This is noted particularly in the frontlines of the oil crescent and around the city of Sirte, where there is a sustained activity of force mobilization, movements of military convoys and buildup of heavy equipment by both parties. Despite the escalating reinforcements, there had not been any significant report of armed confrontations.

Ongoing political instability, armed conflict and weakening of institutional structures. More than 400,000 IDPs and 654,000 migrants and refugees. Expected shift of lines of military control from LNA/Benghazi to GNA/Tripoli.

The predominant focus remains on addressing humanitarian needs while simultaneously strengthening the capacity of the national health system.

Since the resignation of the Special Representative of the UN Secretary-General for Libya Ghassan Salame after the Berlin Conference, UN Secretary-General Antonio Guterres has until present been unable to appoint his successor. Member States clearly demonstrate the need for the increased and more active UN role.

The July announcement of Libya's National Oil Corporation (NOC) that it has lifted force majeure nationwide and resumed its vital work was very much welcomed by most of the Member States, also as a sign to support financial transparency in Libya and, through UN-led dialogue, a common understanding among Libyans on an equitable distribution of oil and gas revenues. The NOC has come up with a plan to start production and place revenues into the NACA account, which would be unreachable for both sides of the conflict, including various militia groups. At the same time, despite this, there were again foreign-backed efforts against Libya, incursions by mercenaries against NOC facilities.

Meeting with House of Representatives (HoR) Speaker Aguila Saleh in Moscow on 3 July, Russian Foreign Minister Lavrov reiterated Russia's 'principled' support for the 6 June Cairo Declaration. HoR Speaker Saleh stated that Prime Minister al-Sarraj could not be a partner in political dialogue, and that the legitimate party was the High Council of State (HCS).

During a phone call with the Secretary-General on 1 July, Prime-Minister al-Sarraj reiterated that Haftar could not be a partner in political negotiations, and that a political solution should be based on the 'voice of the Libyan people' through a constitutional framework and elections; new elites representing the East should be encouraged to take part in political talks.

Libya is at a critical phase in the orientation of its energy system. Daily electricity blackouts in the West currently average 12 hours and 14 in the South, increasingly triggering demonstrations.

Across Libya, unemployment and mobility restrictions, as well as migrants' lack of access to livelihoods, have significantly increased food insecurity, reduced access to health services, and eroded the coping capacities of vulnerable segments of the population.

There have been fresh population displacements from Tarhouna and Sirte to the eastern municipalities. The COVID-19 response capacity of these municipalities needs to be assessed and their emergency response capacity must be strengthened.

In a statement issued on 13 July, the Tobruk based House of Representatives (HoR), while denouncing the Turkish "invasion" and stressing "Egypt's strategic depth for Libya" officially requested Cairo to intervene in response to any threats that both Egypt and Libya could be facing regarding their national security.

On 16 July, in a meeting with Libyan tribal representatives, Egyptian President Sisi reiterated that Sirte and Jufra are a "red line" and that Egypt is ready to for a military intervention in Libya at the request of the HoR in its capacity as the "only elected and legitimate authority" representing the "head of state" in Libya.

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The national preparedness and response plan for COVID-19 has not been endorsed by the Libyan authorities.

Limited COVID-19 testing capacity throughout the country. Global shortage of cartridges for GeneXpert machines affecting Libya; the ceiling is considered too low and deliveries of ordered supplies have not been timely.

In Sabha, COVID-19 cases are still increasing (744 confirmed cases), and the city continues to register the highest numbers of active cases (523) in the country. 194 people in Sabha have recovered and 27 have died. All the municipalities in the south have recorded positive cases, with the highest percentages in Sabha and Ashshatti. Poor living conditions are exacerbating the situation and hampering the response to the pandemic. Fuel shortages and daily electricity cuts of more than 18 hours are affecting the functioning of health facilities. Liquidity is another serious concern: many people have not been paid for several months. Armed robberies and tribal clashes are increasing, and there is poor coordination between the security and military forces and the health authorities in Sabha.

### Distribution of COVID-19 confirmed cases per municipalities to 29 July 2020

CITY	New cases	cumulative cases	CITY	New cases	cumulative cases	CITY	New cases	cumulative cases
Sabha	25	793	Ashati	35	183	Tripoli	12	902
Misurata	114	529	Benghazi	1	94	Zliten	9	224
Jafara	0	13	Surman	0	21	Zawiya	4	26
Subrata	0	27	Gharyan	0	17	Zintan	0	8
Garaboli	0	6	khoms	0	32	Baniwaleed	0	23
Regdaleen	0	2	Ghadames	0	3	Ubari	4	84
Murzuq	1	15	Traghen	4	36	Albaida	0	10
Janzour	0	49	Gasser Kheer	0	4	Kabaw	0	5
Zwara	0	9	Igdabya	0	21	Albariga	0	1
Benjawad	0	10	Alghatron	0	3	Al-Abyar	0	10
Sokhna	0	5	Kikla	0	7	Tarhuna	1	64
Alshwerf	0	3	Ghat	0	1	Yefren	0	20
Arrhebat	0	1	Tajoura	0	3	Sert	0	6
Imselata	0	21	Riayna	0	7	Al-Jofra	0	24
Al-Asabaa	0	21	Abugrain	0	6	Alnawahi Alarba	0	1
Temenhent	0	12	Semno	0	1	Rass Lanof	0	2
Al-Qawalish	0	6	Wadi Etba	0	2	Derj	0	2
Al-Jmail	0	1	Mezda	0	2	Alkofra	0	2
Alejelat		4	Tobruk	2	4	Derna	0	5
Zala	0	1	Assaeh	1	1	Albwanees	4	5
New cases	216							
Cumulative cases	3,438							

Under WHO's transmission scenarios, Libya remains classified as "clusters of cases". Cumulative confirmed cases: 3,438. Cumulative recovered cases: 604. Active cases: 2,761. Total Deaths: 73. Case fatality rate to date: 2.12 %. Total tests conducted in 15 labs: 62,792 (36,376 in Tripoli, 12,789 in Benghazi, 6,618 in Misurata, 5,135 in Sabha, 1,635 in Zliten, 196 in Zawiya, 41 in Gharyan and 2 in Al-Jafra).

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

The Libyan authorities define the current top challenges as follows: fragmentation of the health sector institutions, poor governance, lack of accountability, extreme shortage of medical supplies and health care workers across the country, closure of more than 50% of healthcare facilities especially in the rural areas, escalating security treats and severe shortage of funding. Libya remains one of the vulnerable countries in the region due to ongoing armed conflict, presence of foreign armed groups, trafficking of drugs and migrants, uncontrolled borders, organized crime and corruption.

The humanitarian situation is defined by Libyan authorities as dire and aggravated by COVID-19. International assistance is not enough, and many programmes/projects were rolled back due to COVID-19.

#### Health sector key asks:

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- There is a need to emphasize for a permanent ceasefire and political solution under the UN auspices.
- There is a requirement to continue to advocate for an adequate amount of Libya's GDP and part of its huge assets to be spent on health. Libya had, until recently, daily oil revenues of more than \$70 million. The government must find a way to tap into these resources to cover urgent and increasing health needs and strengthen the weak health system to achieve Universal Health Coverage.
- Advocate for the humanitarian imperative of saving lives and delivering health services to those in need in Libya, based on the four humanitarian principles of humanity, neutrality, impartiality and independence.
- National authorities are to be requested to work with health sector to identify solutions to overcome the current "politicization" of the COVID-19 response (an increasing number of requests are received from different national level stakeholders "to take over" certain government related functions (e.g. centralized procurement of supplies, including vaccines, forecasting and planning the overall health response, etc.).
- National authorities are to be requested to lift restrictions, facilitate and allow importation and transportation of health sector procured COVID-19 and non-COVID-19 health supplies to the country's seaports and airports.

### Migrants and COVID-19:

Following the latest statement <http://www.emro.who.int/media/news/26-july-2020-member-states-must-take-action-to-ensure-the-safety-and-health-of-migrant-and-displaced-populations-warn-who-and-iom.html> by the World Health Organization (WHO) Regional Director for the Eastern Mediterranean Dr Ahmed Al-Mandhari and the International Organization for Migration (IOM) Regional Director for the Middle East and North Africa, Mrs Carmela Godeau on "to effectively tackle COVID-19 and other public health threats, universal health coverage needs to include all migrants and displaced persons, regardless of their legal status", it should be noted:



- Disaggregated data are available but sharing/dissociating them may create a lot of sensitivities. Stigma is a major concern but also doesn't eliminate other concerns.
  - Migrants are found positive, either in Libya or in countries of arrival after being intercepted and rescued.
  - The triage system is somehow available through the assistance provided by medical teams from IOM and other health partners/actors including UNHCR but it is not sufficient.
  - A better coordination is necessary with all stakeholders to make it more structured so that all partners have similar understanding of the processes and procedures.
- The quarantine of the rescued migrants before they are sent to detention centers or released to communities is of serious concern. Workable solutions are necessary.
  - Possible building up capacity and operational solutions of conducting the possible PCR test for migrants.

### Situation in the south:

There was a reported serious lack of capacity in the south to handle the COVID-19 response. The head of the Sabha Crisis Committee issued an urgent appeal to the MoH in both Tripoli and Al Baida for more staff, money, medicines and supplies. This was particularly worrying given that the region, with confirmed local transmission, appears to be emerging as a major hotspot for COVID-19.

As indicated earlier, the health system in the south was very weak before the advent of COVID-19, and the virus is exposing its severe deficiencies. The collapsing health system, lack of coordination, absence of governance and presence of rival authorities competing for power and resources are impeding most efforts. There is an understanding that money, medicines and equipment received from the national authorities have not been efficiently used (and sometimes not even distributed). Most patients are self-isolating at home, but compliance is poor and compounded by weak coordination among local health authorities. Only Sabha Medical Centre has the capacity to treat patients, but it has acute shortages of staff, with many health workers refusing to report for duty because of fears around the virus.

Immediate needs for health sector to consider supporting the south:

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- Dispatch of lifesaving and life-sustaining health supplies
- Dispatch of PPE
- Dispatch of laboratory supplies for COVID-19 testing
- Rehabilitation of health premises or set up of pre-fabs to expand COVID-19 isolation and case management capabilities
- Surge response with health HR to engage in COVID-19 response (both, rapid response teams and medical teams), either from local pool of health personnel or elsewhere (Tripoli, Benghazi based).
- Health education and awareness activities

South-specific list of recommendations was developed with the overall aim to slow the transmission of COVID-19, reduce case numbers and end community outbreaks.

### **1. Coordination**

- Train existing and newly appointed HCC members on COVID-19 objectives and strategies and emergency operations and give them the authority to access and commit resources.
- Expand membership of the committee to ensure that each pillar of the national nine-pillar response plan is represented and addressed.
- Train local health authorities on COVID 19 emergency operations.
- Develop effective coordination with the national task force and strengthen collaboration with local partners and the community.

### **2. Risk Communication and Community Engagement (RCCE)**

- Educate and actively communicate with the public through RCCE, building and maintaining trust through two-way communications focusing on public health measures and IPC.
- Implement and monitor the RCCE plan prepared for the south and activate a regional RCCE working group for the south in Sebha, supported by an RCCE task group in each municipality.

### **3. Surveillance, rapid response teams and case investigation**

- Conduct additional training for RRTs by the second week of July 2020.
- Expand the number of RRTs and strengthen logistic support and incentives.
- Conduct timely epidemiological and social science data analysis to continuously inform risk assessment and support operational decision-making.
- Continue case finding where possible, especially in newly infected areas:
  - Isolate patients and ensure self-initiated isolation for symptomatic individuals.
  - Continue event-based surveillance and investigation of clusters.
  - Implement enhanced surveillance for residential facilities and vulnerable groups including migrants and refugees, in coordination with the International Organization for Migration.
  - Continue contact tracing and monitoring where possible; quarantine contacts effectively.

### **4. Points of entry**

- Conduct POE assessment including screening, isolation, transport and referral centers capacity for testing and case management.
- Enhance POE site capacity for case identification and case management by providing screening equipment and isolation units.
- Provide IPC equipment and PPE supplies for POE authorities, healthcare workers and travelers.
- Conduct trainings for POE healthcare workers and bridge the human resource gap especially on the southern POEs by hiring and mobilizing staff.
- Dissemination of national guidelines and development of site specific SOPs.
- Development and distribution of flyers and posters.
- Enhance referral system by strengthening the ambulance services and referral centers.
- Support and improve referral and testing centers capacities by providing equipment and supplies

### **5. Laboratory testing**

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- Prioritize the operationalization of rt-PCR testing devices by supplying equipment, supplies and kits.
- Implement prioritized testing and measures to reduce the spread of COVID-19 (e.g., isolation), including priority testing of people who are at risk of developing severe disease, vulnerable populations, health care workers and individuals in closed settings (refugees and migrants in prisons).
- Estimate needs for GeneXpert machine COVID 19 cartridges and rt-PCR testing kits for the whole of the south.

### 6. *Infection prevention and control*

- Strengthen the continuous use of medical masks and other PPE for health care workers who work in clinical settings.
- Ban mass gatherings.
- Ensure access to hand sanitizers, soap and water in front of all public buildings, transport hubs, shops, schools and places of worship by engaging local communities.
- Appoint a regional focal point or consultant to conduct training on IPC at different levels of intervention; monitor the implementation of IPC measures and guidelines.
- Increase the use of medical masks by anyone with COVID-like symptoms as well as those caring for patients at home, vulnerable populations and the general public.
- Reduce crowding or seal off public spaces and limit transportation.
- Promote hand hygiene and respiratory etiquette, practise social distancing, strengthen environmental cleaning.
- Retrain health care staff in IPC and reinforce IPC in health care facilities, especially for COVID-19 patients.

### 7. *Case management*

- Test suspected COVID-19 patients according to the established diagnostic strategy.
- Screen and triage patients at all points of access to the health system.
- Complete the establishment of additional isolation units by rehabilitating the following facilities and/or ensuring they have adequate staff, equipment and supplies:
  - Bent Baya isolation centre in Ubari
  - Brak isolation centre in Ashhatti
  - Tamasan Isolation Centre in Ashhatti
  - Triage Centre, Sebha Golden Polyclinic (3<sup>rd</sup> floor to be used to temporarily quarantine patients requiring medical care until their test results are obtained).
- Deploy medical staff to the triage centre in Ashshatti.
- Provide equipment and supplies to the triage centre in Al Thanawiyah to enable it to resume operations.
- Deploy an intensive care specialist to treat moderately and severely ill patients admitted to the isolation facility in Sebha.
- Deploy a new team to the isolation facility in Sebha to replace the existing team which has been working intensively for the past six weeks.
- Provide residential quarters for medical staff at the isolation facility in Sebha by repairing vacant rooms and/or establishing prefabricated facilities.
- Continue to promote self-isolation at home and provide support to medical staff following up patients in the community. Consider alternative monitoring platforms including telemedicine and community outreach teams.

### 8. *Operational support and logistics*

- Strengthen logistic capacity to support the tracking, storage and distribution of supplies and equipment for the COVID-19 response.

### 9. *Maintaining essential health services*

- Expand IPC training to include vaccinators, health care workers in hospitals, PHC facilities and communities.
- Provide adequate PPE and basic health kits, including for noncommunicable diseases.
- Increase Sebha Medical Centre's capacity to provide secondary/tertiary care and handle a surge in patients.
- Maintain surveillance for vaccine-preventable diseases; implement strategies for delivering immunization services.
- Monitor the delivery of essential health care services at community and facility levels; identify barriers to access and support the restoration of suspended services based on evolving needs.

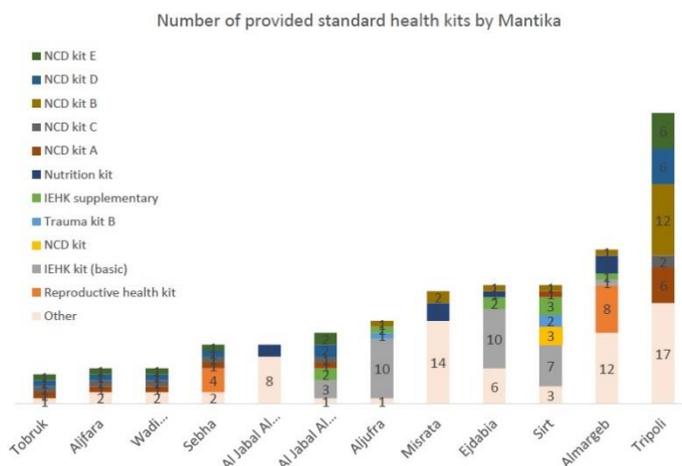
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### HEALTH SECTOR ACTION/RESPONSE

#### 4W health sector performance:

- 11 organizations reported for July related activities.
- Health sector reached 20 out of 22 districts. 42 out of 100 municipalities were reached. 15 (36%) of reached municipalities were in areas of severity scale higher than 3.
- A total of 24,689 medical procedures were provided, including 21,797 outpatient consultations, 803 referrals, 1,515 trauma related consultations, 337 mental health consultations, 22 physical rehabilitation consultations, 2 assistance with vaginal deliveries and 3 caesarian sections supported.
- 36% of medical procedures took place in areas of severity scale higher than 3 while 59% of medical procedures are provided in areas of severity scale equal to 3.
- 27% of mobile medical teams are operational in areas of severity scale higher than 3. 71% of teams are in severity scale equal to 3.
- 9 out of 49 health facilities supported with mobile medical teams are in areas higher than 3 (as per severity scale), 39 facilities in areas equal to 3.
- 24 health facilities are supported with MHPSS services.
- A total of 41 mobile medical teams are being operational.
- Only 64% of EWARN sites provide regular reports. 80% of disease outbreaks are being investigated within 72 hours.
- 43 public PHC facilities and 26 public hospitals are supported with supplies and services.
- 190 different items of medical equipment is being distributed across the country.
- 193 standard health kits are provided as well.
- 7 health facilities received support with physical rehabilitation.
- 10 detention centers, 9 disembarkation points, 17 IDP camps/settlements are covered by health sector partners.
- 240 health care provided have undergone through capacity building support.
- 45 community health workers were trained.
- 2 Flash Updates on attacks on health care were produced.



#### COVID-19 response

##### Pillar 1: Coordination

- Working closely with the COVID-19 scientific committee in Tripoli and has urged the committee to strengthen testing capacity throughout the country, especially in the south.
- Requested an increase for Libya in the global quota for tests and is also trying to negotiate the best market price on behalf of the COVID-19 scientific committee in Tripoli.
- Disseminating daily and weekly updates and data analyses showing new and cumulative figures for COVID-19.
- Engaged in MoH led assessment of the levels of readiness and preparedness undertaken at a municipality' level (121) to contain COVID-19 pandemic. Contact information of MoH/ICO focal point: Dr. Abdulmenem Alkmashe, International Cooperation Office, E-mail [alkmashe@gmail.com](mailto:alkmashe@gmail.com))
- COVID-19 Libya daily updates are being produced.

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- Separate COVID-19 situation update and key recommendations for the south are produced.

### ***Pillar 2: Risk communication and community engagement (RCCE)***

- Sensitizing leaders and decision-makers to the imminent threat posed by COVID-19 is essential.
- RCCE plan developed by the RCCE working group for the south.
- Meetings with NCDC representatives to review optimal ways of disseminating health promotion materials through TV, radio and other channels, and how to improve community engagement in risk communication activities.
- Various COVID-19 awareness-raising materials are prepared to be disseminated.



### ***Pillar 3: Surveillance, rapid response teams and case investigation***

- Continues to follow up on all newly registered cases across the country. Rounds of training courses for rapid response teams (RRTs) are conducted.
- Extensive technical discussions get continued enhancing disease surveillance system across the country, including for measles and rubella. A detailed plan to strengthen Libya's early warning and response network (EWARN) is developed to assess EWARN reporting sites and expand their number, based on standard selection criteria. Priority diseases and case definitions were selected and agreed.
- RRTs in the south lack logistic support. Moreover, their weak performance is an important factor in the delayed detection of cases in the region. In addition, some communities in the south are refusing to be tested for the disease.
- Technical discussions are ongoing to strengthen COVID-19 mortality surveillance.

### ***Pillar 4: Points of Entry***

- The MoH is working towards a possible reopening of PoEs in August 2020. Advice is provided that reopening of POEs should be aligned to meet the criteria as set out in the COVID-19 operational plan.
- Collaborating closely with respect to surveillance at points of entry (POEs) and the case management of COVID-19 migrant patients. Disease surveillance teams are following up with the NCDC to ensure that the disease surveillance system captures data on migrant and other non-Libyan segments of the population.

### ***Pillar 5: National laboratory***

- Although the number of laboratories with capacity to diagnose COVID-19 has increased, forecasting of capacities across the country shows there are still significant gaps.
- Plans in place to enroll 10 COVID-19 laboratories in an external quality assessment.

### ***Pillar 6: Infection prevention and control (IPC)***

- Following massive needs for personal protective equipment (PPE) and recent shortages in stocks nationwide, the MoH requested health sector partners for their assistance and collaboration in helping secure and maintain an adequate supply of PPE.
- Hiring consultants in designated hospitals, especially in the south and east, to train health care workers on IPC and support the implementation of IPC practices.



### ***Pillar 7: Case management***

- A total of 64 health facilities with a combined capacity of 800 beds are engaged in the COVID-19 response. Most of these facilities are ready but require additional staff.
- Isolation and triage centres in the south need support in terms of maintenance/repair, PPE and medical supplies.

### ***Pillar 9: Maintaining essential health services***

- All critical vaccines (for which orders were recently placed following WHO's strong advocacy) have begun arriving in Libya.

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OPV, hexavalent and pentavalent vaccines arrived on 13 July 2020. The remaining vaccines (MMR, PCV, rotavirus) are scheduled to arrive on 15 August 2020.

- Extensive technical discussions continue to take place on planning routine immunization services in and around Tripoli, followed by scale up to the rest of the country.

### Coordination meetings

- National health sector coordination meeting took place on 14 July in Tripoli. MoH (ICO), WHO, MSF-H, GIZ, IMC, IOM, UNFPA, MSF-F, UNHCR, IRC, ODP, CEFA, UNICEF, health sector coordinator participated in the meeting. The minutes were distributed.
- Sub-national health sector working coordination meeting took place on 15 July in Sabha. The minutes were distributed.

**EWARN updates:** The production of weekly EWARN bulletins got resumed.

**AFP updates:** Weekly AFP updates are being published.

**Bi-weekly operational updates:** Regular biweekly (1-15 July) health sector operational update was produced.

**Health sector contact list:** Health sector contact list was updated as of 13 July 2020.

### Situation in Sirte and health sector response

Health sector plan of action for Sirt and areas of displacement was prepared. Health sector closely monitors the situation in Sirte. Contacts are established with key health managers. At present the situation is stable with a high sense of uncertainty. There is an assertion that health services in the town are prepared for the effective response. There are 44 public health facilities in Sirt district.

#### *Scenario 1: Military Escalation:*

- Possible number of affected people: 70,000
- Possible number of People in Need: 30,000
- Location of displacement: Benghazi, Ejdabia and surrounding areas

#### *Scenario 2: Prolonged Military Stalemate:*

- Possible number of affected people: 50,000
- Possible People in Need: 15,000 – 20,000
- Location of displacement: Benghazi, Ejdabia and surrounding areas

#### *Scenario 3: Political Change in Control:*

- Possible number of affected people: 75,000
- Possible People in Need: 50,000
- Location of displacement: Benghazi and surrounding areas

### Joint Rapid Needs Assessment

Health sector provided inputs to the Joint Rapid Needs Assessment (JRNA) task-force for the development of inter-sector questionnaire/tool, including reflection of the following needs/concerns:

- No functioning health facility in the area
- Cannot afford to pay for health services
- Absence/shortage of health workers
- High cost of transportation to health facilities
- Specific people are being discriminated against when visiting the health facility
- Lack of trust in health care providers
- Security concerns around travel to the health facility
- Health facilities are not easily accessible for people who have difficulty moving/seeing/hearing
- Lack of medicines at the health facilities
- Health facilities are overcrowded

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- Long waiting times at health facilities
- The specialized services I/my family need are not available to us (e.g. closed, inaccessible)

### CERF allocation to COVID-19 response in Libya

Following the approval of a multi-country Central Emergency Response Fund (CERF) allocation, via IOM, to support NGOs' lifesaving response to COVID-19 in the areas of health and water and sanitation, Libya was granted \$3 million. The selection process resulted in:

	Requesting NGO	Sector/Cluster	Amount requested from CERF (US\$)
1	DRC	Water, Sanitation and Hygiene	1,400,000
2	GVC	Water, Sanitation and Hygiene	800,000
3	Emdad	Water, Sanitation and Hygiene	500,000
4	Terre des Homes	Health	300,000

## UPDATES FROM PARTNERS

### UNDP's Strengthening Local Capacities for Resilience and Recovery (SLCRR) funded by the EUTF

**Ongoing Activities:** Medical equipment and supplies to be provided to Sabratha Health Center.

**Planned Activities:** Provision of 10 intensive care ambulances to be delivered to the municipalities of Kufra, Benghazi, Mamoura, Ghat and Derj. Provision of medical equipment to Khoms and Ghat municipalities.

**Additional information** is available through the following links:

<https://www.ly.undp.org/content/libya/en/home/presscenter/pressreleases/2018/The-Stabilization-Facility-for-Libya-delivers-COVID-19-test-kits-to-the-National-Center-for-Disease-Control.html>

<https://www.ly.undp.org/content/libya/en/home/presscenter/articles/2018/In-Libya-Together-with-our-partner-at-Core-Germany.html>

<https://www.ly.undp.org/content/libya/en/home/presscenter/articles/2018/EU-UNDP-support-to-Libya-COVID-19-response-amidst-conflict.html>

### GIZ: Supporting COVID-19 Coordination and Community Engagement at Municipality Level

*First workshops were held in Janzur, Zintan and Nalut to develop an understanding of the current COVID-19 coordination at municipality level*



In close cooperation with MoH and NCDC, this month, the first foundation was laid for further supporting the implementation of the Libyan COVID-19 Preparedness and Response Plan's Pillar 2 "Risk Communication and Community Engagement (RCCE)" at municipality level. Aiming at developing an overview of the current situation and an understanding of roles and responsibilities as well as informing the next steps, workshops were facilitated in Janzur, Zintan and Nalut with the central actors involved in the coordination of the local COVID-19 response. Jointly, the participants mapped the key actors involved in the local COVID-19 response as well as the

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potential at-risk populations, discussed roles and responsibilities and identified areas where further capacity development might be needed in order to achieve and sustain an effective and efficient COVID-19 response at municipality level. In addition, the MoH's National Community Health Worker Strategy was presented and discussed as a central tool for facilitating community engagement. So far, 55 participants engaged in the workshops in Janzur, Zintan and Nalut and additional workshops are planned for Garabulli, Ghadamis, Msallata, Al-Jufra and Al-Bawanis for August.

### **Distribution of UNICEF integrated Maternal Child Health and Nutrition Package related supplies to another 6 municipalities:**

UNICEF has Continued the distribution of its integrated Maternal Child Health (MCH) and Nutrition Package related supplies to another 14 municipalities (Al kufra, Shoura Alkufra, Emsaed, Tubruk, Albaida, Benghazi, Tawergha, Brak, Samno, Sebha, Murzuk, Alqatroun, Tahala and Ghat) and is expected to send the last two shipments before mid-August. The package has all the essential and lifesaving medicines and supplies to ensure the availability of PHC and emergency MCH services. Also, UNICEF has communicated with the municipality health services and the health sector partners to ensure that this support will serve the pillar 9 (continuity of Essential Health Services) of the COVID-19 response. Accordingly, the support will ensure that quality primary health and lifesaving Maternal, New-born & Child Health Care and Nutrition services are strengthened to avoid preventable morbidity and mortality among vulnerable populations, especially women and children and will serve to minimize the indirect impact of COVID-19. The supplies are expected to serve at least 20,000 population per municipality.



This support will target: 1 health facility per municipality with a comprehensive package. All the health facilities within the targeted municipalities with First aid and basic resuscitation equipment. All the vaccination centres within the targeted municipalities with cold chain equipment (cold boxes and vaccine carriers). Moreover, UNICEF has successfully distributed cold boxes and vaccine carriers to vaccination centers in Tripoli and Alrhebat and will continue distribution to all the vaccination centers nationwide.

### **Supporting the Prevention of Mother to Child Transmission of HIV (PMTCT) program**

UNICEF has already handed over the received PMTCT drugs (Zidovudine solution) and the rest are either arrived to the airport (Efavirenz tablets, Retrovir INF Vials and Nevirapine oral suspension) or in the pipeline (LPV/r oral sol.80+20mg/ml, LPV/r 100+25mg tabs and Raltegravir 100mg chewable tabs) . This support is an effort from UNICEF to ensure the availability of PMTCT drugs at the national level, which is one of the main pillars of the PMTCT strategy to continue maintaining 0% transmission of HIV to infants of HIV positive women.

### **UNICEF supported an Infection Prevention and Control (IPC) training to Immunization staff from Janzour and Almaya municipalities**

In continuation to UNICEF's support to the immunization program within the COVID-19 essential health services continuity strategies and in coordination with the National Immunization Program at the National Centre for Disease Control, we have successfully trained 12 immunization staff from the functional immunization centers at Janzour and Almaya municipalities on the most updates WHO IPC guidance for immunization services. This training aims to ensure the continuity of safe immunization sessions in the context of COVID19 challenges. Moreover, this training will be replicated to target all the municipalities to ensure protecting immunization staff, children and caregivers from protracting and spreading the disease.

### **RCCE pillar of the COVID-19 outbreak response updates**

Under the slogan 'Lets Protect Our South', UNICEF in partnership with the Ministry of Health and National Centre for Disease Control (NCDC) continued to reach citizens with accurate information through the distribution of

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30,000 (IEC) Information, education and communication materials in Sebha, Ubrai, Alqatroun, Albawanis, Ghat, Brak al-Shati, Murzuq, Wadi Atba Algharifa, Bint Baia municipalities.



UNICEF supported the establishment of 5 billboards to promote the NCDC helpline number on COVID-19 in Sabha municipality. Further 5 billboards promoting physical distancing and messages on staying away from gatherings and avoiding funerals attendance and social occasions were also installed.

UNICEF in partnership with the High Scientific Committee formed under the Presidential Council to Combat Corona Virus and the National Centre for

Disease Control produced six videos with elders and dignitaries in the South. The awareness videos were shared widely on social media and TV channels reaching a wide spectrum of viewers.

Adam Al-Darzi from Tabu notables in Sabha

<https://drive.google.com/file/d/1HQIRJxVICmHMuzYcRco88NXty5X5OdT3/view?usp=sharing>

Ali Al Sharif, head of Al-Jaded locality within Municipality Sabha

<https://drive.google.com/file/d/1RjxdsjSih-3A19HWmc8oL50yucrrQjeO/view?usp=sharing>

Bilal Ali Bilal, Coordinator of the Social Council of the Touraeg elders in Sabha.

<https://drive.google.com/file/d/1YxhjMZdMKbOwwqcHEqf9BjinPZQRBNTR/view?usp=sharing>

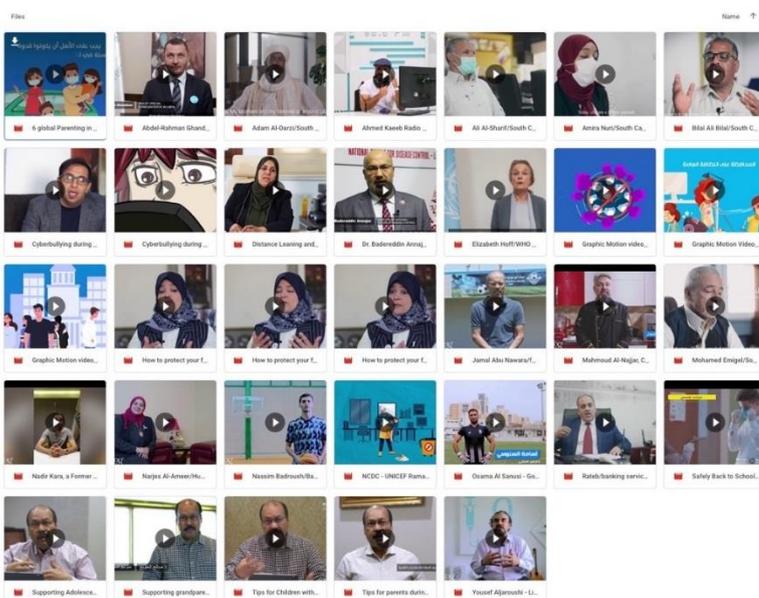
Mohammed Imigel, Vice President of the Corona Virus Control Committee in Sabha.

<https://drive.google.com/file/d/1ErhyP4aaSOnlgdZmMt7KtPsyNNjqfiLz/view?usp=sharing>

Amira Nuri, Media Activist

<https://drive.google.com/file/d/11zIeR5AJaHkFD-1BP3ebZCaZ0R-4xoBT/view?usp=sharing>

Between 24 June and 20 July 2020, UNICEF Libya gained 6,298 new followers across its Social Media platforms. Moreover, 807,648 users were reached with COVID-19 information leading to over 43,578 online engagements.



UNICEF in coordination with UN Women provided a virtual training course for 14 women municipal councillors from the south of Libya to advocate and reinforce precautionary measures and help curb misinformation.

Over 3,000 awareness materials on (personal protective equipment and communication with patient suspected or confirmed) were handed over to the Crisis Management Committee in Sabha and distributed to isolation centres and health facilities.

UNICEF in partnership with Tripoli Optics a private sector partner, engaged with Libyan sports figures, actors and activists to raise awareness on COVID-19 and encouraged families to stay home. During the reporting period, ten videos were produced and published with high viewership.

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### IMC

During the reporting period of July 2020, IMC's medical teams provided health care services to over 3500 people across project sites in Tripoli, Benghazi, Sabha, and Misrata. It should be noted that all IMC-supported facilities are triaging all patients for COVID-19. Suspected cases are referred immediately to the NCDC via Rapid Response Teams.

OFDA funded activities: IMC's mobile medical teams visited 27 locations to ensure availability of quality primary health care services. This included 2 school buildings, which were added to the Benghazi team's schedule to provide services for new IDPs in the area recently arrived from Tarhouna. Mental health services were offered to 121 people (85 females and 38 males). 53 women received dignity kits, and 94 benefited from hygiene kits given by IMC under this grant. Awareness sessions were attended by 956 females and 682 males (1638 in total) in July 2020.

Combatting COVID-19: IMC's medical teams provided ten training sessions related to COVID 19 infection prevention and control in cooperation with the National Planning Council in the cities of Albeda, Almarj, Benghazi, Darna, Ejdabia, Alkofra, Alwihat, Tobruk, and Sirte. The majority of these were conducted remotely due to security constraints and COVID-19 related curfew restrictions. The training schedules included: epidemiological status, case definition, infection prevention and control, use of personal protection equipment, and pharyngeal and nasal sample taking. Rapid needs assessments were done for three of the isolation centers in Tripoli, Sabha, and Benghazi planned to be supported under IMC's OFDA-funded COVID-19 response project. 462 health care workers received further training to upgrade knowledge and technical skills. 2640 people attended IMC awareness sessions on the novel coronavirus, in which information on infection prevention and control, such as the necessity of social distancing, wearing face masks and hygiene was given. As numbers of suspected and confirmed cases is steadily rising in Libya, IMC has intensified its efforts and activities through further distribution and training on PPE and patient management for suspected and confirmed cases.

EUTF-funded COVID-19 response activities: IMC team provided primary health care services in one PHCC serving mixed migrants in the Hay Al-Andalus area. IMC's team of CHWs also disseminated sensitization messages as a part of health awareness to mixed immigrant population on COVID-19. Patients included people from Nigeria, Sudan, Ghana, Togo, Somalia, Benin, Mali, Eritrean, and the Gambia. Under this project, IMC provided medical consultations for 284 (144 males, 140 females) patients, while 780 men and 278 women were reached by health awareness sessions (1058 individuals).

GIZ funded activities: IMC continued to provide support to the primary health care sector through this project funded by GIZ. Currently the project is in phase-II of implementation with 3 supported field teams on the ground in Zintan, Nalut and Al-Bawnis. While other sites in Ghadames, Jufra and Misullata are supported with PPE donations and COVID-19 trainings. Main achievements in the past month were: 12 male and 24 female staff members of supported facilities took part in IMC trainings. 150 more staff were included in clinical tutorials offered by IMC training personnel. Training was also given in basic COVID19 preparedness and advanced clinical management of patients presenting moderate or severe signs of the disease. Alshamali and Awlad Khalifa PHCC in Zintan were included in those trainings. As Sabha is still hard to reach for security constraints, IMC provided web-based training sessions to the staff of Tamenhent PHC in Al Bwanis municipality. These trainings are interactive and require active participation from the staff in the field. At facility level, IMC was able to reach a total of 1,242 people with this new method of information service. The teams in the field were also able to donate PPE to medical staff in 3 municipalities: Ghadamis, Jufra and Misullata. In Tamenhent PHCC in Al Bwanis, the IMC team continued to provide services to cover the absence of medical doctors in the facility. IMC teams provided COVID-19 triaging services and general consultations.

UNFPA funded programs: During July, IMC medical teams conducted 814 medical consultations (806 females and 8 males) for beneficiaries in 2 PHCCs in Tripoli (Fahloom, Al Qadisya) and 1 PHCC in Sabha (Al Jadeed). IMCs CHWs led sessions on hand hygiene and respiratory hygiene, proper use of face masks, and giving advice for the maintenance of good general health during pregnancy. CHWs reached 2976 individuals through these sessions.

UNPFA reproductive health kits were donated to Sabha Medical Center and Aljaded PHCC. For health education purposes, a total of 20 posters with 4 different health messages were posted in different departments of Fahloom and Alqadisya PHCCs in Tripoli.

EUTF-funded activities under the PEERS project in consortium with CESVI: In preparation for tuberculosis activities to begin in earnest in August, IMC trained 52 Tripoli-area PHCC staff on the screening and referral of TB patients

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following NCDC guidelines. IMC's psychiatrist in Misrata conducted 12 consultations in partnership with consortium-lead CESVI.

### IOM



During the reporting period, IOM medical teams provided 6041 medical consultations to migrants, refugees, IDPs and screened 1595 beneficiaries for COVID-2019 at PoE and referred 99 migrants to secondary/tertiary hospitals for further management. Following are further details:

IOM medical team conducted 1734 (Male 1484, Female 250) medical consultations in Dahr Aljabal DC, Tariq Al-Sikka DC, Shouhada Alnassr DC, Abu Issa DC, Ganfouda DC, Tokra DC, Kufra DC, Souq AL Khamees DC, Zwara DC all over Libya. A total of 26 migrants referred to the secondary and tertiary health care hospitals. Also fumigation and disinfection activities have been conducted in Abuslim DC, Zliten DC, Suq Al Khamis DC with a

coverage of 512 migrants

IOM is supporting four Primary Health Care Centers (Alawaineya, 17 Feb PHC, Shouhada Abduljalel PHC, Alsiraj PHC). A total of 1093 IDPs (Male 540, Female 553) provided primary health care medical consultations. IOM also is supporting these centers with medicines, medical consumables and IEC materials on COVID-2019

IOM medical team under Migrant Resource and Response Mechanism (MRRM) program conducted medical consultations 1703 migrants (1222 Males and 481 Female) in urban areas in Zwara, Sabha, Qatroun, Tripoli, Hay Al-Andalus Office and Bani Waleed. Moreover, IOM medical team referred 40 migrants to the secondary and tertiary health care hospitals. IOM medical team also conducted health awareness sessions for 44 migrants and distributed 1000 Fliers and 100 posters IEC materials on COVID-2019.

IOM's medical mobile team supported health care services for migrants, IDP's and conflict affected populations targeted in the following shelters in urban locations (Surbana Shelter (Hai Al-Andalus), Sudanese Shelter (Souq Al-Jumai) and Abdulsalam Shelter (Janzour Area), Janzour and Tojura urban locations) in Tripoli. As a result IOM medical mobile team conducted 1511 medical consultation (males 1102, female 409) and referred 32 cases from above shelters.

IOM medical team screened 1086 migrants Abusitta DP and Alkhums DP (Male- 1041 and Female- 45) 127 migrants provided medical consultation and referred 1 case from above Disembarkation point. Moreover, IOM medical team conducted medical check-up for 83 migrants located in IOM Tripoli office, Tajoura Hear center, Taj Assaha clinic & TCH, Home visit/Sebha & Home visit/Tripoli in order to assess their fitness for Travel (FTT).

Ten focused group discussion sessions on COVID 19 and its impact on migrant community including mental health, and health promotion and protection against COVID 19 conducted with participation 101 migrants and 12 health awareness session provided on COVID prevention with participation of 215 migrants. All migrants received IEC materials and flyers.

IOM Medical teams supported the NCDC staff at Misurata Airport by providing medical check up to all passengers returning to Libya as part of IOM Covid-19 response plan. A total of 1595 travelers (Male 1022, Female 573) were screened by checking temperature and general condition, while samples for PCR tests were collected. The travelers were also provided health awareness sessions at the airport.

Five-day TOT training was conducted to IOM staff by NCDC trainer in July 26-30, 2020. A total of 13 IOM medical staff trained on Infection prevention control and COVID-19 case management. Objective of the training was to provide IOM staff trainers skills of IPC and COVID-2019 prevention so they can further able to conduct trainings to health care workers.

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### IRC

On July 19<sup>th</sup> – 23<sup>rd</sup>, the IRC reduced visits to the health facilities through the mobile medical teams (MMTs) in Tripoli and Misrata as precautionary measures for COVID-19, while the Rescue at Sea (Ras) operations continued as usual. During the last Ras operation on July 27<sup>th</sup> at Al khoms Disembarkation Point, there was a shooting by the special police force that engaged IRC staff and ended by killing of 3 migrants.



The International Rescue Committee (IRC) is supporting Primary healthcare clinics (PHCCs) in Tripoli: The mobile medical team supporting Elmgarief PHCC continued to conduct visits to Elmgarief PHCC. During the month of July, about 423 Consultations including general, reproductive and mental health consultation have been provided with 13 referral cases.

Activities at Sikka DC and Elharat PHCC continue with IRC medical team conducting visits to Sikka DC twice a week and Elharat PHCC three times a week. IRC successfully conducted about 117 consultation at SIKKA DC and 128 consultations with 17 referrals at Elharat PHCC during the month of July.

Activities at Gurji-CDC continue with IRC medical team operating daily at the CDC. The IRC medical team have successfully conducted over 407 consultations which include General, Reproductive and Mental health services, along with about 96 referrals to public and private clinics.

IRC medical team supported the registration process at UNHCR office – Serraj by providing medical screening daily and when needed the medical team also provided medical consultations at the same location especially at registration time of the DCs newly released POCs.

Activities at Gergarish PHCC continue with IRC team daily visits to. We have successfully conducted about 506 consultation during the month of July.

As of July 1<sup>st</sup> and following the support of UNHCR, the IRC has entered in a partnership with the Libyan Red Crescent (LRC) – Tripoli to provide 24/7 hotline and ambulance transportation services for referral of emergency cases to secondary and tertiary hospitals/clinics (public and private) according to the availability of the needed care. The services will be targeting People of Concern (PoC) communities in Tripoli (please note: Person of Concerns include 9 nationalities, as recognized by UNHCR: Sudan, South Sudan, Somalia, Eritrea, Ethiopia, Iraq, Syria, Palestine and Yemen).

The International Rescue Committee (IRC) is providing Rescue At Sea (RAS) to survivors: The IRC continues to conduct Rescue At Sea (RAS) and have successfully conducted 7 rescue activities in July. These were on the 2<sup>nd</sup>, 8<sup>th</sup>, 12<sup>th</sup>, 16<sup>th</sup>, 19<sup>th</sup>, 20<sup>th</sup>, 22<sup>nd</sup>, and 25<sup>th</sup> of July (separate details are available).

The International Rescue Committee (IRC) is supporting Primary healthcare clinics (PHCC) in Misrata: The Mobile Medical Team continued conducting daily visits to 3 PHCCs in Misrata (Al Jazeera, Alskirat and Sidi Mbarak) 4 days a week while the gynecology and obstetrics doctor continue to provide the consultation via phone calls in the first two weeks then she went in maternity leave for the rest of July. The Mobile Medical Team provided a total of 577 consultations to migrants and refugees. Of the total consultations provided, 47 were mental health consultations and referred 158 emergency cases secondary and tertiary hospital of which 24 cases were referred to private clinics where IRC supported the associated costs for laboratory tests, inpatient hospital admission, surgical procedures, treatments, etc.

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The IRC conducted 3 training to staff from the Libyan Red Crescent (LRC) in Misrata: First training took place July 8<sup>th</sup> about COVID-19 prevention, control and case management to 13 staff from the Libyan Red Crescent (LRC). Second training on July 9<sup>th</sup> on basic life support targeting to 12 LRC staff. Third training on July 7<sup>th</sup> on humanitarian and protection principals to 14 staff.

As part of the COVID-19 support to the PHCCs, the IRC donated Personal Protective Equipment (PPE) to Al Jazeera and Alskirat PHCC.

Moreover, the IRC is hosting 43 PoCs in the LRC shelter in Misrata and provide them with primary and specialized health services, protection, psychosocial support and 3 meals a day including

(Breakfast, lunch and dinner). In July, the IRC carried out renovation work at the shelter which included; construction of 3 new toilets with full accessories and maintenance of another three toilets; building of five rooms in different sizes to keep privacy and comfortable environment; moreover maintenance of another two kitchens ; provided and installed 6 air-conditioners and master size refrigerator to keep food in hot summer time; in addition carried out maintenance of sewage network and painting of the whole building and all the walls and construction of a shade at the yard area

The International Rescue Committee (IRC) is working with Libya MoH to Strengthen Primary Health Care (PHC) Services: Under IRC's EU funded program, the IRC prioritized continuity of essential services at the PHCs including care of patients with NCDs as well as supporting the MoH to address the impact of COVID-19 pandemic. IRC Mentors continued to visit health facilities on a weekly basis to provide coaching and support to the health staff at the pilot sites. In Gharyan municipality, the HMIS Mentor, Nurse Mentor and Area team Leader supported MoH teams in the four pilot facilities. In Zliten, due to COVID-19 related restrictions on travel, the IRC mentors mainly offered remote support to the PHC staff, while in Souq Jooma all the four supported health facilities remained closed during the reporting period with all staff reportedly staying home protesting salary arrears. On July 9, the IRC conducted training to 20 nurses in Zliten on IPC and triage facilitated by NCDC. Also conducted training to 15 nurses in Gharyan on COVID-19 prevention and triaging at the PHCs on July 15 2020 facilitated by the NCDC. Conducted a second training to 18 to Pharmacists and laboratory technicians on COVID-19 prevention and triaging at the PHCs on June 16 with facilitators from NCDC. Due to escalation in COVID-19 cases in Tripoli and Misurata, other planned trainings have been rescheduled for future date after discussion with the DoH and the MoH. During the course of this month the IRC finalized the installation of TV screens in 4 supported facilities in Gharyan, already playing an important role in circulating health awareness messages in the community. The IRC continued with dissemination of COVID-19 related messages through leaflets distributed by the CHWs, and audio-visual materials played at the PHCs.

### Common Feedback Mechanism



The CFM has been asked by the National Centre for Disease Control (NCDC) to serve as a COVID-19 information official channel. Since the 21<sup>th</sup> of March the call center is now being used to provide information and official guidelines, raise awareness and the virus and how to protect from it, and hear back from people about any potential rise in needs. The CFM is being implemented by ETS on behalf of the Inter-Sector Coordination Group and HCT. The CFM is a toll-free, country-wide hotline number and Tawasul, is for affected populations regardless of gender including for internally displaced people (IDPs), host communities, refugees and migrant workers. The primary role of the call

centre is providing information to the affected population, Frequently Asked Questions are compiled and updated regularly, which enables operators to refer callers to relevant organizations and hotlines. The outcome is that affected people are able to receive timely feedback on their concerns and questions, whilst providing humanitarian agencies with further insight of on-ground concerns.

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In July a total of 648 calls were received, including 307 COVID-19 related ones and 341 humanitarian ones. Out of 307 calls, 305 request for information with the majority seeking general information (165). 302 calls are from western part of the country. 257 of callers are male.

### INFORMATION SOURCES:

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

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