

HEALTH SECTOR BULLETIN

September 2020



Libya

Emergency type: Complex Emergency

Reporting period: 01.09.2020 to 30.09.2020

Total population	People affected	People in need	People in acute need	
6.7 million	1.8 million	900,000	300,000	
IDP	Returns	Non-displaced	Migrants	Refugees
216,000	74,000	278,000	276,000	48,000
Target Health Sector	People in need Health Sector	Required (US\$ m)	Funded (US\$ m)	Coverage (%)
203,137	525,992	28 (non-COVID) 16.7 (COVID)	13.1 and 9.1	46.7 and 54.6

KEY ISSUES	2020 PMR (Periodic Monitoring Report) related indicators (August)	
Undertaken advocacy efforts to overcome challenges to procurement and clearances <i>Follow the example of other countries and sign a blanket waiver for all COVID-19 supplies arriving at Libyan ports</i>	Number of medical procedures provided (including outpatient consultations, referrals, mental health, trauma consultations, deliveries, physical rehabilitation)	29,686
Over 50% of vaccination fixed sites are partially affected	Number of public health facilities supported with health services and commodities	63
Reliance on life-saving and life-sustaining health care services supported by the humanitarian response will continue across the country in 2021	Number of mobile medical teams/clinics (including EMT)	44
1,195,389 people are in need of health for 2021, including 1,016,839 who have acute health needs.	Number of health service providers and CHW trained through capacity building and refresher training	265
72% of municipalities are in areas ranked 3 and above on the severity scale.	Number of attacks on health care reported	1
Final narrative of Health Sector HNO 2021 is produced.	Percentage of EWARN sentinel sites submitting reports in a timely manner	69%
	Percentage of disease outbreaks responded to within 72 hours of identification	81%
	Number of reporting organizations	10
	Percentage of reached districts	82%
	Percentage of reached municipalities	36%
	Percentage of reached municipalities in areas of severity scale higher than 3	33%

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SITUATION OVERVIEW

- The security situation in Libya during the reporting period is characterized with the longstanding tension associated with military build-up around some of the cities in the western region.
- The COVID-19 pandemic constitutes a public health challenge for Libya. While COVID-19 is spreading fast and numbers of confirmed patients are rising, there seems to be a lack transparency and communication to the people by the Libyan government. This leads to growing public anger with people expressing their discontent demonstrating on the streets.
- Government of National Accord takes steps towards decentralization, providing municipalities with emergency funding and allowing them to raise revenues.
- Dr. Abdel-Moneim Al-Ghadamsi, professor of surgery at Al-Khadra Hospital, was kidnapped in front of his house in Tripoli on 11 September after he left his work. Another doctor, the only anaesthetic specialist in ICU of Al- Mogrif Hospital was attacked (12 September) by security personal, threatened with kidnapping or taken to prison. The doctor resigned with no more ICU services available in the hospital. On 8 September Bani Walid General Hospital was closed after the administrative building and the emergency department were vandalized, burned, and the auxiliary medical and medical personnel were attacked.
- Prime Minister al-Sarraj expresses intention to resign at the end of October.
- ASRSG Williams stresses opportunity to restart inclusive intra-Libyan political dialogue, building on 21 August statements and recent meetings in Montreux, Morocco and Egypt.
- Haftar agrees to lift oil blockade under controversial deal as GNA actors manoeuvre ahead of al-Sarraj's resignation.
- Berlin Process: Libyan Economic Dialogue discusses banking crisis, services, decentralization and COVID-19.
- Libya's GNA announced arrests of top officials over corruption, including Deputy Minister of Health and Sabha hospital director.
- The Presidential Council (PC) announced on Monday the appointment of Khalifa Al-Bakoush as interim Minister of Health, replacing Ahmed Bin Omar. Al-Bakoush, an ophthalmologist, is now serving as the head of the Scientific Advisory Committee to Fight the Coronavirus Pandemic.
- Security Council Resolution 2542 (2020) extending the mandate of UNSMIL until 15 September 2021, https://unsmil.unmissions.org/sites/default/files/s_res_25422020_e.pdf
- On 23 September, Acting UN SRSR Stephanie Williams and the Ambassador-designate of the European Union to Libya, José Sabadell, as the rotating chair of the Economic Working Group (EWG) established by the Berlin Process, convened a meeting with the new leadership of the General Electricity Company of Libya (GECOL) to discuss plans to address the unacceptable electricity crisis in the context of the Libyan efforts to reopen the energy sector.
- The socio-economic impact of COVID-19 in Libya will be profound and long-lasting. The country faces a pandemic on top of divided governance, a collapsing economy, widespread corruption, an armed conflict and a severely disrupted health system. The extraordinarily complex political and security environment is hampering efforts to contain the spread of the pandemic at all levels. Moreover, the absence of national leadership has led to unrealistic expectations being placed on health sector organizations to serve as “a provider of last resort”.

Flash Update | Monitoring violence against healthcare

Health Sector | Libya

Date: Sept 10, 2020

Time of the incident: 10:00PM

Location	Ejdabia municipality, Ejdabia district
HF Name & Type	Elmaqarif Hospital
Attack type	Assault
Incident	An anesthetic doctor in the ICU of Al- Mogrif Hospital was attacked by security personal. He was threatened with kidnapping or taken to prison. Hospital staff went on a strike in solidarity with the abused doctor with linked temporary suspension of the ICU work. The critical cases were transferred to Benghazi.
Prior health facility condition	This hospital was fully functioning.
Impact	As a result of this attack, the doctor resigned and there is no ICU specialist in the hospital at present.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

Supply Chain System in Libya and related advocacy

- There are shortcomings regarding comprehensive surveillance and testing strategy and that there are chronic shortages of equipment and test kits. Despite the purchase of large amounts of equipment and test kits by the

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Libyan government and donations by the international community there seems to be an issue with clearance, distribution and putting in place the supplies received.

- In addition, there is a need to maximize and review the effectiveness of COVID-19 Supply Portal (only very few actors use it in Libya).
- A separate “medical supplies working group” was established with participation of ACF, CEFA, GIZ, Helpcode, IMC, IOM, PUI, UNFPA, UNHCR, UNICEF, WHO. The work of the group is led and coordinated by WHO. Some of the challenges as shared by the group:
 - The legal context and procedures for importation of medicines frequently change.
 - It is difficult to assure compliance to MoH registered pharmaceutical companies.
 - Complicated bureaucratic and chaotic importation procedures: importation of standard health kits is a challenge as the process through the FDA remains lengthy (at least more than 3 weeks).
 - MOFA customs exemption process is lengthy and complicated, differs from organization to organization, and cannot be initiated until the arrival of shipments.
 - Difficulties to procure and import certain RH kits and supplies (male condoms/clinical management of rape kits)
 - There are reported (no details available) still blocked shipments of some organizations (i.e. at the port of Benghazi or at the airport of Misrata) since 2019. That may lead to drug expiration and the process to destroy expired drugs should be clarified.
 - There are also time limitations by donors imposed for procurement and distribution of medical supplies.
 - In-country logistics for quality services are very high (transportation, warehousing, customs, demurrage, etc.) that makes logistics in Libya very difficult to finance.
 - Forwarders in many cases increased the cost of -especially air- shipments to Libya due to COVID-19 and some even refuse to deliver in Libya.
 - There is absence of quality local suppliers, tender processes are not followed as per organizations rules and there is no availability of a range of quality suppliers.
 - There are risks of transportation and interception and diversion of goods by different armed groups.



Undertaken advocacy efforts to overcome challenges to procurement and clearances:

- Continuous high-level advocacy efforts were undertaken through the key donors, UNSMIL leadership, Humanitarian Coordinator.
- On behalf of the health sector, WHO continuously worked towards the release of health supplies of different organizations being held in seaports and airports or in pipeline (pending the clearances and approvals from national authorities).
 - The WHO consortium allocated only 1210 GeneXpert cartridges (10 tests per cartridge) for Libya during the first round of allocations. Allocations for the second round (starting in September) are still under discussion. WHO submitted a request to the Global Drug Facility for the full quota in mid-April. Quotations were received in mid-May and payment was finalized in July. Currently, the supplier is scheduled to deliver the supplies between October and December. WHO Libya is pushing for an earlier delivery.
 - WHO Libya is also exploring with HQ to see if any supplies are available from existing stocks.
- WHO Libya has explored the possibility of procuring GeneXpert kits through UNICEF, GAVI, the Global Fund as well as in the Tunisian and Lebanese markets, with no result.
- Because of lack of clarity from central levels on the status of procurement for COVID-19 supplies, municipalities have been approaching WHO directly for assistance. WHO has asked the municipalities to proceed with direct purchase of the necessary supplies, because WHO has no funds available to assist them.



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- WHO Libya have raised the problem repeatedly with the Prime Minister and the head of the COVID scientific committee in Tripoli.
- During WHO Country Representative visit to Benghazi in September, a promise was made by high level authorities that future COVID-19 supplies arriving in Benghazi would be released in less than 48 hours.
- In September WHO Libya sent a formal request to the Minister of Interior in Tripoli, Mr Basharga, to facilitate approval to release health supplies (including the ones to be dispatched to the south) in Tripoli which have been blocked since 27 July 2020. The clearance was received within 2 weeks.
- Continuous efforts were in place to provide curfew exemption for health aid workers, and facilitation of safe and free transportation of lifesaving and life-sustaining supplies.
- Constant actions by health sector to raise, inquire and follow up on the levels and volumes of national funding and procurement for COVID-19 response, including requirements for the authorities to evaluate long term consequences of COVID-19 impact on population, economy, provision of social services.
- A coordinated technical dialogue was established with national authorities in the east, west and south of the country focusing on complementary nature of international assistance while advocating the most important point is to release available national resources for COVID-19 response, including payment of salaries of health workers, procurement of vaccines.
- Permanent dialogue is in place with Libyan Delegation in UN Geneva.
- Meetings are carried out with the Chairman of Central Bank.
- Key operational asks are formulated for the attention of Libyan authorities, Member States, a.i. SRSG, DSRSG RC/HC, and HCT, including the most important one to procurement and clearance of supplies: ***Follow the example of other countries and sign a blanket waiver for all COVID-19 supplies arriving at Libyan ports***

Update on COVAX

Following WHO Libya advocacy, Libya has signed two key documents to secure its participation in COVAX, a WHO initiative that will allow countries to purchase an agreed number of COVID-19 vaccines at a guaranteed price, with a commitment to participate in the COVAX facility, Optional or Committed purchase, an indicative volume of vaccines the country would like to purchase (% of national population for whom vaccine will be purchased from COVAX facility).

Situation with immunization services

The country has not developed a plan to resume/maintain routine immunization services in the context of COVID-19 pandemic. No plans are in place to catch-up missed children. As of September 2020, over 50% of vaccination fixed sites are partially affected. Immunization outreach and mobile service are severely affected. Drop in services delivery is mainly due to COVID-19 lock-down and vaccine stock-out (BCG, Rota). Regular monthly information about routine vaccination (Penta3, MCV1, MCV2) is not available. Surveillance on diphtheria and pertussis are severely disrupted (regular reporting and timeliness, case investigation, rate of lab testing reduced by 50% or more compared to the previous year). Outbreak investigations are not done. In general, EPI operations and disease surveillance have experienced significant impact in 2020 (higher than 50% reduction compared to last year).

Lengthy approval process and limited and unpredicted funding for vaccines are major issue leading to delays in procurement and stock outs on vaccines. There is a continued need for high profile advocacy by WHO to ensure uninterrupted flow of funds for vaccine procurement. If disruption continues there is risk of outbreaks for vaccine preventable diseases especially measles and resurfacing of polio.

- *BCG and hepatitis B vaccines*: currently stock outs are at all levels, no stocks with central or regional stores, or peripheral sites few vaccines in low quantity may be available in vaccination sites. The procurement process has been completed by the MoH with receiving vaccines by the end of September.
- *Hexavalent and pentavalent vaccines*: both vaccines were available in low quantity in vaccination sites only and will be run of stock within the upcoming 3 weeks. The antigens were received in July and August respectively for 6 months.
- *Meningococcal conjugate vaccine*: currently stock outs are at all levels, no stocks with central or regional stores, or peripheral sites.

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- *Rota vaccine*: No shortage, available in enough quantity, as it was delivered to the central warehouses by the end of September.
- *Pneumococcal Conjugate Vaccine (PCV13)*: currently no shortages, 400,000 doses were procured in July and delivered to the central warehouses in September.
- *Measles, Mumps and Rubella (MMR)*: available in enough quantity as procured in August.

Jointly with health authorities WHO and UNICEF conducted at the end of September a quick assessment on vaccine availability at a health facility level providing routine immunization services.

COVID-19 highlights (as of 29 September):

- Cumulative confirmed cases: 34,525
- Cumulative recovered cases: 19,361 (56.1%)
- Active cases: 14,613
- Total Deaths: 551
- Cumulative positivity rate: 15.0%
- Case fatality rate to date: 1.60%
- Non-Libyan confirmed cases today: 0
- 4,950 confirmed cases per 1 million population
- 79 deaths per 1 million population
- Total tests done in 25 labs: 229,253 (160,979 in Tripoli, 17,451 in Benghazi, 22,833 in Misurata, 9,248 in Sabha, 8,721 in Zliten, 4,733 in Zawiya, 522 in Gharyan, 880 in Emsaed, 113 in Tobruk, 19 in Al-Jofra, 35 in Zuwara, 364 in Sabratha, 2,111 in Zintan, 16 in Yefren, 114 in Ghadames, 331 in Tazarbo, 268 in Al-Kofraand 515 in Ajdabiya)
- Transmission scenario classification of Libya is community transmission.
- COVID-19 Lab network is 25 labs distributed on 18 municipalities

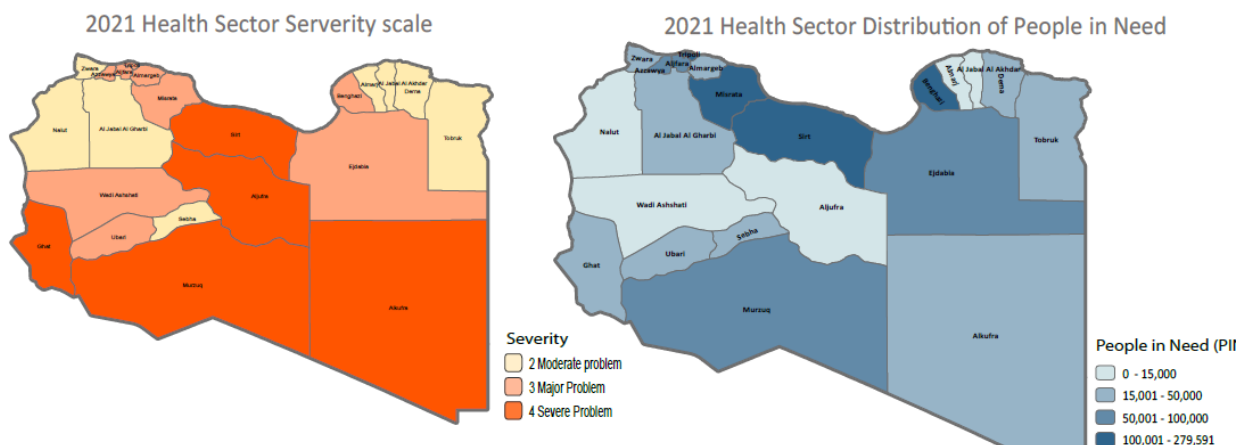
People in need of health in 2021

Reliance on life-saving and life-sustaining health care services supported by the humanitarian response will continue across the country in 2021. While IDPs, refugees and migrants have the most severe needs, returnees and non-displaced Libyans in the worst-affected areas also need humanitarian assistance. Other vulnerable groups include children and adolescents, the elderly, patients with chronic health conditions and families facing economic hardship.

COVID-19 will exacerbate dire humanitarian needs in Libya. The nine-pillar national preparedness and response plan for COVID-19 (which has yet to be endorsed by the national authorities) faces many challenges.



Libya Health Sector: 2021 HNO/HRP Health Sector Severity and PiN (draft 29September2020)



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A total 1,195,389 (18%) people are in need of health for 2021 compared to 3,970,842 (58%) in 2020. Of this number, 1,016,839 (15%) people have acute health needs for 2021, compared to 3,628,213 (53%) in 2020. (The decrease in numbers is explained by the temporary ceasefire negotiated in 2020, which allowed better access to different areas of the country.)

For 2021, 72% of municipalities are in areas ranked 3 and above on the severity scale (compared with 85% in 2020). This includes 58 municipalities ranked as 3, 12 municipalities ranked as 4 and two municipalities ranked as 5 on the severity scale.

Six districts in the east (total affected population: 487,093) and six districts in the south (total affected population: 206,410) are in areas ranked 3 and 4 on the severity scale. Nine districts in the west (total affected population: 1,160,007) are in areas ranked 3, 4 and 5 on the severity scale. In some of the municipalities of Al Kufra, Sirt, Aljufra, Misrata, Ghat, Murzug districts, 356,750 people are in areas ranked 4 or 5 on the severity scale. In two municipalities of Sirte district, people are living in areas ranked 5 on the severity scale.

A total of 1,523,522 people living in areas ranked 3 on the severity scale require a prioritized humanitarian response. These areas include 3 municipalities in Derna district, 4 in Benghazi, 2 in Tobruk, 4 in Ejdabia, 1 in Jabal Al Akhdar, 5 in Nalut, 4 in Almargeb, 6 in Tripoli, 8 in Aljbara, 3 in Azzawya, 1 in Misrata, 1 in Zwara, 9 in Al Jabal Al Gharbi, 3 in Wadi Ashshati, 1 in Sebha and 3 in Ubari.

List of districts and municipalities for prioritization based on total and affected population, people in need of health, affected people in need of health, final severity scale ranking (3, 4 and 5):

Region	Mantika	Baladiya	Population as of 2020	Affected population	Health PiN (Total population)	Health PiN (Affected population)	FINAL ROUND Health Sector Severity
East	Derna	Umm arrazam	31,247	9,408	15,623	4,704	3
East	Derna	Alqayqab	9,175	2,762	4,587	1,381	3
East	Derna	Labriq	16,093	4,846	8,047	2,423	3
East	Benghazi	Toukra	24,900	8,963	12,450	4,481	3
East	Benghazi	Suloug	26,561	9,561	13,281	4,780	3
East	Benghazi	Benghazi	740,348	266,489	370,174	133,245	3
East	Benghazi	Gemienis	21,585	7,770	10,793	3,885	3
East	Tobruk	Emsaed	15,087	3,617	7,543	1,808	3
East	Tobruk	Bir Alashhab	24,056	5,767	12,028	2,883	3
East	Ejdabia	Ejkherra	4,814	2,983	2,407	1,492	3
East	Ejdabia	Aujala	9,287	5,755	4,643	2,877	3
East	Ejdabia	Ejdabia	140,400	87,002	70,200	43,501	3
East	Ejdabia	Albrayga	35,751	22,154	17,876	11,077	3
East	Al Jabal Al Akhdar	Shahhat	67,995	4,476	33,998	2,238	3
East	Alkufra	Alkufra	48,528	38,958	33,970	27,271	4
East	Alkufra	Tazirbu	8,199	6,582	5,739	4,607	4
West	Sirt	Khaleej Assidra	23,587	21,450	21,228	19,305	5
West	Sirt	Hrawa	5,842	5,313	5,258	4,781	5
West	Sirt	Sirt	121,901	110,854	85,330	77,598	4
West	Nalut	Alharaba	10,450	3,296	5,225	1,648	3
West	Nalut	Kabaw	7,422	2,341	3,711	1,171	3
West	Nalut	Alhawamid	7,242	2,284	3,621	1,142	3
West	Nalut	Wazin	4,742	1,496	2,371	748	3
West	Nalut	Daraj	11,979	3,779	5,990	1,889	3
West	Almargeb	Msallata	78,971	15,515	39,485	7,758	3
West	Almargeb	Qasr Akhyar	67,105	13,184	33,552	6,592	3
West	Almargeb	Garabolli	55,298	10,864	27,649	5,432	3
West	Almargeb	Tarhuna	155,474	30,545	77,737	15,273	3
West	Tripoli	Suq Aljumaa	278,755	127,692	139,377	63,846	3
West	Tripoli	Tajoura	144,216	66,062	72,108	33,031	3
West	Tripoli	Ain Zara	112,233	51,412	56,117	25,706	3
West	Tripoli	Tripoli	155,171	71,080	77,585	35,540	3

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West	Tripoli	Abusliem	255,534	117,055	127,767	58,527	3
West	Tripoli	Hai Alandalus	274,803	125,881	137,402	62,941	3
West	Aljfara	Sidi Assayeh	27,730	6,288	13,865	3,144	3
West	Aljfara	Suq Alkhamees	22,596	5,124	11,298	2,562	3
West	Aljfara	Qasr Bin Ghasheer	105,309	23,880	52,654	11,940	3
West	Aljfara	Espeaa	32,566	7,385	16,283	3,692	3
West	Aljfara	Swani Bin Adam	57,335	13,002	28,667	6,501	3
West	Aljfara	Janzour	151,356	34,322	75,678	17,161	3
West	Aljfara	Al Aziziya	55,327	12,546	27,664	6,273	3
West	Aljfara	Al Maya	52,955	12,008	26,478	6,004	3
West	Azzawya	Surman	80,189	28,671	40,095	14,336	3
West	Azzawya	Gharb Azzawya	91,537	32,728	45,769	16,364	3
West	Azzawya	Janoub Azzawya	12,666	4,529	6,333	2,264	3
West	Misrata	Misrata	358,904	141,752	179,452	70,876	3
West	Misrata	Abu Qurayn	18,290	7,224	12,803	5,057	4
West	Misrata	Bani Waleed	80,541	31,810	56,379	22,267	4
West	Zwara	Rigdaleen	47,503	16,013	23,751	8,007	3
West	Al Jabal Al Gharbi	Alasabaa	45,027	8,893	22,513	4,446	3
West	Al Jabal Al Gharbi	Al Qalaa	8,407	1,660	4,203	830	3
West	Al Jabal Al Gharbi	Kikkla	18,303	3,615	9,151	1,807	3
West	Al Jabal Al Gharbi	Arrajban	11,752	2,321	5,876	1,161	3
West	Al Jabal Al Gharbi	Arrhaibat	11,192	2,211	5,596	1,105	3
West	Al Jabal Al Gharbi	Arrayayna	14,314	2,827	7,157	1,414	3
West	Al Jabal Al Gharbi	Ashshgega	23,518	4,645	11,759	2,322	3
West	Al Jabal Al Gharbi	Ashshwayrif	4,387	866	2,193	433	3
West	Al Jabal Al Gharbi	Thaher Aljabal	11,870	2,344	5,935	1,172	3
South	Aljufra	Aljufra	59,875	12,250	41,913	8,575	4
South	Wadi Ashshati	Brak	72,483	6,654	36,242	3,327	3
South	Wadi Ashshati	Edri	12,386	1,137	6,193	569	3
South	Wadi Ashshati	Algurdha Ashshati	10,694	982	5,347	491	3
South	Sebha	Albawanees	10,290	6,224	5,145	3,112	3
South	Ubari	Bint Bayya	21,821	13,420	10,910	6,710	3
South	Ubari	Alghrayfa	35,898	22,077	17,949	11,039	3
South	Ubari	Ubari	34,726	21,357	17,363	10,678	3
South	Ghat	Ghat	28,346	28,593	19,842	20,015	4
South	Murzuq	Alsharguiya	19,982	19,793	13,987	13,855	4
South	Murzuq	Algatroun	13,673	13,544	9,571	9,481	4
South	Murzuq	Taraghin	12,625	12,506	8,837	8,754	4
South	Murzuq	Murzuq	30,988	30,695	21,692	21,487	4
South	Murzuq	Wadi Etba	17,341	17,177	12,139	12,024	4
			4,719,453	1,880,269	2,463,554	1,016,836	

HEALTH SECTOR ACTION/RESPONSE

Health sector contact list: The health sector contact list was updated as of 18 September 2020.

Daily COVID-19 update is being produced by WHO Libya.

AFP updates: Weekly AFP updates are being published.

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

Bi-monthly consolidated list of capacity building events supported by the health sector (August-September): Inputs include UNFPA, GIZ, MSF-H, IOM, UNICEF, IMC, Helpcode, WHO.

Operational assessment of selected municipalities was conducted across Libya.

Coordination meetings:

- **Mental Health Psychosocial Technical Working Group, 15 September**

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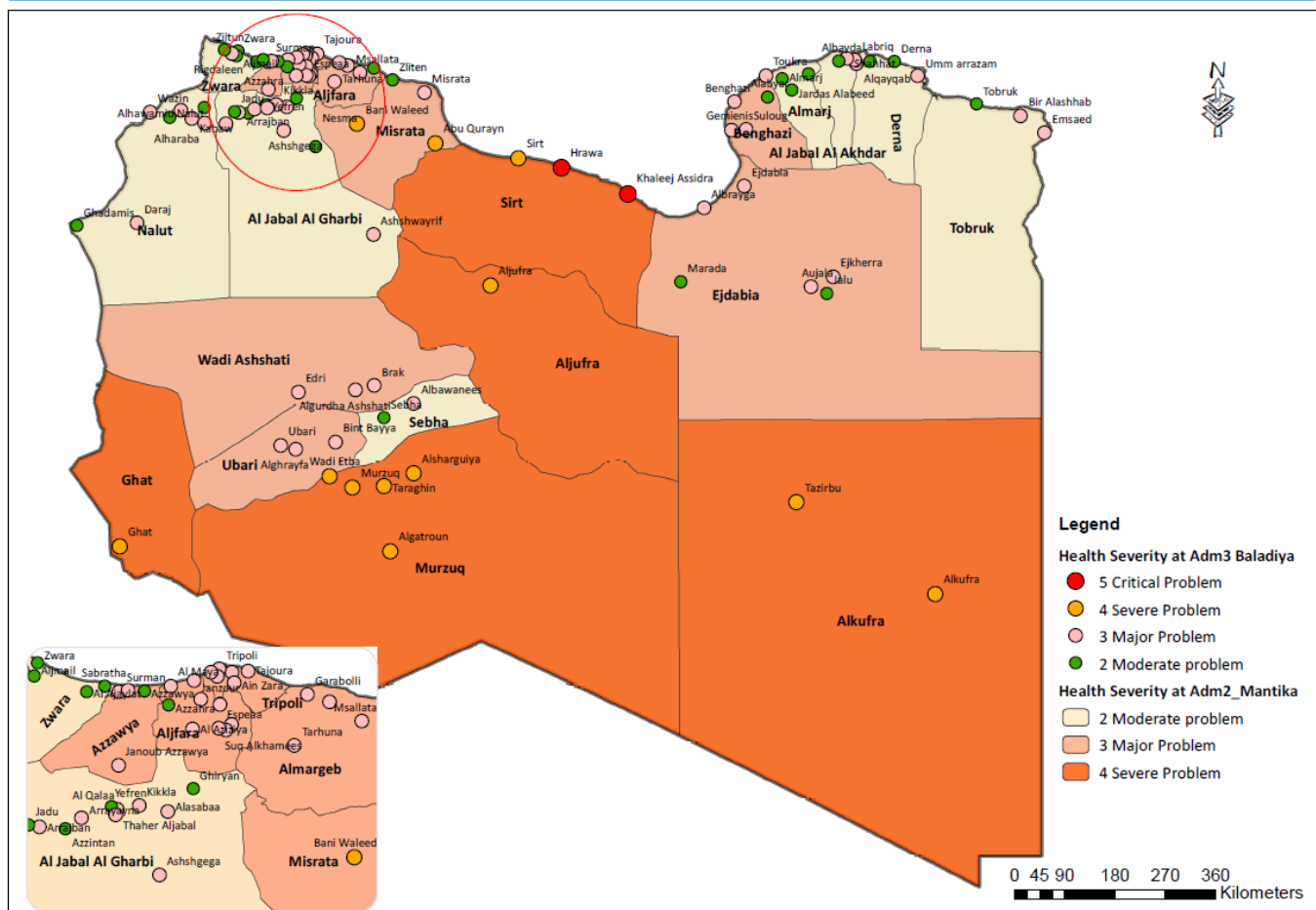
The MHPSS (Mental Health Psychosocial Support) technical working group meeting was conducted on 15th September. The minutes of the MHPSS meeting and relevant materials are available in the link below:
https://iomint-my.sharepoint.com/:u:/g/personal/aataya_iom_int/EUN8mvnW_IBJylw6U3qcF8BoJXSLOpL-ldd0B0KFI33Lg?e=xSqB3c

In case of further questions, please contact: Sarah Rizk (sarizk@iom.int), Christine Rufener (crufener@internationalmedicalcorps.org).

Health Sector 2021 HNO materials produced:

- Final narrative of Health Sector HNO 2021
- Final Health Sector Severity Scale Map
- Final Health Sector Severity and PIN
- Final Health Sector Severity Scale snapshot
- Final list of districts and municipalities ranked by Health Sector Severity Scale

Libya Health Sector: Health Severity Score 2021



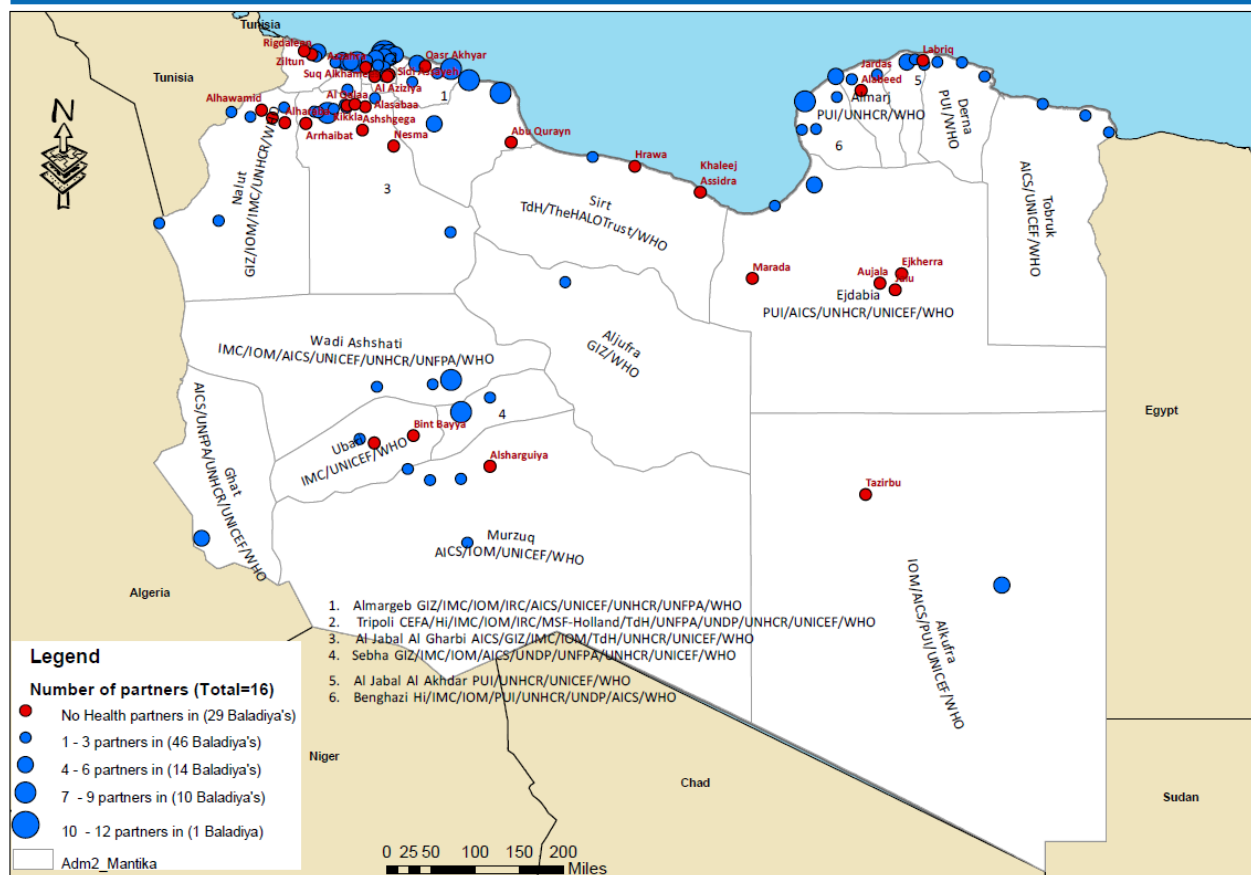
Health Information Management materials produced:

- Health sector Libya, 4W snapshot, August 2020
- Map, health sector Libya operational presence in Libya, January – August 2020
- Operational presence/response of health sector organizations by municipality level (based on 4W inputs, January – August 2020)
- WHO Libya, key performance indicators, January-August 2020

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Health sector partners: operational presence across Libya, January - August 2020



“Health Diplomacy” project

[Libyan Healthcare Professionals come together to combat COVID-19](#)

TRIPOLI, 16 September 2020 – A group of Libyan healthcare professionals from across the country met in Tripoli, Benghazi and Sebha to participate via a video teleconference in the first of a series of UN-supported technical exchanges to combat COVID-19. The aim of the initiative by Libyan healthcare professionals, which is supported by the United Nations Support Mission in Libya (UNSMIL) and the United Nations Development Programme (UNDP) and undertaken in cooperation with the World Health Organization (WHO), is to strengthen the response to COVID-19 and discuss, at the technical-level, ways to address gaps in service delivery. These discussions will help increase awareness around needs and response planning on COVID-19 issues seeking to build longer-term mechanisms for public health cooperation across the country. During the first consultation session held on 12 September, 28 participants from cities across the country identified needs and discussed joint initiatives to enhance prevention, detection, and management response. The participants committed to cooperating across the country and with international parties to combat and reduce the threat of COVID-19. Highlighting the prevalent security risks and violence faced by medical workers, they called on all Libyans to respect and protect their healthcare workers. UNSMIL is encouraged by the unity of purpose and commitment demonstrated by the group which will reconvene within two weeks to continue their effort.

Impact of COVID-19 on continuity of essential health services (e.g. Mental Health)

- Health sector continued to be concerned about the spread of COVID-19 among health staff of dozens of key health institutions in Tripoli and outside. For example, the work of the main mental health institution, Al Razi hospital in Tripoli, was reported to be paralyzed following detection of COVID-19 cases among the patients and staff.
- MHPSS working group has been fully engaged.
- WHO has been in contact with IOM to agree on the next operational and advocacy steps.

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- WHO contacted and informed the Director of International Cooperation office (ICO) of the MoH Tripoli. Following WHO intervention, the ICO requested the Monitoring and Inspection department of MoH to follow up on the reported closure of the hospital.
- WHO contacted and have maintained a direct communication bridge with the Hospital Director and key hospital administration staff.
- A joint WHO/IOM visit took place to the hospital on 24 and 28 September with the following recommendations:

	Subject	Responsible
1	High level advocacy by WHO and IOM leadership to Libyan authorities to release national funding (2.8 million LYD for 12 months) as salary incentives to enable continuity of work of 186 staff dealing with psychiatric patients. The bottleneck: The Ministry of Finance	WHO Representative, IOM Chief of Mission
2	To provide capacity building support on DHIS	IOM, WHO
3	To provide capacity building support on IPC (infection prevention and control)	IOM, WHO
4	To provide capacity building support on COVID-19 case management	IOM, WHO
5	To provide capacity building support on mhGAP	IOM, WHO
6	To provide capacity building support for specialized nurses	WHO, IOM
7	To link a nominated focal point of Al Razi hospital with MHPSS sub-sector working group	WHO, IOM
8	To share the list/content of standard health kits with the hospital pharmacy	WHO
9	To deliver complete IEHK and NCD kits to the hospital pharmacy	WHO
10	To contribute to the celebration of World Mental Health Day, 10 October https://www.who.int/campaigns/world-mental-health-day	WHO
11	To provide mid- and long-term support in review of existing MH guidelines and protocols	WHO, IOM
12	To provide the hospital with health education materials on various subjects	WHO, IOM
13	To prepare and share a short brief on DFID funded project on mental health with the hospital director with a highlight of possible joint coordinated actions/activities involving the hospital	WHO
14	To review the procurement practices of packaging of certain psychotropic medicines	WHO
15	To put in place a continuous electronic information flow between WHO and nominated focal point on latest guidelines, protocols and recommendations to enhance and strengthen the quality of psychiatric care in COVID-19 and non-COVID-19 settings.	WHO, IOM

UPDATES FROM PARTNERS

IMC

During September 2020, Libya experienced a sharp deterioration of the COVID-19 outbreak with a significant increase in cases and resulting fatalities. IMC responded to this situation through further training and distribution of urgently needed PPE for medical staff in Tripoli, Misrata, Zwaren. Although a few IMC staff members have been directly affected by the pandemic, project activities were minimally affected in September. Because of movement restrictions and a general reticence in the population to leave their homes, consultation figures have been lower in September in all IMC supported health facilities. Our mobile teams also noted fewer patient numbers this month. One of our supported PHCCs in Benghazi was closed for 14 days and forced to undergo special sterilization by the NCDC in late September after the identification of several active COVID-19 cases in that facility. While none of our staff were affected in this incident, this did have an effect on the number of consultations recorded this month.

OFDA funded activities: A total of 1066 medical consultations have been carried out by the IMC medical teams. Awareness sessions were attended by 293 females and 287 males (580 individuals in total) in September 2020. 6 hygiene kits were distributed to displaced women, and 22 people (11 females, 11 males) were seen for mental health consultations.

COVID-19: 303 men and 484 women have been screened for signs and symptoms of COVID-19, during which 3 suspected cases have been identified and referred for follow up to the NCDC Libya. 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, Alwahas, Tobruk, and Sirte. The majority of these were conducted remotely due to security constraints and COVID-19 related curfew restrictions.

Under EUTF-funded COVID-19 response activities: IMC team provided primary health care services in two PHCCs serving mixed migrants in the Hay Al-Andalus and Tripoli Central municipalities. IMC's team of CHWs also

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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 120 people in the month of September. 2042 people were reached by our CHWs under this program. This is a sharp increase over last month, as we were able to add more migrant community members to our COVID-19 information WhatsApp group and held more small group sessions. IMC triaged 351 patients in just the last 2 weeks in September. Out of these were 154 males and 197 females. Thank to this activity, 12 patients were identified as suspected cases, using the WHO case definition. They were followed up in NCDC designated facilities for testing.

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 were supported with PPE donations and COVID-19 trainings. 48 staff members of supported facilities took part in IMC trainings. Further 76 MoH staff members benefitted from clinical tutorials offered by IMC's training specialists. In terms of health awareness sessions, IMC's CHWs reached a relatively high number of 1,058 individuals. This high number was impressive, especially under the current COVID conditions. Sessions were offered remotely using Zoom, as well as in-person sessions at health facilities.

UNFPA funded programs: IMC medical teams conducted medical consultation for beneficiaries in 2 PHCCs in Tripoli (Fahloom, Al Qadisia) and 1 PHCC in Sabha (Al Jadeed). At the supported facilities, intensive triage for COVID-19 was carried this month. 561 patients have been screened (159 males and 402 females). 2 were found as suspected cases and referred according to NCDC guidelines. The medical team saw and treated 259 patients in the reporting period, 10 males and 249 females. 673 people were reached by health awareness messages.

EUTF-funded activities under the PEERS project in consortium with CESVI: IMC's psychiatrist in Misrata conducted 19 consultations in partnership with consortium-lead CESVI between September 19th and 29th. Our team in Tripoli provided primary healthcare services to 82 patients. Our team of CHWs from migrant communities reached 966 people through health awareness activities.

AICS funded activities: With support from AICS, IMC trained 40 staff in the last 2 weeks of September (14 females and 26 males) on Basic Life Support and Acute Life Support training sessions for Zuwara, and Janzour hospital staff.

IOM

IOM medical teams provided 6204 consultation services to migrants, refugees and IDPs and referred 81 migrants to secondary/tertiary hospitals for further management.



The medical teams provided medical consultations for 1683 (Male 1346, Female 337) detained migrants in Dahr Aljabal DC, Tariq Al-Sikka DC, Abu Issa DC, Ganfouda DC, Tokra DC, Kufra DC, Souq AL Khamees DC, all over Libya. Another of 29 migrants were referred from these detention centers to the secondary and tertiary health care hospital for further management.

IOM medical team conducted eight door-to-door type awareness raising sessions in Sabha and Tripoli. A total of 241 migrants improved their awareness and knowledge of the COVID-19 prevention methods and health seeking behaviors when having the suspected symptoms.

IOM also contributed to the extensive outreach activities conducted by NCDC in the Souq Al Jumai Municipality. IOM medical team reached more than 1,000 Libyan and migrant populations and distributed over 3,000 Information, Education and Communication (IEC) materials in six languages (Arabic, English, French, Hausa, Tigrinya and Amharic).

IOM medical team through Migrant Resource and Response Mechanism (MRRM) program conducted medical consultations to 2553 migrants (1868 Males and 685 Female) in urban areas in Zwara, Sabha, Qatroun, Tripoli, Hay

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Al-Andalus Office and Bani Waleed. Moreover, IOM medical team referred 43 migrants to the secondary and tertiary health care hospitals. IOM medical team also conducted health awareness sessions and distributed IEC materials on COVID-2019.

IOM through its support to four Primary Health Care Centers (Alawaineya, 17 Feb PHC, Shouhada Abduljalel PHC, Alsiraj PHC, Wadi Qatara PHC) conducted medical consultations for 1006 IDPs (Male 523, Female 483) IOM medical team referred 2 migrants, along with supporting these centers with medicines, medical consumables and IEC materials on COVID-2019

Through its mobile outreach services, IOM's medical mobile team supported health care services for migrants, IDP's and conflict affected populations targeted in urban locations (Surbana Shelter (Hai Al-Andalus), Sudanese Shelter (Souq Al-Jumai) and Abdulsalam Shelter (Janzour Area), Janzour, Abu Salim, Ain Zara and Tojura urban locations) in Tripoli, Zweetina and Wadi Qatara in Benghazi which benefitted of total 962 persons (males 760, female 202) and referred 7 cases from above shelters for hospital management.



IOM medical team supported the migrants rescued at sea at different disembarkation points and screened 1568 migrants (Zwara, Subrata, Abusitta); during the screening 164 migrants provided medical consultation and referred 3 cases.



IOM Medical teams supported the NCDC staff at Misrata Airport by providing medical check up to all passengers returning to Libya as part of IOM Covid-19 response plan. A total of 584 travelers (Male 374, Female 132, Boys 27, Girls 51) 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. IOM successfully installed 2 Thermal cameras in Benina and Misrata airports and 3 Thermal cameras in Amsaad, Rasjadeer, Wazen PoEs. IOM medical team conducted medical pre-departure medical screening for

2199 migrants located in IOM Tripoli office, Tajoura Hear center, Disable Rehabilitation Center in Janzour to assess their fitness for Travel (FTT).

Capacity building activities:

- IOM medical team conducted Training for the health workers on COVID-19 infection prevention, IPC measures, lab diagnostics and medical waste management in September 1-2, 2020 in Sabha. A total of 20 health care workers trained.
- IOM conducted two batches 4 -days training for Laboratory health care worker on Quality Assurance in Molecular Diagnostic Laboratory, infection prevention control measures and waste management in Benghazi in Aug 31-Sep 3 and Sep 14-17, 2020. A total of 23 lab workers were trained on this training.
- IOM conducted 1- day training for the health workers lab technicians on COVID-19 infection prevention, IPC measures, lab diagnostics and medical waste management in Sabha in September 9,2020. A total of 18 laboratory technicians were trained.
- IOM conducted 3 bathes 2- day trainings for health workers/staff at Point of Entries (PoE) on COVID-19 prevention, infection control and management on Sep 21-22, Sep23-24, Sep 27-28,2020 in Benghazi. A total of 34 PoE health care workers were trained.
- IOM conducted 2- day training for RRT on IPC and contact tracing in Tripoli, Sep 23-24, 2020. A total of 22 health workers were trained. Pre- and post- test results showed significant improvement of knowledges of participants of the training.

IRC

The International Rescue Committee (IRC) is supporting Primary healthcare clinics (PHCCs) in Tripoli:

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With support from DFID, the mobile medical team (MMT) supporting Elmgarief and Nasib Altidkari PHCCs conducted 732 consultations including general, reproductive and mental health consultation and have provided 18 referral cases.

With support from SIDA, the IRC mobile medical team continued to conduct visits to Tariq Asikka Detention Center (DC) and Al Harat PHCC and conducted a total of 327 consultations (At Tariq Asikka DC and Al Harat PHCC) with 18 medical referrals to secondary and tertiary hospitals.

Support from UNHCR, the IRC medical team in Tripoli operates daily at the CDC in Gurji and conducted over 600 consultations which include General, Reproductive and Mental health services, along with more than 113 referrals to public and private clinics.

IRC medical team supported the registration process at UNHCR office – Serraj by providing daily medical screening and when needed the medical team also provided medical consultations at the registration time of the Person of Concerns (PoCs) newly released DCs.

On the 28th and 29th of September, NFIs were distributed at Alsikka DC and Abu-salim DC respectively.

Through partnership with the Libyan Red Crescent (LRC) in Tripoli, the IRC medical team continued to provide 24/7 hotline and ambulance transportation services. In September, the IRC referred a total of 22 (12 Male and 10 Female) PoCs to secondary and tertiary public and private hospitals.

In Misrata the MMT continues to visit 3 PHCCs (Al Jazeera, AlSkirat and Sidi Mbarak) and provided a total of 1142 consultations and 353 medical referral cases to secondary and tertiary public and private hospitals.

The IRC continues to host 44 POCs at the LRC shelter providing them with essential needs, food, and primary and specialized health care and referral of cases as needed, protection, psychological support and they are staying in the shelter under our responsibility waiting to be evacuated. A meeting was conducted on the 2nd of September with LRC management in order to discuss POC wellbeing.



The International Rescue Committee (IRC) is providing Rescue At Sea (RAS) to survivors: With support from UNHCR, the IRC continues to conduct Rescue At Sea (RAS) and have successfully responded to twelve (11) rescue activities in August as follow: Tripoli Commercial Port: One Rescue Operation. There was a total of 22 people rescued (20 male and 2 female). There were reports of 13 deaths. Tripoli Naval Base: Ten (10) Rescue Operations. There was a total of 952 people rescued (874 Male and 78 Female). And there were reports of 19 loss at sea.

With support from the Italian Cooperation for Development Agency (AICS 2), the IRC in partnership with Handicap International (HI) continued to implement activities under the project “Libya Equal Access and Development for Recovery (LEAD for Recovery) in Misrata. In addition, the IRC signed the contract for AICS3 project “The Libya Equal Access and Development for Recovery (LEAD for Recovery) consortium includes the IRC (lead applicant), ACTED, PUI, and GVC. The project will be implemented in 12 municipalities namely; Bani Walid, Khoms, Misrata, Zintan, Ajdabiy, Benghazi, Kufra, Al Baya, Tobruk, Maya/Maamoura, Sabratha, Sorman Municipalities with the aim to: SO1. Basic Services upgraded in the areas of the project through supply of equipment and/or refurbishment; SO2. Service providers and local stakeholders’ personnel capacity built in efficient and inclusive management, operation

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and maintenance of the upgraded facilities; SO3. Awareness raised among the target populations on inclusive access to basic services and key protection information.

Common Feedback Mechanism (CFM)

The CFM is supporting 11 UN agencies and international NGOs' activities on the ground by providing a concrete mechanism to reinforce their accountability to affected populations. The CFM is working with all sectors to gather sectoral specific information and provide feedback to shape sector strategy and has the ultimate goal of partnering with all sectors and actors in the response, both UN and NGOs. Already, all projects under the Humanitarian Response Plan (HRP) listed the CFM as their accountability mechanism to affected populations.

During the month of September, answered 46 callers requesting health services, 78% were refugees, 13% were nondisplaced and 9% were from IDPs; 39% were from female callers looking for medical assistance for themselves or for their family members. Those calls were mostly from the West (85%). Callers were requesting information (96%). Most of them requested curative and long-term care, providing feedback (4%) in which (2%) provided positive feedback and (2%) has provided a complaint about the IRC helplines.

Currently also being used as a national COVID-19 informational hotline, we received calls from 457 callers, 29% were female callers, 3% were suspected cases and were advised to contact the nearest emergency centre, the rest (97%) they were asking for information which include the awareness messages, the useful numbers and location of emergency centres.

The health sector is the fourth most sought to sector with 9.5% of health cases were registered in September. in which 78% were refugees seeking medical assistance, these cases were immediately given the IRC helplines to book appointments to have their check-ups. However, some beneficiaries have reported that these helplines do not answer their calls. 5% of beneficiaries were directed to the nearest health services provider according to the IMC service mapping. The reason why they need help with medical care is due to being unemployed as a result of to the COVID-19 restrictions since the majority are day laborers, therefore, they cannot afford paying for medical check-ups or their medicines.

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

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