

HEALTH SECTOR BULLETIN

May 2021



Libya

Emergency type: Complex Emergency

Reporting period: 01.05.2021 to 31.05.2021

Total population	People affected	People in need	People in need Health Sector	People in acute health need
7,400,000	2,470,000	1,250,000	1,195,389	1,010,000
PIN (IDP)	PIN (Returnees)	PIN (Non-displaced)	PIN (Migrants)	PIN (Refugees)
168,728	180,482	498,908	301,026	46,245
Target Health Sector	Required (US\$ m)	Funded (US\$ m)	Coverage (%)	
450,795	40,990,000	TBC	TBC	

KEY ISSUES	2021 PMR (Periodic Monitoring Report) related indicators	
	EWARN and epidemiological situation update	Number of medical procedures provided (including outpatient consultations, referrals, mental health, trauma consultations, deliveries, physical rehabilitation)
COVID-19 vaccination		
Sebha Nexus Working Group (NWG) Mission 26 May 2021	Number of public health facilities supported with health services and commodities	79
EU call for project proposals on PHC for NGOs	Number of mobile medical teams/clinics (including EMT)	39
Health workforce strategic plan development	Number of health service providers and CHW trained through capacity building and refresher training	417
Availability of health facilities in the south and east.	Number of attacks on health care reported	0
	Percentage of EWARN sentinel sites submitting reports in a timely manner	TBC
Inventory of health sector projects	Percentage of disease outbreaks responded to within 72 hours of identification	TBC
Health sector operational response	Number of reporting organizations	12
	Percentage of reached districts	86
	Percentage of reached municipalities	49
	Percentage of reached municipalities in areas of severity scale higher than 3	12

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SITUATION OVERVIEW

- GNU's Minister of Health states that when appointed, the Ministry of Health was in a disastrous state.
- Libya's National Oil Corporation working with Italy's ENI delivered medical equipment to the municipalities of Zwara & Riqdalin
- Minister of Health: All Covid-19 vaccines delivered to Libya are safe and effective
- Minister of Health: More than 5 million doses of “Johnson & Johnson” vaccine will arrive in the coming days.
- Libya and UK discuss mental health and localization of healthcare.
- Libya resumes COVID-19 vaccination after Eid holidays.
- Al-Koni: The conditions at Ubari Hospital amount to a crime.
- Field visits' observations by the Minister of Health: support with oxygen plants, oxygen cylinders, enhancement of diabetes treatment services, early cancer detection, lack of cancer medicines, outdated and broken medical equipment, shortage of medical staff, revision of medical procurement policies, shortage of medical equipment, low workload' levels and weak capacities of selected functioning public hospitals, a number of facilities with incomplete rehabilitation, weak ambulance and referral services, disrupted health services in remote areas, delays in salary' release, retainment of foreign health workers, actions for non-interrupted supplies of essential life-sustaining medicines.
- Libya Reports Zero COVID-19 Deaths for First Time in Months.
- The Government of Japan has approved a total of US\$ 833,000 toward strengthening Libya's preparedness for the COVID-19 vaccination programme, especially with regard to the procurement of cold chain equipment, Ultracold Chain, and institutional capacity development of health staff.
- May 19, the second shipment of 117,600 doses of COVID-19 vaccines through COVAX Facility arrived at Mitiga International Airport in Tripoli. This second batch of vaccines is earmarked for priority groups including health care workers, people above 75 years of age, followed by those between 65 and 75 who have comorbidities.
- Libya and Tunisia review cooperation in the field of health.
- The Ministry of Justice of the Government of National Unity (GNU) on Sunday announced the launch of a vaccination campaign against the Coronavirus in all reform and rehabilitation institutions and prisons.
- On 30 May 2021, in Tripoli, it was reported in local and social media that an American doctor and his Libyan driver were kidnaped by unidentified gunmen from Royal Gardens Hotel at al-Dhara area.
- Libyan Minister of Health at the Government of National Unity Ali Zanati announced an initiative to reopen the coastal road that links the country's western and eastern cities. The initiative, dubbed “Power of Hope,” aims to reopen the coastal road to transport patients, medications and humanitarian needs and alleviate the suffering of the citizens, he told a press conference.
- The Libyan Health Minister, Ali Al-Zanati, has went over cooperation opportunities with US companies to develop the Libyan healthcare sector. The Libyan Health Ministry reiterated readiness to cooperate with US firms in providing medicine, medical equipment, and cutting-edge medical systems. The US firms proposed building hospitals, managing them and training Libyan medical staff, in addition to assisting Libyans in combating Coronavirus and providing vaccines, as well as using US expertise in the health sector.
- Libya's Healthcare professionals demand the release of their salaries, an increase in payments and the activation of resolution 885
- Libya's Economic and Social Development Fund (ESDF) revealed that it is to reactivate medicine production within Libya. The ESDF announced the news yesterday after it participated in the meetings of the General Assembly of the Bosnian Pharmaceutical Industry Company, Bosnalijek, in the Bosnian capital, Sarajevo. The ESDF owns a 7.6 percent share in Bosnalijek.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

EWARN and epidemiological situation update

EWARS updates in May 2021 (week 18 to week 21; 2021) period (3 May 2021 to 30 May 2021): Average completeness of reporting (63) 48 %. Total number of consultations is 36,578 as follows: 7,945 (in week 18) 7,975 (in week 19), 11,816 (in week 20), 8,839 (in week 21).

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Out of the 36,578 total consultations, a total of 10,851 EWARN notifiable cases were reported; the breakdown was as follows:

Respiratory illness

- AURI: 6,139 accounting for 57 % of total cases. The highest number of cases reported from Al-Abyar (1472), Baniwaleed (870) and Benghazi (636).
- ALRI: 1,337 accounting for 12% of total cases. The highest number of cases reported from Benghazi (323) and Elmarj (147)
- COVID-19: 1,021 confirmed case reported from sentinel sites, the highest number of cases reported from Sabha (239), Zliten (161) and Ghedames (128).

Water borne disease

- Acute Diarrhea (AD): 2,082 (19% of total cases), most reported from Benghazi municipality (493).
- Bloody diarrhea (BD): 48 most reported from Baniwaleed municipality (17).
- Acute Jaundice Syndrome (AJS): 14 the highest reported number from Benghazi municipality (9).

Vaccine preventable disease

- Suspected Measles (SM): 10 most reported from Benghazi (6), Ajdabiya (2) and Aljufra (2)
- Pertussis 26 most reported from Benghazi municipality (15) and Tobruk (8)
- Meningitis (suspected) 18 most reported from Benghazi municipality (6) and Tobruk (8)

Other diseases

- Cutaneous Leishmaniasis; 33, most reported from Zliten (23) and Mesalata (8).
- Food poisoning; 115, most reported from Sabha (96)

COVID-19 vaccination

- Total number of beneficiaries registered on the e-registration website is 842,226 of which 758,007 are aged above 18 (eligible for vaccination)
- Total number of C19 vaccines accumulated doses arrived at the country is 575,200, of which are 175,200 COVAX AstraZeneca, 250,000 SPUTINK V and 150,000 Sinovac.
- Second batch of COVAX AZ1222 amounting to 117,600 doses still pending at Libya FDA (Quality Control Laboratories). Expected to be released first week of June).
- Total number of administrated doses are 219,431, all are first doses, this is translated into 3.13 total administrated doses per 100 population (7 million total estimated Libya population).
- Daily rate of administered doses rose steadily since the start of the campaign, where recently stands at an average of 8,000 administrated doses per day. Public vaccine demand is substantially increased.
- C19 vaccination for migrants and refugee's community has not started yet, this is mainly due to the delay in updating the C19 vaccine e-registration to include non-Libyans (e-registration still restricted to Libyan citizens only). Total estimated mixed migrants' population targeted with C19 vaccination in phase I is 61,913.
- NCDC has not received any operational budget for C19 vaccination, and struggling to keep the services ongoing, the moral commitment of campaign personnel will run low in short-term if their basic needs not being met immediately.
- No severe life-threatening AEFI has been reported since the rollout of the campaign on 10 of April. Most predominate reported symptoms ranged from, general fatigue, headache, low-grade fever, pain at the site of injection, which been resolved in 2-3 days. Notification on AEFI being done through dedicated hotline (195), while case investigation performed through network of trained medical doctors. The AEFI notification and investigation is joint work between the Pharmacy administration (NRA) and NCDC AEFI taskforce.
- Vaccination out of the registration system observed in some vaccination centers. No statistics available, however, NCDC has justified this by the aim of minimizing vaccines wastage and assured that those who have been vaccinated off the scheme they will be uploaded in the e-registration system.
- The rate of utilization of AZD122 & Sinovac vaccines exceeding the utilization of Sputnik V, and this apparently due to the cold chain-related issue. Many vaccination centers still lack -18 freezers required to store Sp V.

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- C19 vaccination for migrants and refugee's community has not started yet. NDPV plan being revised to include

Key Recommendations

- Conduct rapid field monitoring/assessment aiming toward assessing C19 VCs readiness and availability.
- Deploy supportive supervisory field visits to all active vaccination centres using WHO model for supportive supervision.
- Follow up with NRA to ensure availability of EUA and Import License of all WHO EUL vaccines.
- Advocate for operational budget allocation to NCDC.
- Enhance communication activities, focusing primary on vaccines safety and effectiveness.
- Assist/Urges NCDC to publish daily updates on vaccine coverage both national and per municipalities level (technical assistance has already been provided). Reported coverage by targeted groups, by gender and region according to prioritization.
- Monitoring vaccine stock. Precise report on the total quantity of received vaccine, utilized vaccine and remaining vaccine at all levels Name of manufacture, Batch Number, and Expiry date for each vaccine

Sebha Nexus Working Group (NWG) Mission 26 May 2021

The Sebha local authorities expressed their will to see the international community more active and present on the ground to contribute and strengthen better relationships with local authorities and to an expansion of humanitarian and development projects. The Nexus Working Group (UN agencies, NGOs and donor members) coordinated a visit on 26 May to meet the major and the municipality representatives.

The objective of the mission was to increase partnerships, and also a commitment to improve collective accountability to affected populations, being at the closest of their needs, observing and understanding their challenges, addressing their immediate needs while effectively building the foundations of sustainable resilience through the strengthening of local authorities' capacities to respond to the populations' needs. Although WHO and several NGO partners are present in the South, the NWG constitutes an overall strategic entry point to initiate a fruitful dialogue with the authorities in Sebha and the Fezzan region.

A two-hour meeting was held with Sebha Municipality representatives and Health was presented at a first priority in importance of needs (primary COVID-19 related), followed by Education and Security. The deputy mayor clearly stated the overall shortage of human resources for service providers in the region. The main immediate health needs identified were the use of solar power for health facilities as for sustainable service. As for the COVID-19 pandemic, the request was to increase COVID-19 PCR testing. As to for patient care, although over 100 oxygen concentrators were provided by WHO and Oxygen plant by UNDP, the need of Oxygen supplies continues to be expressed as critical throughout the country. Beyond COVID, the WHO support and partners were requested to maintain essential PHC services. The needs expressed by the representatives are already been addressed by WHO and health sector partners and will be reevaluated.

EU call for project proposals on PHC for NGOs

Global objective: to improve the health status of the population in targeted areas. Specific objective: to strengthen health care system at local level.

Priorities (please note that applications need to address all priorities):

- Gradual establishment of the Essential Service Package (ESP) in the targeted Municipalities and consolidation of its operations (sexual, reproductive, maternal and new-born health; child health and immunisation; public nutrition; communicable and non-communicable diseases; mental health/disability; a community component; the regular supply of essential drugs and medical products and workforce training and supportive supervision);
- Improving the quality of the services offered.

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- Establishing, at the most peripheral level of the health system, of a community health service delivery network (create/strengthen the capacities and engagement of community committees, community/ women's/youth associations as well as create/strengthen Family Medicine Approach)
- Continuous education and upskilling of national health personnel involved in service delivery.
- Promotion of behaviour change: healthy lifestyles with emphasis on community health, good hygiene and nutrition practices

Sectors or themes: Health, primary health care, Essential Service Package, Family Practice Approach, communicable and non-communicable disease pathways, nutrition-specific interventions, behaviour change, public health.

Lots & Budget: West – Ein Zara (EUR M 2.7 to 2.8); East – Shahhat (EUR M 2.2 to 2.3); South - Alshaty (Brak, Alghurha Asshati and Edre) (EUR M 2.6 to 2.7). Duration: 36 to 40 months

Health workforce strategic plan development and health systems strengthening

WHO and the MoH carry out a situation analysis of the health workforce in order to develop HRH strategic plan. At present the process is focused on document the situation regarding geographical distribution by level of care, skill mix, HRH policy guidelines and strategies, HRH development and management including attraction, motivation and retention strategies. The assignment is undertaken in three phases: Situation analysis, Health Workforce (HWF) strategy formulation and validation, and HWF strategic plan implementation supported by special studies.

Libya has a new government, hence a newly constituted MOH, that is taking root. This provides an opportunity for positive change in order to achieve the vision of the MOH, healthy people, whose health needs are effectively addressed by “a health workforce in adequate numbers and appropriate skill mix with required qualifications and competencies, distributed equitably across all levels of health system and the geographical regions”. The MOH seeks to improve HRH management by developing HRH strategic plan as its top priority. It is urgent to develop a three phased 10-year strategic plan to address the needs of the population, during this recovery phase, hoping that Libya has entered the era of lasting peace. The national Health Policy commitment is to have “Health workforce in adequate number and appropriate skill mix with the required qualifications and competencies distributed equitably across all levels of health care delivery system and the geographical regions of Libya”.

Availability of health facilities in the south

Distribution of Health facilities: The South Libya region consists of 216 Health facilities, 161 HFs functional (includes fully and partially functional), 55 were not functional. The breakdown of the functioning health facilities, 17 (11%) are Hospitals, 125 (78%) are fixed PHCs, 6 (4%) specialized care centres, while 13 (8%) other health facilities. Out of total functioning health facilities reported from South Libya 48 (30%) of facilities are in Murzuq, 32 (20%) in Sebha, 29 (18%) in Wadi Ashshati, 28 (17%) in Ubari, 15 (9%) in Aljufra and 9 (6%) in Ghat. It's worth to mention that 119 (73%) of the functional HFs are partially functioning mainly due to the shortage of medical supplies and lack of human resources.

Functionality of health facilities: Functionality has been assessed at three levels: fully functioning which mean open and providing full package of essential services, partially functioning means open but not providing the full package of essential services, or not functioning. Out of 216 assessed health facilities, 19% (42) were reported fully functioning, 55% (119) partially functioning and 26% (55) out of service.

Condition of health facilities infrastructure: The condition of the health facilities infrastructure has been assessed at three levels: fully damaged: major damage requiring complete reconstruction, partially damaged: requiring substantial to large scale repair, and not damaged, out of the total facilities assessed 37% (80) health facilities were reported damaged [17 fully damaged and 63 partially damaged], 46% (99) were reported intact.

Availability of health facilities in the east

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Distribution of health facilities: The East Libya consists of 434 Health facilities, 311 HFs functional, 118 were not functional and five HFs not reported. The breakdown of the functioning health facilities, 38 (12%) are Hospitals, 239(77%) are fixed PHCs, 6 (2%) specialized care centres*, while 28 (9%) others health facilities**.

Out of total functioning health facilities reported from the East Libya 93(30%) of facilities are in Benghazi, 49(16%) in Ejdabia, 42(14%) in Derna, 37(12%) in Almarj, 34(11%) in Al Jabal Al Akhdar, 32(10%) in Tobruk and in 24(8%) in Alkufra.

Functionality of health facilities: Out of 434 assessed health facilities, 52% (227) were reported fully functioning, 20% (84) partially functioning compared, 27% (118) out of service. Note that 1% (5) of the facilities did not update their report.

Condition of health facilities infrastructure: Out of the total facilities assessed 30% (133) health facilities were reported damaged [57 fully damaged and 76 partially damaged], 63% (273) were reported intact.

HEALTH SECTOR ACTION/RESPONSE

Daily and weekly COVID-19 updates produced by WHO Libya.

AFP updates: Weekly AFP updates published by WHO Libya.

Weekly EWARN bulletins are being produced by NCDC.

Mid-month (1-15 April) health sector operational update produced with the inputs.

Operational assessment of selected municipalities is produced and shared by WHO.

Coordination meetings:

- Continued discussions with the MoH to carry out national health sector coordination meeting.

Rehabilitation of health facilities:

- Prepared an overview of health facilities rehabilitated by the international organizations. 77 public health facilities are supported by health sector partners.

Inventory of health sector projects:

- Compiled an inventory of health sector projects funded by the international organizations. A minimum of 50 health sector projects are being currently implemented with an estimated funding of 120 million USD.

Overview of health sector response in the south:

- Consolidated an overview of ongoing health sector response in the south of Libya.

Capacity building support by health sector:

- Prepared an overview of capacity building activities supported by the international organizations (March-April).

Health sector contact list:

- Updated health sector contact list.

Health sector operational response for April:

- 12 health sector partners provided details of their operational response, including 4 UN agencies and 8 INGOs.

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- Health sector covered 86% of districts, 49% of municipalities. 12% of reached municipalities were in severity scale higher than 3.
- A total of 22,237 medical procedures were provided. This included 21,007 outpatient consultation, 264 trauma sessions, 495 mental health consultations, 561 referrals.
- 79 health facilities supported with service delivery and supplies.
- 17 health facilities and community centers provide MHPSS services.
- 39 mobile medical teams are rolled out.
- 123 standard health kits and 68 pieces of various medical equipment are distributed.
- 245,071 PPE are distributed.
- 33 health facilities are supported with mobile teams.
- 7 camps/IDP sites and 16 detention centers are covered.
- 417 health and community workers are trained.

COVID-19 response indicators

Pillars	INDICATORS	Jan	Feb	Mar	April	Total
1. National Coordination, planning and monitoring	# of coordination meeting with health authorities/partners conducted	10	10	15	10	45
	# of biweekly operational and epidemiological update disseminated	2	2	2	2	8
	# of daily situation update disseminated	26	24	26	26	102
2. Risk communication and community engagement	# IEC materials distributed	1,100	1,414	44,700	-	47,214
	People reached with messages on COVID-19 preventive measures and access to health care (Libyan)	-	1,866	73,370	312	75,548
	People reached with messages on COVID-19 preventive measures and access to health care (Non Libyan)	-	6,630	15,492	13	22,135
3. Surveillance, RRT and Case Investigation	# of total RRT supported	-	150	-	-	150
	# of surveillance officers trained on COVID -19 data collection	-	-	-	19	19
5. National laboratory	# of labs supported by technical support and training	-	7	-	1	8
	# of RT-PCR machines distributed	-	-	-	-	-
	# of swabs and medium provided	-	32	59	102	193
	# of provided RT-PCR kits	-	-	3,000	4,033	7,033
	# of Lab reagents distributed	-	-	2,229	230	2,459
	# of provided antigen-based rapid diagnostic tests (WHO approved)	10,400	260	9,800	3,250	23,710
6. Infection prevention and control	# disinfectant materials distributed	-	-	44	-	44
	# thermometers (non-contact & clinical)	-	8	80	60	148
	PPEs (# Coverall)	-	1,200	3,532	700	5,432
	PPEs (# Face Shield)	400	9,900	4,115	13,652	28,067
	PPEs (# Gloves)	-	102,300	129,205	52,511	284,016
	PPEs (# Goggles)	-	2,100	1,467	2,450	6,017
	PPEs (# Gowns)	-	1,800	16,655	2,198	20,653
	PPEs (# Mask 95)	11,500	239,500	12,363	17,614	280,977
7. Case management	PPEs (# Surgical Masks)	12,500	123,020	363,250	155,946	642,216
	# of supplied oxygen plants	-	-	-	-	-
	# of supplied oxygen cylinders	-	-	-	-	-
	# of supplied ICU patient ventilators (adult and children)	7	-	-	1	8
	# of distributed patient monitors	-	-	-	-	-
	# of supplied liquid oxygen plants	-	-	-	-	-
	# of distributed pulse oximeter	-	-	-	-	-
8. Cross Cutting-Training	# of supplied oxygen concentrators	31	2	8	20	61
	# of HCWs trained on IPC (Infection Prevention Control)	6	-	128	93	227
9. Maintaining Essential Health Services	# of PHC HCWs trained on COVID19 (Essential Health Services)	-	-	62	-	62
	# of facilities with Isolation center for COVID-19	58	58	58	58	58



COVID response reported organizations
IOM, PUI, WHO, WW-GVC, MSF-Holland.

IOM Mental Health and Psychosocial Support (MHPSS) services

Mental Health and Psychosocial Support (MHPSS) services were provided to 417 migrants (199 men, 104 women, 76 boys, 38 girls) in IOM center in Hay Alandalus and several urban locations in Tripoli, Zwara, and Benghazi including shelters, collective houses, labor migrants gathering points, IOM mobile clinics, embassies, detention centers, health facilities, and at disembarkation points following interception/rescue at sea operations in Tripoli. The MHPSS teams accompanied IOM medical teams to different locations and conducted a varied set of activities, including individual basic counselling and psychological first aid, psychosocial awareness sessions, support group sessions, art based

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psychosocial activities, group readings of IASC MHPSS COVID 19 storybook for children and their families, facilitation of recreational activities for children, psychoeducation sessions, psychosocial assessments and referrals to protection and specialized mental health care services. The MHPSS teams conducted 23 follow up psychosocial support sessions throughout the month, including sessions for migrants with mental health conditions and their caregivers and migrants following distressful events in Tripoli and Zwara. Concurrently, the MHPSS teams conducted 17 referrals to other IOM teams (Protection, Migrant Resource and Response Mechanism, MHD, and IOM medical team for specialized mental health care services) for migrants in need of assistance in different locations in Tripoli, Benghazi and Zwara. Through the MHPSS helpline, and as a response to COVID 19 mobility restrictions, migrants living remotely continued to access mental health and psychosocial support services. The MHPSS helpline received 12 calls from Aljmail, Zwara and Tripoli, where migrants from Sudan, Liberia, Eritrea, Togo, and Niger were provided with remote counselling and psychosocial support services. Moreover, IOM continues supporting the national coordination mechanism through chairing the MHPSS technical working group (MHPSS TWG) with IMC (International Medical Corps) and in close coordination with the Ministry of Health, where the TWG conducted their monthly meeting on 18th May with active participation of several members (26 participant). Furthermore, the MHPSS TWG continues to provide technical support and guidance to MHPSS actors and different humanitarian sectors in Libya.

Health Information Management materials produced:

- Health sector Libya, 4W snapshot, April 2021.
- Map, health sector Libya operational presence in Libya, April 2021.
- Draft, HeRAMS reports are produced for the south and east of the country.
- Links to interactive dashboards:
 - [COVID-19 Libya dashboard](#)
 - [Libya Health sector 4Ws 2021](#)
 - [COVID-19 health facilities Libya](#)
 - [COVID-19 response Key indicators 2021](#)

UPDATES FROM PARTNERS

TDH Italy

With funding from the CERF-Health project, “Supporting health institutions and communities respond to COVID-19 in Aljabal Algharbi, Azzawya, Misurata, and Tripoli.” Deliveries and post-distribution monitoring of supplies and equipment to Aljabal Algharbi, Almargeb, Azzawya, Misurata, and Tripoli. The remaining delivery packages were completed, and post-distribution monitoring was concluded in May 2021. 6 Training packages have been prepared after site consultations, and to date, six training packages have been delivered from October 2020 to May 2021 (COVID-19 Basics, Infection Prevention Control, PSS Risks to Health and Safety, Arterial Blood Gas Interpretation and Acid-Base Disorders, Collection, Storage, and Transportation of Specimens for COVID-19 Diagnosis, PPE for Suspected and Confirmed Cases of COVID-19). Training will continue to be provided to sites from the TDH network in June 2021. Training packages have been delivered in-person via classroom and briefing modalities, printed material distributions, published on Facebook, and via remote Zoom presentations to staff. RCCE activities launched in the second half of December 2020 and to date have reached over 10,000 individuals on social media and at in-person info sessions organized in the community. Continuing activities planned for 2021 will include social media posts, distribution of printed materials, and in-person sessions with students and caregivers returning to school, community groups, etc. TdH-It is planning to integrate these RCCE activities with ongoing hygiene promotion activities in schools.

GIZ

COVID-19 clinical and laboratory training and Asset Life Cycle Management

To improve the management of COVID-19 testing and treatment services, GIZ in partnership with International Medical Corps (IMC) commenced with COVID-19 clinical and laboratory trainings and supervision for doctors, nurses and laboratory technicians at Nalut Central Hospital, Zliten Medical Centre and Garabulli General Hospital. The trainings include mental health support for frontline workers. In addition, GIZ together with the German

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consultancy, management4health (M4H), is providing trainings, including supervision, to hospital management and hospital engineers in Asset Life Cycle Management, focusing on intensive care and laboratory equipment. This includes inventory development, how to establish an asset requirement plan for COVID-19 testing and treatment as well as a strategic plan for the operation of assets, including maintenance and disposal and developing cost-effective acquisition plans.

IRC

IRC mobile medical teams (MMT) continue to provide primary healthcare services to migrants, refugees and the local communities. These services included general, reproductive and MHPSS.



With support from SIDA, the IRC MMT continue to conduct regular visits to Elharat PHCC and have conducted about 398 medical consultations. With support from RDPP, the IRC MMT have conducted over 705 medical consultations at Al Nosb Altedkary, Elmgarief, and Zawyet Aldahmani PHCCs. MMT supported by UNHCR also operates daily at the community development center CDC and provide general, reproductive and MHPSS services. With support from UNHCR, regular visits were also conducted to Sikka DC and Abu Salim DC in Tripoli as well as Abu Issa DC in Zawiya.

With support from UNHCR, Rescue At Sea activities continued and 18 rescue operations were responded to, 11 at Tripoli Naval Base, 6 at Tripoli commercial port and 1 at Azzawyah oil refinery port. There was a total of about 193 medical consultations conducted. With support from UNHCR, 24/7 hotline and ambulance transportation services continue to be provided via JRP ambulance. In May, over 63 individuals were assisted (32 males and 31 females).

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

With support from UNHCR, during the beginning of May 26 POCs were hosted at Misrata-LRC shelter. On the 30th the shelter received 7 new people from Sudan and on the 31st one person was transferred from the shelter to the TB center for treatment, making the current total of 32 POCs hosted. The MMT provided a total of 23 consultations along with providing 20 cases with medical referral to secondary and tertiary public and private hospitals.

With support from AICS, In Misrata, most of the first batch of donated medical equipment was installed on the 3rd by supplier specialist's team for Zawiyat Al Mahjoob polyclinic and DoH facilities. On the 4th, the second batch of medical equipment was received from Gazilab Company. In Bani Walid and Misrata, contracts for the maintenance of the targeted schools were signed with the contracting companies and the companies received the sites and started to work in the past few days. The COVs in Misrata remain active and have delivered about 30 health education sessions reaching nearly 415 beneficiaries in order to raise the awareness among the targeted beneficiaries. In Alkhoms, about 90 health education sessions were conducted for targeted communities at several settings, directly reaching 1120 beneficiaries. In Bani Walid, roughly 50 health education sessions were conducted with 1215 beneficiaries reached.

Trainings:

- From the 23rd to 27th of May, mhGAP training was conducted at Altwigh hotel for 18 participants under RDPP.
- On the 5th, at central dental outpatient department in Misrata, a cascade training was conducted on COVID-19 for 20 trainees of the facility.
- On the 26th, at Almahjoob nueroclinic in Misrata, a cascade training was conducted on humanitarian and protection principles.
- On the 30th and 31st, a cascade training was conducted on COVID-19 at DoH in addition to a humanitarian and protection principles cascade training and a cascade training was conducted on IPC at Qasr Ahmed hospital in Misrata respectively.



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- From 18th to 20th, an HMIS TOT training was conducted in Tripoli for 15 participants, from Misrata, Bani Walid and Alkhoms.
- In Bani Walid, IPC Cascade training was conducted in Shmeikh health center on the 20th, Al-Mardoum Health Center on the 24th, Bani Walid General Hospital on the 26th and Emergency Unit on the 27th of May. About 15 candidates were trained from each health facility.

Donations: With support from SIDA in Tripoli, PPE material was donated to Ghout Aldees PHCC. With support from AICS in Misrata, lab reagents (63 kits in total) were donated to Central Blood Bank on the 2nd and medical equipment were donated from Gazilab to MMC, DoH, Qasr Ahmed Hospital and Almahjoob neuroclinic on the 27th of May.

Future Plans: Begin regular visits to Ainzara and Gharian DC under UNHCR. Non-medical equipment donation to Al Nosb Al Tedkari PHCC under RDPP. Support Ain Zara municipality with data entry and analysis training for the PHCC management and basic life support training under RDPP. Donate lab reagent to 3 PHCCs in Ain Zara municipality under RDPP. Conduct maintenance to Gout Aldees PHCC next month under SIDA. Follow -up installation of donated medical equipment in Misrata. Conduct IPC Cascade Training to targeted health facility on the 1st of June in Bani Walid.

IOM

Primary Health Care Consultations and Referrals: IOM medical teams provided a total of 7,922 primary health care consultations to migrants, IDPs and host community members and referred 99 migrants to secondary and tertiary health facilities for further medical investigation, treatment and management.

DCs: IOM medical teams provided primary health care consultations for 1,962 migrants in detention (1,571 men and 391 women) in Fifteen detention centres: namely, Ghiryana Abu Rashada, Tariq Alsikka, Azzwaya Abu Issa, Ganfouda, Alqubba, Albayda, Assahel (Talmetha), Almarj, Shahhat, Ain Zara, Mabani, Baten Al jabal, Albayda, Shara Zawya and Alkufra DCs. IOM also provided health consultations Ejdabia upon ad-hoc request. 24 migrants were referred from these detention centers to the secondary and tertiary hospitals for further clinical management.



PHC clinics: Through its support in four primary health care centres (Shouhada Abduljalel PHC, 17 Feb Polyclinic, Alsiraj PHC and Al-Aoeanea PHC), IOM provided 567 primary health care consultations (299 men and 268 women) to the IDPs and host community members.

Medical outreach: IOM mobile teams (Health program and Migrant Resource and Response Mechanism (MRRM) program) are providing primary health care services for migrants, IDPs and host communities in urban settings. Project locations cover Hai Al-Andalus, Ghot Alshaal, Ain Zara, Alsirraj, Souq Aljumaa, Abdulsalam, Tajoura, Zwara, Sabha, Qatroun, and Bani Waleed.

IOM medical outreach teams reached 5,393 migrants and IDPs (4,009 men and 1,384 women), out of which 69 migrants were referred to the secondary and tertiary health facilities for clinical management.

Rescue at Sea: IOM medical team responded to rescue at sea operations where 2748 migrants (2,620 adult male, 102 adult females and 32 minor) were rescued at the Abusitta disembarkation point. 135 migrants were triaged upon medical screening and 6 migrants were referred to the secondary health facility for clinical management.

Fitness to Travel Screening: IOM medical teams provided pre-departure medical screenings for 520 migrants to assess fitness to travel (FTT) under the Voluntary Humanitarian Return and Reintegration (VHR) program.



COVID-19 response

- Risk Communication and Community Engagement (RCCE): IOM medical team conducted 285 outreach campaigns and awareness raising sessions in Sebha, Ubari, Tripoli, Zwara, Bani Waleed and Benghazi. A total of

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11,027 migrants improved their awareness and knowledge of the COVID-19 prevention methods and health seeking behaviors when having the suspected symptoms.

- Points of Entry (PoEs): IOM Medical teams supported the NCDC staff at Misurata airport, Ras Jedir and Wasen PoEs by providing medical check up to all passengers returning to Libya as part of IOM COVID-19 response plan. A total of 71,978 cross-border travelers (57,541 men, 9,849 women, 2,555 boys and 2,033 girls below 18 years old) were screened by checking temperature and general condition.

IOM finalized the donation of medical clinic to Mitiga Airport. The donations included the necessary medical equipment, furniture to support the point entry while managing the COVID-19 response.

IMC

Health Systems Strengthening: During the month of May 2021, 20 primary health care centers (6 Tripoli, 5 Sabha, 2 Benghazi, 8 Misrata) were supported through 10 medical mobile teams (3 Tripoli, 1 Sabha, 2 Benghazi, 4 Misrata), each composed of a medical doctor, nurse and midwife. The teams are assisted by dedicated community health mobilizers, pharmacists and medical coordinators. Aside from augmenting health care service capacity in the static health facilities, the mobile teams have regularly visited 10 IDP locations. Cumulatively, the teams conducted 3,179 general medical consultations, 137 antenatal care consultations and reached 2,889 community members with key health messages.

Five (5) hospitals (Tripoli Central Hospital, Ophthalmology IU Center - Tripoli, Oncology Isolation Center - Misrata, Respiratory IU Center – Sabha, and Alamal Benghazi IU Center) continue to receive support in May 2021. Support includes deployment of ICU medical doctors and nurses dedicated for infection prevention and control. In contribution to the COVID-19 response, 4,336 beneficiaries utilizing health care services in supported health facilities have been screened for COVID-19. Throughout the month of May 2021, it has been noted that MOH health staff assigned in isolation units suspended work a few times in an effort to pressure the government to release unpaid salaries for government health care workers.

The ongoing national tuberculosis program continued throughout May 2021, in Tripoli and Misrata. The support in collaboration with the National Center for Disease Control, includes screening and identifying beneficiaries who may be suffering from tuberculosis ensuring continued medical management and follow up. By the end of May 2021, there had been 231 beneficiaries registered for TB management since the start of the project while 679 patients were provided with free diagnostic services as part of the support to the laboratories at the Tripoli and Misrata NCDC laboratory and four primary health centers (Ghargour PHCC, Almadina Alqadima PHCC, Ras Friedekh (Shuhada Armela) PHCC, Alaswak PHCC).

In the month of May 2021, awareness through the International Hypertension Day benefited at least 69 participants (53 in Tripoli, 16 in Benghazi), mostly patients with diagnosed hypertension.



Capacity Building: There were twenty -six (26) medical doctors from the municipalities of Nalut, Zintan, Garaboulli, Ghadamis, Misullta, and Jufra participated in distance learning sessions on common morbidities as part of the Family Practice Approach trainings. Eighty – three (83) participants (38 doctors, 35 nurses and 10 laboratory technicians) from Zliten (25), Garaboulli (29) and Nalut (29) received training on the diagnosis and case management of COVID-19 disease within the last 2 weeks of May 2021. The participants received training in accordance to the qualification and job responsibilities they are assigned to at their health facilities. While nine (9) medical doctors offering services through the mobile medical units are

currently undergoing training on MhGAP.

Donor Support: Interventions provided by International Medical Corps have been made possible with the generous support of USAID – BHA, the EU Trust Fund, GIZ and in partnership with CESVI.

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PUI

Through the month of May 2021, with the support of the DG-ECHO, Première Urgence Internationale (PUI) provided primary health care and MHPSS services, organized awareness and capacity building activities in Al Kufra Mantika.

Primary health care consultations: PUI Mobile Health Team continued providing medical interventions over 7 sites composed with preventive and curative care over 10 sites of intervention in Al Kufra and Rebyana municipalities.

MHPSS services: Psychosocial counselling was provided through individual and group sessions.

Health and hygiene promotion: Through its network of community health workers, PUI continued conducting health and hygiene promotion sessions at community level. The sessions focused specifically on raising awareness on COVID-19 preventive measures and the vaccination campaign. Additionally, messages about the online platform of the NCDC for vaccination registration were disseminated at community level.



In the framework of its activities implemented in consortium with IRC, GVC and ACTED supported by the Italian Cooperation (AICS), PUI completed in Benghazi a training of trainers' session on supply chain (pharmaceutical stock management), held from 22 to 24 May 2021 for 11 related focal point of department of health services (DHS) offices in the three municipalities of Benghazi, Al Bayda and Al Kufra. With the support of the French Centre de Crise et de Soutien (CDCS), PUI is launching a 12-months primary health project aiming at improving the quality of the management of non-communicable diseases for which the mortality burden is high in Libya. The preparation phase took place during April and May in order to start the implementation during June 2021.

INFORMATION SOURCES:

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

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

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