

HEALTH SECTOR BULLETIN

October 2021



Libya

Emergency type: Complex Emergency

Reporting period: 01.10.2021 to 31.10.2021

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	13.9	34	

KEY ISSUES	2021 PMR (Periodic Monitoring Report) related indicators (September)	
HRP 2022	Number of medical procedures provided (including outpatient consultations, referrals, mental health, trauma consultations, deliveries, physical rehabilitation)	47,465
Detention centers	Number of public health facilities supported with health services and commodities	93
Health sector coordination meetings	Number of mobile medical teams/clinics (including EMT)	61
September response	Number of health service providers and CHW trained through capacity building and refresher training	364
Health information management	Number of attacks on health care reported	0
Humanitarian-Development-Peace Nexus for Health: Libya Profile, September 2021	Percentage of EWARN sentinel sites submitting reports in a timely manner	47
	Percentage of disease outbreaks responded to within 72 hours of identification	84
	Number of reporting organizations	13
	Percentage of reached districts	82
	Percentage of reached municipalities	54
	Percentage of reached municipalities in areas of severity scale higher than 3	17

HEALTH SECTOR BULLETIN

October 2021

SITUATION OVERVIEW

2 October. one migrant was killed and at least 15 others injured, six seriously, when Libyan security authorities, carried out raids on houses and temporary makeshift shelters yesterday in Gargaresh, an area of Tripoli heavily populated by migrants and asylum-seekers... [STATEMENT of the United Nations Assistant Secretary-General Resident and Humanitarian Coordinator for Libya, Georgette Gagnon UN extremely concerned about reports of Killing and Excessive Use of Force against Migrants and Asylum Seekers in Gargaresh, Tripoli.](#) The number of migrants detained in Libya more than doubled in a week, rising from 4,531 on 26 September, to more than 10,000 on 3 October.

7 October, the Libyan government approved 13.6 million euros to be spent by the Health Ministry with French healthcare provider GIE Saint Marguerite for the treatment of Libyan children with tumours, bone marrow transplantation and microsurgery to be conducted at Janzour Hospital.

13 October, Libyan Economy Minister prohibits companies from importing medicines.

14 October, different sources report that a senior health official got kidnapped in Tripoli and later released.

11-14 October, Libyan Health Minister elected as Chairman of WHO Regional Committee for Eastern Mediterranean region.

23 October, the Ministry of Health discussed with Turkish service provider specializing in providing integrated management services for hospitals and health institutions, operating and equipping the Kufra Hospital, as a first model for the hospitals that the company will operate and equip. The company is scheduled to fully equip the Kufra Hospital and operate it with 70 percent Turkish and 30 percent Libyan staff, provided that after two years, the hospital will be operated entirely by Libyan authorities.

31 October, the General Syndicate of Libyan Doctors said in a statement that it would begin an open strike as of 7 November with regard to its demands to increase salaries of medical workers.

The Ministry of Health works to increase the capacity and capabilities of the MoH isolation centers, including oxygen equipment and transportation. New isolation centers are being opened.

The MoH is committed to complete the construction/reconstruction of the planned physiotherapy centers in Zawiya area.

The MoH has been working to pay off pending financial amounts for treatment of Libyan citizen abroad, for example in Jordan and Turkey.

The Minister of Health continues visiting various health facilities across the country, assessing the situation on the ground.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

HRP 2022

Sector/AoR	No. of approved projects	Financial requirements submitted
Coordination and support services	13	5,947,500
Education	8	2,733,667
Emergency Shelter and NFI	7	5,500,000
Emergency Telecommunications	2	821,161
Food Security	7	10,303,508
Health	21	18,575,678

HEALTH SECTOR BULLETIN

October 2021

Multi-sector	7	4,360,000
Protection	11	10,157,093
Protection - Child Protection	5	3,082,058
Protection - Gender-Based Violence	5	3,357,239
Protection - Mine Action	7	4,746,400
Water Sanitation Hygiene	7	5,703,216
Total	91	75,287,520

Health sector related projects

Organization	Name	Requested funds	Global Clusters
UNICEF	Provision of Essential & Lifesaving Maternal and Child, Health & Nutrition and COVID-19 responsive services to vulnerable population in Libya	1,500,000	Health
UNFPA	Increase access to lifesaving sexual and reproductive health services to vulnerable population affected by Conflict and COVID19 pandemic in Libya.	1,031,000	Health
IRC	Conflict affected population in Libya including migrant and refugees have improved access to lifesaving and comprehensive primary, reproductive and mental health care services	1,700,000	Health
IMC	Strengthening protection and resilience of vulnerable groups in COVID-19 emergency	500,083	Health
IMC	PEERS: Protection Enabling Environment and Resilience Services	910,402	Health
WeWorld - GVC	Emergency Health support for the vulnerable community groups in West and South Libya	292,000	Health
IOM	Closing Gaps in Essential Health Services for the Most Vulnerable Migrants, IDPs, and Host Communities in Libya	1,500,000	Health
IOM	Strengthening Core Capacity of Points of Entry for Emergencies	900,000	Health
IMC	Expanding access to essential primary healthcare, respiratory care for severe COVID-19 patients, and comprehensive and lifesaving GBV services for Internally Displaced Persons (IDPs) and conflict-affected people in Libya	848,658	Multi-sector
Helpcode	Provisioning of lifesaving and primary reproductive health services to the most vulnerable population including IDPs, refugees, migrants and vulnerable nondisplaced, in southern Libya	262,500	Health
IOM	Syndromic and event based cross border surveillance and contact tracing of COVID patients	397,000	Health
PUI	Enhance access to health and essential services for conflict affected communities in Southeast of Libya	625,000	Health
PUI	Libya Equal Access and Development for Recovery	1,000,000	Health
TdH Italy	Supporting health institutions and communities respond to COVID-19 in Aljabal Algharbi, Azzawya, Misurata, and Tripoli.	300,000	Health
WHO	Libya C-19: Strengthening Libyan authorities' capacity to address C-19 related challenges and ensure protection of Libya's population, including vulnerable groups	1,700,000	Health
WHO	Strengthening national disease surveillance with a focus on COVID19, TB and HIV	300,000	Health
WHO	Strengthening health sector coordination and information management in Libya	400,000	Health
WHO	Strengthen noncommunicable disease and mental health disorder with focus on GBV across Libya during emergencies.	350,700	Health
WHO	Improve quality of global surgery and referral services across Libya to save lives	800,000	Health
WHO	Scaling up primary health care services including Expanded Program of Immunization allover Libya	1,800,000	Health

HEALTH SECTOR BULLETIN

October 2021

UNHCR	UNHCR Multi-Sectoral Project in Libya	1,458,335	Multi-sector
TOTAL:		18,575,678	

Detention centers

On October 1st a mass arrest campaign commenced in Gargaresh, Hay al Andalus municipality, aimed at migrants, refugees and asylum seekers. As a result, at least 5,125 persons including women and children were arrested and transferred into three Detention Centers – Mabani, Shara Zawiya and Abu Salim. Similar operations had commenced in other municipalities of Tripoli.

Health sector closely worked with the engaged agencies with development of key advocacy points and response to detention centers as a result of excessive use of force as part of ISCG Recommendation on provision of humanitarian assistance in DCs.

Recommendations:

- Critical to operate within the Principled Framework for Interventions in Detention Centers;
- Operationalization of life saving response to the current response:
 - Mobile medical teams to treat trauma and surgical patients including women in pre- and post- natal periods - Until all persons released and/or access due process.
- Minimum conditions for implementation of the response in DCs.

Based on incoming situation on deterioration of health situation in Ain Zara DC, a few health sector partners stepped up to provide essential support.

Libya Migrant and Refugee Platform issued recommended advocacy points to be underscored with Libyan authorities and relevant stakeholders.

COVID-19:

Countries with the highest number of weekly new cases Week 42 – 2021 (17 – 23 Oct 2021)

Global

Country	New Cases	New Cases per 1M Pop	Total Cases	Total Cases per 1M Pop
United States of America	346,399	1,047	44,940,696	135,771
United Kingdom	236,752	3,487	8,641,225	127,290
Russian Federation	175,618	1,203	8,168,305	55,972
Turkey	142,441	1,689	7,772,604	92,159
India	107,749	78	34,175,468	24,765
Germany	92,368	1,111	4,466,157	53,701
Ukraine	90,215	2,063	2,725,385	62,318
Iran (Islamic Republic of)	78,251	932	5,851,670	69,669
Romania	77,682	4,019	1,534,942	79,412
Thailand	75,456	1,081	1,859,157	26,635

EMR

Country	New Cases	New Cases per 1M Pop	Total Cases	Total Cases per 1M Pop
Iran (Islamic Republic of)	78,251	932	5,851,670	69,669
Iraq	11,290	281	2,045,027	50,843
Jordan	9,641	945	849,758	83,284
Egypt	6,148	60	323,733	3,163
Pakistan	4,281	19	1,267,945	5,740
Lebanon	3,957	580	637,312	93,373
Libya	3,671	534	352,881	51,356
occupied Palestinian territory	3,307	648	451,189	88,444
Syrian Arab Republic	2,517	144	41,222	2,355
Morocco	2,213	60	944,076	25,577

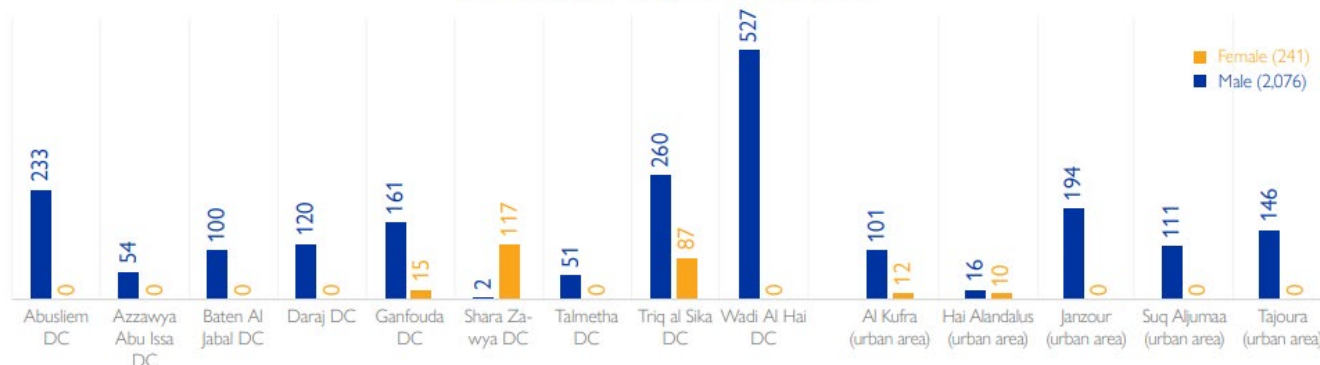


HEALTH SECTOR BULLETIN

October 2021

Vaccination of migrants: By the end of the third week in October, a total of 2,317 migrants (241 females and 2,076 males) have received either Sinopharm or AstraZeneca vaccines, out of which, 86 migrants (4%) have received two doses and are fully vaccinated (including the migrants who received the first dose before 3 October 2021). Vaccines were provided and administered by NCDC.

Gender disaggregation of migrants vaccinated by location.



HEALTH SECTOR ACTION/RESPONSE

Weekly and monthly COVID-19 updates produced by WHO Libya.

AFP updates: Weekly AFP updates published by WHO Libya.

Weekly EWARN bulletins are being produced by NCDC.

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

Health sector 4W operational response update (September 2021) was produced.

September response was based on the contributions of the following organizations: IRC, IMC, WWGVC, TdH, HI, MSF-Holland, CEFA, PUI, IOM, UNHCR, UNFPA, UNICEF, and WHO.

- 20 out of 22 districts and 54 out of 100 municipalities are reached. 17% of reached municipalities are severity scale areas above 3.
- 47,645 medical procedures are provided mainly in Tripoli, Al Magreb, Benghazi, Al Jafara and Misrata.
- 21 health facilities are supported while providing MHPSS services.
- 61 mobile medical teams are deployed.
- 156 EWARN sentinel sites are activated with 47% of them reporting in a timely manner.
- 74 PHC and 19 secondary health facilities are supported with services and supplies.
- Almost 2,000 pieces of medical equipment are distributed and 20 health kits.
- Almost 5,000 PPEs are distributed.
- 61 health facilities are supported with mobile teams.
- 13 public health facilities receive some kind of support with physical rehabilitation.
- 12 camps, 15 DC centers are covered.
- 364 service providers are trained.

Health sector coordination meetings:

- Sub-national health sector meeting took place in Sabha on 20 October.
- RCCE technical working group meeting took place in Tripoli on 18 October.

HEALTH SECTOR BULLETIN

October 2021

- Ad hoc migration health technical working group meeting took place in Tripoli on 11 October.
- MHPSS sub-sector technical working group meeting took place on 12 October.

Curbing Pandemics in the World's Most Vulnerable Settings

Health sector contributed to the preparation of policy paper on Preparedness and Response Amidst Fragility and Conflict by the Center for Policy Impact in Global Health, Duke University

Strengthening of Health Information Management

The current focus of work is on:

- Analysis of health sector coverage
- Review of the existing emergency reporting templates
- COVID-19 response, including COVID-19 detection laboratories and health facilities
- Review of the DHIS2 operational status
- Potential for HeRAMS roll out

Technical meetings and discussions are held with the MoH and NCDC departments and centers.

Improving Monitoring Capacity in Humanitarian and Fragile settings in the Eastern Mediterranean Region of WHO, a joint project with Johns Hopkins Center for Humanitarian Health

Libya is one of the pilot countries to take part in the project enhancing the WHO EMRO's and its partners' monitoring capacity of humanitarian health action at country and regional levels to increase response effectiveness and accountability. The specific objectives are to:

- Assess monitoring capacity in selected crises and context specific barriers to data collection and use.
- Strengthen operationalization of KPI measurement in selected crises.
- Learn lessons from a set of EMR countries on feasibility of KPI measurement and generalize/apply to the region as appropriate.
- Share experience with WHO HQ and other regional offices, the global health cluster (GHC), and other partners to promote harmonization and learning.

Humanitarian-Development-Peace Nexus for Health: Libya Profile, September 2021

Second edition of the HDPN Libya profile has been prepared. This profile provides an ongoing understanding of the current HDPN for health progress in Libya by detailing the overview of the crisis, public health status/health system and current HDPN operationalization. The following are proposed recommendations for advancing the HDPN for health in Libya:

- Strengthen existing health coordination mechanisms
- Conduct joint, comprehensive health system assessments
- Define health sector development objectives and identify HDPN for collective health outcomes
- Shift towards multi-year strategic planning
- Bolster monitoring and evaluation mechanisms

Health Information Management materials produced:

- Health sector Libya, 4W snapshot, September 2021.
- Updated <https://www.humanitarianresponse.info/en/operations/libya/health>
- Links to interactive dashboards and updates:
 - [Health sector 4W 2021 HRP interactive dashboard](#)
 - [COVID-19 Libya interactive dashboard](#)

HEALTH SECTOR BULLETIN

October 2021

Other key IM related deliverables include:

- Monthly health cluster bulletins
- Bi-annual inventory of health sector projects in Libya
- Quarterly overview of capacity building events supported by sector in Libya
- Quarterly overview of rehabilitation activities supported by sector in Libya
- Quarterly updated health sector contact list
- Bi-annual health sector field directory
- Mid-month health sector operational update
- Annual CCPM

INFORMATION SOURCES:

<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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