HEALTH CLUSTER
Libya

ANNUAL REPORT

HEALTH SECTOR LIBYA

2021

CONTENT

1. Overall context

Libya is at a critical juncture. Since the de facto truce was established in June 2020, the UNSMIL-facilitated peace process has achieved several key milestones (ceasefire agreement signed in October 2020; an interim Government of National Unity (GNU) selected by the Libyan Political Dialogue Forum (LPDF) in February 2021; national presidential and parliamentary elections scheduled for 24 December 2021).

The unification of the Ministry of Health (MoH) has gone smoothly: The Minister of Health of the interim government in the east has handed over responsibilities to the Minister of Health of the GNU. However, the political and peace-building landscape remains fragile. The marked divide between the east and west will take time to resolve. The Libyan authorities define the top challenges as follows: fragmentation of health sector institutions, weak governance, lack of accountability, extreme shortages of medical supplies and health staff; a badly disrupted PHC network, and severe funding shortages.

Libya remains classified as an L2 emergency country. Approximately 1.3 people were in need in 2021 (a 40% increase compared with 2020). Regular, prolonged power and water cuts and fuel shortages kept disrupting critical social services and affecting people's health and livelihoods. The uncertainty of national as well as international investment for humanitarian and developmental health care programs hinders short- and longer-term reforms.

Libya remains one of the most vulnerable countries in the region due to the presence of foreign armed groups, trafficking of drugs and migrants, uncontrolled borders, organized crime and corruption. The crisis has a strong protection dimension, with violations of international human rights and humanitarian law against civilians, including conflict-related sexual violence and grave violations against children and attacks on civilian infrastructure. Moreover, hundreds of thousands of migrants and refugees in Libya have limited access to health care services.

2. Strategic challenges (2021 major health system challenges of the continued largely disrupted health system)

As of today, there is no health policy in Libya. The 2009 Millennium Development Goals (MDG) Report for Libya stated that the country was on track to attain the MDGs by 2015. Reliance on lifesaving and life-sustaining health care services supported by the humanitarian response will continue across the country amidst chronic insecurity and COVID-19 pandemic.

Recently unified the Ministry of Health (MoH) is committed to lead the process of developing a national health sector recovery strategy with support from health sector organizations while facing challenges when the provision of equitable, effective and efficient health care and public health services in Libya have continued to decline.

Governance in health system required introduction of structural reforms (decentralization), empowering the lower levels in the health system hierarchy. Earlier designed comprehensive organizational structure of the Ministry of Health at national, regional and municipal level has not yielded positive results. The current protracted crisis in Libya prevents a proper recovery of the health system and the implementation of meaningful reforms.

Health service delivery envisaged universal health access by all to the quality and safe health services without facing financial risk. It also required safe, effective, quality and affordable essential medicines and vaccines were available to all. Revision, harmonization and costing of the Libyan Essential Package of Health Services (sexual, reproductive, maternal and new-born health; child health and immunization; public nutrition; communicable and non-communicable diseases; mental health and psychosocial support mainstreaming in all health related services as well as MHPSS stand-alone services/disability; a community component; the regular supply of essential drugs and medical products and workforce training and supportive supervision) is a must, based on a data-driven approach in its governance and decision-making processes.

Reorganization of health services, establishment of regional/district health authorities and the municipal health offices is yet to be completed. The health facilities are not mapped within their geographical boundaries. Catchment area are not identified and registered. There is a need for the comprehensive plan for revamping (infrastructure and basic amenities, equipment and supplies) and revising the current number of facilities in the health care delivery network.

The situation has been exacerbated by the mismanagement of many health facilities. In 2021, reports indicated that in some areas, up to 90% (out of all existing) of primary health care (PHC) centres remained closed. One third of all health facilities in the south and east of Libya are not functional while 73% in the south and 47% in the east are partially functioning mainly due to the shortage of medical supplies and lack of human resources. Out of the total facilities assessed in 2021, 37% (80) health facilities were reported damaged (fully and partially damaged). Outsourcing services of public health facilities to private companies is of alarming concern. Only 20% of communities have child health and emergency services, 25% - general clinical services, and 15% - services for reproductive health care and noncommunicable and communicable diseases.

Health facilities across the country had to be closed due to increasing transmission of COVID-19 among health workers, lack of PPE and supplies. Of those remaining functioning, 80% of PHC centers did not have any of the essential medicines.

Treatment of non-communicable diseases become largely unavailable, including medicines for diabetes (e.g., insulin). Support for disability services for more than 100,000 people is one of the most common requests. No disability-specific surveys took place from the national level.

Libya continued to face repeated stockouts of critical routine immunization vaccines, compounded by difficulties securing funds from the Central Bank of Libya to place new procurement orders. There are acute shortages of medicines for child cancer patients and patients with life-threatening diseases such as TB and HIV/AIDS. The banking system remains dysfunctional and international organizations have only limited ability to withdraw cash in Libyan dinars to fund its humanitarian operations and COVID-19 response.

A majority of regularly assessed communities report high rate of incidence of diarrhoea, lice and scabies and influenza-like illnesses. Absence of data highlights the seriousness of the actual situation on the ground.

Levels of support for rehabilitation of health facilities in remote rural areas were not sufficient, including roll of mobile medical teams in those locations.

While *the health workforce* the overall number exceeds the WHO/SDG standards. However, inadequate skills mix, maldistribution between geographic areas and the different levels of health care, the traditional fact of over excessive HR registered for Libya are of highest concerns. Proliferation or over excessive traditional present health infrastructure should be reviewed: Tertiary Care Medical Centers (5); Secondary Care (97) (Rural Hospitals (32), General Hospitals (23), Teaching Hospitals (31), Specialized Hospitals (11); Primary Health Care (1355) (PHC Units (728), PHC Centers (571), Polyclinics (56).

The efficiency of the workforce is also impacted by irregular payment, internal displacement. Establishment of the staffing norms is necessary for different levels of care as a tool for deploying adequate numbers of health workers in health service delivery network equitably across regions. In 2021 the first steps were initiated to support enhancement of health human workforce.

Pharmaceuticals and other health technologies - There are chronic shortages of medicines, equipment and supplies, and very few public health facilities are offering a standard package of essential health care services. Medicines that are supplied through specialized centers, such as tuberculosis and HIV medicines, as well as mental illness and family planning medicines, are limited or not available in health facilities.

Health information system - Despite years of support and investment from international community, there is still no national system to gather and analyze health information and monitor and assess needs, absolute lack of population/health data and the lack of data culture. There is no data available with the health authorities on a number of functioning and non-functioning public health facilities.

Health system financing commits the government defining a formula for the equitable distribution and allocation of financial and human resources, health care network, training institutions and such entities between regions, municipalities

and between facilities, including hospitals at different levels of care. Authorities have not been approving the health budget for 2021 for months.

Although health care at public sector facilities is free for all citizen, distrust and disruption of services have led to a growing private sector. It is also a challenge to distinguish between the public and private sectors because dual practice is prevalent in Libya. In the private sector, payments are out of pocket, making fee-for-service the dominant method of payment with very limited regulation. Out of pocket expenditure as a percentage of total health expenditure keep increasing. There is minimal oversight and regulation of pharmacies.

At present, the Government's financial inputs are mainly limited to the disbursement of salaries with no or very little allocation for drugs, diagnostics tests and equipment. Health sector continues to advocate for an adequate amount of Libya's GDP and part of its huge assets to be spent on health. The government must find a way to tap into these resources to cover urgent and increasing health needs and strengthen the weak health system to achieve Universal Health Coverage.

Some of key systematic obstacles in health

Devaluation of the Libyan currency in the beginning of 2021 and situation with public health funding deteriorated due to outstanding debts of hundreds of millions LYD for previously procured medicines, supplies, equipment and construction works and delays to approve the 2021 national budget by the end of 2021.

Field missions across the country detected remaining structural systematic challenges in overall health governance with recognized humanitarian needs linked to the disrupted network of public health facilities, lack of supplies (medicines, consumables and equipment), lack of specialists.

Roll out of COVID-19 vaccination was significantly delayed in the country with the first COVD-19 vaccine reaching the country on 8 April 2021 with nationwide vaccination campaign started on 10 April. The national COVID-19 preparedness and response plan has not been developed for 2021 while the plan comprised of UN and INGOs inputs was updated and disseminated (an estimated of 52 million USD).

2021 illustrated remaining needs across the country, including support to rapid response teams, procurement and distribution of PPE, procurement of lab diagnostic kits and supplies, equipment, establishment and support to the isolation sites/wards, provision of continuous capacity building support, risk communication and community engagement. Situation with funding and support to the isolation centers remained critical. The number of earlier planned isolation centers was significantly reduced while a main number of facilities could not activate the work due to the absence of government's support, including HR support.

Health situation deteriorated largely in some parts of the country. In the south closure of health facilities, absence and decreased testing capacities, absence of a comprehensive surveillance system, social stigma, spreading COVID-19 infection among health workers.

Proliferation of various emergency committees to respond to COVID-19 response across the country required the necessity for more centralized coordination and management with significant revision of the overall process.

In this situation health sector continued its pandemic response while supporting the health authorities' efforts to respond to COVID-19 in Libya through key response pillars defined in a comprehensive UN/INGO COVID-19 preparedness and response plan, including normative technical guidance to help Libya rebuild its health system (working across the humanitarian/development divide).

Health sector continued to receive continuous requests for assistance from different health facilities and municipalities.

A remaining challenge is to activate the health information system maintaining its data collection and analysis across the country. Libya remains one of few countries not reporting on key health performance indicators despite all earlier launched initiatives

A WHO led evaluation conducted in April 2021, identified the main challenges: insufficient human and financial resources; poor supervisory, monitoring and evaluation capacity; and weak linkages to laboratory diagnostic services. The lack of regular, accurate and timely EWARN data meant that national authorities were not able to make informed decisions about the extent of outbreaks and the response required.

Despite sufficient financial resources and the government's frequent declarations of increased spending on health, there are acute shortages of health care facilities, staff, medicines and supplies across the country. Hence the need for external actors to continue to support the public health system in place. Systemic health sector failures and gaps should be addressed collectively and urgently, using national and international funding and drawing on the best available technical expertise.

The living conditions of migrants have further deteriorated in the already overpopulated detention centres and heightened the risk of possible outbreak of communicable diseases including COVID-19. Health sector coverage of detention centers remained non-comprehensive. Of concern was a rapid security deterioration across the detention centers and temporary suspension of work by humanitarian health partners (e.g., negative ramifications of law enforcement structures in detaining almost 5,000 migrants over the period of two days in Tripoli).

3. Health sector composition and structure

- Health sector Libya is comprised of 33 actors, including 1 national authority, 13 INGOs, 6 UN agencies, 2 observers, 6 others. 4 national NGOs and 1 national society.

1	Ministry of Health	National authority
2	ACF (Action Against Hunger)	International NGO
3	CEFA (The European committee for training and agriculture)	International NGO
4	Emergenza Sorrisi	International NGO
5	Expertise France	International NGO
6	Handicap International – Humanity & Inclusion	International NGO
7	Helpcode	International NGO
8	IMC (International Medical Corps)	International NGO
9	IRC (International Rescue Committee)	International NGO
10	MSF France	International NGO
11	MSF Holland	International NGO
12	PUI (Premiere Urgence Internationale)	International NGO
13	TdH (Terre des Hommes – Italy)	International NGO
14	WeWorld-GVC	International NGO
15	AICS (Italian Agency for Development Cooperation)	Other
16	Chemonics International Inc.	Other
17	GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit)	Other
18	LPFM (Libya Public Financial Management Program)	Other
19	Voluntas Policy Advisory (Voluntas)	Other
20	The World Bank (WB)	Other
21	ICRC (International Committee of Red Cross)	Observer
22	IFRC (International Federation of Red Cross and Red Crescent Societies)	Observer
23	LRC (The Libyan Red Crescent Society)	National society
24	Psychosocial Support team	National NGO
25	Organization of Development Pioneers	National NGO
26	Alsafwa	National NGO

27	Migrace	National NGO
28	IOM (International Organization for Migration)	UN Agency
29	UNDP (United Nations Development Programme)	UN Agency
30	UNFPA (United Nations Population Fund)	UN Agency
31	UNHCR (United Nations High Commissioner for Refugees)	UN Agency
32	UNICEF (United Nations Children's Fund)	UN Agency
33	WHO (World Health Organization)	UN Agency

- There is a national health sector coordination group, led by the MoH ICO (International Cooperation Office) in Tripoli and co-lead by 100% dedicated health sector coordinator.

- There are 2 active sub-national health sector groups:
  - Sabha hub – led by south MoH and co-lead by "double-hatted" WHO national staff (it is organized in February 2019);
  - Benghazi hub/Al Baida – led by east MoH and co-lead by "double-hatted" WHO national staff (it is organized in November 2018).

- There are 7 established thematic sub-sector working groups (*please see Annex*):

Name of the group	Location	Lead	Co-lead
Migration health sub-sector working group	Tripoli	MoH	IOM
Reproductive health sub-sector working group	Tripoli	MoH	UNFPA
Tuberculosis sub-sector working group	Tripoli	MoH	WHO
MHPSS (Mental Health Psychosocial Support) sub-sector working group	Tripoli	MoH	IMC / IOM
COVID-19 IPC (Infection Prevention Control) sub-sector working group	Tripoli	MoH	WHO / UNICEF
PHC sub-sector working group	Tripoli	MoH	TBC
COVID-19 RCCE sub-sector working group	Tripoli	MoH	UNICEF

Earlier organized coordination groups were discontinued: "Medical supplies working group": The work of the group was led and coordinated by WHO; Joint Technical Coordination Committee (JTCC); National Economic and Social Developmental Board (NESDB); Basic Services WG; Health sub-sector WG: The work of the group was lead and coordinated by the Ministry of Planning.

- **Integration of national NGOs into the health sector**

Health sector remains to be one of the sectors with minimum operational presence and response by national NGOs. The latest P2P Action Plan included a recommendation: "Implement a process for inclusion of national organizations in the national and subnational humanitarian response architecture wherever appropriate. Where suitable partners are not currently available, work with local actors to develop time-bound approaches to develop this capacity."

In 2021 health sector focused on identification and reaching out to the potential national NGOs with capabilities to manage and implement health project. The following organizations were recommended for consideration by the health sector for joint planning and response: Psychosocial Support team; Organization of Development Pioneers; Alsafwa; Migrace.

- **Follow up on Peer-2-Peer Support Mission (November – December 2020)**

Health sector worked on key findings and follow up actions for HCT of the latest Peer-2-Peer Support Mission (November-December 2020) to improve the humanitarian response in Libya:

- Urgent and deliberate focus is needed on developing a clear and evidence-based common humanitarian narrative and using this to set advocacy and response priorities.

- Increased humanitarian presence inside the country is critical to a needs-based and quality humanitarian response and should be collectively prioritized.
- Proactive engagement and building mutual trust with local actors are critical to a needs-based, timely, effective and sustainable humanitarian response.
- More, better and shared data and improved analysis is an urgent priority for a more targeted, evidence-based response.
- A better resourced and more intentional focus on system-wide priorities, including Accountability to Affected Populations (AAP) and Prevention of Sexual Exploitation and Abuse (PSEA) by aid workers is required.
- A collective investment in the sectors through dedicated coordinators and IM capacity is essential to strengthening the response.
- The humanitarian community should capitalize on structural changes and major contextual opportunities to improve the response in 2021.

- **Health sector leadership' staffing**

- 1 international health sector coordinator (assignment initiated in mid-July 2019), 100% dedicated, based in Tripoli.
- 1 international health information management officer (100% dedicated, based in Tripoli: assignment initiated in mid-September 2020 and discontinued as of end of June 2021).
- 1 national health information management officer (assignment initiated in January 2021), 50% dedicated, based in Tripoli.
- 1 national sub-national health sector coordinator (east), 50% dedicated, based in Al Bayda.
- 1 national sub-national health sector coordinator (south), 50% dedicated, based in Sabha.

- **Coordination of COVID-19 planning and response**

Throughout 2021, the health sector coordinated COVID-19 planning and response as per 9 key pillars with assigned lead agencies.

Pillars	Lead agencies
Pillar 1: Coordination, Planning, Financing and Monitoring	WHO
Pillar 2: Risk communication, community engagement (RCCE) and infodemic management	UNICEF
Pillar 3: Surveillance, epidemiologic investigation, contact tracing and adjustment of Public Health and Social Measures (PHSM)	WHO
Pillar 4: Points of entry, international travel and transport and mass gatherings	IOM
Pillar 5: Laboratories and diagnostics	WHO
Pillar 6: Infection Prevention and Control and protection of health workforce	WHO, UNICEF
Pillar 7: Case management, clinical operations, and therapeutics	WHO
Pillar 8: Operational support and logistics, and supply chain	WHO
Pillar 9: Strengthening essential health services and systems	WHO
Pillar 10: COVID-19 vaccination	UNICEF, WHO

4. 2021 health sector HRP objectives

Health became and remained a central point of one of inter-sector overall objectives for 2021 planning.

2021 HRP Strategic Objectives:
Strategic Objective #1- Physical and Mental Wellbeing: *Prevent disease, reduce risks to physical and mental well-being, and strengthen the protection of civilians in accordance with international humanitarian law, human rights laws and other international legal frameworks.* Strategic Objective #2- Living Standards: *Facilitate safe, equitable and dignified access to critical services and livelihoods to enhance people's resilience and ensure they meet their basic needs.*

Objective 1: Increase access to lifesaving and life-sustaining humanitarian health assistance, with an emphasis on the most vulnerable (including IDPs, migrants, refugees and returnees) and on improving the early detection of and response to disease outbreaks.

Under the first objective, the health sector will provide an essential package of integrated health care services at primary and secondary health care levels. The package will include emergency and trauma care, the management of communicable and noncommunicable diseases, maternal, neonatal and child health, mental health and psychosocial support, vaccination, disease surveillance and outbreak response. Outpatient consultations will be supported. Patients will be referred for treatment between different levels of care. The number of skilled birth attendants at deliveries will be increased. Mental health and psychosocial support services will be integrated into primary and secondary health care facilities and community centres. Mobile medical teams will be deployed to support health facilities, and emergency vaccination activities will be streamlined through provision of cold-chain equipment and required training. The number of sentinel sites reporting to the disease surveillance system will be increased and disease alerts and outbreaks will be investigated, verified within 72 hours and responded.

Objective 2: Strengthen health system capacity to provide the essential package of health services and manage the health information system.

Under the second objective, health care facilities will be provided with essential medicines, supplies and equipment to support their continuous functioning. This will include COVID-19 related supplies. Where necessary, the health sector will support the refurbishment or rehabilitation of health facilities. Mobile teams will supplement health care services in remote, rural and hard-to-reach areas where access to such services are limited. Fixed health points and/or mobile teams will provide health care services to people in IDP camps, settlements and detention centres. The health sector will also continue to report attacks on health care personnel and facilities through WHO's Surveillance System of Attacks on Healthcare (SSA).

Objective 3: Strengthen health and community (including IDP, migrants and refugees) resilience to absorb and respond to shocks with an emphasis on protection to ensure equitable access to quality health care services.

To support the strengthening of health and community resilience, health care providers and community health workers will be trained on the provision of essential care services including the clinical management of rape. A ToT approach (via central level) will be prioritized to enable reaching out municipalities (local level).

5. 2021 HRP PIN and Targets (compared with 2020 and planned for 2022)

In 2020, more than 3,970,842 people were defined in need of health assistance, lacking consistent access to primary and secondary health care services. This number included nearly 1,663,000 people in extreme need and more than 122,000 people in catastrophic need, according to the health sector severity scale. The health sector wide approach planned to target 1,785,072 people in 58 municipalities, identified as having the most severe needs.

In 2021, a total 1,195,389 people needed health compared to 3,970,842 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 was explained by the temporary ceasefire negotiated in 2020, which allowed better access to different areas of the country. For 2021, 72% of municipalities were in areas ranked 3 and above on the severity scale (compared with 85% in 2020). This included 58 municipalities ranked as 3, 12 municipalities ranked as 4 and two municipalities ranked as 5 on the severity scale.

Population group	Affected population	Inter-sector PIN	Health PIN	Health %	Health Target
Migrants	538,264	303,740	301,026	25%	104,664
Returnees	273,756	228,084	180,482	15%	61,196
IDPs	392,241	172,871	168,728	14%	97,847
Refugees	46,245	46,245	46,245	4%	44,003

Nondisplaced	1,224,935	501,939	498,908	42%	143,085
Total	**2,475,441**	**1,252,879**	**1,195,389**	**100%**	**450,795**

In 2022, health sector will follow the inter-sector PIN and target.

Population Group	PIN 2021	PIN 2022
IDPs	197,351	131,832
Migrants	320,417	232,000
Non-Displaced	432,900	281,303
Refugees	74,293	43,000
Returnees	170,429	115,439
Total	**1,195,389**	**803,574**

6. Key response figures, January – December 2021 vs. January – December 2020 (source: 4W, 2021 HRP)

2020	2021
• 25 health sector partners contributed to the operational response under 2020 HRP objectives. This included 6 UN agencies, 14 INGOs, 4 national NGOs and 1 national society. • Health sector rolled out response in all 22 districts, reaching out 92 (out of 100) municipalities. 51 (55%) of reached municipalities were areas of severity scale 3 and above.	• 19 health sector partners contributed to the operational response under 2021 HRP objectives. This included 6 UN agencies, 11 INGOs, 1 national NGO and 1 national society. • Health sector rolled out response in all 22 districts, reaching out 96 (out of 100) municipalities. 14 (15%) of reached municipalities were areas of severity scale 3 and above.
Provide a minimum package of integrated health services at primary and secondary levels: • A total of 376,468 medical procedures were provided, including: o 331,679 outpatient consultations (19% of the planned target) o 6,382 referrals (91% of the planned target) o 29,653 trauma/injury related consultations (297% of the planned target) o 4,852 mental health consultations (90% of the planned target) o 3,723 physical rehabilitation (disability) consultations (53% of the planned target) o The numbers of reported assistance with vaginal deliveries attended by a skilled attendant and caesarian sections remained relatively low, 154 and 25 accordingly (this requires further adaptation of reporting format and adherence to the indicators' definitions by the engaged health sector partners). • The largest number of medical procedures (above 20,000 for each) was provided in Tripoli, Misrata, Benghazi, Ejdabia, Al Margeb, and Al Jabal Al Akhdar. The lowest number of medical procedures (under 3,000 for each) were provided in Murzug, Almarj, Ubari, Aljfara, Wadi Ashshatti, Derna and Sirt.	***Provide a minimum package of integrated health services at primary and secondary levels:*** • A total of 388,457 medical procedures were provided, including: o 366,674 outpatient consultations (32% of the planned target) o 8,730 referrals (125% of the planned target) o 4,580 trauma/injury consultations (23% of the planned target) o 7,606 mental health consultations (138% of the planned target) o 662 physical rehabilitation (disability) consultations (22% of the planned target) o The number of reported assistances with vaginal deliveries attended by a skilled attendance and caesarian sections remained relatively low, 206 and 16 accordingly (this requires further adaptation of reporting format and adherence to the indicators' definitions by the engaged health sector partners). • The largest number of medical procedures (above 20,000 for each) was provided Al Jafara, Al Margeb, Benghazi, Ghat, Misrata, Tripoli, and Ubari). The lowest number of medical procedures (under 3,000 for each) were provided in Aljufra, Almarj, Derna, Nalut, Sirt, Tobruk).

• 52% of medical procedures were provided to male population, 48% to female population. 81% of medical procedures reached people older than 18 years old. • 11% of medical procedures took place in severity scale areas below 3. 54% - in areas of severity scale equal to 3 and 35% of medical procedures to the areas of severity scale above 3. • 87% of mobile medical teams operated in severity scale equal to 3. 13% - in areas of severity scale above 3. • 296 health facilities and community centers were supported to provide MHPSS services across the country. • 60 mobile medical team/clinics are operational.	• 32% of medical procedures were provided to male population, 22% to female population. 46% of procedures were not disaggregated. • 12% of medical procedures took place in severity scale areas below 3. 73% - in areas of severity scale equal to 3 and 14% of medical procedures to the areas of severity scale above 3. • 67% of mobile medical teams operated in severity scale equal to 3. 15% - in area of severity scale above 3. • 154 health facilities and community centers were supported to provide MHPSS services across the country. • 61 mobile medical teams/clinics are operational.
Provide continuous and non-interrupted immunization services to children: • As expected, no updates could be collected on the coverage by Hexa 3 (children under 1 year old) and MR (children under 2 years old).	***Provide continuous and non-interrupted immunization services to children:*** • The indicator was removed for 2021 due to the absence of data. • 359 vaccination centers received cold chain equipment. • 474 vaccinators got trained on cold chain and vaccine management.
Expand the reporting capacity of the early warning system: • 68% of reporting EWARN sites submit the reports in a timely manner. ***Support health authorities to carry out timely response to disease outbreaks:*** • 78% of disease outbreaks responded to within 72 hours of identification. • 131 EWARN sentinel sites are functional.	***Expand the reporting capacity of the early warning system:*** • 51% of reporting EWARN sites submit the reports in a timely manner. ***Support health authorities to carry out timely response to disease outbreaks:*** • 82% of disease outbreaks responded to within 72 hours of identification. • 156 EWARN sentinel sites are functional.
Provide health facilities with essential medicines, medical supplies and equipment: • A total of 302 public PHC and hospitals were supported with health services and commodities (including 159 public PHC (27% of the planned target) and 143 public hospitals (286% of the planned target). • 516 different pieces of medical equipment were distributed by health sector partners. • 5,132 different standard health kits were distributed (790% of the planned target). • 62 health facilities were supported with mobile medical teams (103% of the planned target). • 41 public health facilities received assistance with rehabilitation and refurbishment (25% of the planned target). • 19 IDP camps/settlements were covered by fixed health points and/or mobile medical teams. • 20 formal detention centers were covered by fixed health points and/or mobile medical teams.	***Provide health facilities with essential medicines, medical supplies and equipment:*** • A total of 290 public PHC and hospitals were supported with health services and commodities (including 205 public PHC (342% of the planned target) and 85 public hospitals (283% of the planned target). • 10,763 different pieces of medical equipment were distributed by health sector partners. • 1,385 different standard health kits were distributed (213% of the planned target). • 205 health facilities were supported with mobile medical teams (342% of the planned target). • 85 public health facilities received assistance with rehabilitation and refurbishment (283% of the planned target). • 13 IDP camps/settlements were covered by fixed health points and/or mobile medical teams. • 18 formal detention centers were covered by fixed health points and/or mobile medical teams.

• 9 disembarkation points were covered by the health sector.	• 7 disembarkation points were covered by the health sector.
Strengthen the capacity of health care providers and community health care workers to provide essential health services: • 7,232 health service providers were trained through capacity building and refresher training (482% of the planned target). • 561 community health workers were trained through capacity building and refresher training (94% of the planned target). • 220 health workers were trained on CMR (clinical management of rape).	***Strengthen the capacity of health care providers and community health care workers to provide essential health services:*** • 4,092 health service providers were trained through capacity building and refresher training (273% of the planned target). • 484 community health workers were trained through capacity building and refresher training (81% of the planned target). • 25health workers were trained on CMR (clinical management of rape).

Key response figures, January – December 2021

COVID-19 response indicators

COVID response reported organizations
CEFA, IMC, IOM, MSF-Holland, PUI, TdH, UNDP, UNFPA, UNHCR, UNICEF, WHO, WW-GVC.

INDICATORS	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
# of coordination meeting with health authorities/partners conducted	10	10	15	10	10	10	10	10	10	10	10	10	125
# of biweekly operational and epidemiological update disseminated	2	2	2	2	2	2	2	2	2	2	2	2	24
# of daily situation update disseminated	26	24	26	26	26	26	26	26	26	26	26	26	310
# IEC materials distributed	1,100	1,414	44,700	-	-	-	3,000	284	544	20,743	3,056	-	74,841
People reached with messages on COVID-19 preventive measures and access to health care (Libyan)	-	1,866	73,370	312	2,991	236	798,508	1,517,822	998,721	214,118	552,849	2,740	4,163,533
People reached with messages on COVID-19 preventive measures and access to health care (Non Libyan)	-	6,630	15,492	13	4	12,532	2,686	9,697	10,018	12,234	9,518	340	79,164
# of total RRT supported	-	150	-	-	-	-	-	-	-	-	-	-	150
# of surveillance officers trained on COVID -19 data collection	-	-	-	19	-	46	-	-	14	-	19	-	98
# of labs supported by technical support and training	-	7	-	1	-	4	-	-	-	-	-	-	12
# of RT-PCR machines distributed	-	-	-	-	-	-	-	3	-	-		-	3
# of swabs and medium provided	-	32	59	102	-	-	-	1,238	150	-	-	-	1,581
# of provided RT-PCR kits	-	-	3,000	4,033	120	-	-		-	-		-	7,153
# of Lab reagents distributed	-	-	2,229	230	319	138	76	6	-		-	-	2,998
# of provided antigen-based rapid diagnostic tests (WHO approved)	10,400	260	9,800	3,250	10,500	982	221	-	-	7,250	15,175	-	57,838
# disinfectant materials distributed	-	-	44	-	-	596	-	-	-		-	500	1,140
# thermometers (non-contact & clinical)	-	8	80	60	-	279	64	50	50	14	-	-	605
PPEs (# Coverall)	-	1,200	3,532	700	-	1,250	-	2,300	18	-	20	-	9,020
PPEs (# Face Shield)	400	9,900	4,115	13,652	-	3,830	-	1,114	200	510	100	11,000	44,821
PPEs (# Gloves)	-	102,300	129,205	52,511	1,150	88,700	39,681	40,128	3,928	1,300	76,700	701,800	1,237,403
PPEs (# Goggles)	-	2,100	1,467	2,450	100	2,310	-	100	100	140	-	2,000	10,767
PPEs (# Gowns)	-	1,800	16,655	2,198	49	3,120	2,870	3,699	826	4,020	2,860	30,000	68,097
PPEs (# Mask 95)	11,500	239,500	12,363	17,614	31,152	15,200	3,667	4,607	-	910,930	14,483	31,000	1,292,016
PPEs (# Surgical Masks)	12, 500	123,020	363,250	155,946	10,104	710,400	358,005	65,792	1,482	270	1,415,600	230,000	3,433,869
# of supplied oxygen plants	-	-	-	-	-	-	-	-	-	-		-	-
# of supplied oxygen cylinders	-	-	-	-	-	-	-	-	-	60	-	-	60
# of supplied ICU patient ventilators (adult and children)	7	-	-	1	-	3	1	5	1	-	-	-	18
# of distributed patient monitors	-	-	-	-	-	-	-	-	-	-	-	-	-
# of supplied liquid oxygen plants	-	-	-	-	-	-	-	-	-	-		-	-
# of distributed pulse oximeter	-	-	-	-	-	-	-	25	230	48	-	-	303
# of supplied oxygen concentrators	31	2	8	20	-	25	30	64	22	-		-	202
# of HCWs trained on IPC (Infection Prevention Control)	6	-	128	93	-	34	164	261	35	86	49	-	856
# of PHC HCWs trained on COVID19 (Essential Health Services)	-	-	62	-	-	-	23	32	50	15	26	69	277
# of facilities with Isolation center for COVID-19	58	58	58	58	58	58	56	56	56	58	58	58	58

7. Key operational issues, January – December 2021 (source: monthly health sector bulletins)

January

- Impact of devaluation of the Libyan currency on humanitarian workers
- Situation with public health funding
- Update on COVID-19 vaccine introduction
- COVID-19 national response plan
- Overview of COVID-19 isolation centers across Libya
- EWARN Libya evaluation
- Operational framework (the development imperative for further coordination between the MoH and Ministry of Planning)
- WHO Libya main roles and COVID-19 activities
- Overview of health situation in selected municipalities
- COVID-19 Behaviour Assessment
- The Health Sector Libya Annual Report for 2020
- Libya Deep Dive Discussion
- Development of HR strategy
- WHO Libya operational workplan for COVID-19 response
- Overview of WHO GBV related response for 2021
- Update on Health Diplomacy project (UNDP/UNSMIL)

February

- The National Deployment Plan for COVID-19 vaccination
- Selected COVID-19 update
- Access in health
- Registration procedures for health sector organizations in Libya
- Cutaneous leishmaniasis (CL) response in the west part of the country, including Tawergha
- Health information management support
- Interactive dashboards
- Health sector response for January 2021
- NCDC Annual Report for 2019
- Schedule and structure of Libya health sector coordination meetings (February - June 2021)
- List of health sector assessments, surveys and studies for 2021, Libya
- Overview of rehabilitation of health facilities in Libya by international organizations
- Deep Dive Libya
- Expansion of WHO Libya field coordinators across the country
- WHO mission to the east of the country (Sirte, Al Bayda, Sahat, Sousa, Benghazi)
- COVID-19 sequencing (the London Boom (SARS-CoV-2 variant)
- Key health performance indicators, 2020

March

- Weaknesses in health sector reporting against COVID-19 response
- COVID-19 situation across the south
- COVID-19 situation
- IOM: Economic Impact of COVID-19 on Migrants and IDPs in Libya
- 2021 MSNA
- Operational issues for consideration of additional support by international organizations for overall COVID-19 response
- Operational space for additional support by international organization for roll out of COVID-19 vaccination:
- Various ad hoc requests for support as received by health sector
- Follow up point of inter-agency (UNHCR, UNDP, IOM, UNICEF, OCHA) mission to Ghadames
- Availability of COVID-19 vaccine in Libya
- EWARN evaluation
- The United Nations Strategic Framework for Libya (2019-2021)
- Health sector coverage by mobile medical teams
- Health Sector (UN/INGOs) COVID-19 Preparedness and Response Plan
- Health sector 2021 annual workplan

- Overview of training courses supported by health sector partners in January-February 2021
- WASH sector
- Integration of national NGOs into the health sector

April
- Libya COVID-19 Surveillance Monthly Bulletin, Epidemiological Month, 1–30 April
- Some of the key findings in health sector following an inter-agency mission to Misrata
- Development of the national strategy for capacity building in Libya
- Current operational health sector coverage of detention centers
- Increase of suspected TB cases in Tripoli
- New health governance
- Development of health workforce strategic plan
- Overview of the availability of electricity in southern health facilities
- EWARN evaluation mission
- Key advocacy messages for RC/HC meeting with the Minister of IDPs and Human Rights
- Selected briefing points (health sector related), RC/HC visit to Tawergha-Misrata
- Access to electronic medical journals
- Support with cancer treatment
- Initiative for Developing a PHC Oriented Model of Care towards Universal Health Coverage in Libya

May
- EWARN and epidemiological situation update
- COVID-19 vaccination
- Sebha Nexus Working Group (NWG) Mission 26 May 2021
- EU call for project proposals on PHC for NGOs
- Health workforce strategic plan development and health systems strengthening
- Availability of health facilities in the south
- Availability of health facilities in the east
- Rehabilitation of health facilities
- Inventory of health sector projects
- Overview of health sector response in the south
- Capacity building support by health sector
- Health sector contact list

June
- Some of the health sector related challenges and obstacles
- Deterioration of security situation in detention centers in Tripoli
- Supporting epidemiological and laboratory surveillance in Libya
- Development of national policy and a strategic action plan for nursing and midwifery in Libya
- Health sector assessment registry for quarter II 2021
- Situation with HIV treatment in Libya
- EWARN and epidemiological situation updates
- Health sector 2021 HRP Periodic Monitoring Report
- Access to electronic medical journals, scientific publications and participation in global electronic libraries
- Impact of the heat wave on health service delivery (among functioning health facilities) across the country

July
- Key recommendations (the COVID-19 Scientific Committee of the Ministry of Health), 24 July
- Key recommendations (Emergency ad hoc health sector meeting in Benghazi
- Key recommendations and areas of technical coordination (the MoH on MHPSS)
- Focus to medium- and high-level access severity scale areas
- COVID-19
- Strengthening health information management processes in Libya
- DCIM detention centers, estimated population figures (IOM and UNHCR)

- Priority needs to support COVID-19 isolation and case management facilities
- WHO/MoH joint assessment visit to Sabha TB facilities
- Selected health related needs in the municipalities in the South
- Lessons learnt, Attacks on Health, Libya
- Updating FTS (Financial Tracking System)
- Supporting HIV services in Libya
- The NCD' Health Promotion Strategy

August

- 2022 Health Sector HNO
- Meeting between the health sector coordinator and the Director of International Cooperation Office, the MoH
- COVID-19 vaccination
- Present advocacy asks and follow up points
- Situation with medical oxygen in Libya
- Gaps across the east of the country
- Gaps across the south of the country
- Assessment of international health assistance at a health facility level
- Availability of COVID-19 isolation centers' services
- Development of UN Strategic Framework
- Proposed key points on health/cross border for the Special Envoy at the ministerial level meeting, Algeria
- Overview of capacity building events supported by the health sector during May-August
- Health Sector Field Directory
- Development of Human Health Workforce Strategy
- HDPN (Humanitarian-Development-Peace Nexus): Libya – case study
- Assessing and Improving Health Systems Efficiency in the EMRO region: Libya – case study
- Epidemic and pandemic preparedness in fragile settings, Libya – case study

September

- PiN and Severity Scale
- 2022 HRP carry over
- Situation in the south
- EWARN and epidemiological situation
- Overview of mandatory reporting to 4W 2021 HRP
- Development of Human Health Workforce Strategy
- Updated contact information of MoH officials in interaction with health sector
- World Bank technical mission in Libya, 27-29 September 2021
- Support to oncology services
- Standardizing the existing COVID-19 health facilities assessment
- Health sector feedback to Common Country Analysis "Progress Towards the 2030 Agenda and the SDGs"
- Strengthening country capacity for oxygen scale-up related activities
- Review of the Health Law legislature
- Overview of the International Health Sector Support to public health facilities in Libya, January – July 2021
- Annual child mortality estimates
- Critical care/ICUs in the country

October

- HRP 2022
- Health sector related projects
- Detention centers
- COVID-19
- Curbing Pandemics in the World's Most Vulnerable Settings
- Strengthening of Health Information Management
- 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

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

November

- Public health assessment situation in Libya
- Weekly and monthly COVID-19 updates
- AFP updates
- Weekly EWARN bulletins
- Weekly Migrant COVID-19 Vaccination Update
- Mid-month (1-15 November) health sector operational update
- Health sector 4W operational response update (October 2021)
- Health sector contact list for Libya
- Health sector coordination contact list for Libya
- Final list of health sector assessments, surveys, studies, publications supported by health sector during January-November 2021
- Technical workshop on the implementation of the attacks on health care initiative in FCV (Fragile, Conflict, Violence) countries in Istanbul, Turkey.
- Technical meeting in Amman, Jordan on 7-8 December as part of the joint project with Johns Hopkins Center for Humanitarian Health on improving monitoring capacity in humanitarian and fragile settings in the Eastern Mediterranean Region.
- Health sector coordination meetings
- Cluster Coordination Performance Monitoring (CCPM)

December

- Was not produced as health sector coordinator was re-assigned to Syria.

8. Progress in 2021

Sector performance is managed via developed and agreed upon annually updated Health Sector Workplan against the 7 core cluster functions:

1. **Support service delivery**
2. **Inform the HC/HCT's strategic decision-making**
3. **Planning and Strategy Development**
4. **Advocacy**
5. **Monitoring and Reporting on implementation of sector strategy and results**
6. **Contingency Planning/Preparedness**
7. **Accountability to Affected Populations**

Health sector workplan for 2021

Supporting Service Delivery
Provide a platform to ensure that service delivery is driven by the agreed strategic priorities
Contact list of national and sub-national health partners, observers, etc. is developed and updated.
Conduct monthly (and ad hoc, when necessary) national health sector, sub-national, sub-sector working group meetings (Tripoli, Benghazi, Sabha).
Regular support to sub-sector working groups (MHPSS, migration health, SRH, PHC, TB, RCCE COVID-19, IPC COVID-19, Basic Services).
Quarterly schedule of all health sector meetings is produced.
Produce the minutes and share agenda before each meeting.
Prepare a quarterly updated snapshot on attendance of national and sub-national health sector meetings.
Elect co-coordinator from international NGO (upon agreement).
Participation in HCT (Humanitarian Country Team) or AHCT and ISC (Inter-Sector Coordination) meetings.
Updating the health sector on their roles and responsibilities following the IASC Cluster functions.
Health sector email distribution list is updated and remains opened.

The health sector humanitarian response web page is updated.
Separate comprehensive workplan on strengthening health information management system in Libya is produced reflecting funding requirements.
Jointly with WHO Libya operationalization of Emergency Operation Centers across the country and integration with planning and response are in place.
Develop mechanisms to eliminate duplication of service delivery/activities
Introduction of reporting tools (4Ws) to the IMOs of the health partners (via workshop).
Collection of monthly updates on 4Ws (2021 HRP), production and dissemination of monthly snapshots, interactive dashboard.
Monthly and quarterly analysis and review of 4Ws health sector indicators.
Integration of COVID-19 specific response indicators into 4W health sector.
Regular review of health sector severity scale and its integration in planning and response.
Provision and consolidation of bi-weekly operational updates.
Ad hoc COVID-19 operational updates are prepared (including interactive dashboard of COVID-19 situation).
Bi-monthly operational review of supported capacity building activities is prepared.
Bi-monthly operational review of physical rehabilitation and reconstruction activities is prepared.
Monthly cross check of health sector access related updates with Access Working Group
Informing Strategic Decision Making for the Humanitarian Response
Needs assessment and gap analysis
Harmonization and standardization of health need assessment tools.
Review and update health section for MSNA by REACH
Review and technical support of all health sector led assessments and surveys (all stakeholders).
Preparation of health sector HNO.
Preparation and consolidation of health sector assessment registry (quarterly updates).
Dissemination of NCDC produced weekly EWARN surveillance bulletins is in place.
Creating conducive environment for increased participation by national NGOs in health sector activities.
Jointly with WHO to engage its network of 25 field coordinators to collect data and produce monthly situation reports on availability and accessibility of health services in all districts.
Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues.
Monthly update on gaps and coverage of operational response by health sector is prepared.
Ad hoc situation reports on health situation in various municipalities are produced.
Prepare and disseminate 4Ws indicators' reports for rapidly evolving conflicts (if and when appear) across the country.
Analyse, prepare and disseminate monthly MVH reports (Attacks on Health care), SSA.
Quarterly review on integrated nature of "humanitarian" and "development" imperatives in place (including national priorities).
Roll out a mechanism of collection information on national level response across the country.
"Deep Dive" health sector update is prepared.
Support to the World Bank' led initiatives (COVID-19, PHC, human workforce, health finance) is provided.
Mapping of health sector services in detention centers as well review of health assistance to migrants and refugees are developed.
Prioritization to the development of "Essential Package of Health Services" is placed for all engaged stakeholders.
Continued roll out of "health diplomacy" initiatives across the country (COVID and non-COVID response).
Joint analyses supporting response planning
Operational emergency response plans (national and municipality levels) are developed (if and when situation develops).
Joint health sector field missions are conducted (mix of UN and INGO partners).
Planning and Strategy Development
Develop sectoral plans, objectives and indicators directly support realization of the HC/HCT strategic priorities
Develop health sector response plan (HRP), objectives, activities, indicators, targets.
Enhance participation and contribution of health sector partners (100%) with projects for HRP.
Annual update of health sector COVID-19 preparedness and response plan.
Adherence to and application of standards and guidelines
Identifying and sharing national and international standards, guidelines and protocols.
Key identified standards, guidelines and protocols are adapted in consultations with the authorities.
Standardization of costing for health sector supported activities (e.g. HRP process, capacity building, etc.) is in place.
Clarifying funding needs, prioritization, and sector contributions to sector funding needs
Funding support for key sector/sub-sector and IM HR functions is secured.
Strategic and technical review of 28 health sector projects submitted to HRP.
Monthly and quarterly update (FTS) of health sector funding situation.
Preparation, submission, regular updates of health sector projects for various resource mobilization activities, if and when called.
Tailoring health sector objectives, priorities and response within UN Strategic Framework

Mandatory reflection of health-related issues in all key donor/resource mobilization platforms and events.
Bi-annual overview of the impact of underfunding of health sector is prepared.
Advocacy
Develop the list of health sector advocacy issues for Libya (updated on a quarterly basis, based on 2020 initiatives).
Regular updates of health advocacy points with the engaged stakeholders (HCT, UNSMIL, UN Security Council, Government of Libya, key donors, etc.)
Regular review of the situation on importation with health supplies is in place.
Update on impact on health planning and response by visa restrictions for key UN and INGO staff.
Regular face to face meetings and briefings with key donors are in place.
Health sector annual report 2021 is produced.
Monitoring and Reporting on implementation of sector strategy and results
Monitoring and reporting on implementation of cluster strategy and results
Production and dissemination of 4W key performance indicators' monthly snapshots and interactive dashboards.
Preparation and dissemination of monthly health sector bulletin, Libya.
Preparation and dissemination of situation updates based on the evolving situation across the country (West, South, East, Central).
Annual Health Cluster Coordination Performance Monitoring (CCPM) is done.
Health Sector Field Directory is produced twice a year.
Mid-year and review of the health sector workplan and HRP (PMR) is done.
Report on the roll out of COVID-19 vaccination in the country and coverage of health workers, migrants and refugees.
Contingency Planning/Preparedness
Develop/update contingency plan for anticipated emergencies ("scenario based": displacement, outbreaks, etc.).
Monitor/update the preparedness status of the HC members for sudden onset emergencies.
Overview of pre-positioned health supplies across the country is prepared.
Technical inputs provided to the inter-sector (inter-agency) updates on the situation (assistance) with migrants.
Accountability to Affected Population
Identify KPI on engagement of authorities and beneficiaries in planning, implementation and monitoring of health activities.

Cluster function 1: Supporting service delivery

Output: Provide a platform to ensure that service delivery is driven by the agreed strategic priorities

- Health sector coordinator and information management officer are based and work out of Libya (Tripoli). Sub-national coordination groups are functional in Al Bayda and Sabha.
- List of partners regularly updated: Contact list of health sector organizations is developed, updated and disseminated quarterly.
- Adequate frequency of cluster meetings: Health sector meetings are expected to be conducted on a monthly basis, both at the national and sub-national levels. However, in Tripoli, following COVID-19 pandemic and specific issues related to the previous “governance conflict”, absence of MoH focal point and restriction to delegate authority to conduct meetings, the national health sector meetings were suspended from April 2020 until the end of 2021. Numerous attempts were made to re-activate meetings in Tripoli throughout 2021 but in vain.
    - This situation was replaced with alternative modalities of sector coordination (including ad hoc thematic face to face, TC/VTC meetings, electronic exchange, etc.) which proved to be equally effective.
    - In Sabha and Al Bayda, the sub-national health sector coordination meetings took place mostly on a monthly basis with dissemination of respective minutes.
    - Health sector meetings were replaced by thematic COVID-19 pillar related working group meetings (for example, on risk communication and community engagement; infection prevention and control).
    - Equally, 7 sub-sector working groups were re-activated with different degrees of continuity.
- Attendance of sector partners to sector meetings: 60-70% of operational health sector organizations take part in most of sector meetings.
- Level of decision-making power of staff attending sector meetings: The sector paid a special attention in ensuring that the participants (medical coordinators or project officers) would have a full decision-making authority to be able to follow up.
- Election of co-lead from international NGO: The issue has remained pending due to the absence of interested person/organization and remaining reality of a comparatively high turnover of international and national staff in respective INGOs.

- Conditions for optimal participation of national and international stakeholders: In Tripoli health sector coordination meetings would take place in the NCDC building accessible for all Tripoli-based participants. The meetings in Sabha and Al Bayda take place in Sabha medical complex and University of Omar Al Mukhtar respectively.
- Writing of minutes of sector meetings with action points: The minutes are mandatory, prepared and disseminated within the first 48-72 hours of each meeting.
- Usefulness of sector meetings for discussing needs, gaps and priorities: In general, the minutes are detailed enough to discuss needs, gaps and priorities.
- Health sector coordinator advocated for sector coordinators' to be part of HCT meetings in 2021. The health sector coordinator participated in ISCG meetings.
- In 2021 there was a full level engagement of sector with national coordination mechanisms, at national and sub-national levels, both for COVID-19 and non-COVID-19 response.
- Health sector maintained an updated "open" health sector email list of 450 recipients with regular updates being disseminated on a daily, weekly basis throughout 2021.
- A comprehensive webpage was created and continued to be updated, https://www.humanitarianresponse.info/en/operations/libya/health
- Comprehensive workplan on strengthening health information management system was produced with the budget of 1.2 million USD.
- In cooperation with WHO, establishment of 7 Emergency Operations Centers across the country was supported (2019: Tripoli EOC; 2020: Benghazi, Al Bayda, Sabha EOCs; 2021: Al Kufra, Misratat, Tobruk EOCs).
- Discussions on sector deactivation criteria and phasing out strategy are postponed till mid 2022 following the evolving situation in the country and continuous disruption of the public health services.

Output: Develop mechanisms to eliminate duplication of service delivery

- Mapping of partner geographic presence and programme activities was updated monthly: reporting tools (4Ws) were introduced to the IMOs of the health partners. The planned workshop was replaced with a system of continuous online support and guidance through IMO to the interested partners. Monthly snapshots were prepared, and interactive dashboard was developed. In 2021 the 4W reporting was provided by 13-15 health sector partners compared with a low response (8-10) in 2019.
    - The example of the interactive dashboard: Health sector 4W 2021 HRP interactive dashboard.
- The sectoral reporting system was adapted and tailored to ActivitiyInfo as requested and managed by OCHA. There is a still space for improvement.
- Even there was a major revision of 4W key performance indicators from 65 in 2019 to 30 in 2020, there is a remaining requirement to reduce the current number of health sector indicators making them reflective of the actual response by partners. Still a number of indicators even if proposed by tracking are not being reported at all or stay with response figures (*please see Annex*).
- Regular analysis of gaps and overlaps based on mapping used by partners was prepared and shared on a monthly basis (reflected with distribution of 4Ws and monthly health sector bulletins).
- COVID-19 related indicators were integrated into the monthly 4W and regularly reported (*please see Annex*).
- Mid-month operational updates were continued enabling to capture partners not covered by 4Ws and working in the realm of both, humanitarian and development, imperatives.
- Health sector severity scale was introduced and monitored via 4W response.
- Health sector field directory was developed and updated twice a year reflecting in detail the work of 27 actors.
- Bi-monthly operational review of capacity building activities supported by health sector was prepared.
- Bi-monthly operational review of physical rehabilitation and reconstruction activities supported by health sector was prepared. On average, health sector supported reconstruction of 70-80 health facilities across the country.
- In the midst of COVID-19 pandemic, regular weekly and monthly COVID-19 EPI bulletins were produced and shared.
- Quarterly overview of capacity building activities supported by the health sector was maintained.
- Overview of health sector response by mobile teams (91 teams) was prepared.
- A detailed inventory of health sector projects (including outside of 2021 HRP process) was developed, listing 100-105 projects with the estimated value of 120 million USD (*please see Annex*).
- COVID-19 interactive dashboard was kept updated in coordination with the national health authorities.

- The example of the interactive dashboard: COVID-19 Libya interactive dashboard

Health sector worked closely (on a monthly basis) with Access Working Group reflecting access related issues for the health sector. On a monthly basis 5-8 health sector partners reported access related issues, including visa restrictions, lack of approvals, etc. In health, access is defined by capabilities to reach a specific area by different means and modalities, including a) direct presence of UN and INGO staff (international staff); b) capabilities to deliver health supplies by any means; c) presence of field coordinators and focal points; c) presence of implementing partners.

Health sector operations are reaching all of Libya's 22 districts and well over half of the municipalities within these districts.

In close coordination with protection and WASH sectors, health sector continuously raised the importance of access to diagnostic, treatment and follow for migrants, refugees, people detained in "formal" detention centers, prisons and smuggling facilities. Life-saving health services were prioritized to be made available in all detention centers.

- Followed up with UNHCR, WHO, IOM, MSF-H, UNICEF on the reported health concerns in Gargaresh community.
- Finalized the overview of health sector coverage of detention centers and discussions of health sector response in case of release of women and children from DCs.
- Reviewed the situation with worsening security situation in some of the detention centers, evaluation of impact and access for health sector partners.
- Updated the health sector on deterioration of security situation in detention centers in Tripoli, leading temporary suspension of MSF services in 2 centers.
- Mapping of health sector services in detention centers as well review of health assistance to migrants and refugees was regularly provided.

Operational health sector coverage of detention centers

Name of DC		Name of the operational health sector partner
Abusliem	ابو سليم	IRC/UNHCR, MSF OCA
Ain Zara	عين زارة	IOM
Al Bayda	البيضاء	IOM
Algatroun	القطرون	
Al kufra	الكفرة	IOM
Azzawya Abu Issa	ابو عيسى	IRC/UNHCR, IOM
Baten Aljabal	باطن الجبل	IOM
Brak Shati	براك الشاطئ	
Benghazi Ganfouda	بنغازي قنفودة	IOM
Ghiryan al Hamra	غريان الحمراء	IOM /AbuRashada
Mabani	المباني	MSF OCA
Shahhat	شحات	IOM
Shara Zawya	شارع الزاوية	MSF OCA
Triq al Sika	طريق السكة	IRC/UNHCR, IOM
Wadi Al Hai	وادي الحي	
Zliten	زليتن	IOM/closed

Cluster function 2: Informing strategic decision-making of the Humanitarian Coordinator/Humanitarian Country Team

Output: Needs assessment and gap analysis

- Prepared and updated health sector assessment registry on a quarterly basis *(please see Annex).*
- Disseminated standardized assessment tools (e.g., facility level, community level, rapid needs assessment) to health sector.
- Provided technical inputs for finalization of health sector section of MSNA by REACH.
- Prepared the health needs analysis of 2022 Humanitarian Needs Overview.
- Initiated and rolled out a number of assessments, including:

    - HeRAMS
    - Completed assessment of availability of electricity in health facilities across southern municipalities
    - A quick operational update to reflect possible impact of the current heat wave on health service delivery (among functioning health facilities) across the country
    - Situation with availability with medical oxygen.
    - Overview of COVID-19 isolation centers' services.
    - Overview of health sector support (January – July 2021) to public health facilities across Libya.
    - COVID-19 Behaviour Assessment
- Disseminated and NCDC produced weekly EWARN surveillance bulletins.
- Worked closely with WHO and its network of 22 field coordinators to produced monthly situation reports on availability and accessibility of health services in all districts.
- Produced various situation updates highlighted and identified risks, needs, gaps, capacity and constraints in response.

Output: Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues

- Monthly update on gaps and coverage of operational response was updated based on the submission of 4Ws.
- Depending on the situation across the country prepared ad hoc situation reports on health situation in various municipalities.
- Depending on the escalation of situation across the country (in 2021 fewer instances after cease fire announcement and formation of Government of National Unity), prepared operational updates on existing response (based on 4Ws) in specific areas of the country.
- Prepared and disseminated Flash Appeals on Attacks on Health Care. In 2021 – 2 incidents were reported in the system following the ceasefire agreement.
- Supported the World Bank initiatives on COVID-19, PHC, human workforce and health finance.
- Development of EPHS still remains a challenge due to fragmented and decentralized public health system.
- "Health diplomacy" initiatives largely ceased in 2021 following the formation of GNU and relative stability across the country.
- A few of cross-cutting issues (including age, gender, diversity, human rights, protection, environment, HIV/AIDS, disability) is yet to be properly reflected in the assessment work. A significant progress was reached with scaling up work on HIV.
- Operational issues for consideration of additional support by international organizations for overall COVID-19 response and roll out of COVID-19 vaccination were produced and shared.
- Earlier developed "Deep Dive" health sector update was extensively used in health-related briefings and reference sources. Presented Libya case in deep dive discussion within the "Accelerator Themed Working Group on Innovative Programming in Fragile and Vulnerable Settings", organized by the Regional Office. Key recommendations included: a) further focus on the development of essential package of health services; b) establishment of technical working groups on prioritized 6 pillars of health systems strengthening to focus on multi-year planning enabling a sense of "ownership" by the health governance; c) prioritize "opportunities" and "enablers" overcoming well-recognized challenges and limitations in public health sector, improve the quality of the narrative for both, humanitarian and development, imperatives.

Output: Joint analyses supporting response planning

- Provision of joint health sector field missions remained a challenge though a few locations were visited (in Benghazi, Misrata).
- Coordinated sector needs assessments and surveys are not common.
- Sharing by partners of their assessment reports remains a challenge despite the existence of the assessment registry.

Health sector aimed to overcome one of the key challenges of absence of health data and updated information from the side of the national authorities. Frequently quoted and largely invested DHIS tool is not operationalized. HeRAMS has been introduced in Libya during the last quarter of 2021.

Immediate steps undertaken:

International Information Management consultant was recruited during the last quarter of 2021 to:

- Carry out a scoping analysis for the existing HISs (e.g., DHIS2, EWARN, HeRAMS), tools (e.g., 4Ws), and data management processes.
- Review the existing functions, structure of information management and capacity in WHO Libya, opportunities, and gaps.
- Support health sector partners in terms of consolidating, analyzing and disseminating data on the ongoing response, as needed.
- Review the core list of indicators that partners should report against, their feasibility, availability and reliability of data sources, timeliness and completeness of data, and gaps in reporting.
- Preparing an action plan, in coordination with HIC/MoH, for rolling-out the DHIS2 in the remaining 40 municipalities in 13 districts.
- Support the health sector in launching Health Resources and Services Availability Monitoring System (HeRAMS) in Libya, using systematic and innovative data management approaches. HeRAMS is an essential component of emergency management, the humanitarian-development nexus, health systems strengthening and universal health coverage.
- Align the HeRAMS existing format and master list of health facilities to the global HeRAMS standard data model, considering the local requirements of MoH and national guidelines.
- Provide training to the national MoH/HIC FP on the online HeRAMS global platform. Note: based on the MoH and health sector priorities, other areas could be addressed such as: M&E Framework, national capacity building, developing HISs normative documents and SOPs at national level.

Progress reached:

- Reviewed the template of assessing the health sector partners delivered assistance to public health facilities.
- Produced HeRAMS Libya Executive Report.
- Assessing availability of MHPSS services in HFs using HeRAMS – proposed reporting.
- Several meetings were conducted with MoH (International Cooperation department, Health Information Centre, and Emergency) to follow-up on strengthening and joint planning of HISs, and provision of technical support as needed.
- A framework was developed to map and document all existing information management tools/systems. The framework covers: IM Tool/ Approach Name; Description & Guideline existence; Data Collection Process; Frequency; Data Source/Granularity Level; Platform; Info Product (incl. source/ online link); Responsible person.
- A standardized template was developed for assessing the COVID-19 detection laboratories.
- Submission of the HIS workplan for 2022-23 was completed for the previously agreed activities with MoH joint planning.
- A concept note for analyzing operational status of DHIS2 was shared with HIC-MoH.
- An updated list of municipalities that require DHIS2 training and ICT support was shared by MoH for further support.
- COVID-19 isolation facilities data was standardized as a pre-processing step before analysis.

Cluster function 3: Planning and strategy development

Output: Develop sectoral plans, objectives and indicators directly support realization of the HC/HCT strategic priorities

- Health sector response strategy 2022 remained the same under earlier developed 2021 HRP with the HCT agreement to have 5 months carry over of 2021 HRP projects during January-May 2021.

2021 HRP health sector

	Organizations	Name	Cluster / Sector	Requested funds
1	IRC	Conflict affected population in Libya including migrant and refugees have improved access to lifesaving and comprehensive primary, reproductive and mental health care services	Health	3,000,000

2	WHO	Scaling up primary health care services including Expanded Program of Immunization across Libya	Health	2,500,000
3	WHO	Strengthening secondary health services, including trauma, across Libya	Health	1,500,000
4	WHO	Strengthen noncommunicable disease and mental health disorder with focus on GBV across Libya	Health	800,000
5	Emergenza Sorrisi	Health Care Assistance and Health Resilience Empowerment in Libya	Health	295,000
6	IOM	Syndromic and event based cross border surveillance and contact tracing of COVID patients	Health	954,200
7	IOM	Strengthening Core Capacity of Points of Entry for Emergencies	Health	1,715,638
8	UNFPA	Increase access to lifesaving sexual and reproductive health services to vulnerable population affected by Conflict and COVID19 pandemic in Libya	Health	4,801,544
9	HI	Inclusive Humanitarian Assistance, Health and Protection Response for the Most Vulnerable, Crisis Affected Persons in Libya	Protection, Health	1,144,000
10	Helpcode	Provisioning of lifesaving and primary reproductive health services to the most vulnerable population including IDPs, refugees, migrants and vulnerable nondisplaced, in southern Libya	Health	630,000
11	IOM	Closing Gaps in Essential Health Services for the Most Vulnerable Migrants, IDPs, and Host Communities in Libya	Health	2,475,600
12	WeWorld	Emergency Health support for the vulnerable community groups in West and South Libya	Health	700,000
13	INTERSOS	Protection and Multi Sectorial Assistance to IDPs, migrants and vulnerable host communities	Health	27,770
14	IMC	PEERS: Protection Enabling Environment and Resilience Services	Health	934,270
15	UNHCR	UNHCR Multi-Sectoral Project in Libya	Multi-sector	3,500,000
16	TdH Italy	Supporting health institutions and communities respond to COVID-19 in Aljabal Algharbi, Azzawya, Misurata, and Tripoli.	Health	300,000
17	IMC	Strengthening protection and resilience of vulnerable groups in COVID-19 emergency	Health	1,200,000
18	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	Health, Protection	2,309,598
19	WHO	Strengthening health sector coordination and information management in Libya	Health	720,601
20	UNICEF	Provision of Essential & Lifesaving Maternal and Child, Health & Nutrition and COVID-19 responsive services to vulnerable population in Libya	Health	4,000,000
21	WHO	Strengthening national disease surveillance with a focus on COVID19, TB and HIV	Health	550,000
22	WHO	Libya C-19: Strengthening Libyan authorities' capacity to address C-19 related challenges and ensure protection of Libya's population, including vulnerable groups	Health	3,431,017
23	CEFA	HEALTHS - Heightened and Enhanced Access of Libyans and migrants to Health Services in the Municipality of Zawiya	WASH, Health	229,500
24	AAH	Preventing and mitigating the spread of COVID-19 through an integrated WASH and Mental Health Psychosocial approach in Benghazi	Health, WASH	173,163
25	IFRC	Improving the health and well-being of vulnerable communities in Libya	Health	398,099
26	CEFA	Hand in Hand for better health and wash services for vulnerable populations in the South West	WASH, Health	500,000
27	PUI	Enhance access to health and essential services for conflict affected communities in Southeast of Libya	Health	700,000
28	PUI	Libya Equal Access and Development for Recovery	Health	1,500,000
TOTAL:				**40,990,000**

2022 HRP carry over health sector 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	1,700000	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
UNHCR	UNHCR Multi-Sectoral Project in Libya	1,458,335	Multi-sector
TOTAL:		**18,575,678**	

- Health has the highest number of HRP projects: 21 projects submitted for a total of 18.6 million USD.

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**
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**

- COVID-19 health sector preparedness plan was updated (including only UN agencies and INGOs) with 55 million USD funding requirement and funding gaps of 49 million USD *(please see Annex).*

Name of international organization	Estimated funding requirement (USD)	Funding available (USD)	Estimated funding gap (USD)
WHO	20,429,495		20,429,495
UNFPA			
UNICEF	11,780,000		11,780,000
UNHCR	2,000,000.00	1,243,979.00	756,021.00
UNDP			
IOM	13,400,000		13,400,000
ACF	604,203	550,970	53,233
AICS			
CEFA			
Chemonics			
Emergenza Sorrisi			
Expertise France			
GIZ	1,000,000 (TBC)		
HI			
Helpcode			
IFRC			
IMC	4,643,916	2,971,699	2,017,600
IRC			
LPFM			
MSF France			
MSF Holland			
PUI	166,500	116,500	50,000
TdH			
Voluntas			
WeWorld-GVC	1,250,000	1,067,000	183,000
TOTAL:	**55,274,114**	**5,950,148**	**49,323,966**

- **National Deployment and Vaccination Plan for COVID-19**

The development of Libyan National Deployment and Vaccination Plan for COVID-19 vaccination has been essential under the guidance of the National Coordination Committee in close coordination with the National Imminization Technical Advisory Group, the Ministry of Health, the National Centre for Disease Control, in partnership with key partners such as UNICEF, WHO, IOM, UNHCR.

- **UN Strategic Framework, 2019-2022**

Provided health sector inputs for the evaluation report for UN Strategic Framework, 2019-2022 where one of the key findings was that Libya lacks a "National Development Plan". In the absence of national consensus on development goals, it is challenging to develop a strategic framework.

The 2019-2022 UNSF presented a comprehensive and ambitious framework of collaboration with the Libyan government. UNSF development brought the UNCT, UNSMIL and OCHA together, after a four-year period of separate programming. The aim to unify effort around three, interlinked and cross-sectoral themes is in line with the "New Way of Working" (NWoW). During the period of implementation, the UNCT delivered impactful support along several tracks of the Berlin Process and the Basic Services Pillar of the UNSF.

- **Common Country Analysis 2021**

Provided health sector inputs to 2021 Common Country Analysis (CCA). In preparation for a new United Nations Sustainable Development Cooperation Framework for Libya (2023—2025), the UN in Libya analysed the changing context and needs through 2021 CCA in close coordination with humanitarian and peacebuilding actors. The new Cooperation Framework should guide the UN's collective development, stabilization, resilience, and peacebuilding interventions for the coming years in support of the Government and people of Libya.

The CCA is a collective, comprehensive, and multidimensional analysis of the situation in Libya through the lens of the 2030 Agenda and the Sustainable Development Goals (SDGs). This represents the first time that the UN in Libya has undertaken such an in-depth and integrated SDG-centred analysis in the country. The process engaged entities across the UN system in Libya, with mandates traversing the humanitarian-development-peace spectrum. This CCA represents the outcome of this process and will form the analytical basis from which the priorities of the new Cooperation Framework will be formulated in partnership with the Government of Libya and other stakeholders.
Analysis of progress towards the 2030 Agenda and the SDGs is framed around the five 'P's, specifically: 1) People; 2) Prosperity; 3) Planet; 4) Peace; and 5) Partnerships.

- **The UN Socio-Economic Framework in response to COVID-19**

Provided regular quarterly update to the UN Socio-Economic Framework in response to COVID-19 on health specific indicators against pillars 1 and 5. Key indicators are taken out of a regular 4W matrix.

Pillar 1 - HEALTH FIRST: Protecting health services and systems during the crisis	UNFPA, UNICEF, WHO, WFP, FAO
Pillar 2 - PROTECTING PEOPLE: Social protection and basis services	UNDP, UNFPA, UNICEF, OHCHR, WHO, WFP, FAO, UNWOMEN
Pillar 3 - ECONOMIC RESPONSE AND RECOVERY: Protecting jobs, small and medium-sized enterprises, and vulnerable workers in the informal economy	UNICEF, WFP, FAO, ILO, UNWOMEN, UNDP
Pillar 4 - MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION	FAO, UNICEF, ILO, UNDP, UNWOMEN
Pillar 5 - SOCIAL COHESION AND COMMUNITY RESILIENCE	UNWOMEN, UNFPA, UN Habitat, UNDP, UNICEF, OHCHR, ILO

Output: Adherence to and application of standards and guidelines

- **Development of Human Health Workforce Strategy**

At the request of the Ministry of Health (MoH), WHO Libya has agreed to support the national health authorities in the development of a Human Resource for Health (HRH) strategy. Between July and December 2021, the following activities took place jointly with the MoH:

- Facilitate three multi-stakeholder HWF strategic plan formulation workshops followed by a national meeting to finalize and validate the strategic plan and launch its implementation in the three regions (east, west and south).
- Train managers in HWF strategy implementation as a core component of health system strengthening towards the delivery of an evidence-based essential care package in three selected municipalities (one in each of Libya's three regions).
- Carry out a health workforce satisfaction assessment survey in the three selected municipalities and prepare recommendations on how to attract, motivate and retain health care workers, especially in remote areas.
- Conduct a workload indicators analysis that will yield information on the required skills and number of personnel required within facilities by levels of care. This analysis will inform the development of norms and standards for delivering the essential care package at all levels of the health system.
- Facilitate the establishment of a monitoring and evaluation plan to support the continuous improvement of HWF management in the delivery of the essential care package in at least three municipalities (one in each of the three regions).

- **Initiative for Developing a PHC Oriented Model of Care towards Universal Health Coverage in Libya**

Libya took part in the WHO Regional Office initiated activity to develop a 'Model of Care' for service delivery in Libya. The proposed activity is part of a regional initiative to support countries to take the PHC agenda forward through implementing the Operational Framework on PHC. The initiative is set to take place in four EMR countries (Palestine, Sudan, Pakistan, Libya). The initiative would complement the national efforts done to develop the UHC-Priority Benefits Package (UHC-PBP) and build on the findings from the measurement phase of the Primary Health Care Measurement and Improvement (PHCMI) initiative.

- **Assessing and Improving Health Systems Efficiency in the EMRO region: Libya – case study**

Libya was recommended for the country case studies to provide input and guidance for further development of country support tools and approaches by the WHO EMRO, feedback regarding practical applicability and usability of the WHO HQ health system performance assessment framework in national context and input to county health policy development processes for health system efficiency and performance improvement. This includes: Desk-review of available information on national health system efficiency, relevant policies and availability of indicator data; Policy discussion and stakeholder consultation; Write-up of the case-study and verification with national authorities.

Epidemic and pandemic preparedness in fragile settings, Libya – case study

The Independent Panel's report https://theindependentpanel.org/mainreport/ lays out the national actions that countries need to take to be better prepared for the next epidemic or pandemic. The panel report says little about the specific needs facing conflict-affected countries. To bridge is knowledge and policy action gap, WHO is partnering with Duke University's Center for Policy Impact in Global Health https://centerforpolicyimpact.org/ to help develop a policy paper on epidemic and pandemic preparedness in conflict affected and fragile settings.

HDPN (Humanitarian-Development-Peace Nexus): Libya – case study

Libya is one of few countries recommended for the development of the second series of the HDPN country profiles. Humanitarian-Development-Peace Nexus for Health. There has been increasing consensus and action surrounding the implementation of HDPN activities in Libya.

Second edition of Humanitarian-Development-Peace Nexus for Health: Libya Profile, September 2021 was produced. The following remain as 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
- Create HDPN-related resource and financing records
- Develop a nexus financing strategy
- Mainstream conflict analysis and peacebuilding prioritization

Throughout the year, health sector also worked on:

- Technical standards and guidance (especially on all 10 pillars of COVID-19 response) were continuously disseminated among the health sector partners.
- Health sector liaised regularly with the necessary health authorities sharing national guidelines, standards and protocols.
- A few health sector partners worked with the national authorities to develop and update national standards, including PHC, TB, Reproductive health, disability, etc.
- Earlier initiated health sector' process of standardization of relevant costs around capacity building events supported and funded by UN agencies and INGOs remained largely incomplete.

- Reviewed and provided inputs for the draft of the new Emergency Response Framework (version 2.1).

Output: Clarifying funding needs, prioritization, and sector contributions to sector funding needs

- Prioritization of proposals against any response plan was always based on applicability and adherence of health sector severity scale clearly guiding health sector partners to priority areas of severity scale 3 or above. This served as a basis for transparent criteria.

Output: Prioritization of proposals against strategic plan fair to all partners

- Funding support for key sector/sub-sector and IM HR functions was secured.
- Any project proposals, both for COVID-19 and non-COVID-19 response, were prioritized in a manner that was fair to all partners.
- Health sector maximized its efforts to assist health partners to access funds, both for "humanitarian" and "development" imperatives. Health became one of the standard reporting subjects at key events with participation of donors. Key messages were formulated for main donors' conferences and events.
- Monthly and quarterly update (FTS) of health sector funding situation was in place.
- Exact funding levels received both for COVID-19 and non-COVID-19 response is not clear and accurate as FTS reflects only 42% of HRP funding requirement was met.
- Health sector donors: EU, ECHO, AICS, USAID/OFDA, France, Italy, Germany, Japan, Korea, Luxembourg, Swiss Red Cross, Danish Red Cross, Canadian Red Cross, British Red Cross, Italian Red Cross, Finland, CERF, Netherlands, Sweden, UK, Switzerland, Canada, Austria, China, African Development Bank, Bill & Melinda Gates Foundation.

Cluster function 4: Advocacy

Output: Identifying advocacy concerns that contribute to HC and HCT messaging and action

- Developed the list of health sector advocacy issues for Libya.
- Regularly updated health advocacy points with the engaged stakeholders.
- Continuously monitored and reviewed the situation on importation of health supplies.
- Worked closely with OCHA and Access Working Group on impact on health planning and response by visa restrictions.
- Regular face to face meetings and briefings with key donors were held.
- Health sector annual report 2021 was produced.
- Followed up on the SOPs for registration of INGOs with the Ministry of Health.
- Provided key advocacy messages for RC/HC meeting with the Minister of IDPs and Human Rights.
- Briefed fact-finding mission (investigative team) on impact of attacks on health care.
- Reviewed and provided feedback on Berlin conference resolutions as well as UNSMIL ISR mission.
- Briefed the delegation of the African Union on the situation with health service availability and accessibility to migrant and refugee population.
- 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.
- Provided briefing updates for ASG RC/HC and WHO ADG.

Some of the key advocacy asks and follow up points in 2021

A series of meetings with the Ministry of Health identified key issues relevant to COVID-19 response, including:

- Support to the country to address shortages of oxygen.
- Further coordination of delivery of COVID-19 vaccines to Libya.

- Further support to the country with provision of COVID-19 case management medical supplies and technical support with immediate effect.
- Need to increase vaccination rates across the country, including for non-Libyan population (refugees, migrants), especially in detention centers.

A series of meetings with the Ministry of Health identified key issues relevant to overall life-saving response, including:

- There is a severe shortage of lifesaving medicines and supplies in the country and alert those with decision making power to the consequences this will have on vulnerable population groups.
- WHO as health sector lead works with the MoH to identify the top priority lifesaving supplies in consultations with the main hospitals, trauma hospitals, specialized hospitals, NCDC on urgent needs which will mainly cover insulin, blood expanders/ products, HIV medicines, TB medicines, NCD medicines (cancer), vaccines, trauma medicines and surgical supplies.
- Support with the development of strategy for health workforce and enhancement of child health and mental health.
- WHO as health sector lead prepares a list of critical (lifesaving) supplies (vaccines, medicines, equipment) required over the next 6-9 months and the estimated cost so as to enable a meaningful discussion with the Governor of the Bank and key stakeholders.

Developed key asks for follow up action for HCT Libya:

- Request senior humanitarian leadership to support health sector advocacy for an adequate amount of Libya's GDP and part of its huge assets to be spent on health. The government must find a way to tap into these resources to cover urgent and increasing health needs and strengthen the weak health system to achieve UHC.
- Request relevant HCT members to consider prioritized support to activate and strengthen COVID-19 isolation facilities (including oxygen solutions, medical supplies, capacity building, etc.).
- Request senior humanitarian leadership to support health sector advocacy in enabling access to lifesaving and life-sustaining, including COVID diagnostics and treatment for migrants and refugees, especially in detention centers.
- Request WHO to ensure technical expert support for COVID-19 response with immediate effect from WHO which needs to be drawn from the Regional Office and HQ for case management, surveillance, building lab capacity, etc

Key-ask to the engaged stakeholders: support in advocating for the humanitarian imperative of saving lives and delivering health services to those in need in Libya, based on the four humanitarian principles of humanity, neutrality, impartiality and independence. This involves the following activities:

- Identify an effective health governance model at national, regional and district/municipality levels.
- Support efforts to strengthen all six blocks of the health system.
- Collaborate with the national authorities on public-private initiatives.
- Advocate with the national authorities to strengthen non-Libyans' access to public health care services.
- Use health system strengthening activities as an avenue for Health as a Bridge for Peace.
- Sustain health sector' partners field presence and focus on analyzing and managing risks emerging from the country's current transition.
- Life-saving humanitarian needs are widespread and must be addressed in the framework of the Humanitarian Response Plan (HRP). The 2021 HRP is being extended until May 2022.

Coordination related key-ask

- Continue to highlight the UNCT's role and functions vis-à-vis UNSMIL to achieve a balanced approach and integrated mission.

Operations related key-ask

- Health sector to continue working with the RC/HC to identify a long-term solution to standardize the salary scale for national staff whose salaries have plunged following the devaluation of the Libyan dinar.

Lessons learnt, Attacks on Health, Libya

- 2019 – 62 reported attacks, 76 deaths and 52 injuries.
- 2020 – 36 reported attacks, 9 deaths and 23 injuries.
- 2021 – 2 reported attacks, 0 deaths and 0 injuries.

- Brought to Libya the experience from Syria: developed a reporting template. Have been working with HQ and its dataset.
- Invested in promoting the real definition of "attacks" moving away from just "armed conflict" oriented examples.
- Flash Updates are being prepared, usually within 24-48 hours. Web site is being updated. Health sector is being informed.
- Press statements and news releases. The cases are being reported to the UNSMIL, Special Envoy.
- Attacks is a standing agenda of health sector meetings. Attacks on health – a separate indicator for a monthly 4W health sector.
- Monthly reports to the Secretary-General on the implementation of Security Council resolutions.
- Fact-Finding Mission on Libya is tasked to investigate violations of International Humanitarian Law and human rights violations/abuses since 2016 in Libya. Related sensitivities.
- Silencing and standing aside – not possible. Sensitivity of WHO Mandated Action vis-à-vis respective Member States. AHC is always part of the "larger" package of advocacy related asks.
- Multiple stakeholders (inside and outside the country; UN and non-UN structures).
- Health as a bridge for peace – old concept but still working. Same for Health Diplomacy initiatives.
- Attacks on health as the main principled "red flag" issue by key Member States.
- Linkages with UNICEF led "Monitoring and Reporting Mechanism (MRM) on grave violations of children's rights". Reflection in all regular updates: operational updates, situation reports, donor reports.

Related bottlenecks and challenges

- Health sector is not active in reporting. Mainly WHO captures and reports based on social media or its network of 25 field coordinators.
- Protocols of information sharing was not done for Libya as not operationally necessary. Basically, there is no framework due to complexity and sensitivity of the issue and stakeholders involved.
- Verification process (minimum two sources) is not in place with the required triangulation of data. Mainly through social media.
- Not capturing all the incidents – only media picked up.
- Politically driven conflict – a biased reporting and a one-side approach (both in Libya and Syria).
- Protection of medical facilities and notification mechanism is highly sensitive and disputable. De-confliction, sharing of coordinates is a challenge, both in Syria and Libya.
- Need to separate WHO roles and responsibilities to report on "wounded/casualties" during the conflict as directly politized issue and enormous pressure.
- Another politicized point – expecting WHO to name the perpetrators while focus on the impact…. Not to define the cause of damage or not to assign the blame.
- Another aspect – increased incidents with medical personnel associated with the Ministry of Defense and reporting issues.

The impact of attacks on the access and delivery of essential services to affected populations, rather than the violation of international law. In Libya – yet a challenge as no system in place to collect basic health data on functionality and utilization of health services (MoH does not have information on number of hospitals and PHC facilities). In order to be evidence based and factual – there is a need to have first-hand data and figure from a functioning and regularly updated HIS.

Broadening impact with: Impact of conflict on health care services (e.g., the water and electricity cuts in health facilities; the risk of outbreaks of vaccine-preventable diseases; the spread of tuberculosis and other diseases; the lack of access to

health care for migrants and refugees; repeated vaccine stock outs; secure regular salary payments for health care workers; political divide linked with the politicization of the COVID-19 response; restrictions that prevent the rapid clearance of humanitarian and COVID-19 health supplies blocked at Libyan ports).

Output: Undertaking advocacy activities on behalf of cluster participants and affected people

- Developed a list of operational issues for consideration of additional support by international organizations for overall COVID-19 response.
- Developed a list of operational issues for additional support by international organization for roll out of COVID-19 vaccination.
- Initiated and advocated to enable expansion of surveillance for disease of epidemic potential to detention centers.
- Initiated and advocated to enable development of microplanning and COVID-19 vaccination among migrants and refugees.
- Developed key advocacy messages for ASG RC/HC meeting with the Minister of IDPs and Human Rights:
    - There are more than 50 mobile medical teams deployed across the country and health sector is ready to expand to cover key IDP locations.
    - There are more than 83 public health facilities supported by the health sector on a monthly basis, health sector is ready to provide further support to those locations and health facilities providing health care to IDPs.
    - Health sector is working closely with the national health authorities and advocates to maximize the reach out to the priority groups among IDPs eligible for COVID-19 vaccination.

- Proposed key points on health/cross border for the Special Envoy at the ministerial level meeting, Algeria
    - To highlight to the Member States to further strengthen and adjust COVID-19-related public health protocols at all points of entry, including for managing acute events.
    - To highlight the importance of dissemination among the Member States of COVID-19 related epidemiological information, risk assessment, legal and normative provisions/tools, and protocols.
    - To point out the added value to conduct regular risk assessments to inform the calibration of risk mitigation measures in the context of international travel, refugee and migrant flows.
    - To advocate with the authorities to equip and train staff at points of entry in appropriate actions for COVID-19 response.
    - To point out to the Member States on regular monitoring and evaluation of the effectiveness of travel- and related risk mitigation measures and adjustment of existing protocols.
    - To highlight the importance of continued joint work to ensure that that international travel is always prioritized for emergency and humanitarian actions, essential personnel, repatriations, and cargo transport of essential supplies such as food, medicines, vaccines and fuel. This coordination will be out most vital.
    - Continue to develop joint guidance, training and statements of support to prevent and manage COVID- 19 in the context of international travel and transport, including at ports, airports and ground crossings.

Cluster function 5: Monitoring and reporting on implementation of cluster strategy and results

Output: Programme monitoring formats agreed upon and used by cluster partners.

- The health sector report against 30 indicators, including 2 for inter-sectoral monitoring: 1) the number of medical procedures; 2) the number of public health facilities supported with health services and commodities.
- Collaborated closely with the WHO Regional Office on follow up of EMR Response Monitoring Health Indicators. The reality is that there is a non-availability of most of the core indicators except for performance indicators reported and captures through a standard 4W.
- Health sector partners conducted regular data collection through interviews, surveys and assessments and field visits to ensure that activities are monitored and results are captured. M&E plans, project workplans, activity calendars and logical frameworks with indicators, targets, outputs, outcomes, inputs, data sources and means of verification are the main tools to authenticate and report on activities, successes, setbacks and lessons learned.
- The health sector also monitored social media, hotlines and radio shows to detect and rapidly respond to misinformation and assess public perception of the quantity and quality of health services provided by national stakeholders and health sector partners.

- Information shared by partners reflected in all sector documents, including 4Ws, bi-weekly operational reports, monthly health sector bulletins, any other ad hoc and situation reports or response plans.
- Regular publication of progress reports based on agreed indicators for monitoring humanitarian response is in place.
- Health sector bulletins are published monthly.
- Changes in needs, risk and gaps are highlighted in sector reports and used for decision-making by partners.
- Response and monitoring of the cluster taking into account the needs, contributions and capacities of women, girls, men and boys.
- In 2021, the health sector tested health messages on trusted community groups including community and religious leaders, health workers, community volunteers, migrants and refugees, and youth, business and women's groups.
- It has built an extensive network of media contacts to disseminate its message by means of TV, radio, the Internet, newspapers and other mechanisms. Health information messages and materials were adapted and communicated in both local languages and those of the main migrant and refugee populations.
- The health sector implemented training workshops on community engagement through public health and community-based networks, media, schools and universities, national and local governments and other sectors. Established community information and feedback mechanisms including the Common Feedback Mechanism and social media monitoring (Facebook and Twitter) will be further strengthened.
- Mid-year review of 2021 HRP took place.
- Reports on roll out of COVID-19 vaccination in the country and coverage of non-Libyan population were initiated in the last quarter of 2021.
- Comprehensive Health Sector Field Directory is being published twice a year.
- All health sector materials are published: https://www.humanitarianresponse.info/en/operations/libya/health.

Improving monitoring capacity in humanitarian and fragile settings in the Eastern Mediterranean Region of WHO

A joint project between WHO and Johns Hopkins Center for Humanitarian Health, September 1, 2021 to March 31, 2022 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 overall aim of this project is to enhance 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.

2021 Annual Cluster Coordination Performance Monitoring (CCPM).

2020 CCPM	2021 CCPM

1 Supporting service delivery	
1.1 Provide a plateform to ensure that service delivery is driven by the agreed strategic priorities	Satisfactory
1.2 Developing mechanisms that eliminate duplication	Satisfactory
2 Informing strategy decision-making of the Humanitarian Coordinator/Humanitarian Country Team	
2.1 Needs assessment and gap analysis	Satisfactory
2.2 Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues*	Satisfactory
2.3 Prioritizing on the basis of response analysis	Satisfactory
3 Planning and strategy development	
3.1 Developing sectoral plans, objectives and indicators that directly support HC/HCT strategic priorities*	Satisfactory
3.2 Adherence to and application of standards and guidelines	Satisfactory
3.3 Clarifying funding needs, prioritization, and cluster contributions to HC funding needs	Good
4 Advocacy	
4.1 Identifying advocacy concerns that contribute to HC and HCT messaging and action	Good
4.2 Undertaking advocacy activities on behalf of cluster participants and affected people	Satisfactory
5 Monitoring and reporting on implementation of cluster strategy and results	Good
6 Preparedness for recurrent disasters	Satisfactory
7 Accountability to affected population	Satisfactory

Support to Service Delivery	
Meetings	Good
Cluster Strategic Decisions	Good
Cluster Mapping	Good
Identification of Needs, Gaps and Response Priorities	Good
Informing Strategic Decision-Making of the HC/HCT	
Assessments	Satisfactory
Situation Analyses	Satisfactory
Analysis Topics Covered	Good
Cross-Cutting Issues	Good
Support for Decision Making	Good
Planning and Strategy Development	
Strategic Plan	Good
Technical Standards and Guidelines	Good
Prioritization of Proposals	Good
Updates on Funding Status against Needs	Good
Advocacy	
Identification of Advocacy Issues	Good
Discussion on Advocacy Issues	Satisfactory
Monitoring and Reporting	
Cluster Bulletins	Good
Programme Monitoring and Reporting Formats	Good
Consideration of the Diverse Needs of Women, Girls, Boys and Men in Response Monitoring	Good
Preparedness for Recurrent Disasters	
Preparedness Plans	Satisfactory
Accountability to Affected Populations	
Mechanisms for Consulting and Involving Affected Populations in Decision Making	Satisfactory
Mechanisms to Receive, Investigate and Act on Complaints by Affected People	Satisfactory

Cluster function 6: Preparedness for recurrent disasters

Output: National contingency plans identified and shared

- National level plans were not formulated in 2021 due to systematic health systems challenges (listed above).
- All hazard national preparedness plan is not available.
- Health sector provided all required technical support and guidance to the national health authorities, but no progress had been reached.
- Health sector supported the technical mission to Libya focused on disease surveillance and health information management from WHO Regional Office. Follow up action is in place in line with its key recommendations.

The best way to illustrate the situation with contingency planning, or its absence, is in the findings of the EWARN evaluation mission. The objectives of the mission were:

- Describe the EWARN system and how it operates
- Assess the effectiveness and usefulness of EWARN to meet system objectives
- Measure EWARN attributes
- Evaluate rapid response team capacity and operation
- Provide recommendations and practical measures for improvement.

Key findings included:

- Administrative structure needs to be revisited
- Hospital administration is not aware of EWARN (lack of acceptance)
- Inadequate understanding of EWARN operationality among all levels
- Lack of coordination between CPHL and EWARN
- Not a single sample was sent to CPHL for verification through EWARN system (except for measles and AFP)
- Immediate reporting and alert verification components of EWARN are under functioning
- Alerts are not verified
- Majority of the standard EWARN reporting tools are not available/ used

- Outbreak investigation reports are not unified/structured properly
- No budget allocations, training, supervisory plan available
- Lack of need forecasting and planning/stockpiling for the medical, laboratory and other required supplies

Output: Partners involved in development of preparedness plan

2021 illustrated collective work and follow up action based on:

- Cutaneous leishmaniasis (CL) response in the west part of the country, including Tawergha
- WHO mission to the east of the country (Sirte, Al Bayda, Sahat, Sousa, Benghazi)
- Follow up point of inter-agency (UNHCR, UNDP, IOM, UNICEF, OCHA) mission to Ghadames
- Health Sector (UN/INGOs) COVID-19 Preparedness and Response Plan
- Some of the key findings in health sector following an inter-agency mission to Misrata
- Increase of suspected TB cases in Tripoli
- Selected briefing points (health sector related), RC/HC visit to Tawergha-Misrata
- Sebha Nexus Working Group (NWG) Mission 26 May 2021
- Deterioration of security situation in detention centers in Tripoli
- WHO/MoH joint assessment visit to Sabha TB facilities

Cluster function 7: Accountability to affected populations

- The health sector strengthened accountability towards affected people by developing tools to analyze feedback from beneficiaries and modify projects accordingly.
- The COVID-19 response has allowed the health sector to strengthen community engagement across the country.
- Operational plans included the public health measures that were likely to be required based on the situation in different parts of the country. The health sector carried out behavioral assessments to understand target audiences, perceptions, concerns, influencers and preferred communication channels.
- In 2021, the health sector tested health messages on trusted community groups including community and religious leaders, health workers, community volunteers, migrants and refugees, and youth, business and women's groups. It has built an extensive network of media contacts to disseminate its message by means of TV, radio, the Internet, newspapers and other mechanisms. Health information messages and materials were adapted and communicated in both local languages and those of the main migrant and refugee populations. These activities will be continued in 2021.
- The health sector will also implement training workshops on community engagement through public health and community-based networks, media, schools and universities, national and local governments and other sectors. Established community information and feedback mechanisms including the Common Feedback Mechanism and social media monitoring (Facebook and Twitter) will be further strengthened.
- Agreement reached with the protection sector on steps for producing specific deliverables related to mainstreaming protection in health (e.g., check list; ToT for medical coordinators).

There is a significant space for improvement and enhancement of health sector engagement, including:

- To adopt the same commitments of AAP framework. The health sector is to consider accountability to affected populations to be a cornerstone of quality service provision to meet the affected populations evolving needs and to deliver more sustainable outcomes through community engagement.
- When and where possible, the best practice approach is to speak directly to the people affected. Through a partner network some formal and informal mechanisms, standards and practices are in place to ensure the meaningful participation of and communication with the affected people at various stages in the programming cycle. The health sector will commit that all activities, measures and mechanisms will respect in principle and practices gender equality in the approaches undertaken.
- The health sector will deliver on its commitments by focusing on:
    - Community consultations at each stage of the humanitarian programme cycle
    - Building trusted relationships

    - Listening to people and taking their concerns seriously; Information sharing by trained staff, and informed trend analysis, and sensitization/advocacy/capacity building of diverse stakeholders
    - Engagement with diverse groups in communities (taking into consideration gender balance)
    - Engagement with vulnerable groups within communities (including people with special needs, elderly people, etc.)
    - Complaints and feedback mechanisms and redressal.
- Be transparent with the affected populations by providing them with accessible and timely information on selection criteria for targeted assistance, organisational procedures and processes that affect them.
- Set up accessible, confidential and well understood feedback mechanisms for suggestions and complaints with a view to improve programming, understand community perceptions, promote beneficiary empowerment and assist in detecting misconduct. Eg., feedback box at health centre, phone lines
    - Set up mechanisms for submitting feedback that does not require the beneficiary exposing themselves to project staff.
    - Respond to complaints, regardless of whether corrective measures can/need to be put in place.
    - Organize awareness raising sessions so that people know how it works.
    - Consider a joint feedback mechanism with other sectors to minimize confusion.
- Health staff and health committees should be representative of all groups within the community (e.g. gender, age, ethnicity, socioeconomic group, persons with disabilities) and all staff and members should receive protection mainstreaming training.
    - They can play a key role in identifying issues related to exclusion and discrimination and be proactive in ensuring the voice of marginalised groups is represented.
- Ensure all health staff, implementing partners and volunteers working with affected populations understand, sign and adhere to a Code of Conduct stating their commitment to respect and foster humanitarian standards and the rights of beneficiaries, including the confidentiality of patients.
    - The code of conduct should also address respect for other medical staff, in particular female staff.

9. Key "success stories" based on alignment of country level coordination with regional and HQ based initiatives:

- Health became and remained a central point of one of two inter-sector overall objectives for 2021 planning.

- Health sector played a leading role in the development of the national deployment plan for COVID-19 vaccination, formal inclusion of Libyan and non-Libyan population and administration of vaccination among migrants and refugees.

- Health sector continued its advocacy work to highlight support for the humanitarian imperative of saving lives and delivering health services to those in need in Libya, based on the four humanitarian principles of humanity, neutrality, impartiality and independence. This involves the following activities:
    - Identify an effective health governance model at national, regional and district/municipality levels.
    - Support efforts to strengthen all six blocks of the health system.
    - Collaborate with the national authorities on public-private initiatives.
    - Advocate with the national authorities to strengthen non-Libyans' access to public health care services.
    - Use health system strengthening activities as an avenue for Health as a Bridge for Peace.
    - Sustain health sector' partners field presence and focus on analyzing and managing risks emerging from the country's current transition.
    - Life-saving humanitarian needs are widespread and must be addressed in the framework of the Humanitarian Response Plan (HRP). The 2021 HRP is being extended until May 2022.

- "Health Cluster Guide" has become an essential reference source in the development of the annual workplan and final report for health sector 2021 in Libya.

- "Guidance for Heads of WHO Country Offices" provided the necessary additional information about the levels of technical expertise available with WHO, linkages to support WHO Global Programme of Work (GPW 13) and its 3 main strategic priorities (Achieving Universal Health Coverage; Addressing Health Emergencies; Promoting Healthier Populations). Most importantly, it has become a real-time tool for enhancing skills for health leadership and

coordination in emergency and post-conflict situations; role of "health" intelligence (data, information, sources) in policy formulation and strategic interests; advocacy: health as a bridge to peace; health diplomacy or health in conflict resolution; negotiations: different parties to the conflict, access to hard to reach areas; role of "deep dive" analysis in strategic planning and response.

- PHIS toolkit was actively used as a key reference source to build up and produce core IM products among the health sector. The availability of the toolkit served as an example for further advocacy among the authorities on the need to prioritize IM deliverables. 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. A joint project between WHO and Johns Hopkins Center for Humanitarian Health, September 1, 2021 to March 31, 2022

- "COVID-19 Task Team Guidance", its materials and updates were pro-actively used and disseminated among the health sector helping to standardize and align national level planning and response accordingly. Libya is one of the country selected for development of a policy paper jointly with Duke University's Center for Policy Impact in Global Health on epidemic and pandemic preparedness in conflict affected and fragile settings following the publication of the Independent Panel's report https://theindependentpanel.org/mainreport/ laying out the national actions that countries needed to take to be better prepared for the next epidemic or pandemic.

- "Quality position" paper created the necessary opportunities for Libya to be part of the regional level initiative to develop a 'Model of Care' for service delivery in Libya. The initiative is set to take place in four EMR countries (Palestine, Sudan, Pakistan, Libya). The initiative would complement the national efforts done to develop the UHC-Priority Benefits Package (UHC-PBP) and build on the findings from the measurement phase of the Primary Health Care Measurement and Improvement (PHCMI) initiative.

- E-learning and its related the Health Cluster Coordination course created excellent opportunities to refresh knowledge and familiarize online with updated information. A review of one of its 17 modules led to the agreement reached for Libya to become one of few countries recommended for the development of the first two series of the HDPN country profiles. Humanitarian-Development-Peace Nexus for Health. Second edition of Humanitarian-Development-Peace Nexus for Health: Libya Profile, September 2021 was produced.

Annex: Response monitoring framework 2021 HRP

Health sector strategic objectives	Activity	Indicator	Baseline	Health Sector Target 2021	Estimated Health Sector Cost Per Unit (USD)	Total cost (USD)	Cost per Activity
Increase access to life-saving and life-sustaining humanitarian health assistance, with an emphasis on the most vulnerable (including IDPs, migrants, refugees and returnees) and on improving the early detection of and response to disease outbreaks.	Provide essential package of integrated health services at primary and secondary levels (integrated services cover emergency and trauma care, management of communicable and non-communicable diseases, maternal, neonatal and child health (MNCH), mental health and psychosocial support (MHPSS) and clinical rehabilitation)	1.1.1 Number of outpatient consultations *(excluding mental health, trauma consultations, physical rehabilitation)*	200,000	**1,162,700**	**5**	5,813,500	**8,526,000**
		1.1.2 Number of patients referred for treatment between different levels of care and locations	4,270	**7,000**	**100**	700,000	
		1.1.3 Number of trauma/injury related consultations	20,000	**20,000**	**5**	100,000	
		1.1.4 Number of mental health consultations	2,600	**5,500**	**5**	27,500	
		1.1.5 Number of physical rehabilitation (disability) sessions/consultations	1,800	**3,000**	**10**	30,000	
		1.1.6 Number of vaginal deliveries attended by a skilled attendant	100	**1,500**	**100**	150,000	
		1.1.7 Number of caesarian sections supported	20	**300**	**200**	60,000	
		Number of medical procedures provided (inter-sector indicator)	*228,790*	**1,200,000**			
		1.1.8 Number of health facilities and community centers providing MHPSS services	100	**150**	**2,000**	300,000	
		1.1.9 Number of mobile medical teams/clinics (including EMT)	40	**60**	**12,000**	720,000	
		1.1.10 Number of nutrition assessments (SMART survey) conducted	0	**1**	**350,000**	350,000	
		1.1.11 Number of children aged 6-59 months (girls & boys) received emergency nutrition services	2757	**5,500**	**50**	275,000	
	Provide continuous and interrupted immunization services to children	1.2.1 Number of vaccination centers received cold chain equipment	125	**75**	**9,000**	675,000	**975,000**
		1.2.2 Number of vaccinators trained on cold chain and vaccine management	0	**2,000**	**150**	300,000	
	Expand the reporting capacity of the early warning system	1.3.1 Percentage of reporting sites submitting the reports in a timely manner	70%	**250**	**1,500**	375,000	**375,000**
	Support health authorities to carryout timely response to disease outbreaks	1.4.1 Percentage of disease outbreaks responded to within 72 hours of identification	80%	**200**	**1,800**	360,000	**360,000**
		1.4.2 Number of EWARN sentinel sites	131	**250**			
Strengthen health system capacity to provide the essential package of health services and manage the health information system.	Coordinate the humanitarian health response	2.1.1 Number of coordination meetings at the national and sub-national levels	25	**36**	**300**	10,800	**130,800**
		2.1.2 Number of completed health sector assessments conducted	4	**12**	**10,000**	120,000	
		2.1.3 Number of attacks on health care reported	0	**0**	0	0	
	Provide health facilities with essential medicines, medical supplies and equipment	2.2.1 Number of public PHC facilities supported with health services and commodities	300	**600**	**15,000**	9,000,000	**25,150,000**
		2.2.2 Number of public secondary health care facilities supported with health services and commodities	48	**50**	**25,000**	1,250,000	
		2.2.3 Number of provided medical equipment	328	**650**	**8,000**	5,200,000	
		2.2.4 Number of provided standard health kits	1924	**650**	**2,000**	1,300,000	
		2.2.5 Number of provided PPE (personal protective equipment) materials	1,000,000	**1,200,000**	**7**	8,400,000	
	Increase access to health services by establishing functional health facilities and mobile medical teams	2.3.1 Number of health facilities supported with mobile medical teams	50	**60**	**0**	0	**2,310,000**
		2.3.2 Number of public health facilities refurbished and/or rehabilitated	14	**30**	**50,000**	1,500,000	
		2.3.3 Number of IDP camps/settlements covered by fixed health points and/or mobile medical teams	17	**20**	**15,000**	300,000	
		2.3.4 Number of official detention centers covered by fixed health points and/or mobile medical teams	10	**20**	**15,000**	300,000	
		2.3.5 Number of disembarkation points covered by fixed health points and/or mobile medical teams.	9	**14**	**15,000**	210,000	
		Number of public health facilities supported with services and commodities (inter-sector indicator)	*300*	**650**		0	

Strengthen health and community (including IDP, migrants and refugees) resilience to absorb and respond to shocks with an emphasis on protection to ensure equitable access to quality health care services.	Strengthen the capacity of health care providers and community health care workers to provide essential health services	3.1.1 Number of health service providers trained through capacity building and refresher training.	4500	**1,500**	**500**	750,000	**1,100,000**
		3.1.2 Number of community health workers trained through capacity building and refresher training.	450	**600**	**500**	300,000	
		3.1.3 Number of health workers trained on CMR (Clinical management of rape)	50	**100**	**500**	50,000	
						38,926,800	**38,926,800**

Funding requirement for COVID-19 response by UN agencies:

Pillars	WHO	UNICEF	UNFPA	UNHCR	UNDP	IOM
P1. Leadership, coordination, planning, and monitoring	1,143,475					50,000
P2. Risk communication and community engagement	1,425,000	1,620,000		10,000		800,000
P3. Surveillance, case investigation and contact tracing	1,606,655			20,000		1,000,000
P4. Travel, trade and points of entry	577,000			62,960		2,650,000
P5. Diagnostics and testing	3,005,200			85,000		800,000
P6. Infection prevention and control	1,223,200	5,675,000		61,420		2,000,000
P7. Case management and therapeutics	3,808,220	1,240,000		300,000		2,000,000
P8. Operational support and logistics	3,592,654			476,252		1,000,000
P9. Essential health systems and services	1,941,091	1,200,000		188346.5		2,000,000
P10. Vaccination	1,840,000	1,980,000		40,000		1,100,000
P11. Research, innovation and evidence	267,000	65,000				-
TOTAL:	**20,429,495**	**11,780,000**		**1,243,979**		**13,400,000**

Funding requirement for COVID-19 response by non-UN agencies (international organizations)

Name of international organization	Pillar 1	Pillar 2	Pillar 3	Pillar 4	Pillar 5	Pillar 6	Pillar 7	Pillar 8	Pillar 9	Pillar 10
ACF		262,659				53,233	170,258	118,053		
AICS										
CEFA										
Chemonics										
Emergenza Sorrisi										
Expertise France										
GIZ	To be confirmed									
HI										
Helpcode										
IFRC										
IMC		277,819	55,038		595,420	355,264	315,401	365,792	2,539,694	139,484
IRC										
LPFM										
MSF France										
MSF Holland										
PUI		61,500			50,000	18,500	10,000	8,000	68,500	
TdH										
Voluntas										
WeWorld-GVC						830,000	420,000			
TOTAL:		**601,978**	**55,038**		**645,420**	**1,256,997**	**915,659**	**491,845**	**2,608,194**	**139,484**

Monitoring and evaluation, key performance COVID-19 indicators (health sector 2021)

Pillar	Indicators
	# of transmission classification and capacity assessment

1.National Coordination, planning and monitoring	# of daily situation update disseminated
	# of biweekly operational and epidemiological update disseminated
	# of coordination meeting with health Authorities conducted
	# of coordination meeting with partners conducted
2.Risk communication and community engagement	# of trained community volunteers (RCCE)
	People reached with messages on COVID-19 preventive measures and access to health care (Libyan)
	People reached with messages on COVID-19 preventive measures and access to health care (Non-Libyan)
	IEC materials distributed
	People engaged on COVID-19 through RCCE actions
3. Surveillance, RRT and Case Investigation	# of total RRT established and functional in all districts across the country
	# of surveillance officers trained on COVID -19 data collection
5. National laboratory	# of Cepheid Xpert system machines distributed
	# of RT-PCR machines distributed
	# of provided test kits (Cepheid Xpert system)
	# of provided RT-PCR kits
	# of provide antigen-based rapid diagnostic tests (WHO approved)
	# of swabs and medium provided
6. Infection prevention and control	disinfectant materials distributed
	PPEs (# Gloves)
	PPEs (# Surgical Masks)
	PPEs (# Mask 95)
	PPEs (# Face Shield)
	PPEs (# Gowns)
	PPEs (# Goggles)
	PPEs (# Coverall)
	PPEs (# Aprons)
	# Thermometers (non-contact & clinical)
7. Case management	# of supplied oxygen cylinders
	# of supplied oxygen concentrators
	# of supplied oxygen plants
	# of supplied liquid oxygen plants
	# of supplied ICU patient ventilators (adult and children)
	# of distributed pulse oximeter
	# of distributed patient monitors
9. Maintaining Essential Health Services	# of NCD kits provided to health facilities
	# of PHC facilities with COVID-19 triage unit
	# of health facility assessment conducted on minimum service availability
8. Cross Cutting-Training	# of training workshops for MoH and other staff on risk communication (RCCE)
	# of community volunteers trained on RCCE for COVID19 (RCCE)
	# of participants trained on RRT protocols (Surveillance)
	# of lab staff trained on COVID lab techniques (National Lab)
	# of HCWs trained on IPC (Infection Prevention Control)
	# of PHC HCWs trained on COVID19 (Essential Health Services)
	# of HCWs trained on case management (Case Management)
10. Vaccination	Number of campaign guidelines printed and distributed
	Number of vaccinators and supervisors trained on COVID 19 campaign guidelines
	Number of a) messages developed; b) number of vaccination launches held; 3) number of informative documents printed (flyers, brochures, leaflet, FAQs)

Inventory of health sector projects, 2021

Organization	Project Name	Project Start Date	Project End Date	Donor Name	Project Amount (USD)
WHO	Public health support to Libya	01-01-2012	31-12-2021	Libya	178,689
WHO	Institutionalizing and Strengthening the Capacity to Address Gender-Based Violence in the Health Cluster and in WHO's Emergency Work	01-09-2019	31-07-2021	USA	6,000
WHO	Support to WHO COVID-19 strategic preparedness and response plan	09-03-2020	31-12-2022	China	3,602,133
WHO	Support to WHO COVID-19 strategic preparedness and response plan	13-03-2020	31-12-2021	Miscellaneous	1,500,000
WHO	Seroepidemiology Unity and Solidarity studies-CR Solidarity fund	01-05-2020	31-12-2021	Miscellaneous	30,000
WHO	Improving access of vulnerable population to quality primary health care services in conflict affected districts in Libya	01-08-2020	31-01-2022	Italy	3,773,836
WHO	Responding to life-saving health needs for Libyan IDPs, returnees, and host communities	01-10-2020	30-09-2021	USA	934,579
WHO	Saving lives in Libya by support the direct response to COVID-19 and strengthening overall health system	01-10-2020	30-09-2021	USA	2,644,860
WHO	Strengthening Libyan authorities capacity to address COVID-19 related challenges and ensure protection of Libya' population, including vulnerable groups	01-08-2020	31-07-2022	EUTF	4,480,382
WHO	Strengthening national TB response across Libya with a focus on most vulnerable population (in consortium with IOM)	01-08-2020	31-01-2022	EUTF	2,753,118
WHO	Strengthening the coordination and availability of Libyan effective (SCALE) mental health care in primary health care services	16-11-2020	16-11-2022	UK	1,499,431
WHO	Implementation of leprosy control activities in 2021	01-01-2021	31-12-2021	Sasakawa Health Foundation	30,000
WHO	Support to WHO COVID-19 strategic preparedness and response plan	01-01-2021	31-12-2021	Germany	200,000
WHO	Support to WHO emergency program	01-01-2021	31-12-2021	Norway	654,850
WHO	Support to WHO COVID-19 strategic preparedness and response plan	01-04-2021	31-12-2021	Germany	500,000
ACF					
AICS					
CEFA	Hand in Hand for a better health care in the South West (13 Health Facilities targeted in the Municipalities of Sebha, Brak Al Shati, Murzuq, Qatroun, Shwerif)	9/1/2020	8/31/2021	EUTF	3,121,500
CEFA	MORE RAM - More Opportunity Resilience and Health for Refugees, Asylum-Seekers and Migrants in Libya	3/1/2021	2/28/2023	EUTF	138,716
Chemonics	Providing technical support to NCDC	01-07-2021	31-08-2021	USAID/OTI	408,258
Chemonics	Solar Power for Ubari Medical Centers and Ubari Airport	03-06-2021	31-08-2021	USAID/OTI	312,869
DRC	N/A	N/A	N/A	N/A	N/A
Emergenza Sorrisi	N/A	N/A	N/A	N/A	N/A
Expertise France					
GIZ	Improving Primary Health Care Provision in Libya	01-09-2018	30-06-2022	BMZ (Germany)	10,298,000
GIZ	Procurement, technical support and training for hospitals and laboratories to support the fight against COVID-19 in Libya (SFF)	01-08-2020	31-07-2021	BMZ (Germany)	1,000,000
HI	Improving access to essential services for vulnerable people excluded from humanitarian assistance in Libya	04-01-2021	31/01/2022	ECHO	550,000 EUR

HI	Inclusive Humanitarian Assistance, Health and Protection Response for the Most Vulnerable, Crisis Affected Persons in Libya	16/03/2021	15/03/2022	BHA	752,337
HI	Promoting inclusive access to quality health services in Misrata (In consortium with IRC)	Mai 2020	Juin 2021	AICS/EUTF	250,000 EUR
HI	AMAL: action for mental health assistance in Libya	01-12-2018	01-12-2021	DG NEAR	2,200,000 EUR
HI	SALAM MHPSS response in Libya	15-07-2020	14-07-2021	UNDP	1,000,000
Helpcode	"Restoring quality health care services in Zawya and Ghat District in Libya"	01-03-2020	31-08-2021	EUTF / AICS	2,000,000
ICRC	Primary Health Care Project: 21 PHCC regularly supported with infrastructure rehabilitation, drugs and consumables. Also PPE in 2021	2017	ongoing	ICRC	
ICRC	Diabetic Centers regular Support (Misurata, Ajdabia and Sabha) with Insuline, essential drugs, and consumables	2019	ongoing	ICRC	
ICRC	Pre-Hospital Emergency Care and Trauma First Aid: national assessment/ development of EMT/ Contingency plan for Mass casualty incident	Jan-21	Dec 2023	ICRC	
ICRC	Hospital Project: before 2021 hospital support. Starting from 2021 Emergency Department Support. Material donation, capacity building, functioning improvement)	March 2011	ongoing	ICRC	
ICRC	Physical Rehabilitation Program supporting 3 centers in janzour, Misurata, and Benghazi with capacity building (inside and outside Libya) material and one one one coaching.	2016	ongoing	ICRC	
ICRC	Health Care in Detention: working with Health department at MoJ to improve access and availability of health services in prisons	2011	Ongoing	ICRC	
ICRC	4 Mobile Health Clinics of 12 months each, 3 medical Convoys and First Aid trainings (150 persons) through the LRCS	Jan-11	Dec 2021	ICRC	
IFRC					
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	01-01-2021	31-12-2021	Bureau of Humanitarian Affairs (USAID)	3,500,000
IMC	Strengthening protection and resilience of vulnerable groups in COVID-19 emergency	01-04-2021	31-12-2021	EUTF	1,210,000
IMC	PEERS: Protection Enabling Environment and Resilience Services	01-01-2020	31-12-2021	European Union	2,000,000
IMC	Capacity Building in COVID-Testing and Treatment in Libya	01-02-2021	31-07-2021	German Corporation for International Cooperation (GIZ)	103,000
IMC	Improving primary health care in deprived and post-conflict areas in Libya	01-12-2018	30-11-2021	German Corporation for International Cooperation (GIZ)	3,700,000
IOM	Protecting vulnerable migrants and stabilizing comunities in Libya - Health and protection assistance to crisis affected populations, with a special focus on migrants inside detention centres and in urban settings	01-04-2017	31-08-2021	EU	4,189,855
IOM	EU-IOM Joint Initiative for Migrant Protection and Reintegration in North Africa - Support pre-departure health assistance for the Voluntary Humanitarian Return programme (the health component is screening of migrants returning to countries for fitness to travel)	15-08-2019	31-12-2021	EU	1,298,841
IOM	Enhancing Disease Preventiona and Response to COVID-19 in Ubari, South of Libya	24-07-2020	23-01-2022	USA (OFDA/BHA)	599,771

IOM	Fostering health and protection to vulnerable migrants transiting through Morocco, Tunisia, Egypt, Libya, Yemen and Sudan (Phase III)	01-08-2020	31-05-2023	Finland	269,841
IOM	Libya COVID-19: Supporting Libyan authorities to address COVID-19 related challengaes and assisting vulnerable groups	01-08-2020	31-07-2022	EU	6,512,079
IOM	Managing mixed migration flows: Protection, health assistance and community engagement - Strengthening national TB response across Libya	01-08-2020	31-01-2022	EU	611,247
IOM	Response Program to the needs of most vulnerable population in Libya through prevention and sensitization activities	11-08-2020	10-08-2021	Italy	227,570
IOM	Emergency Response and assistance to displaved population/s	01-05-2021	30-04-2022	Austria	489,371
IOM	Promoting rights-based solutions for vulnerable migrants through a Migrant Resource and Response Mechanism (MRRM) in Tripoli, Libya	01-10-2019	31-05-2021	Swiss	280,663
IOM	Support to Integrated Border and Migration Management in Libya - (health component)	09-04-2021	09-12-2024	Italy	0
IOM	Pre-departure medical screening for resettlement of refugees to Norway			Norway	7,050
IOM	Pre-departure medical screening for resettlement of refugees to Canada	01-04-2021	31-03-2022	Canada	202,456
IOM	Cooperation on Migration and Partnerships to Achieve Sustainable Solutions (reaching to migrants with integrated services in communities including health - MRRM), Tripoli	01-01-2021	31-12-2021	Netherlands	197,725
IOM	Promoting rights-based solutions for vulnerable migrants through a Migrant Resource and Response Mechanism (MRRM) in Tripoli, Libya (reaching to migrants with integrated services in communities including health - MRRM)	01-10-2019	31-05-2021	Swiss	241,341
IOM	Migrant Resource and Response Mechanism (MRRM) in Libya (reaching to migrants with integrated services in communities including health - MRRM (extension of previous phase) - Zwara, Baniwaleed	01-09-2020	28-02-2022	Italy	532,841
IOM	Access to international protection for persons in third countries in RDPP framework in North Africa (MRRM mechanism in Libya including the health component), Ghat	1 jan 201	30-06-2022	RDPP (EU)	200,510
IRC	Promoting Social Choesion* *Consortium project led by DRC	30-10-2020	30-01-2022	EUTF	752,563
IRC	Promoting inclusive access to quality health services in Misrata	01-05-2020	30-06-2021	AICS	1,095,977
IRC	Libya Equal Access and Development for Recovery (LEAD for Recovery)* *A consortium project led by IRC with 4 separate contracts/awards.	01-09-2020	31-08-2021	AICS	9,883,670
IRC	Integrated health and protection response to migrant communities in Tripoli	01-04-2021	31-03-2022	SIDA	840,044
IRC	Integrated health and protection assistance to PoCs in Tripoli and Misrata	01-01-2021	31-12-2021	UNHCR	3,803,481
LPFM	Libya Public Financial Management Program	16/9/2019	15/9/2021	USAID	14,400,000
LRC					
MSF-F	Zuwara PHC:PHC/MH mobile clinics in migrant communities; Support to Al Baraka PHC with Gernal OPD & MH	2021	Ongoing	MSF	
MSF-F	BaniWalid PHC - Primary Health Care: Mobile Clinicv for IDP & Migrants, Health care & support in safe house of Al Bayt, Al- Aamn local NGO	2016	Ongoing	MSF	
MSF-F	Bani Walid WH: - Women Health (ANC/PNC & gygne concultations)-support to PHCof Al Madani	2018	Ongoing	MSF	
MSF-F	Misrata TB: TB out patient consiltation in support to NCDC, TB Unit for IPD cases in MMC	2019	Ongoing	MSF	
MSF-F	Misrata PRISONS (Tammina, Alssekit, Alhuda)	2019	Ongoing	MSF	
MSF-F					

MSF-H	Tripoli Health project (Primary health care and referral services in Detention centers), Mobile clinic in Migrants Community & TB services support to Specialized health centers	15-06-2016	31-12-2021	MSF Budget	3,710,658 EUR
PUI	Enhance protection environment and access to essential services for conflict-affected communities in southeast of Libya	01-07-2020	31/06/2021	ECHO / SDC	1,519,250
PUI	Libya Equal Access and Development for Recovery (consortium)	01-09-2020	30-11-2021	IRC-UK (AICS)	2,256,521
PUI	Supporting quality and dignified health care for vulnerable Libyan and non-Libyan populations in Cyrenaica region, Libya.	01-04-2021	31-03-2022	CDCS (French MoFA)	727,740
TdH	ROLL THE SLEEVE UP! Support the vaccination roll-out in Libya* *Consortium project led by TDH	01-06-2021	31-05-2022	ECHO	923,617
WB					
UNFPA	Advancing Midwifery, Nursing and Specialized Nursing in Libya	01-01-2019	14-03-2021	EU	2,200,000
UNFPA	Expanding Protection Environment and Services for Mixed Migration Flows and Vulnerable Libyans along Migration Routes in Libya and Supporting Local Socio-Economic Stabilization	20-12-2019	19-12-2021	EUTF	1,500,000
UNFPA	Provision of integrated essential gender-based violence prevention/mitigation/ response and sexual and reproductive health services to vulnerable women and girls in Libya	01-04-2021	31-03-2022	Japan	505,075
UNHCR	Integrated health and protection assistance to refugees and asylum seekers in urban Tripoli and Misrata, detention centers and disembarakation points	01-01-2021	31/12/2021	EU	3,803,481
UNICEF	Libya COVID-19: Protecting and responding to the needs of the most vulnerable populations from the Coronavirus Disease 2019 (COVID-19) pandemic in Libya	01-08-2020	31-07-2022	EUTF	6,000,000
WeWorld-GVC	Libya Equal Access and Development for Recovery (LEAD for Recovery)* *A consortium project led by IRC with ACTED, PUI	01-09-2020	31-08-2021	AICS	2,372,547
WeWorld-GVC	Emergency programme in Libya to improve basic health and protection services for the most vulnerable population in South of Libya	June 2021	March 2022	AICS	958,767
UNDP	LVG for producing PPE under the Stabilization to Recovery Transition (START) in Libya Project	Mar-20	Sep-21	Japan	About 100,000
UNDP	Support PPE production under START project	Mar-20	Sep-21	Japan	26,000
UNDP	Provision of Medical Oxygen (bengazhi + Tripoli) under SFL	Mar-21	Mar-22	Japan	830,000
UNDP	Medical equipment (Sabha + Ghat) under SFL	Mar-21	Mar-22	Japan	532,000
UNDP	Telemedicine Initiative for Libya	4-Nov-20	ongoing	UNDP/Japan	200,000
UNDP	Medical Waste Incinerators (Gharyan Hospital)	1-Jul-20	Sep-20	Japan	25,000
UNDP	Solar Power Isolation Centre and Medical Lab (Bent Bia)	1-Jul-20	Sep-21	Japan	61,000
UNDP	Pesticide Sprayer Truck (Tobruck Municipality)	1-Jul-20	Sep-21	Japan	32,000
UNDP	COVID-19 Isolation Rooms for PwDs	1-Jul-20	Sep-21	Japan	85,000
UNDP	Rehabilitation of Bani Walid General Hospital (Support the rehabilitation of diabetes healthcare facility and convert it to fully equipped isolation facility)	9-Aug-20	Jul-21	Germay(KfW)	$536,264.00
UNDP	Rehabilitation + Supply and installation of (1) Portable Sewage Treatment Plant at Tajoura Cardiology Hospital, Tripoli	1-Oct-20	Jun-21	Germay(KfW)	$225,665.00
UNDP	Supply, installation and commissioning of vertical multi-stage centrifugal pump and Air Conditioner (HVAC) in Abo Salim Hospital-Accident Department	16-Aug-20	Jun-21	Switzerland	$120,500.00
UNDP	Rehabilitation of Abdelkafy Physical Therapy Center		Oct-21	EU	$139,040.29
UNDP	Rehabilitation of Mental Health & Psychosocial Support Center		Nov-21	EU	$362,790.00

UNDP	Support for local PPE production through provision of raw materials and machinery for a local small manufacturing enterprise		Jul-21	Korea	$80,000.00
UNDP	Rehabilitation of the immigration Covid-19 isolation center in Alkufra (20 bed capacity)	15-Mar-21	Jul-21	Korea	$55,360.00
UNDP	Provide Medical equipment to Ghat		Nov-21	Germay(KfW)	$100,000.00
UNDP	Construct and equip an isolation unit with a capacity of 20 beds as a preventive and precautionary measure in Derna		Dec-21	Netherlands	$200,000.00
UNDP	Provide Medical equipment Sebha		Nov-21	Gov't of Libya	$255,059.00
UNDP	Rehabilitation of Jerdina Rural Hospital COVID-19 Isolation Center	7-Mar-21	Jul-21	Gov't of Libya	$176,644.50
UNDP	Supply and Installation of 30 KW Hybrid Solar Power System for Libyan Korean Centre	1-Jun-21	Oct-21	Gov't of Libya	$36,400.00
UNDP	Supply and Installation of Medical Oxygen Generator Facility Benghazi, Libya	1-Jul-21	Oct-21	Japan	$430,000.00
UNDP	Supply and installation of Medical Oxygen Generator Facility for Tajoura Cardiology Hospital, Tripoli	1-Jul-21	Oct-21	Japan	$400,000.00
UNDP	Supply of Medical equipment for Sabratha Health Center	7-Oct-19	Jul-21	EU	$160,000.00
UNDP	Supply of (6) ICU ambulances	7-Apr-21	Nov-21	EU	$320,000.00

Key health sector response deliverables produced and reflected:

Links to interactive dashboards and updates:

- Health sector 4W 2021 HRP interactive dashboard
- COVID-19 Libya interactive dashboard

Products	If online - Link
HRP	https://www.humanitarianresponse.info/en/operations/libya/health
HNO	https://www.humanitarianresponse.info/en/operations/libya/health
M&E framework for HRP	https://www.humanitarianresponse.info/en/operations/libya/health
4Ws	https://www.humanitarianresponse.info/en/operations/libya/health
Severity matrix	https://www.humanitarianresponse.info/en/operations/libya/health
EOC dashboard or any dashboards published	Under development
Report hub report to OCHA	OCHA uses regular health sector IM documents for own inputs.
Monthly siterps	Mid-month sector operational updates; https://www.humanitarianresponse.info/en/operations/libya/health
Donor reports	Up to separate organizations
Activity info report to EMR	https://www.activityinfo.org/app#form/cjvoxh7fa1/table/s1819182515
Rapid assessments or any other assessments reports	https://www.humanitarianresponse.info/en/operations/libya/health
Assessment Registry	https://www.humanitarianresponse.info/en/operations/libya/health
HeRAMS dashboard or SARA report	HeRAMS not rolled out in Libya; SARA report in 2017 (see below)
HMIS reports	Under development
Health facilities report forms	Developed under DHIS2 tool, available with the MoH
EWAR reports	https://www.humanitarianresponse.info/en/operations/libya/health
Attack on health care	https://www.humanitarianresponse.info/en/operations/libya/health
Health cluster bulletins.	https://www.humanitarianresponse.info/en/operations/libya/health
Health sector COVID-19 response monitoring framework	https://www.activityinfo.org/app#form/cg3qm1lkkjm7k4p8/table
Health sector working group minutes	https://www.humanitarianresponse.info/en/operations/libya/health
Morbidity and mortality assessment reports.	Mortality report was produced by MoH in 2019 (internal, a copy is available).
Interactive dashboard for products: COVID-19, KPI, 4Ws etc.	https://www.humanitarianresponse.info/en/operations/libya/health
Health sector annual report	https://www.humanitarianresponse.info/en/operations/libya/health
Any other IM product.	https://www.humanitarianresponse.info/en/operations/libya/health

Other key IM related deliverables include:

- 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
- Annual CCPM
- Inventory of health sector projects
- Regularly updated health sector email list

Key web sites:

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/

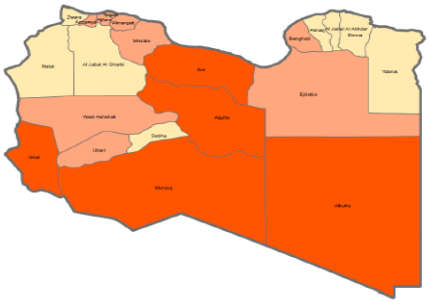
Contact information of health sector related coordination groups, Libya, November 2021

Name of the group	Location	MoH lead name	MoH lead email	Co-lead name	Co-lead email
National health sector coordination group	Tripoli	Asaddiq El Saeh	ico@health.gov.ly	Azret Kalmykov	kalmykova@who.int
Sub-national health sector coordination group	Al Baida	TBC	TBC	Abdelaziz Alahlafi	alahlafia@who.int
Sub-national health sector coordination group	Sabha	Khalid Al Shareef	khalid1979alshrif12@gmail.com	Radhia Shaban	shabanr@who.int
Migration health sub-sector working group	Tripoli	Husamadin Asaibi	h.m.asaibi@gmail.com	Arif Hussain	ahsyed@iom.int
Reproductive health sub-sector working group	Tripoli	Alia Shiboub	ashiboub@phci.gov.ly	Mohammad Ghaznavi	ghaznavi@unfpa.org
Tuberculosus sub-sector working group	Tripoli	Mohammed Furjani	furjanim@yahoo.co.uk	Santosha Kelamane	kelamanes@who.int
MHPSS (Mental Health Psycosocial Support) sub-sector working group	Tripoli	Husamadin Asaibi Duaa Mermosh Nadia ben Younis	h.m.asaibi@gmail.com d.mormesh@phci.gov.ly benyounis.nadia@gmail.com	Sarah Rizk	sarizk@iom.int
				Thomas Eliyahu Zanghellini	tzanghellini@InternationalMedicalCorps.org
COVID-19 IPC (Infection Prevention Control) sub-sector working group	Tripoli	Latifa Bettamer	Latbett@hotmail.com	Ahmed Salem	salema@who.int
				Mohammad Almjadleh	malmjadleh@unicef.org
PHC sub-sector working group	Tripoli	Hisham Gdara	hishamgdara@phci.gov.ly	Mohamed Hashem	hashemm@who.int
COVID-19 RCCE sub-sector working group	Tripoli	Abdulmenem Alkmashe	a.alkmashe@ncdc.gov.ly	Mohammad Younus	myounus@unicef.org

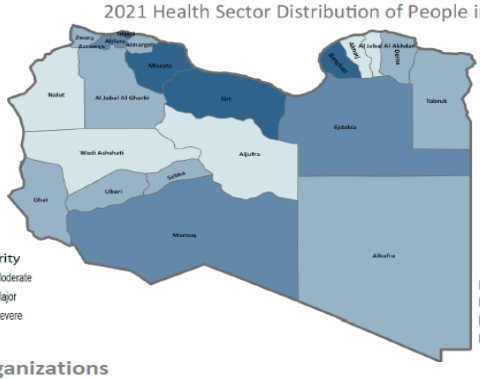
Health sector operational response, 4W Libya

Jan-Dec 2021

2021 Health Sector Severity scale



2021 Health Sector Distribution of People in Need



Population group	Total	Health PIN
Migrants	538,264	301,026
Returnees	493,716	180,482
IDPs	92,241	168,728
Refugees	46,245	46,245
Nondisplaced	5.9 M	498,908

2.47 M People affected

1.19 M People in need

1.01 M P. acute need (health)

19 Reporting/implementing organizations

- UN Agencies (6): • IOM, UNHCR, UNFPA, UNICEF, WHO, UNDP
- International NGOs (11): • Helpcode, CEFA, GIZ, HI, ICRC, IMC, IRC, MSF-Holland, PUI, TdH, WW-GVC
- Local NGOs (2): • LRC, Alemdad

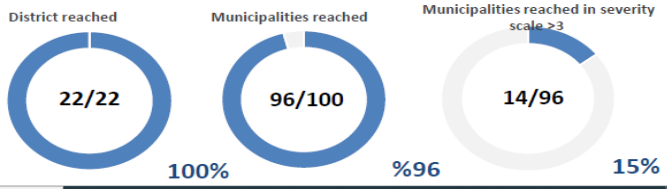
388,457

Medical procedures provided

290

Health facilities supported with health services and commodities

Reached districts, municipalities and severity scales

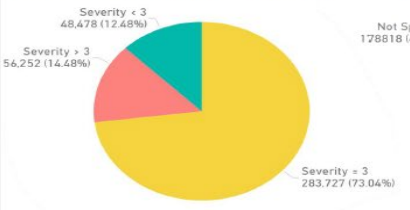


HEALTH CLUSTER Libya

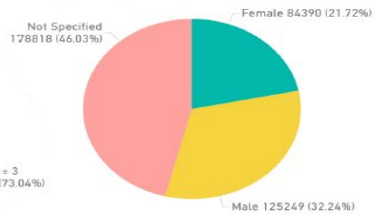
Medical procedures provided

366,674 **Outpatient** consultations + 4,569 **Trauma/injury** consultations + 7,606 **Mental health** consultations + 662 **Physical Rehabilitation** (disability)sessions + 8,723 **Patients referred for treatment** + 223 **Deliveries supported (Normal + C- section)** = **388,457 Medical procedures**

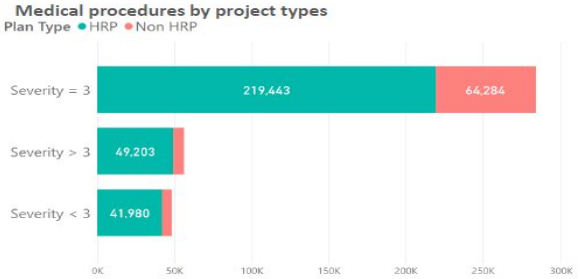
Medical procedures by severity scales



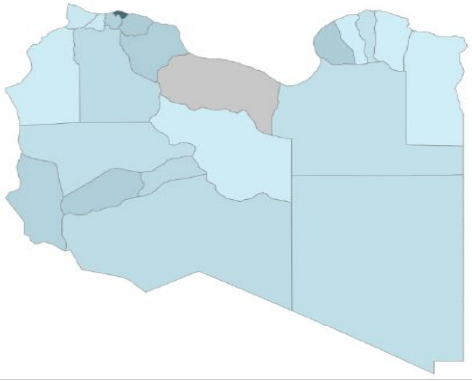
Medical procedures by gender

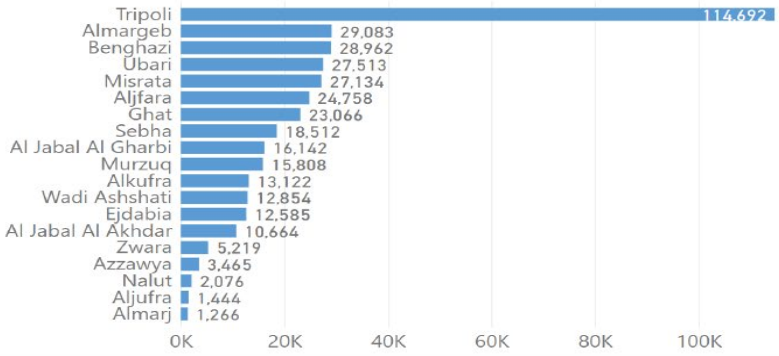


Medical procedures by project types

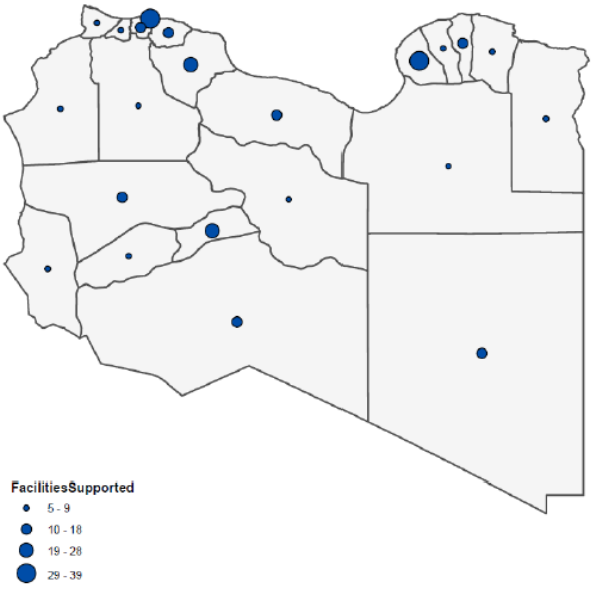


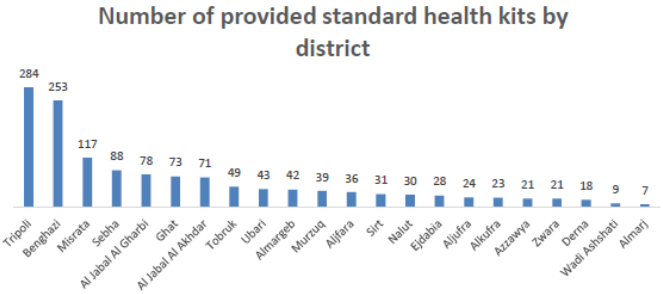
Medical procedures by districts

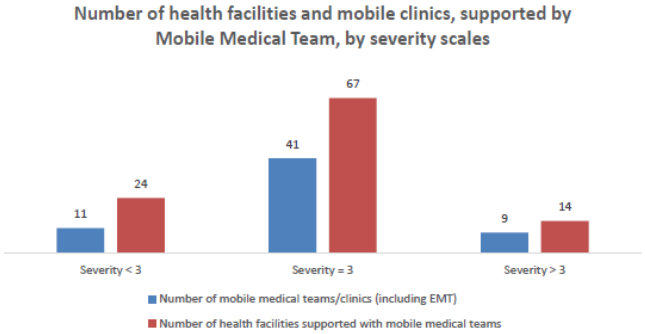


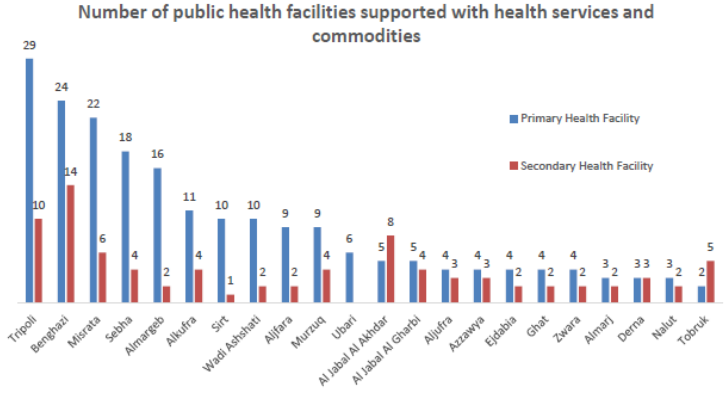


Health facilities supported









• *Supported health facilities and provide services in different points of service delivery (IDP Camps, detention centres, disembarkation points)*

	Number of public health facilities supported	Number of official detention centers covered	Number of IDP camps/settlements	Number of disembarkation points covered
Severity < 3	9	8	4	3
Severity = 3	45	9	9	4
Severity > 3	13	1	-	-