



- IPC Working Group in Health Sector published the quarterly IPC bulletin for Health Sector Partners in Libya [Infection prevention and control bulletin IPC Jan-March 2022 | HumanitarianResponse](#)
- [Libya — IDP and Returnee Report 40 \(December 2021 - January 2022\) \[Arabic\] | DTM \(iom.int\)](#)
- [Libya — Detention Centre Profile Generator \(March 2022\) | DTM \(iom.int\)](#)

## SITUATION UPDATE

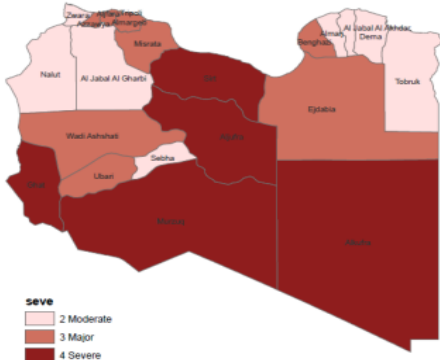
- March April reported a marked decline in case incidence, deaths, and lab testing capacity. At the national level, transmission classification for Libya remained a moderate incidence of community transmission (CT2) with Alpha, Beta, Delta, and Omicron Variants of Concern (VOC) circulation at the reporting week 16, based on high weekly test positivity rates due to limited lab testing, with a 2.2% weekly test positivity rate and less than 1 case/ 100,000 population/week.
- Moreover, Libya had a limited lab testing capacity at the national level, with 22 persons tested/100,000 population/per week. The overall number of new cases reported in April shows a 95% decrease (347 cases) from the last four weeks. In April, the number of new deaths (22) decreased by 85% compared to the last four weeks. Compared to the last four weeks, there was an 83% decrease in overall national testing. [COVID-19 EPI Monthly Libya April 2022 | HumanitarianResponse](#)
- As of 30 April 2022, a total of a cumulative 8,950,720 vaccine doses (all sources) were received in the country, of which 4 million (46%) were estimated to be utilized (wastage adjusted). Available vaccine stock is estimated to be 4 million doses. Vaccines currently in use are Sinopharm with a shelf life till July 2023, Pfizer with an expiry date in July 2022 and AstraZeneca expire in May 2022. Total administrated doses during the last 2 weeks are 6,000. Average Last 2 weeks daily vaccination rate dropped below 500 administrated doses per day. Low vaccination activities were observed during the month of Ramadan
- As of 30 April 2022, 1,067,343 (15.3 %) of the population received the 1st dose (partially vaccinated), while 1,152,203 (16.5 %) received the 2nd dose (fully vaccinated). 98,612 (1.4 %) is the number of people who have received booster doses. The proportion of people who have received at least one dose of 2 doses vaccine regimen is 31.8% (2,220,233)

## HEALTH SECTOR 4W INDICATORS FOR MARCH 2022

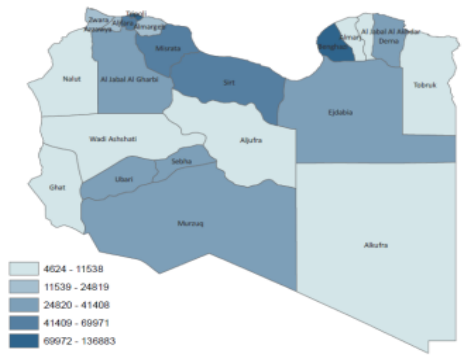
INDICATORS	HI	IMC	IOM	IRC	LRC	PUI	UNFPA	UNHCR	UNICEF	WHO
3.1.1 Number of health service providers trained through capacity building and refresher training.	10					14	11		135	135
2.3.5 Number of disembarkation points covered by fixed health points and/or mobile medical teams.			3					1		
2.3.4 Number of official detention centers covered by fixed health points and/or mobile medical teams			6	1				0		
2.3.3 Number of IDP camps/settlements covered by fixed health points and/or mobile medical teams		2								2
2.3.1 Number of health facilities supported with mobile medical teams		13	5	4	1		6	3		26
2.2.5 Number of provided PPE (personal protective equipment) materials										11,572,410
2.2.4 Number of provided standard health kits										57
2.2.3 Number of provided medical equipment	104									43
2.2.1 Number of public PHC facilities supported with health services and commodities						9				
2.1.1 Number of coordination meetings at the national and sub-national levels							2			
1.4.2 Number of EWARN sentinel sites								3		
1.2.2 Number of vaccinators trained on cold chain and vaccine management									1,723	
1.1.9 Number of mobile medical teams/clinics (including EMT)		4	19	1	1	2	6	4		20
1.1.8 Number of health facilities and community centers providing MHPSS services		15				1	2			
1.1.7 Number of caesarian sections supported								4		
1.1.6 Number of vaginal deliveries attended by a skilled attendant							73	20		
1.1.5 Number of physical rehabilitation (disability) sessions/consultations	12								27	
1.1.4 Number of mental health consultations	239	73	144	20			45	148		
1.1.3 Number of falls/injury related consultations	10	41	365			4			2	
1.1.2 Number of patients referred for treatment between different levels of care and locations			231	58	9	3	11		170	
1.1.11 Number of children aged 6-59 months (girls & boys) received emergency nutrition services									1	
1.1.1 Number of outpatient consultations (excluding mental health, trauma consultations, physical rehabilitation)		1,334	11,550	751	762	614	6,788	1,710		24,270

## Health sector operational response, 4W Libya March 2022

2022 Health sector Severity scale



2022 Health sector distribution of people in need



Total population **8.20 M**

People affected **2.47 M**

People in need PiN **0.8 M**

**Health Sector PiN**



PiN (IDP) **56,000**

PiN (Returnees) **18,000**

PiN (Non-displaced) **52,000**

PiN (Migrants) **41,000**

PiN (Refugees) **43,000**



**12 Reporting/implementing organizations**

- UN Agencies (5)
  - UNICEF, IOM, UNFPA, WHO, UNHCR
- International NGOs (6)
  - IRC, IMC, PUI, HI, TdH, Helpcode.
- Local NGOs (1)
  - LRC



**49,488**

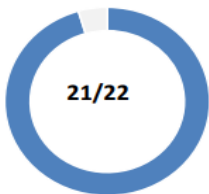
Medical procedures provided

**122**

Health facilities supported with health services and commodities

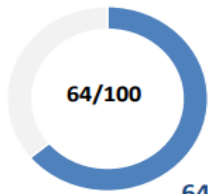


Districts reached



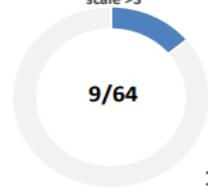
**95%**

Municipalities reached



**64%**

Municipalities reached are in severity scale >3



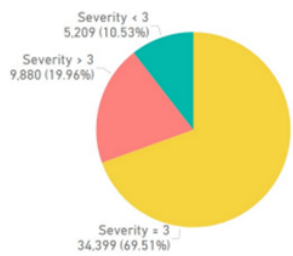
**14%**



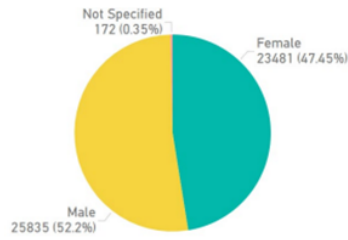
## Medical procedures provided



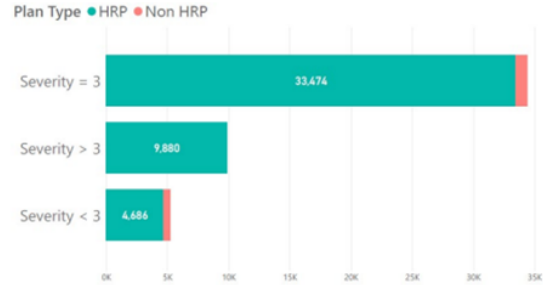
Medical procedures by severity scales



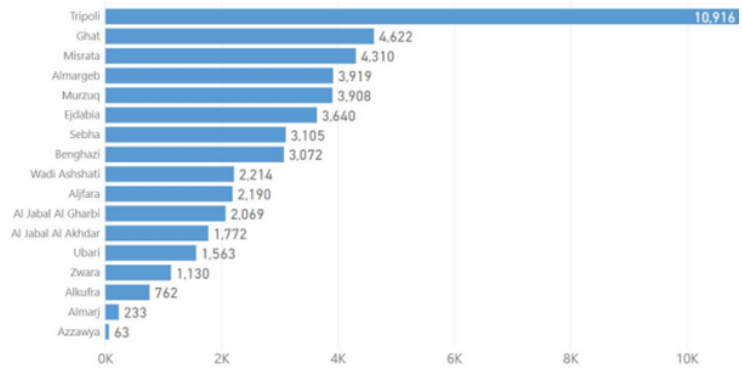
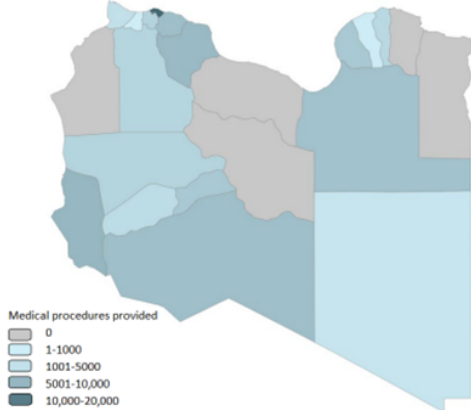
Medical procedures by gender



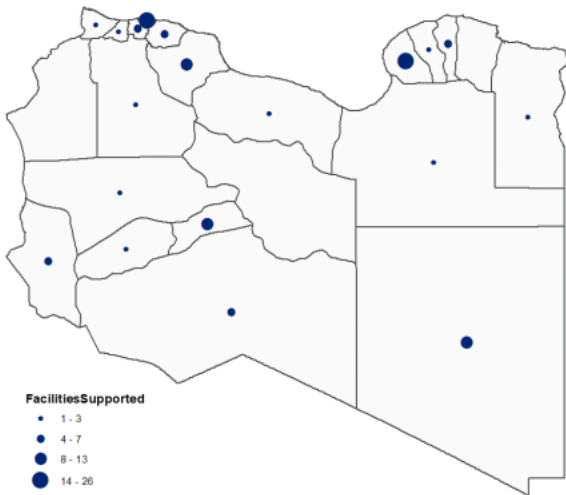
Medical procedures by project types



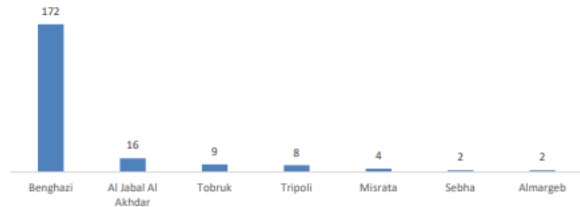
Medical procedures by districts



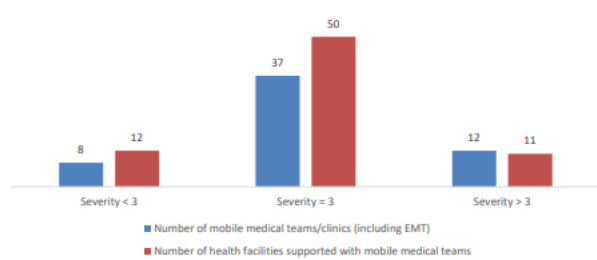
## Health facilities supported



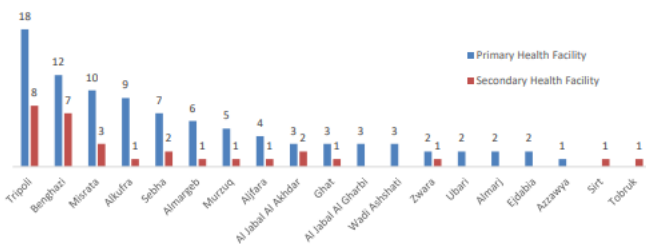
Number of provided standard health kits and Medical equipment by district



Number of health facilities and mobile clinics, supported by Mobile Medical Team, by severity scales



Number of public health facilities supported with health services and commodities



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	2	-	1
Severity = 3	39	4	4	3
Severity > 3	10	1	-	-

## Response indicators per districts

OUTPUT INDICATORS	Al Jabal Al Akhdar	Al Jabal Al Gharbi	Aljifara	Aljutra	Alkufra	Almargeb	Almarj	Azzawya	Benghazi	Derna	Ejdabia	Ghat	Misrata	Murzuq	Nalut	Sebha	Sirt	Tobruk	Tripoli	Ubari	Wadi Ashshat	Zwara	Grand Total
1.1.1 Number of outpatient consultations (including mental health, trauma consultations, physical rehabilitation)	1,772	2,018	2,062		755	3,917	233	36	2,968		3,614	4,591	4,252	3,900		3,036			9,777	1,563	2,214	1,071	47,779
1.1.2 Number of patients referred for treatment between different levels of care and locations		1	21		3	2		11	9		2	10	8			9			347			59	482
1.1.3 Number of trauma/injury related consultations		49	18		4			14	4		21	23				15			274				422
1.1.4 Number of mental health consultations		1	37					2	91		3	25				45			465				669
1.1.5 Number of physical rehabilitation (disability) sessions/consultations			28																11				39
1.1.6 Number of vaginal deliveries attended by a skilled attendant			20									31							42				93
1.1.7 Number of caesarian sections supported			4																				4
<b>Number of medical procedures provided</b>	<b>1,772</b>	<b>2,069</b>	<b>2,190</b>		<b>762</b>	<b>3,919</b>	<b>233</b>	<b>63</b>	<b>3,072</b>		<b>3,640</b>	<b>4,622</b>	<b>4,310</b>	<b>3,908</b>		<b>3,105</b>			<b>10,916</b>	<b>1,563</b>	<b>2,214</b>	<b>1,130</b>	<b>49,488</b>
1.1.8 Number of health facilities and community centers providing MHPSS services							1					4				6			7				18
1.1.9 Number of mobile medical teams/clinics (including EMT)	1	2	3		3	3	1	1	2		1	2	6	5		5			19	1	2		57
1.1.10 Number of nutrition assessments (SMART survey) conducted																							1
1.1.11 Number of children aged 6-59 months (girls & boys) received emergency nutrition services			1																				
1.2.1 Number of vaccination centers received cold chain equipment																							
1.2.2 Number of vaccinators trained on cold chain and vaccine management	54	264	250				59	73	99	60	160	36	67		126				275	100	71	29	1,723
1.3.1 Percentage of reporting sites submitting the reports in a timely manner																							59%
1.4.1 Percentage of disease alerts and outbreaks responded to within 72 hours of identification																							88%
1.4.2 Number of EWARIN sentinel sites	1	11	8	4	6	13	4	4	20	6	10	3	19	6	5	11	4	3	17	3	6	16	180
2.1.1 Number of coordination meetings at the national and sub-national levels										1									1				3
2.1.2 Number of completed health sector assessments conducted																							
2.1.3 Number of attacks on health care reported										1				1									2
2.2.1 Number of public PHC facilities supported with health services and commodities	3	3	4		9	6	2	1	12		2	3	10	5		7			18	2	3	2	92
2.2.2 Number of public secondary health care facilities supported with health services and commodities	2		1		1	1			7			1	3	1		2	1	1	8			1	30
2.2.3 Number of provided medical equipment	10								128			2							3	4			147
2.2.4 Number of provided standard health kits	6								42							1			6	2			57
2.2.5 Number of provided PPE (personal protective equipment) materials	500	7,690	223,280				4,423	14,280	2,717,580			252,520	13,679			77,200	756,000	106,000	7,263,987	4,424	9,255	143,850	11,594,668
2.3.1 Number of health facilities supported with mobile medical teams	1	2	2		1	5			3		2	4	10	4		8			13	1	2		58
2.3.2 Number of public health facilities refurbished and/or rehabilitated																							
2.3.3 Number of IDP camps/settlements covered by fixed health points and/or mobile medical teams									1		1								2				4
2.3.4 Number of official detention centers covered by fixed health points and/or mobile medical teams	2	1			1				1										2				7
2.3.5 Number of disembarkation points covered by fixed health points and/or mobile medical teams								1											3				4
<b>Number of public health facilities supported with health services and commodities</b>	<b>5</b>	<b>3</b>	<b>5</b>	<b>0</b>	<b>10</b>	<b>7</b>	<b>2</b>	<b>1</b>	<b>19</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>13</b>	<b>6</b>	<b>0</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>26</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>122</b>
3.1.1 Number of health service providers trained through capacity building and refresher training					18	14			10				1						262				305
3.1.2 Number of community health workers trained through capacity building and refresher training																							
3.1.3 Number of health workers trained on CMR (Clinical management of rape)																							

## COVID-19 response indicators

### COVID response reported organizations

IOM, PUI, Tdh-Italy, UNFPA, UNICEF, help code, WHO.

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
# disinfectant materials distributed	2,209	2,792	580										5,581
# IEC materials distributed	3,525	6,532	10,083										20,140
# of Cepheid Xpert system machines distributed	-	-	4										6
# of community volunteers trained on RCCE for COVID19 (RCCE)	6	51	2										59
# of coordination meeting with health Authorities conducted	3	1	3										7
# of coordination meeting with partners conducted	1	-	-										1
# of COVID19 Prevention Kits	-	4,000	-										4,000
# of distributed pulse oximeter	16	34	49										99
# of HCWs trained on IPC (Infection Prevention Control)	-	123	-										123
# of participants trained on RRT protocols (Surveillance)	-	17	-										17
# of PHC HCWs trained on COVID19 (Essential Health Services)	198	220	-										418
# of provide antigen-based rapid diagnostic tests (WHO approved)	-	450	25,000										25,450
# of provided test kits (Cepheid Xpert system)	-	-	400										400
# of supplied ICU patient ventilators (adult and children)	-	7	3										17
# of supplied oxygen concentrators	-	25	36										61
# of surveillance officers trained on COVID -19 data collection	20	30	15										65
# of training workshops for MoH and other staff on risk communication ( RCCE)	2	4	42										48
# thermometers (non-contact & clinical)	30	40	17										87
Number of campaign guidelines printed and distributed (Vaccination)	-	-	2,519										2,519
number of informative documents printed (flyers, brochures, leaflet, FAQs) ( Vaccination)	465	14,000	-										14,465
Number of vaccinators and supervisors trained on COVID 19 campaign guidelines	-	61	132										193
People engaged on COVID-19 through RCCE actions	6,596	7,047	1,682										15,325
people reached with messages on COVID-19 preventive measures and access to health care(Libyan)	455,378	29,843	6,760										491,981
people reached with messages on COVID-19 preventive measures and access to health care(Non-Libyan)	4,297	6,869	14,527										25,693

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

- **EWARN**

EWARN updates in April 2022 (week 14 to week 17) period (04 April to 01 May 2022)

- Average completeness of reporting (92) 51%
- The total number of consultations is 40,382 as follows:

7,186	in week 14
11,785	in week 15
14,413	in week 16
6,998	in week 17

Out of the 40,382 total consultations, a total of 12,403 EWARN notifiable cases were reported; the breakdown was as follows:

#### Respiratory illness

- AURI: 7,278 accounting for 59% of total reported cases.
- ALRI: 2,373 accounting for 19% of total reported cases.
- COVID-19 (confirmed): 215 cases accounting for 1.7 % of total reported cases.

#### Waterborne disease

- Acute Diarrhoea (AD): 2,133 (17 % of total reported cases).
- Bloody Diarrhoea (BD): 26 (0.20 % of total reported cases).
- Acute Jaundice Syndrome (AJS): 48 (0.39 % of total reported cases)

#### Vaccine-preventable disease

- Suspected Measles (SM): 2 cases
- Acute Flaccid paralysis (AFP): 0 cases
- Pertussis 11 cases
- Meningitis (suspected) 29

#### Other diseases

86 cases were reported, with the most reported cases:

- Leishmaniasis; 71 cases
- Food poisoning; 15 cases

- **COMMUNICABLE DISEASES**

#### COVID-19

Due to limited lab testing capacities, case incidences remain extremely low at the municipality level. With a high positive rate, the number of confirmed cases is likely to represent only a small fraction of the actual number of infections. (See Table III). Therefore, WHO recommends maintaining a lab testing capacity above

# HEALTH SECTOR BULLETIN

April 2022

400 persons tested per 100,000 population per week at all administrative levels. 18 COVID-19 labs (out of 43) reported 8,090 (7,333 PCR and 757 Ag-RDT) new lab tests done in Epi-weeks (13,14,15,16). Thus, out of the 2,499,511 tests in Libya since the beginning of the response, 501,906 (20.1%) were confirmed positive for SARS-CoV-2 (COVID-19). The overall number of new cases reported in April shows a 95% decrease (347 cases) from the last four weeks, with West reporting a 96% decrease in new patients. The East reported an 80% decrease, and the South had a 93% decrease in cases. The trend in cases at the national level is consistent with the regional and global trends. In April, the number of new deaths (22) decreased by 85% compared to the last four weeks. As a result, the monthly mortality rate was 0.3 deaths per 100,000 cases, with a monthly case fatality rate of 6.3%. However, the CFR remained high in the East (13.2%), showing increased disease severity. Compared to the last four weeks, West reported an 87% decrease, East reported an 83% decrease in deaths, and South reported only one death for the reporting month. Compared to the last four weeks, there was an 83% decrease in overall national testing: by regions, West (84% decrease), East (73% decrease) and South (65% decrease). Thus, 90% (7281) of national testing was performed in the West as compared to both East (6.8%, only 554 tests) and South (3.2%, only 255 tests) Regions. West represents 64%, East represents 28%, and South represents 8% Libyan. For April, the national monthly positivity rate declined to 4.3%; West, East and South had 3.9%, 9.6%, and 4.7% monthly positivity rates. WHO recommends that positivity rates be kept below 5% in all districts in a country.

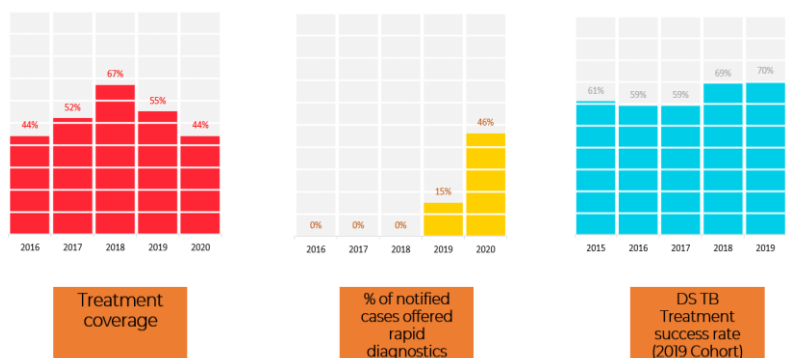
## MEASLES

There is a considerable risk for measles. Libya is in the measles elimination phase. The latest significant measles outbreaks were reported in Libya in 2017-2018, with more than 1,000 cases. The national vaccination campaign was conducted in 2018. However, the measles virus still circulated in Libya. The measles surveillance system has been affected by the COVID-19 pandemic. The measles programme suffers from HR turnover, and no action plan has been developed for the last two years. In 2021, Libya reported 105 suspected measles cases, out of which 14 cases were lab-confirmed while 11 cases were lab-confirmed for Rubella. Please find below Libya's cumulative indigenous Measles/Rubella cases counts and surveillance indicators between 01/01/2022 and 28/2/2022. Libya reported two suspected measles cases in April 2022.

Country	Measles case finding report						Rubella case finding report						Measles incidence/1000,000*	Reporting rate***	Indicators: target ≥80%					Last date reported	Genotypes reported	
	Total suspected cases for MR	Specimens tested for Measles	Measles lab confirmed	Measles Epi-Linked	Measles clinically compatible	Total Measles	Measles discarded cases	Specimens tested for Rubella	Rubella lab confirmed	Rubella Epi-Linked	Rubella clinically compatible	Total Rubella			Rubella discarded	suspects tested for Measles***	cases with complete investigation	specimens received at the lab within 5 days	specimens with adequate condition			results reported back within 4 days
Libya	14	12	0	0	0	0	14	12	2	0	0	2	10	0.00	0.21	86%		17%	100%	75%	28-02-2022	

## TUBERCULOSIS

According to WHO's [Global Tuberculosis Report 2021](#), Libya is a moderate TB burden country, with an estimated 4000 cases recorded in 2020 (59 per 100 000 population). Of this number, only 1748 people were enrolled for treatment. The remaining 2250 people diagnosed with TB could not obtain treatment because health facilities were closed or unavailable in remote or hard-to-reach areas. In addition,



# HEALTH SECTOR BULLETIN

April 2022

vulnerable population groups such as migrants and refugees had minimal access to health care. 46% of notified TB cases were offered Rapid Diagnostic Testing like GeneXpert testing in 2020.

In 2019, only approximately 70% of patients in Libya completed their treatment regimens. Patients who do not complete treatment are at significantly increased risk of developing multidrug-resistant TB (MDR-TB). MDR TB treatment services are not fully operational in all the country's regions, and TB HIV coordination is yet operationalised. In addition, there is no National Strategic Plan to prioritise the high impact interventions to achieve TB elimination in the country. The 2021 TB data update is expected by the end of March 2022.

## HIV /AIDS

According to WHO's HIV country profile for Libya, the HIV prevalence rate in 2021 was 0.1%, translating into 6700 people living with HIV (PLHIV)<sup>1</sup>. However, fewer than half of these patients were on ART. The decade-long conflict has disrupted the National AIDS Programme (NAP) and led to frequent stockouts of antiretroviral medicines (ARVs). Although adhering to an ART regimen can result in a near-normal lifespan for HIV/AIDS patients, interrupting treatment increases the risk of their developing resistance to conventional ART. The situation is compounded by an insufficient capacity to test for ART resistance or diagnose HIV. As a result, people living with HIV in Libya have made urgent international appeals for ARVs, both to international organisations and people living with HIV in other countries.

## WATERBORNE DISEASES

It is one of the leading causes of morbidity in Libya. Most cases are acute diarrhoea, bloody diarrhoea, and acute jaundice syndrome, especially among children. There are hot areas for mentioned diseases with poor sanitation and pure water supply infrastructure. A majority of regularly assessed communities report a high incidence of diarrhoea, lice, and scabies. The absence of data highlights the seriousness of the actual situation on the ground.

No cholera cases have been reported in Libya, but cholera outbreaks have been reported in neighbouring countries. Last October 2724, acute and bloody diarrhoea were reported cases from EWARN sentinel sites.

In April 2022, EWARN reported the following cases

- Acute Diarrhoea (AD): 2,133 (17 % of total reported cases).
- Bloody Diarrhoea (BD): 26 (0.20 % of total reported cases).
- Acute Jaundice Syndrome (AJS): 48 (0.39 % of total reported cases)

## RIFT VALLEY FEVER

In recent years, cases among animals have been reported detected in an animal survey conducted by the Animal health control centre in Alkofra, Alshati, Ubari and the southern area. In December 2021, 12 animal samples were serologically positive for Rift Valley Fever in Libya's Misurata, Wadi Etba and Bani Waleed areas.

## LEISHMANIASIS

NCDC Surveillance officers throughout the country are reporting data on the incidence of Cutaneous Leishmaniasis (CL) to the EWARN for inclusion in the NCDC's weekly epidemiological bulletins. Most CL cases in Libya are recorded between November and January each year. Transmission of the disease occurs during the sandfly season from May to October, but the lesions only begin appearing several months later. In 2021, the number of cases of CL dropped sharply compared with the previous year (171 between January and November 2021 compared with 549 cases in the same period in 2020).

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<sup>1</sup> National AIDS Programme Libya report and update, 2021

# HEALTH SECTOR BULLETIN

## April 2022

Tawergha town was one of the most affected areas. The dire conditions in the town meant that hundreds of returnees were sleeping on the ground, where they came into direct contact with the sandfly that transmitted the disease. Leishmaniasis is endemic in the western mountains and the northwest border districts. 71 cases of leishmaniasis were reported from EWARN across Libya for April 2022.

### **CHOLERA**

No cholera cases were reported from Libya from the 2020-to 2022 time period.

### **MALARIA**

Libya is a malaria-free country, but there is an elevated risk of rollback after 50 years of control. If NCDC reports confirm the presence of vectors in Libya, the infection cycle will be completed, and local transmission will start. Recently, the surveillance and Rapid response team administration at NCDC announced the record of 19 cases of Malaria in Libya since January 2021, with some cases with an unclear history of travel which increases the possibility of local transmission. In addition, on 16 Dec 2021, a new case of cerebral malaria was diagnosed in the intensive care unit of IbnSina Hospital / Sirt for a resident of Waddan city in the municipality of Al-Jufra.

### **POLIOMYELITIS**

Libya has a significant migrant population and circulating vaccine-derived poliovirus Type 2 outbreaks (cVDPV2) in the last 12 months, especially in Nigeria, Niger, Somalia, and Sudan/South Sudan pose a risk to Libya's importation of virus due to this high-risk mobile population. In preparation for the introduction of nOPV2, the first document submitted by Libya to meet the nOPV2 approval readiness verification requirements – B1 is verified. The verification is confirmed by the global Readiness Verification Team (RVT), and Libya has been added to the Regional nOPV2 Dashboard.

As of EPI week 16 2022, AFP indicators are as follows.

- Total AFP cases reported as of Epi-Week 16, 2022 = 24
- Total AFP cases reported within the last two weeks (w15 and 16) = 1
- Discarded as NP/AFP 2022 = 17 (71%)
- Pending AFP cases for classification = 7 (29%)
- Early detection and notification within 7 days of onset of paralysis in 2022 = 21 (88%)
- Early investigation within 48 hours from the date of notification in 2022 = 24 (100%)
- Annualized NP-AFP rate = 3.0/100,000 U15 years Children
- % Stool adequacy = 100% (24).
- 14 AFP stool specimens from 6 AFP cases are pending classification.

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## AFP Surveillance Performance Indicators by Province, Epi week 16, 2022

Province	Population 2022 Under <15 yrs	Total AFP cases Reported	Non-Polio AFP Rate	Number of AFP cases with Adequate Stool sample	Stool Adequacy (%)	Number of discarded cases	Number of pending cases	VPDV
TRABULUS	691,071	2	0.9	2	100	2	0	0
SABHA	222,420	2	2.9	2	100	2	0	0
BENGHAZI	450,034	9	6.5	9	100	4	5	0
AL ZAWIYAH	224,112	3	4.4	3	100	2	1	0
AI-JABAL ALAKHDAR	255,070	1	1.3	1	100	1	0	0
AI-WASTA	513,870	5	3.2	5	100	4	1	0
JABAL NAFUSA	237,048	2	2.8	2	100	2	0	0
<b>NATIONAL</b>	<b>2.593,625</b>	<b>24</b>	<b>3.0</b>	<b>24</b>	<b>100</b>	<b>17</b>	<b>7</b>	<b>0</b>

### OTHERS

Cyclical (almost once a decade) outbreaks of plague are reported from Tobruk. The last outbreak (diagnosed in Benghazi) was in 2009. Other diseases of importance are influenza, diarrhoea, hepatitis B, amoebic dysentery, hepatitis C, chickenpox, mumps, food poisoning, typhoid and paratyphoid fevers, extra/pulmonary tuberculosis, amoebiasis, Malta fever and H1N1 flu.

#### • CHILD HEALTH

As per official sources, Hexa3 (including DPT3) Coverage was 96% in 2019. As per current UNICEF estimates, in Libya, the percentage of surviving infants who received the third dose of the DTP-containing vaccine is 73%, while the percentage of children who received the second dose of measles-containing vaccine, as per administered in the national schedule, is 72%. As a result, 321,430 children require humanitarian assistance, particularly in health services. UNICEF has planned to target 120,000 children and women accessing health care and 269,253 children/ caregivers accessing mental health and psychosocial support. The main priorities include children and women accessing primary healthcare, health care facility staff and community health workers trained in infection prevention and control and IMNCI and MHPSS support to children and their caregivers.

Generally, vaccine availability is getting worse compared with February. MMR & bOPV vaccines are not available in (14%) & (40%) of assessed Municipalities, respectively (with a significant shortage in East) and would be considered as the top priority vaccines to be offered to address the critical gap, avoid future nationwide shortage and sustain high routine immunisation coverage. [Availability of vaccines at HF level March 2022 | HumanitarianResponse](#)

#### • TRAUMA AND INJURY

The risk of trauma and injury remains moderate because of the volatile security and political situation. However, as per IOM Libya, migrants in Libya (both in detention centres and in urban settings) face additional challenges and protection concerns linked to their status in the country and the vulnerable situations many find themselves in, including their higher risk of exposure to violence, exploitation, hazardous living conditions, and abuse at the hands of smugglers and traffickers.

#### • REPRODUCTIVE HEALTH

As per UNFPA Libya, Women and girls are more likely to face challenges in accessing health services due to the lack of documentation required by many public health facilities. Therefore, the main priorities for 2022 include improving the capacity and resilience of health systems with the provision of integrated reproductive

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health services by building the capacity of frontline health care providers in the face of conflict and COVID-19 restrictions by providing essential reproductive health (RH) kits throughout Libya and to provide direct consultations, counselling, and awareness sessions on SRH issues, especially to women and girls of reproductive age (15-49).

- **NON-COMMUNICABLE DISEASES AND MENTAL HEALTH**

With regards to **non-communicable diseases**, 78% of the overall burden of disease is attributable to non-communicable diseases in Libya Cardiovascular diseases account for 43%, cancers 14%, respiratory diseases 4% and diabetes mellitus 5% of all deaths, and 18% of adults between the ages of 30 and 70 years are expected to die from one of the four major non-communicable diseases. Risk behaviour is typical in Libya. The incidence and prevalence of NCDs in Libya continue to increase due to changing lifestyles and the increasing prevalence of risk factors, particularly obesity. Steps are being taken to tackle non-communicable diseases (NCDs).

- **FUNCTIONALITY OF HEALTH FACILITIES**

There is no country-wide system to gather information and monitor and assess needs, response capacities and funding requirements due to a lack of population/health data and data culture. In addition, there is no data available with the health authorities on many functioning and non-functioning health facilities due to a lack of HeRAMS and HMIS systems. Therefore, plans of rolling out DHIS-2 across Libya must be achieved. As per the SARA survey in 2017, following the number of health facilities were present across the country: 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).

As per HeRAMS PHCI Report, 66% (19) reported fully functioning, while 31% (9) were partially functioning, and one facility was non-functioning. Lack of finance, lack of equipment, and lack of staff were the main reported reasons for partial functionality. 59% (17) reported Partially Damaged buildings, while 41% (12) reported no damaged buildings. [HeRAMS PHCI Summary Dec 2021 \(English\) | HumanitarianResponse](#)  
[HeRAMS PHCI Report Dec 2021 \(Arabic\) | HumanitarianResponse](#)

- **AVAILABILITY OF ESSENTIAL SERVICES**

Very few public health facilities offer a standard package of essential health care services. In addition, closure of health facilities and COVID isolation centers and labs is frequent across the country due to increased transmission of covid-19 among health workers, lack of PPE and supplies and sometimes non-payment of dues to the health workforce.

Libya needs revision, harmonisation and costing of the Libyan Essential Package of Health Services (including sexual, reproductive, maternal, and newborn health; child health and immunisation; public nutrition; communicable and non-communicable diseases; mental health and psychosocial support mainstreaming in all health-related services).

- **AVAILABILITY OF HEALTH STAFF**

The core HWF density is adequate (7.6 per 1,000 population). Most of the HWF are female and young, aged between 30 to 40 years. Hence the workforce is stable. However, the severe maldistribution of the HWF, with gaps across geographical regions, districts, and municipalities, has led to unequal access to essential health services. Moreover, some health facilities are overstaffed while others are understaffed. Libya has

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severe deficiencies in the mix and distribution of skills across the geographical regions (SARA 2017), worsened by compromised professionalism, integrity, leadership, and discipline in applying existing regulations and guidelines. Even amid an abundance of doctors, dentists and pharmacists, there are shortages of these disciplines in the South, where they tend to receive more nurses and midwives than doctors. The distribution of health personnel is haphazard and not guided by norms and standards, resulting in some health facilities being overstaffed while others are understaffed (WHO study 2018). The HWF shortages in Libya are not about availability but the need to better manage the existing HWF.

- **AVAILABILITY OF ESSENTIAL DRUGS, VACCINES AND SUPPLIES**

There are chronic shortages and acute stockouts of medicines, equipment, and supplies. For example, 80% of PHC centres did not have essential medicines that remained to function. Although Libya is a resource-rich country, it must work on the regular supply of essential drugs, essential vaccines and medical products and workforce training and supportive supervision based on a data-driven approach in its governance and decision-making processes. In addition, there are current reports of stockouts of BCG and bOPV in vaccination centres across the country.

## HEALTH SECTOR ACTION



No feedback was submitted.



Helpcode, in partnership with TDH and ODP, continued its DG ECHO funded action on COVID-19 response in the West and South of Libya.

In particular, Helpcode continued its Risk Communication and Community Engagement (RCCE) campaign to fight COVID-19 misinformation and increase vaccine acceptance through awareness sessions in the communities and events, notably in schools. The school campaign is ongoing in approximately 40 schools, and students of all ages are being informed about COVID-19 with different age-appropriate activities.

# HEALTH SECTOR BULLETIN

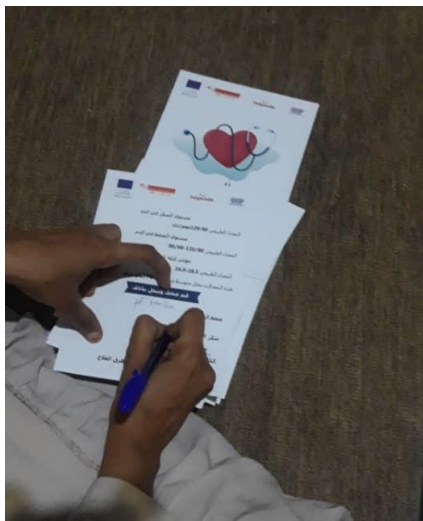
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In April 2022, approximately 3000 people were reached through the RCCE activities, and 500 IPC kits were distributed to attendees of students and events.



In addition, special events took place on April 7th for World Health Day in Ghat and Ubari. These events included basic screening for blood sugar, height and weight and COVID-19 prevention. In addition, community Health Workers and Volunteers conducted regular awareness sessions and events in the community.



Helocode is also in the implementation phase of an AICS project: Integrated Health and Protection intervention in Southern Libya to ensure access to quality primary health care and protection services in Ubari Municipality/ Ubari Al-Mashrouh Primary Healthcare Unit/ Alghrayfa Municipality/ Al-Gaerat Primary Healthcare Center /Bint Bayya Municipality/ Gabroun Monthrah Primary Healthcare Unit.

The rehabilitation works of the targeted facilities in the South are ongoing.

Community awareness sessions have been conducted in the clinics and municipalities

mentioned above to increase awareness of COVID-19 prevention, hygiene and vaccination (EPI), reaching over 1000 people in April 2022.





## Demand Creation, Risk Communication, and Community Engagement (DRCCE)

UNICEF, in collaboration with NCDC and other partners, is undertaking several RCCE activities designed to increase acceptance and address the barriers to vaccination uptake. Key messages were designed around information on vaccine safety, with five key messages including Islamic guidance for the month of Ramadan focused on preventative measures and the safety and benefits of COVID-19 vaccines. Keeping in mind that there is observable and documented fatigue with COVID-19 messages (repetitive nature), these messages are short placing control in the hands of the audience. The messages will be disseminated through various mediums, including SMS, flyers, posters, indoor and outdoor electronic screens, on-the-move trucks, as well as social media.



### Capacity building

**Cold Chain and Vaccine Management:** UNICEF, in close collaboration with NCDC, is conducting a nationwide cascade training on Cold Chain and Vaccine Management (CCVM) for vaccinators. In April, 50 people (all female) were trained in Benghazi.

**DHIS2:** Several DHIS2 trainings were conducted in close collaboration with HIC. The training is expected to positively impact the availability of reliable data to be used by decision-makers to ensure proper planning at the health facility, municipality, and national levels. In April, 217 people (123 female, 94 male) were trained.



### Supplies and equipment

UNICEF dispatched packages of essential and lifesaving supplies to 31 primary healthcare centres (PHCs), estimated to reach 155,000 people. Moreover, UNICEF dispatched 26 generator sets 50kVA, 26 canopies for the generator sets, and 26 fuel tanks, to NCDC for onward distribution to targeted sites. Ten computer laptops were dispatched to the HIC manager for onwards distribution to statistical focal persons in targeted municipalities, whose role is to collect and analyze data as well as supervise health facilities in their areas.

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### Infant and Young Child Feeding (IYCF)

The IYCF focal persons continue to upload weekly data on their nutrition-related activities. In April, 2,755 cases (1,452 males, 1,303 females) were screened, whereof 314 cases (200 males, 114 females) were diagnosed with malnutrition. The malnutrition was diagnosed to be caused by rickets and vitamin D deficiency, insufficient daily intake, anaemia, and chronic illness, among others. Counselling services about breastfeeding and supplementary feeding were provided to 1,693 mothers.

### Leaving no one behind: Vaccinations in detention centres

UNICEF supported vaccination activities in Ain Zara detention centre, conducted by PHCI's mobile health team. In total 11 children (6 girls, 5 boys) received age-appropriate vaccinations (BCG – OBV – Hep B, and Hexa – Rota – PCV).



No feedback submitted



- UNHCR provide health services through its partner IRC using public PHCCs in different municipalities in the capital; Tripoli. During the reporting period, IRC provided 866 general, reproductive and mental health consultations, and referred 86 cases to public hospitals and private clinics. Phone consultations and appointments continue to be used along with giving exceptions to emergencies.
- Through it is implementing partner IRC, UNHCR continued to conduct medical visits to detention centers where it provided 194 medical consultations in Tariq Sika DC and 51 consultations in Ain Zara DC.
- The 24/7 medical emergency hotline team continues to support PoCs. A total of 79 PoCs were assisted and 25 were referred to secondary health facilities during the reporting period.
- COVID vaccination for non-Libyans is still ongoing as part of the national vaccination campaign while registration of vaccinated refugees through the national system is still a challenge. A total of 7 registered refugees and asylum seekers were vaccinated during the reporting period.

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- As part of pre-Departure preparations for an evacuation flight to Niger, 128 evacuees have been Medically screened on the 16<sup>th</sup> of April.



*Pre evacuation medical screening for refugees*



## KEY PERFORMANCE INDICATORS

### Primary Health Care Consultations and Referrals

IOM medical teams provided a total of **9,522 primary health care consultations** (7,093 men and 2,429 women) to migrants, IDPs and host community members across Libya and **referred 164 migrants** to secondary and tertiary health facilities for further medical investigation, treatment, and management. In March 2022, IOM medical teams reported a total of **61** (54 men and 7 women) **COVID-19 suspected cases**.

#### **1. DCs**

IOM medical teams provided primary health care consultations for **1,572** migrants in detention (1,420 men and 152 women) in 10 detention centres across regions: namely, Triq al Sika, Ain Zara, Albayda, Shahhat, Alkufra, Ganfouda, Almarj, Alqubba and Talmetha DCs.

**6** migrants were referred from these detention centers to secondary and tertiary hospitals for medical investigations and clinical management.

#### **2. PHC clinics**

Through its support in five primary health care centres (Shouhada Abduljalel PHCC (West), 17 Feb Polyclinic (West), Shohada Ejdabia PHCC (East), Aldurra PHCC (East) and Al-Aoeanea PHCC(West)), IOM provided **1,787** primary health care consultations (811 men and 976 women) to the migrants, IDPs and host community members, along with supporting the centres with medicines, medical consumables and IEC materials on COVID-19. **3** migrants were supported with transportation to the secondary and tertiary health facilities for medical investigation and clinical management.

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## 3. Medical outreach

IOM mobile teams (Health program and Migrant Resource and Response Mechanism (MRRM) program) are providing primary health care services for migrants, IDPs and host communities at over 20 project sites in urban settings. Project locations cover Hai Al-Andalus (West), Ghot Alshaal (West), Ain Zara (West), Alsirraj (West), Souq Aljumaa (West), Abdulsalim (West), Al-Aoeanea (West), Janzour (West), Tajoura (West), Zwara (West), Sabha (South), Qatroun (South), Ejdabia (East) and Bani Waleed (West).



IOM medical teams reached **6,163** migrants and IDPs (4,862 men and 1,301 women), out of which **96** migrants were referred to the secondary and tertiary health facilities for medical investigation and clinical management.

## 4. Rescue at Sea

IOM medical teams responded to rescue at sea operations in which a total of **723** migrants (661 men and 62 women) at **Abusitta** (West) and **Azzawia** (West) disembarkation points (DPs) were rescued. **84** migrants received medical screening and triage upon arrival out of which **3** migrants were referred to the hospital for clinical management.

Among the above consultations, IOM provided:

- 119 gynaecological consultations and 182 antenatal and postnatal cares to the female migrants, IDPs and host community members
- 34 consultations for migrant children on the integrated management of childhood illness
- Routine immunizations and records for 200 migrant children under the age of five
- 204 health care consultations related to psychiatric care and mental and psychosocial care
- 241 medical assistances to the trauma cases including the gunshot trauma and minor injuries



## Fitness to Travel Screening

IOM medical teams provided pre-departure medical screenings for **530** migrants to assess fitness to travel (FTT) under the Voluntary Humanitarian Return and Reintegration (VHR) program.

## National Health System Strengthening

### Disease Surveillance/ Outbreak Investigations

On 5 April, IOM supported the NCDC surveillance administration with 12 electronic tablets to equip the teams with the necessary tools to effectively report and respond to public health emergencies.

On 24 April 2022, in response to the transfer of over 500 migrants from Misrata to the Tariq Al-Matar detention centre and notification of suspected scabies cases, the IOM health surveillance team conducted a rapid assessment visit. The team randomly selected 100 migrants in detention to assess the infection rate and notified 95 symptomatic cases. All cases had mild to moderate symptoms, and no crusted scabies cases were found. IOM team provided all migrants in detention with awareness-raising sessions on scabies and the heightened risk of infectious diseases in detention facilities. IOM plans to conduct the anti-scabies



campaigns along with some locations in communities that are assessed at high risk of scabies outbreak through the IOM public health risk assessment visits.

### **COVID-19 response**

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

IOM medical team conducted 126 outreach campaigns and awareness-raising sessions in the Greater Tripoli area (West), Zwara (West), Bani Walid (West), Benghazi (East) and Ejdabia (East). A total of **7,199** migrants, IDPs and host community members improved their awareness and knowledge of the COVID-19 prevention methods, with a strong focus on key messages for the month of Ramadan, and vaccines.

#### **2. Travel, trade, and Points of entry**

IOM Medical team supported the NCDC staff at Ras Jedir land crossing point by providing medical checkups to all passengers returning to Libya as part of the IOM COVID-19 response plan. A total of **79,604** cross-border travellers (72,125 men and 7,479 women) were screened by checking their temperature and general condition.

#### **3. Surveillance, case investigation and contact tracing**

On 27 April 2022, in response to the COVID-19 outbreak alert generated by the IOM medical team, the IOM health surveillance team conducted a rapid assessment visit for outbreak investigation. 59 rapid antigen tests were conducted on the highly suspected cases among triaged 242 migrants in detention, in which 58 migrants tested negative except for the first positive case. The patient had been highlighted to the IOM and IRC medical teams for frequent regular follow-up.

#### **4. Infection Prevention and Control (IPC) and Case Management**

The overstretched COVID-19 triage and isolation centres often lack the needed medicines and consumables to adequately treat COVID-19 patients. In response to the request of the Emergency Directorate at the Ministry of Health, IOM provided a total of 19 triage and isolation centres in the Greater Tripoli area (Mitiga, Abushosha, Aldahmani, Souq Althulatha, Alzawya West, Alzawya Abughlasha, Gasr Ben Ghashir, Alswani, Alzizia, Garabuli, Alkhums 1, Zliten, Sabratha, Zulten, Zwara, Al hiraba and Alwiniya isolation centres, Tripoli University Hospital and Tripoli clinic) with medical equipment and supplies including oxygen cylinders, Continuous Positive Airway Pressure (CPAP) masks, high flow nasal cannulas and Arterial Blood Gas (ABD) machines to fill the critical needs gap.



On 17 April 2022, to support the refurbishment of health facilities in the Ubari district (South), IOM donated a series of medical equipment, supplies and medications to Bint Bayah hospital, Ubari hospital and Ibrik primary healthcare centre.

### **Mental Health and Psychosocial Support (MHPSS) services**

IOM MHPSS teams have provided the following assistance:

- Mental Health and Psychosocial Support (MHPSS) services were provided to 748 migrants (547 men, 148 women, 37 boys, and 16 girls) in Tripoli, Benghazi, Alkufra, Beni Walid, Misratah, Sebha, Zwara and Ajdabiya in several locations, including IOM centre in Hay Alandalus, detention centres, and urban locations including shelters, collective houses, labour migrants gathering points, health facilities. The MHPSS teams accompanied IOM medical teams to different locations and conducted a varied set of MHPSS activities.
- IOM continues supporting the national coordination mechanism through chairing the MHPSS technical working group (MHPSS TWG) with IMC (International Medical Corps) and in close coordination with the Ministry of Health, where the TWG conducted their monthly meeting on 12<sup>th</sup> of April with active participation of 18 members. Furthermore, the MHPSS TWG continues to provide technical support and guidance to MHPSS actors and different humanitarian sectors in Libya.



No feedback submitted



### **WeWorld GVC – Health Activities April 2022**

**Project:** Emergency Program in Libya for the improvement of basic healthcare services and protection of the most vulnerable population - AID 12031.

**Donor:** funded by the Italian Agency for Development Cooperation (AICS)

WeWorld-GVC is currently implementing a health and protection project in Southern Libya in Ubari, Sebha and Wadi Ashati. In the previous months, six health facilities and one isolation centre were rehabilitated

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with a focus on WASH facilities and overcoming architectural barriers. Additionally, three health facilities had photovoltaic panels installed (Al Rgueba, Akhlif and Laayoune).

Medical equipment and personal protective equipment (PPE) were distributed to the six health facilities and one isolation centre. Moreover, WeWorld-GVC organized a capacity building training on health topics for 348 (281 women, 67 men) medical staff from supported health facilities in Southern Libya.



Throughout April 2022, WW-GVC with the support of local implementing partner MIGRACE reached **2,953 people** (1,779 men and 1,171 women, of which 2161 in the host community, 291 IDPS, 288 migrants, 123 returnees, 81 refugees) through awareness campaigns on infection, prevention and control (IPC) with a specific focus on handwashing and access to specialised health services. The awareness campaigns were conducted by MIGRACE community mobilizers in Sebha, Ubari and Wadi Ashati.

In addition, WW-GVC distributed **25 hygiene kits** to vulnerable families identified through the Individual Protection Approach assessment in Ubari and Sebha.

Figure 1 Awareness campaign conducted in Sebha, April 2022



## Health Activities April 2022

### Premiere Urgence Internationale with the support of DG-ECHO and SDC:

#### In Al-Kufra mantika

During April, as part of the regular rotational visits conducted by PUI Mobile Health Team – MHT- , 27 general medical consultations mainly for Hypertension and gastrointestinal diseases and 23 sexual reproductive health consultation were provided to 45 women and 5 men in Shahada Afoon Clinic and AL-Rifi Al-Hweige vaccination center across AL-Jawf and Al-Shura area, notably 26 new files were opened.

Moreover, the vaccination support team – VST – continued supporting the local authorities in the rollout of the covid-19 national vaccination campaign across al-Jawf and Al-Shura.

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14 technical support visits targeting the two main vaccination sites across Al-Jawf, notably Al-Rifi AL-Hweige vaccination center and Libya Polyclinic, during which, VST carried out pre-check consultations of the covid-19 vaccine seekers, following up and administrating the second dose and reporting Adverse Effects Following Immunization – AEFI - if any. Also, to help complement the infection prevention and control protocols



awareness sessions and to reinforce the component in the targeted PHCCs, VST donated waste management items such as disposable gloves among others.

Furthermore, as part of the risk communication community engagement – RCCE – strategy, during the holy month of Ramadan, two tailored messages promoting the covid-19 vaccine uptake were developed, shared with DHS, and recorded by PUI VST. These messages are disseminated on Al-Kufra local radio station on a daily basis.



**Project Title:** *Contribute to primary healthcare and lifesaving protection services for conflict-affected populations in Libya*

**Locations Implemented:** *Misrata, Tripoli, Sabha*

**Duration:** *9 months (January 1 to September 30, 2022)*

**Donor:** *BHA*

In the month of April, three (3) Mobile Medical Units (MMUs) continue to be deployed in Sabha, Misrata and Tripoli. Each team is composed of a medical doctor, nurse and pharmacist. Through these teams, 13 health facilities, namely Sidi Abduljalil, Alqadesiyia, and Sharaa Algarbi in Tripoli, Seha Madrasiya, Al Zaroq, Alshaheed in Misrata, AlHuriyat (Zliten), as well as Tawargha Polyclinic and Aljadeed, Al Gorda, Abdulkafi and Temenhent in Sabha as well as Alzwayia in Brak Shati and 2 IDP locations, namely Fallah 1 and Fallah 2 camps were assisted through out-patient consultations to include reproductive, maternal and newborn care, provision of essential medications for common morbidities as well as referrals. In addition to the provision of primary healthcare services, there were 1,044 individuals screened for COVID-19 disease through IMC's MMUs. Two suspected cases were reported to the EWARN system. In April, the medical teams conducted 1,049 consultations, including 62 antenatal consultations.

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Two MHPSS counselors continued to provide MHPSS services at the health facility and IDP camp level. One psychiatrist based in Tripoli provided advanced MHPSS services when required.

***Project Title: Contribute to the COVID-19 Pandemic Response in Libya***

***Locations Implemented: Sabha***

***Duration: 9 months (January 1 to September 30, 2022)***

***Donor: Private Funding***

During the month of April, one medical doctor continued to work at the isolation unit of Sabha Medical Center as part of the case management team. Side by side with the MOH medical staff, the deployed doctor, provided case management to moderate to severely COVID-19 patients.

The project is also supporting the risk communication and community engagement activities of the COVID-19 response through the IMC COVID Facebook page, providing awareness-raising regarding COVID-19 disease as well as sharing information regarding services available. Several educational information were posted to increase the general knowledge of the population about COVID 19 disease and the vaccine.

***Project Title: Integration of MHPSS service provision and GBV mainstreaming at the PHC and community level***

***Duration: 6 months (April 1 to September 30, 2022)***

***Donor: GIZ***

This new project with GIZ is focused on supporting the integration of MHPSS services with the addition of mainstreaming GBV guiding principles at PHC level. Under this project, health care workers in 11 PHCs will participate in MHPSS and GBV -focused capacity building activities over the next 6 months.

The month of April 2022 was spent on activity planning as well as coordination with relevant stakeholders.

***Project Title: Improving access to primary health care and GBV prevention and response services for vulnerable populations***

***Duration: 24 months (April 1, 2022 to March 31, 2024)***

***Donor: EU***

Through this new project, interventions will include health and MHPSS services in Misrata, Tripoli and Sabha while GBV prevention and response interventions will be provided in Tripoli. In addition, capacity building activities will be offered to health care providers within selected facilities. Focus for these capacity building activities will include health care, MHPSS as well as GBV mainstreaming. These capacity activities will be offered in all three locations. In addition to direct service provision and capacity building, the project will also support community engagement activities through IMC's service providers and outreach workers.

During the month of April 2022, start-up activities were conducted which include orientation among facility managers of potential health facilities to be supported, baseline assessments as well as recruitment of required staffing for the project.



### Tripoli

#### Primary Health Care Consultations and Referrals

With support of UNHCR and SIDA, IRC medical teams provided primary health care consultations to a total of 823 individuals ( 412 Male and 411 Female) representing migrants, IDPs and host community members and referred 115 migrants ( 51 male and 64 female 64) and refugees to secondary and tertiary health facilities for further medical management. The services were provided within the supported primary health care centers (PHCCs) as below:

- Al-Harat PHCC (Souq Aljomaa Municipality).
- Al-Nasb Altedkri PHCC (Ain Zara Municipality).
- Al-Magrief PHCC (Ain Zara Municipality).
- Zawit Aldahmani PHCC (Central Tripoli Municipality).
- Ghout Addis PHCC (Hay Alandalus Municipality).

#### Detention Centers (DC) and LRC shelter Misrata:

IRC -DC teams provided primary health care consultations for 309 migrants in detention centers (270 male and 39 female) located in al Sikka and Ain Zara DCs, and LRC shelter Misrata. One beneficiary was referred from these detention centres to the secondary and tertiary hospitals for medical investigations and clinical management.

The team is continuing to be the focal point for the EWARN system at Ain Zara, and Sikka DCs and already submitted the weekly reports on time.



Figure 1: At Ain Zara DC

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## **Rescue at Sea:**

IRC-RAS medical team responded to 6 rescues at sea operations where 34 migrants (31 male and 34 female) received health services by the medical team at Tripoli disembarkation points (DPs) and Zawia refinery port.



Figure 2 & 3: at Tripoli Commercial Port Disembarkation Point

## **Mental Health and Psychosocial Support (MHPSS) services:**

Mental Health and Psychosocial Support (MHPSS) services were provided to 44 beneficiaries (32 male and 12 female) at several locations in Tripoli at health facilities.

## **Special activities:**

### **Pre-departure Medical check-up:**

IRC medical team conducted to do a pre-departure medical check-up for 155 POCs to be evacuated to Niger on the 28<sup>th</sup> of April 2022 at JMC Shelter, LRC Shelter, and Ain Zara DC.

### **Donation:**

IRC donated:

- Medications to Aljala maternity hospital
- Medication and supplies to Tripoli Central Hospital

### **Community Health Activities.**

Community health workers and community outreach volunteers continued activities in delivering awareness health sessions for targeted communities; 62 awareness sessions were conducted in several locations in Tripoli. Total number of beneficiaries was 2017. Covered awareness topics were TB, HIV/AIDS, COVID-19, and its Vaccine, Scabies, Diabetes, and Hypertension.

### **Coordination and planning of Strengthening Essential health services and system.**

Ain Zara, Tripoli municipality, Meeting conducted at 20Augustos PHC on 6th April with Mr. Ali Ramadan Aldrogei the general manger to address community health activities, at Khil'la PHC meeting with Dr. Aisha Youkob the general manger.

# HEALTH SECTOR BULLETIN

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**Ain Zara municipality** meeting conducted with Mr. Ahmed Al-Majdoub the Director of Administrative & Financial Affairs at the Municipal Council, Ain Zara. Meeting held with Municipal Council member Ms. Asmaa Hassan Al-Ghanay who's responsible for following up of international and local organizations activities.



Figure 4: Community health activities

**Shahat municipality** meeting conducted with shahat ployclinic to adress IRC activities in health awearness, bulding capacities, and integrated astivities with loacal CSOs, where meeting conducted with Amal Shahat local orgnaization, and Red Cresent organization.



Figure 5: Community health activities

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## April 2022

**Wadi Alshati municipality** meeting conducted with Bergan PHC, Edri hospital, and Wenzerek hospital for assessment and addressing our scope of work. Starting by awareness sessions about hypertension and nutrition, communication skills with patients and STDS targeting 61 nurses, 51 females, and 10 males. In addition, we started communicating with active local CSOs addressing our roles together in risk assessment and overall community engagement and promoting community committees.



Figure 6: Community health activities

### Community Health Outreach Volunteer Training

A part of building capacity of COVs we conduct training on 10th and 11th April at IRC office targeting five COVs, and two interpreters. The training was focused on communication skills, communicable and non-communicable diseases like TB, scabies, asthma, hypertension, breast cancer, HIV/AIDS, diabetes, immunization, and COVID-19 vaccination, breast feeding and first aid & CPR. To ensure quality, pre-test and post-test, training evaluation tools were applied.

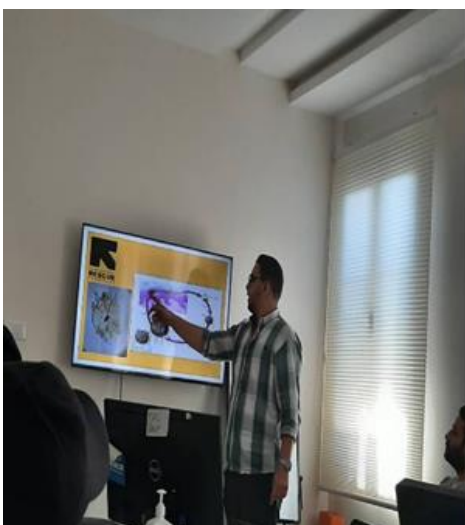


Figure 7 & 8: Community health activities

# HEALTH SECTOR BULLETIN

## April 2022

### **First aid training targeting Sudanese community leaders: -**

First aid training conducted on 12th April at Sudanese Libyan Alekhoa school Assaraj area, targeting 17 Sudanese teachers and social workers; they were 3 Males and 13 Females. The training topic covered was on first aid.



Figure 9 & 10: Community health - First aid training activities

### **RCCE activities between UNHCR-IRC; Covid-19 vaccination assessment survey**

Integrated activities between UHCR and IRC, CHW team conducted a survey about covid-19 vaccination targeting PoCs in nationalities of Sudan, Syria, Eritrean, Palestinian, Somalian, Ethiopian, and Iraqi. Total number of participants were 127. The participant were 88 male and 39 female, age group 15-59 years.



Figure 11 & 12: Community health Covid-19 survey activities

# HEALTH SECTOR BULLETIN

April 2022



The psychosocial support team, in cooperation with the United Nations Population Fund and the Ministry of Social Affairs, continues to manage and operate the 1417 hotline to provide psychological, social and legal consultants. The line provides its services to battered women, survivors of violence, affected groups of displaced people, migrants and asylum seekers.

During the year 2022, we increased the service hours to become from 8 am to 12 am, at a rate of 16 hours per day, except for Friday. We receive approximately 1000 calls per week from different groups, ages and municipalities.

This year we also started providing the service in French and Swahili at a rate of three days a week. We make referrals to all government and private service providers, civil society organizations, international organizations and United Nations institutions.

Also, we are still offering home visits through our mobile teams which cover a big area of Libya. we also provide case management for GBV cases.

At the end of May, the team will open a safe space for women in Tarhuna, in which psychosocial support services, training on some life skills, and training in some simple trades will be provided to obtain independence in resources. The psychosocial support team will carry out training on PM+ during the last week of May.



## ICRC

No feedback submitted



No feedback submitted



No feedback submitted



### **Pillar 1: Coordination, Planning, Financing and Monitoring**

- Conducted a meeting with the head of ICO at NCDC to discuss the RCCE interventions on COVID-19 prevention measures and the available options to further enhance the COVID-19 vaccine rollout and the vaccination coverage at the national level
- Produced COVID-19 epidemiological bulletins for weeks 14, 15 and 16.
- Updated OCHA Libya-Humanitarian Needs Monitoring Indicators.
- Updated the health cluster response monitoring indicators, at EMRO Level.
- Updated OCHA Health sector humanitarian response plan indicators.
- Updated the Libya health sector response interactive dashboards.
- Produce and shared the health sector operational response infographic report based on 4W - March 2022.
- Updated Libya health sector mailing list.
- Prepared and shared flashes updates on attacks on health care and updated the global SSA dashboard accordingly.
- Updated <https://www.humanitarianresponse.info/en/operations/libya/health>
- Links to interactive dashboards and updates:
  - [Health sector 4W 2021 HRP interactive dashboard](#)
  - [COVID-19 Libya interactive dashboard](#)

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

- Developed/modified Ramadan tiles for social media –in the context of COVID-19 featuring WHO Libya and shared them with MOH, health partners and local media channels.
- Disseminated to MOH/NCDC and local media channels Ramadan 2022 RCCE package, as part of the efforts in advocating for safe and healthy Ramadan during COVID-19 context by strengthening the messages around the adherence to individual and community.
- Shared with MOH/NCDC the weekly COVID-19 and COVID-19 vaccine Regional Social Listening Report (01-11 April 2022).

# HEALTH SECTOR BULLETIN

April 2022

- Continued working on developing key social media messages in collaboration with key partners to fight vaccine stigma and misinformation by disseminating COVID-related information on social media platforms.
- Conducted a meeting at NCDC to follow up on upcoming RCCE interventions on COVID-19 and COVID-19 vaccine.
- Participated in the regional COVID-19 RCCE Country Office discussion.
- Developed COVID-19 health promotion messages and posted them on the WCO's social media platforms (in Arabic and English) about COVID-19 prevention measures and the COVID-19 vaccine during the Holy month of Ramadan (available at <https://twitter.com/WHOLIBYA> and <https://www.facebook.com/WHOLIBYA/>).

### **Pillar 3: Surveillance, epidemiologic investigation, contact tracing and adjustment of Public Health and Social Measures (PHSM)**

- Sharing with NCDC new WHO guidelines on environmental surveillance for SARS-COV-2.

### **Pillar 4: Points of entry, international travel and transport and mass gatherings**

- EMRO travel measures bulletin for weeks 15 & 16 disseminated.

### **Pillar 5: Laboratories and diagnostics**

- WHO supported NCDC public health reference lab by genetic sequencing device which will support lab capacity on COVID-19 variants sequencing, official handover for the equipment done to NCDC on 5 April 2022.
- Followed up with logistics team supporting NCDC by sequencing primers and reagents needed for operating sequencing machine to identify COVID-19 variants circulating in the country.
- Sent invitation for lab webinar on Genomic surveillance and building up Next Generation Sequencing capacity which arranged on Wednesday 20th April 2022 shared with national lab network.

### **Pillar 6: Infection Prevention and Control and protection of health workforce**

- Conducted infection prevention and control assessment through observation tool for the targeted COVID isolation centre and selected health facilities to follow up on the plan's implementation.
- Arranged a two-day workshop facilitated by the Regional Office Technical Unit for IPC officers and national IPC focal point on newly designed IPC tools and review of reports submitted in the past two months.
- Conducted training of 21 nurses and doctors in Sabha and Wadi Albwanees on safe injection practices and the importance of standard precautions to be taken in the infection control program.
- Participated in meeting WHO EMRO IPC / AMR team and discuss the implementation of the regional surveillance of COVID-19 infected HCWs in Libya and arranged a meeting with the national IPC committee after Eid Fitr.
- Conducted training workshop for the IPC teams in Samno hospital started which targeted 11 health care workers and covered the following topics: Hand hygiene, Rational use of the PPE, safe injection, and waste management for one month period.
- Training on monitoring and auditing of IPC practices was performed for the IPC team and nursing staff. Hand hygiene compliance reached 56% after training, compared to 35% before it, at an average of 35 hours per month, according to the Director of the Infection Control Unit and IPC officer observation in Benghazi Medical Center.



# HEALTH SECTOR BULLETIN

April 2022

- IPC officer attended a meeting with the director of the IPC Office at Sabha Medical Center, and during this meeting, a time plan was developed to train the Nursing Institute students on all IPC standard precautions after Ramadan.
- IPC officer in Tobruk monitored and evaluated the groups that were targeted by the previous trained and monitored the extent of development and effectiveness of the exercises, especially in the CCU, Neonatal unit, ICU and laboratory.

## **Pillar 7: Case management, clinical operations, and therapeutics**

- Followed up with the Tocilizumab and Molnupiravir allocations through the partnership platform under the Access to COVID-19 Tools Accelerator (ACT-A) Therapeutics Pillar
- The ongoing recruitment process for National Biomedical Engineer and National COVID-19 Case Management Consultant.
- Coordination with the Emergency Directorate to arrange for COVID-19 case management training.

## **Mental Health**

- Regular coordination with MoE, MOH and PHCI to follow up on the progress of the implementation of the MH project.
- WHO and FCDO held a meeting to explore integration possibilities of GBV activities into the SCALE Mental Health project.
- Started distributing psychotropic medicines to the targeted PHCCs and some specialized mental health facilities.
- Provision of community awareness sessions using the WHO's package.
- The WHO-trained mental health professionals continued providing supervision sessions for the General Practitioners who previously received training on the mhGAP Intervention Guide.

## **TB/HIV**

- A monthly coordination meeting held with IOM was held to take stock of progress made and implementation bottlenecks. The upcoming TB epidemiological review workshop agenda points were presented to the partners for input.
- Coordination meeting with MSF France held to enhance TB prevention and care services to vulnerable populations in the country. There are over 100 healthcare staff working in this INGO and an action plan is in place to train these healthcare workers.
- A needs assessment for TB medical products (equipment, consumables and reagents) was conducted by the WCO team based on the historic TB notification in consultation with NTP. Accordingly, the request for quotation was raised with Global Drug Facility (WHO pre-qualified supplier) to plan the procurement. The TB goods and services procurement plan for 2022 is revised in consultation with NTP.
- WCO held a meeting with Tuberculosis focal point in EMRO to discuss the modalities of engagement to access the Global Fund funding (Libya TB component is eligible to access Global Fund funding as per the Global Fund eligibility list 2022)
- A list of 57 TB unit staff has been identified for the next round of DHIS 2 training, which will be held in June 2022.
- Completed Global TB report data collection meeting with the NTP. The data will be collected using a standard template developed by WHO HQ.

**EMT (16 to 30 April 2022)**

# HEALTH SECTOR BULLETIN

April 2022

- 20 Emergency Medical Teams supported 23 health facilities providing primary and secondary health care services across the country providing a total of 11946 consultations and 196 surgical interventions.

## GBV

- WHO is integrating the GBV programming with with mental health capacity building plan.
- WHO has reached the final steps on adaptation of WHO Clinical Handbook on GBV - Clinical handbook on health care for women subjected to intimate partner violence or sexual violence <https://www.who.int/publications/i/item/WHO-RHR-14.26>. This clinical handbook is going to support health care providers for proper service provision to survivors especially women and girls.

## FUNDING STATUS FOR HRP 2022

### Libya Humanitarian Response Plan 2022: Response plan/appeal profile

<https://fts.unocha.org/appeals/1060/clusters?f%5B0%5D=destinationClusterIdName%3A6314%3AHealth>



Requirements and funding per cluster

04-May-2022

## Totals

Total incoming funding: US\$2,944,724  
Filtered original requirements: US\$18,575,678  
Filtered current requirements: US\$18,575,678  
Coverage: 15.9%  
Total pledges: US\$0

Displaying 1 - 1 of 1

<u>Field cluster/sector</u> <sup>▲</sup>	<u>Current requirements</u> <u>US\$</u>	<u>Funding</u> <u>US\$</u>	<u>Coverage</u> <u>%</u>	<u>Pledges</u> <u>US\$</u>
Health	18,575,678	2,944,724	15.9%	0

### LINKS TO IMPORTANT INFORMATION RESOURCES

[الرئيسية - وزارة الصحة \(health.gov.ly\)](http://health.gov.ly)

[WHO Global Health Cluster website | Libya](#)

[Health Sector Libya website | Humanitarian Response](#)

[Health Sector Operational Response Dashboard- Microsoft Power BI.](#)

[المركز الوطني لمكافحة الأمراض ليبيا | Facebook](#)

[National Center for Disease Control - Libya \(ncdc.org.ly\)](http://ncdc.org.ly)

[COVID-19 Dynamic Infographic Dashboard Libya- Microsoft Power BI.](#)

[Libya | Humanitarian Response](#)

[Health Sector HNO 2022 | Humanitarian Response](#)

[Health Sector Libya Contact Groups List, Feb 2022 | Humanitarian Response](#)

[2022 HPC - Libya Humanitarian Needs Overview \(HNO\) | Humanitarian Response](#)

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For more information, please visit [www.who.int](http://www.who.int) | [www.reliefweb.int](http://www.reliefweb.int) | [www.humanitarianresponse.info](http://www.humanitarianresponse.info)