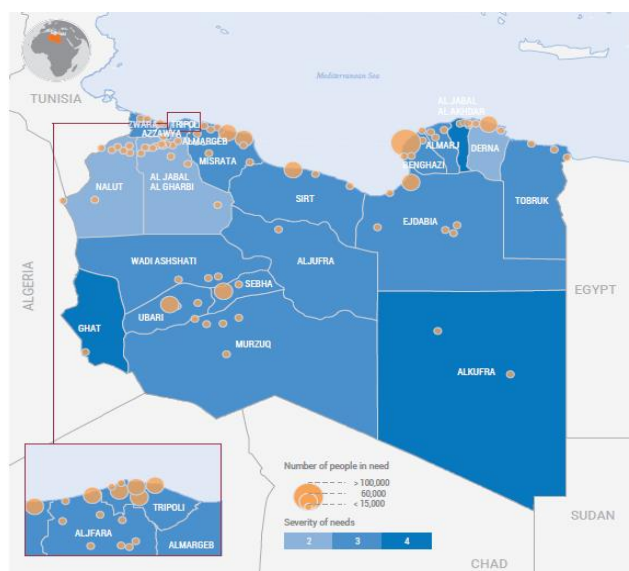




August 2022



Emergency type: Complex Emergency
Reporting period: 01.08.2022 to 31.08.2022

Total population	People affected	People in need (PIN)	People in need Health Sector	Children in Health Sector PIN
8.2 M	2,470,000	0.8 M	804, 000	38%
PIN (IDP) Health Sector	PIN (Returnees) Health Sector	PIN (Non-displaced) Health Sector	PIN (Migrants) Health Sector	PIN (Refugees) Health Sector
56,000	18,000	52,000	41,000	43,000
People Targeted Health Sector	Required (US\$ M) Health Sector	Operational partners in Health Sector	Number of projects in Health Sector	With Disability in Health Sector PIN
399,000	27.5	11	21	15%

HIGHLIGHTS

- Due to armed clashes that erupted in Tripoli resulted in 191 injuries of which 32 were deaths. MOH reported attacks on 5 health facilities within Tripoli and damage of two ambulances that due to the escalation of the violence. No fatalities or serious injuries have been recorded and the damages were only material (minor damages of infrastructure). The clashes that erupted in Tripoli on August 26-27 resulted in attacks on 5 facilities and 2 ambulances. Attacks on health care were reported and situation report was disseminated. A Crisis management team was also established. An ad hoc meeting was also held by OCHA activating the Tripoli inter-sector contingency plan.
- In response to the tragic Bent Bayya fire incident on August 1, with an unfortunate, 70 burn cases and 16 deaths were reported. Health partners in Libya promptly supported national health counterparts by deploying 6 Emergency medical teams to support medical teams at the hospital caring for the influx

of cases and provided support of medical supplies to hospitals receiving cases in Benghazi, Sebha and Tripoli

- Health Sector Operational Response for August 2022 has been published. [4W health sector, August 2022 | HumanitarianResponse](#)
- The health sector operational response report was based on the 4Ws data for July 2022. Thirteen health partners reported to 4Ws in July, including AAH, HI, IMC, IOM, IRC, MSF, IMC, PUI, UNHCR and WHO. [Microsoft Power BI](#)
- Three weekly and one monthly Epidemiological bulletin published [COVID-19 EPI Weekly Libya 21 Aug 2022 | HumanitarianResponse](#)
- Published biweekly health sector operational update [Bi-weekly operational update 1-15 August 2022 | HumanitarianResponse](#)
- [OCHA Libya | Humanitarian Bulletin \(April - June 2022\) \[EN/AR\] - Libya | ReliefWeb](#)
- Access update: [Libya: Humanitarian Access Snapshot \(January - June 2022\) - Libya | ReliefWeb](#)
- [Libya — Migrant Report 42 \(May - June 2022\) | DTM \(iom.int\)](#)
- [Libya — IDP and Returnee Report 41 \(February - April 2022\) | DTM \(iom.int\)](#)
- [Migrant Report Key Findings Round 42 \(May - June 2022\) | DTM \(iom.int\)](#)
- [Libya — Weekly Migrant and Host Communities COVID-19 Vaccination Update - Phase 3 \(28 Aug - 3 Sep 2022\) | DTM \(iom.int\)](#)
- [Libya — Detention Centre Profile Generator \(August 2022\) | DTM \(iom.int\)](#)
- [Libya — COVID-19 and vaccination in Libya: A follow-up assessment of migrants' knowledge, attitudes and practices \(August 2022\) | DTM \(iom.int\)](#)
- Meeting held with PHCI with regards to the PHC working group TORs and modality of work as well as integration of nutrition agenda under PHC WG of the Health sector.
- Produced flash update on the attacks on health care in Tripoli 27 Aug 2022
- Continued collaborating with HIM/HQ on developing humanitarian intervention monitoring dashboard for Libya

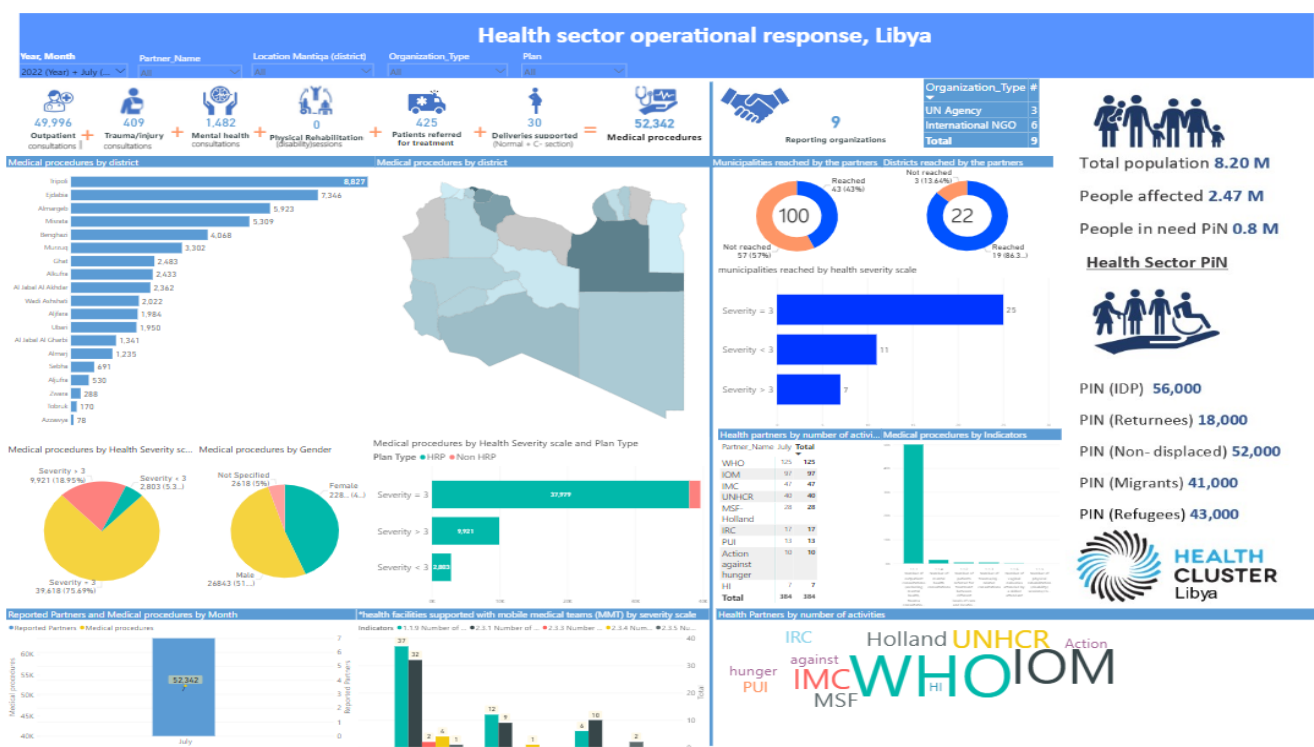
Health Partner	Feedback provided for August 2022 Health Sector Bulletin	Data uploaded for 4Ws for
TDH	Yes	No
Helpcode	No	Yes
UNICEF	Yes	No
UNFPA	Yes	No
UNHCR	Yes	Yes
IOM	Yes	Yes
GIZ	No	No
WW-GVC	No	No
IMC	Yes	Yes
IRC	Yes	Yes
PSS	No	No
ICRC	No	No
CEFA	No	No
AAH	Yes	Yes
WHO	Yes	Yes
PUI	Yes	Yes
MSF	No	Yes

SITUATION UPDATE

- The implementation of the national Durable Solutions Strategy will be supported by the international community in line with the United Nations Sustainable Development Cooperation Framework (UNSDCF) for the period 2023-2025 recently agreed upon, between the UN and the Libyan government. The UNSDCF integrates a Collective Outcome on Durable Solutions for IDPs which will guide the work of the UN and its partners when it comes to supporting the implementation of the Durable Solutions Strategy. The overall objective, as stated in the UNSDCF Collective Outcome on durable solutions for IDPs, is to facilitate the attainment of durable solutions for 80 per cent of IDPs and returnees by 2025, taking fully into account the situation of communities hosting or receiving them. [UNSDG | UN Sustainable Development Cooperation Framework for Libya \(2023 to 2025\)](#)
- According to UNICEF, vaccination centres across Libya are facing stockouts of most critical routine child immunization vaccines, including measles, mumps, and rubella (MMR), as well as hepatitis B (HepB), rotavirus, and hexavalent and pentavalent vaccines, putting the lives and health of over a quarter of a million children under one year of age at risk from vaccine-preventable diseases.
- On 26 June, OCHA Libya, in partnership with the Ministry of Social Affairs (MoSA), REACH and the International Organization for Migration (IOM) kicked off a threeday training on data collection methodologies, tools and techniques for the MultiSector Needs Assessment (MSNA). A total of 35 MoSA enumerators participated in the training, with two more training sessions to follow in July and August targeting a total of 150 MoSA enumerators from West, South and East Libya.
- August (Weeks 31-34) reported a decrease in case incidence and the lab testing rate compared to July (previous four weeks 27-30).
- At the national level, transmission classification for Libya moved to a very high incidence of community transmission (CT4) in week 34, with the circulation of BA.2 and BA.5.2 Variants of Concern (VOC), with a 17.2% weekly test positivity rate, 0.01 new confirmed deaths per 100,000 population per week and 2.4 cases/100,000 population/week.
- Moreover, Libya had an inadequate testing rate at the national level, with 14 persons tested/100,000 population/per week.
- WHO has provided support to NCDC Tripoli which has now established indigenous capacity for COVID-19 genomic sequencing capacity within Libya.
- Fifteen COVID-19 labs (out of 42) reported 6,871 (6,404 PCR and 467 Ag-RDT) new lab tests done in Epi-weeks (31,32,33,34). Thus, out of the 2,529,787 tests in Libya since the beginning of the response, 506,768 (20.0%) were confirmed positive for SARS-CoV-2 (COVID-19).
- The overall number of new cases reported in August shows a 36% decrease (1,771 cases) from the last four weeks, with West reporting a 35% decrease in new patients. The East had a 97% decrease in cases and the South had a 57% decrease in cases. The trend in cases at the national level is consistent with the regional trends.
- In August (Weeks 31-34), six deaths were reported, with 4 deaths in the West and 2 deaths in the South.
- Compared to the last four weeks, there was an 18% decrease in overall national testing: by regions, West (18% decrease), East (95% decrease) and South (22% decrease). Thus, 97.5% (6,699) of national testing was performed in the West as compared to both East (0.1%, only 3 tests) and South (2.4%, only 169 tests) Regions. (-see Table. 1). The lab testing in East is due to non-reporting to the central level. West represents 64%, East represents 28%, and South represents 8% Libyan.
- For August, the national monthly positivity rate decreased to 25.8% compared with July; West, East and South had 26.1%, 33.3%, and 11.2% monthly positivity rates. WHO recommends that positivity rates be kept below 5% in all districts in a country.

HEALTH SECTOR 4W INDICATORS FOR JULY 2022

< [Back to report](#) | HEALTH PARTNERS BY NUMBER OF ACTIVITIES



INDICATORS	Action against hunger	HI	IMC	IOM	IRC	MSF-Holland	PUI	UNHCR	WHO
1.1.1 Number of outpatient consultations (excluding mental health, trauma consultations, physical rehabilitation)			1,163	11,312	555	1,327	124	1,699	33,816
1.1.2 Number of patients referred for treatment between different levels of care and locations				74	74	51		226	
1.1.3 Number of trauma/injury related consultations			46	356			1	6	
1.1.4 Number of mental health consultations		575	76	205	2	261		363	
1.1.5 Number of physical rehabilitation (disability) sessions/consultations									0
1.1.6 Number of vaginal deliveries attended by a skilled attendant								15	
1.1.7 Number of caesarian sections supported				2				13	
1.1.8 Number of health facilities and community centers providing MHPSS services			12		5				
1.1.9 Number of mobile medical teams/clinics (including EMT)			4	19	3		1	4	24
1.4.2 Number of EWARN sentinel sites								3	
2.1.1 Number of coordination meetings at the national and sub-national levels	1								
2.1.2 Number of completed health sector assessments conducted	8								
2.2.1 Number of public PHC facilities supported with health services and commodities					5		8		
2.2.3 Number of provided medical equipment									30
2.2.4 Number of provided standard health kits									12
2.2.5 Number of provided PPE (personal protective equipment) materials					6				865,221
2.3.1 Number of health facilities supported with mobile medical teams			12	1	3			4	31
2.3.3 Number of IDP camps/settlements covered by fixed health points and/or mobile medical teams									2
2.3.4 Number of official detention centers covered by fixed health points and/or mobile medical teams				2				3	
2.3.5 Number of disembarkation points covered by fixed health points and/or mobile medical teams.				0				3	
3.1.1 Number of health service providers trained through capacity building and refresher training.	25				798		12		497

INDICATORS	July
1.1.1 Number of outpatient consultations (excluding mental health, trauma consultations, physical rehabilitation)	49,996
1.1.2 Number of patients referred for treatment between different levels of care and locations	425
1.1.3 Number of trauma/injury related consultations	409
1.1.4 Number of mental health consultations	1,482
1.1.5 Number of physical rehabilitation (disability) sessions/consultations	0
1.1.6 Number of vaginal deliveries attended by a skilled attendant	15
1.1.7 Number of caesarian sections supported	15
1.1.8 Number of health facilities and community centers providing MHPSS services	17
1.1.9 Number of mobile medical teams/clinics (including EMT)	55
1.4.2 Number of EWARN sentinel sites	3
2.1.1 Number of coordination meetings at the national and sub-national levels	1
2.1.2 Number of completed health sector assessments conducted	8
2.2.1 Number of public PHC facilities supported with health services and commodities	13
2.2.3 Number of provided medical equipment	30
2.2.4 Number of provided standard health kits	12
2.2.5 Number of provided PPE (personal protective equipment) materials	865,227
2.3.1 Number of health facilities supported with mobile medical teams	51
2.3.3 Number of IDP camps/settlements covered by fixed health points and/or mobile medical teams	2
2.3.4 Number of official detention centers covered by fixed health points and/or mobile medical teams	5
2.3.5 Number of disembarkation points covered by fixed health points and/or mobile medical teams.	3
3.1.1 Number of health service providers trained through capacity building and refresher training.	1,332

HEALTH SECTOR BULLETIN

Aug 2022

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS

- **EWARN**

EWARN updates in August 2022 (week 31 to week 34) period (1 Aug to 28 August 2022)

- Average completeness of reporting (112) 55%
- Total number of consultations is 101,270 as follows:

26,681	in week 31
20,286	in week 32
29,341	in week 33
24,962	in week 34
- Out of the 101,270 total consultations, a total of 15,207 EWARN notifiable cases were reported; the breakdown was as follows:

➤ **Respiratory illness**

- AURI: 8,565 cases
- ALRI: 2,492 cases.
- COVID-19 (confirmed): 408 cases.

➤ **Water borne disease**

- Acute Diarrhoea (AD): 3,414 cases
- Bloody Diarrhoea (BD): 43 cases.
- Acute Jaundice Syndrome (AJS): 71 cases

➤ **Vaccine preventable disease**

- Suspected Measles (SM): 27 cases
- Acute Flaccid paralysis (AFP): 2 cases
- Pertussis: 31 cases
- Meningitis (suspected): 67 cases

➤ **Other diseases**

97 cases were reported, with the most reported cases:

- C. Leishmaniasis; 20 cases
- Food poisoning; 67 cases

- **COMMUNICABLE DISEASES**

COVID-19

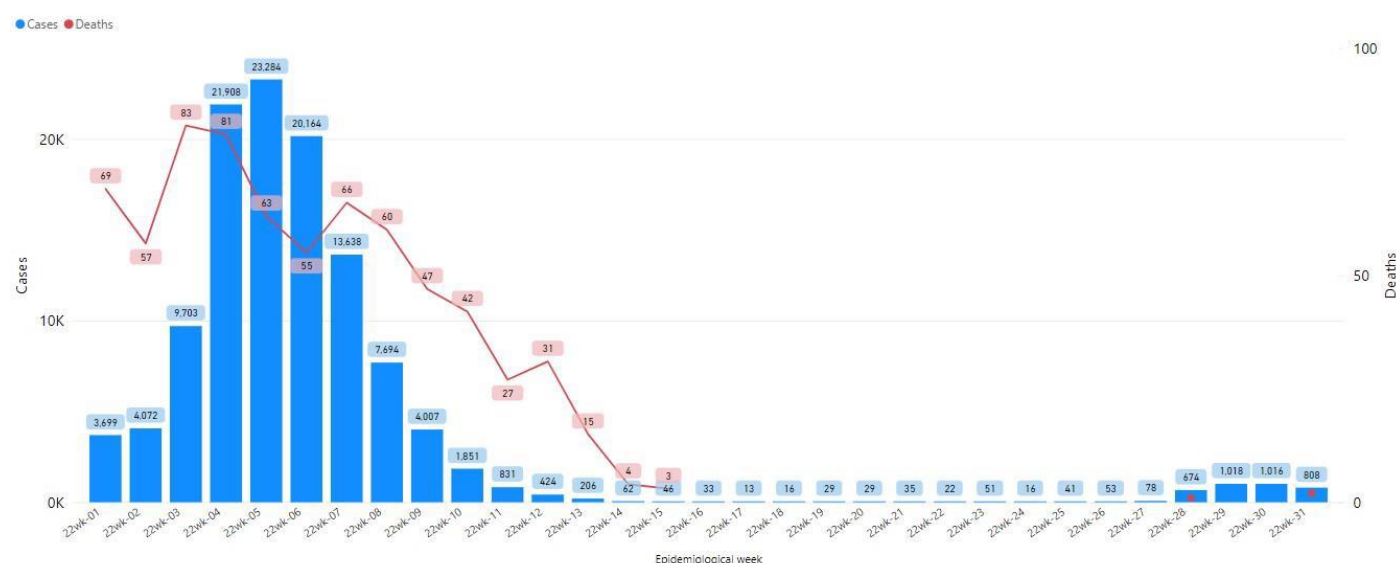
Week 31 reported a decrease in case incidence and Lab weekly testing rate as compared with Week 30. At the national level, transmission classification for Libya remained at a very high incidence of community

HEALTH SECTOR BULLETIN

Aug 2022

transmission (CT4) in week 31, with the circulation of Variants of Concern (VOC). The limited lab weekly testing, with a 34.3% weekly test positivity rate and 11.6 cases/100,000 population/week. Moreover, Libya had a low testing rate at the national level, with 34 persons tested/100,000 population/per week. All districts in the West (except Aljbara) are in a very high incidence of community transmission (CT4) with Tripoli having the highest

case incidence in the country. The testing rates in East and South are limited to assess to the level of community transmission. Twelve COVID-19 labs (out of 42) reported 2,357 (2,179 PCR and 178 Ag-RDT) tests done in epi week 31. Thus, out of the 2,525,273 tests in Libya since the beginning of the response, 505,805 (20.0%) were confirmed positive for SARS-CoV-2 (COVID-19). The overall number of new cases reported in Week 31 shows a 20% decrease (808 cases) as compared to Week 30, with West reporting a 19% decrease in new cases. The South reported 1 case, and the East reported no cases. In Week 31, two deaths were reported across Libya, one each in West and South. Compared to Week 30, there was a 20% decrease in overall national testing: by regions, West (2,329 tests; 19% decrease), East (no tests; 100% decrease), and South (28 tests; 58% decrease). Thus, 98.8% of national testing was performed in the West as compared to both East (0%) and South (1.2%) Regions. West represents 64%, East represents 28%, and South represents 8% Libyan population. For Week 31, the national weekly positivity rate compared with week 30 decreased to 34.3%; West, East, and South had 34.7%, 0% (no testing done), and 3.6% weekly positivity rates. WHO recommends that positivity rates be kept below 5% in all districts in a country. In Week 31, Sirte district showed increased cases, conversely Sebha, Tripoli. Azzawya and Zwara showed decreased cases compared to Week 30. The three districts reporting the highest number of new cases are Tripoli with 547 cases (20% decrease), Misrata with 94 cases (1% decrease), and Azzawya with 69 cases (22% decrease). The highest weekly case incidence per 100,000 was recorded in Tripoli (45), Azzawya (18), and Zwara (16). The case incidence for all districts in the country is underestimated for reporting week, especially in Est and South. The recommended levels of twenty and less than 20 cases per 100,000 population signify low incidence levels of community transmission in an adequate lab testing capacity. The lab response in the West (53/100,000 pop) remained limited, due to testing happening in Tripoli. East (0/100,000 pop) had a limited capacity for reporting week, while it remained limited in the South (5/100,000 pop).



MONKEYPOX

Epi update

- **Global:** As of 24 August, 96 countries/areas/territories get infected with 41, 664 lab-confirmed cases of monkeypox and 12 deaths.

HEALTH SECTOR BULLETIN

Aug 2022

- **Regional:** As of 22 Aug, EMRO has reported 35 cases with no deaths with 2 cases in the neighbouring Sudan and Morocco in North Africa Region. Other countries include UAE, Saudi Arabia, Iran, Lebanon, Morocco, and Qatar.
- **Number of suspected cases**
 - The number of suspected cases reported was 10 cases. As of 13 July 2022, Libya's National Center for Disease Control (NCDC) has confirmed that Libya is free of monkeypox.
- **Results of investigations**
 - 7 of them were investigated by the lab and were negative, 3 are pending and need resampling for confirmation.

Progress and WHO response

- **Capacity building**
 - Surveillance officers trained through 4 training workshops 3 were in Tripoli and one in Benghazi, training included human monkeypox case investigation, using investigation sheets, HMP case definition, sample collection, storage, and transportation. Tripoli from 17-19 July 2022 and one in Benghazi on 21 July 2022. These workshops targeted all municipality surveillance officers, this training aimed to enhance response capacity and strengthen the national preparedness plan.
- **Coordination**
 - On 6 August NCDC and the centre of animal health conducted a joint meeting to discuss preventive measures preparation, particularly at points of entry.
 - Coordinated with EMRO for any available EMRO country MP preparedness plan.
- **Communications /RCCE**
 - Monkey POX Talking Points are regularly shared by WHO Libya Communications and on the WHO Libya Facebook page and Twitter handle.
- **Lab and supplies**
 - NCDC public health central lab can confirm any reported suspected cases, WHO supported NCDC Tripoli lab by RTPCR reagent needed for Monkeypox suspected cases confirmation, also a reagent for infection by other types of Orthopox virus delivered to NCDC lab.

LightMix ModularDx Kit Orthopox (Cat. No. 53-0548-96) 530	Kit -96 PCR rxn	5
LightMix ModularDx Kit Monkeypox (Cat. No. 58-0550-96) 580	Kit -96 PCR rxn	2
Lyophilized 1-step RT qPCR 100rxns (Cat. No.90-9999-96)	Kit-100 rxn	7

- **Health partner activities**
 - **IRC** community health team delivered awareness sessions regarding the Monkeypox outbreak in Tripoli, Shahat and Ashotie areas.
 - **IOM:**
 - A total of 40 public health officials (all male) representing POE at Tripoli, Misrata, Khoms, Ras Jedir, Benina airport, Al-Abraq airport, Benghazi port, Tobruk port and Imsaed land border crossing point discussed a range of preparedness plans and health measures to be taken in the event of a potential public health emergency at airports, seaports, and land borders. The training also addressed prevention and control measures for COVID-19 and the monkeypox outbreak.
 - On 27-28 July 2022, IOM in close collaboration with the National Center for Disease Control (NCDC), trained eighteen surveillance officers and Rapid Response Team (RRT) members (12 men and 6 women) representing the Misrata, Zliten, Sirt, Harawa, Sbea and Tripoli regions. Participants were trained on the effective communication and reporting mechanism for

HEALTH SECTOR BULLETIN

Aug 2022

disease surveillance, steps for outbreak investigations and prevention and rapid response mechanism for communicable diseases such as hepatitis, measles, rubella and monkeypox.

- IMC

- Facebook page post; One Monkey Pox awareness post (3.5k Engagement)

Challenges and concerns

- **Clinical management, vaccines, and therapeutics:** Health systems and health care workers in Libya have limited experience in detecting cases or treating patients with monkeypox. Lack of clinical diagnosis knowledge among clinicians (dermatologists) leads to false diagnoses which cause overload in the NCDC Tripoli lab.
- **Surveillance and Laboratory:** Monkeypox-specific surveillance and testing need to be set up in Libya.
- **Risk Communication and Community Engagement:** Limited awareness and risk perception among at-risk populations, stigma and discrimination, and ongoing fatigue from the COVID-19 pandemic.
- Supplies, access and understanding of how to effectively use countermeasures need to be increased in Libya.
- There is no immunity among the Libyan population or limited immunity in older age groups.
- Preventing Infection among Health Care Workers.

Action points/ Planned activities/Way forward

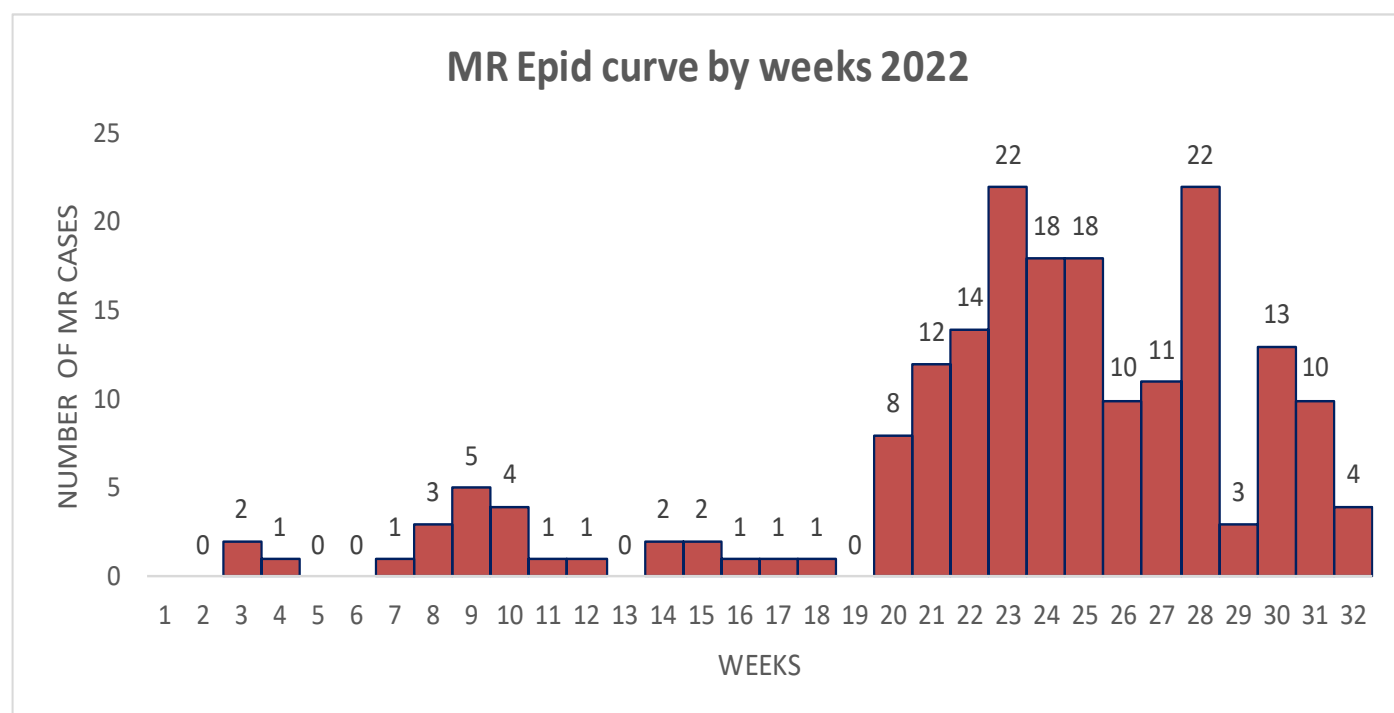
- NCDC informs specific scientific committees to follow up on MP activities and develop a **country preparedness plan**.
- Training /orientation workshops to the national health authorities/**RRTs/CBOs** partners on Monkeypox case investigation, sampling and contact tracing.
- Training /orientation workshops to the Clinicians/healthcare providers/ **Dermatologists/Pediatricians** on case definition and diagnosis.
- Strengthening surveillance/ training surveillance staff on MPX case.
- **Strengthening lab. capacity**, capacity in national and sub-national levels by training lab staff on lab investigation and providing Monkeypox confirmation test.
- **Awareness raising/RCCE activities** can target both high-risk groups -such as MSM- and the public.
- Any other activities that might contribute to enhancing your system readiness.
 - **MPX Infection Prevention and Control IPC**

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. In July 2022, total suspected cases reported for measles/rubella were 46. Samples were collected and tested at National Measles Laboratory (NML). Measles lab-confirmed were 2 cases. Rubella lab-confirmed were 7 cases. No reported of measles/rubella outbreak. No reported of CRS, but it was reported that a pregnant woman was tested positive for rubella. Urgent support is needed for speeding up the delivery process of measles/rubella reagents to be delivered to NML as soon as possible. Starting workshops on measles/rubella surveillance system to enhance capacity of surveillance officers. The data is based on report that has been issued by National Measles Elimination Program, Surveillance and Rapid Response Administration, National Center for Disease Control (NCDC), Libya.

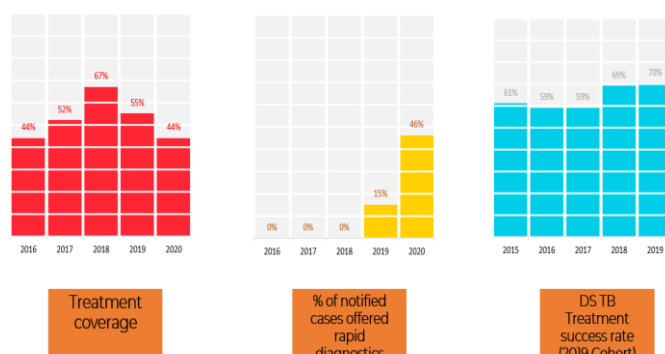
HEALTH SECTOR BULLETIN

Aug 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, 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)¹. 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

¹ National AIDS Programme Libya report and update, 2021

HEALTH SECTOR BULLETIN

Aug 2022

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 August 2022, EWARN reported the following cases

- Acute Diarrhoea (AD): 3,414 cases
- Bloody Diarrhoea (BD): 43 cases.
- Acute Jaundice Syndrome (AJS): 71 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).

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. 20 cases of leishmaniasis were reported from EWARN across Libya for August 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.

HEALTH SECTOR BULLETIN

Aug 2022

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 34 2022, AFP indicators are as follows.

- Total AFP cases reported as of Epi-Week 34, 2022 = 60
- Total AFP cases reported within the last two weeks (w33 and 34) are 2 cases.
- Discarded as NPAFP 2022 = 51 (85%).
- Pending AFP cases for classification = 9 (15%).
- Early detection and notification within 7 days of onset of paralysis in 2022 = 50 (83%)
- Early investigation within 48 hours from the date of notification in 2022 = 58 (97%)
- Annualized NP-AFP rate = 3.6/100,000 U15 years Children
- % Stool adequacy = 100% (60).
- 18 AFP stool specimens from 9 AFP cases are pending classification.
-

AFP Surveillance Performance Indicators by Province, Epi week 34, 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	8	1.8	8	100	6	2	0
SABHA	222,420	5	3.4	5	100	5	0	0
BENGHAZI	450,034	20	6.8	20	100	16	4	0
AL ZAWIYAH	224,112	6	4.1	6	100	6	0	0
AL-JABAL ALAKHDAR	255,070	3	1.8	3	100	3	0	0
AL-WASTA	513,870	9	2.7	9	100	9	0	0
JABAL NAFUSA	237,048	9	5.8	9	100	6	3	0
NATIONAL	2.593,625	60	3.6	60	100	51	9	0

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.

HEALTH SECTOR BULLETIN

Aug 2022

- **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 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

HEALTH SECTOR BULLETIN

Aug 2022

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 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



SHAMS Project

In collaboration with the MOH, TDH and Helpcode are planning to begin implementing the SHAMS Project, which will promote solar electricity in the south of Libya among dialysis and oncology institutions, as well as access for people with disabilities.

Health Needs Assessment

In collaboration with the MOH, TDH and its partners (WW-GVC, PUI, and Helpcode) conducted Health and Protection assessments in four Libyan locations (Al Kufra, Benghazi, Tripoli, and Sabha). The assessment's goal is to aid in the planning of future health-related projects throughout Libya.



No feedback submitted



Risk Communication and Community Engagement

1- During June 25th-August 2nd, UNICEF launched phase1 of the National RCCE campaign to enhance the trust in and uptake of COVID-19 vaccines, targeting 11 municipalities, identified by the KAP study, with low vaccination coverage- Albayda, Ajdabya, AlKufra, Alwihat, Benghazi, Bir Alasheb, Derna, Imasaeed, Sirte, Alabyar and Tobruk.

- Orientation to municipality authorities including Mayors, heads of line ministries, Awqaf and other community leaders and influencers.
- Training of 95 social mobilizers, supervisors and Risk Communication and Community Engagement municipality focal persons to reach communities including local authorities, religious leaders and key influencers.

HEALTH SECTOR BULLETIN

Aug 2022

- Dissemination of 23,000 vaccination fact sheets materials to increase knowledge and awareness on importance and benefits of COVID 19 vaccines thus increasing uptake of COVID 19 vaccination for those 12 + years of age.
- Conduction of 9,600 knowledge, attitudes and practices (KAP) surveys to get timely data on factors that influence intent and motivation to vaccinate and enable program to finetune IEC material development and channels of dissemination.



2- The message “COVID-19 is still here! Make vaccination your next destination” is being displayed on 5 buses. These transit buses moves within Tripoli and from Tripoli to the Tunisian border, Sabha, Benghazi, and Misratah on a daily basis for the upcoming 3 months. The video will reach a wide range of audiences/travelers. Electronic screens inside the buses will show 3 videos with 3 key messages promoting the benefits of COVID 19. vaccination and importance of completing all required doses. In addition, posters carrying the same message as outside the buses are displayed in all waiting areas of bus terminals



HEALTH SECTOR BULLETIN

Aug 2022

3- UNICEF continued the series of capacity building workshops on RCC for key media focal persons and health promotion staff from line ministries and partners. During the period June to August 2022, UNICEF in collaboration with NCDC, conducted a capacity building workshop in in Maya, Ajdabya, Benghazi, Albayda, Tubrek, Imsaaed, and Misratah for 120 key media focal persons. The goal of these workshops is to strengthen the capacity of trainees, who are trusted sources of information, to have adequate knowledge and information to impart to communities at risk of COVID 19, skills to address low risk perception and to support individuals in making informed decisions to protect themselves and their loved ones. Participants from the target 24 municipalities in the western, central, eastern, and southern regions will be offered these capacity-building workshops, and support in formation of a network of media focal persons throughout the country that facilitates information sharing and which streamlines key messages on COVID 19 infection and preventative measures including uptake of vaccines.



4- UNICEF launched and continues phase 2 of the national COVID-19 awareness campaign in the 14 southern municipalities of Edri, Alqurda, Ben Baye, Ghrefa, Alshrqya, Wadi Etba, Alqatroun, Brak Shati, Ghat, Murzk, Ubari, Sabha, Traghen, and ALbawanees, which KAP classified as having poor vaccination rates. Activities conducted thus far include:

- Training of 30 social mobilizers, supervisors and Risk Communication and Community Engagement municipality focal persons.
- Dissemination of 5,975 vaccination fact sheets materials
- Conduction of 300 knowledge, attitudes and practices (KAP) survey

For a wider national RCCE campaign coverage, UNICEF provided 33,460 FAQs flyers about vaccination to the RCCE Technical Working Group partners, ODP, TDH, GIZ, and Helpcode that operate in the south to further distribute in their community sites, such as educational institutions, airports, Women centers, banks, gas stations, Municipal councils, and transportation stations.

Primary Health Care

Capacity Building

1. Six days training , titled case management integrated management of children and new born illness **SCM IMNCI**, targeting 26 participants. Training was held in the Municipality of Sabah - from 27th august – 1st September 2022 by a total of 26 participants. The **purpose** was to train physicians from primary care centers and outpatient hospital departments on integrated management of children and newborn illness .

The training **methodology** was interactive as the trainers ensured that knowledge was not only disseminated but accurately perceived and understood by the participants. And in order to ensure this, trainers engaged participants in discussions and kept the forum open for feedback. These discussions and interactive sessions were supported through training material such as, power point presentations , role-plays , videos , clinical sessions and handouts on participatory planning.

HEALTH SECTOR BULLETIN

Aug 2022



2. Health system strengthening through a focus on **School health program** – a cross sectorial intervention covering different areas including, diagnostic, preventative and referral services; health education and awareness; lunch services; mental health and psychosocial support; and physical health and activity. UNICEF Strengthened PHC staff knowledge and skills to respond to school health services Improved primary health care workers' services for a comprehensive school health package including :Availability of nutrition screening, eye health, oral and dental hygiene, mental health and psychosocial suport, physical examinations, immunization and health promotion services.During the course of August 2 trainings took place :
- A. 2 day Training took place for the Municipality of Benghazi , between the date of 14th-15th August 2022 for a total of 29 Primary Health Care providers.



HEALTH SECTOR BULLETIN

Aug 2022

B. 2 day Training took place for the Municipality of Alqubba and Albayda , between the date of 16th-17th August 2022 for a total of 18 Primary Health Care providers.



3. Strengthening Infection Prevention and Control at Primary Health Care, between the dates of 29-31st August 2022, targeting 24 PHC providers in the Municipality of Sbea for 2 Facilities, Ber Ferwan PHC and Sbea PHC .



Continuation of Essential Health Services

Under German and European Trust Fund UNICEF dispatched a list of essential, lifesaving supply and equipment to support the below listed Primary Health Care centres.

Soug Aljoumaa	PHC Okba ben Nafea /Souq Aljumaa (المركز الصحي عقبه بن نافع / سوق الجمعة)
Shargyia-Zawilah	Zawilah PHC
Traghan	Traghan PHC
Al Bawanis-Samnu	Samnu PHC
Awbari	Al-Dessa
Bint Bayyah	Al-rgeaba PHC

HEALTH SECTOR BULLETIN

Aug 2022

Ejdabia	Aldura PHC
Tubruk	Omar Almukhtar PHC
Emsaed	Alkhshbate PHC
Benghazi	Benghazi Almadina
Benghazi	Alloufiya
Misurata	Shati alnakhil Health Unit /Misrata (المركز الصحي شاطئ النخيل / مصراته)

Emergency preparedness and Response

During the course of August, Deadly clashes broke out between rival Libyan militias in the centre of Tripoli ,a heavily populated part of the capital city .UNICEF responded through supporting post-conflict areas in Libya with Lifesaving supply and Equipment to the below affected areas:

Soug Aljoumaa	PHC Okba ben Nafea /Souq Aljumaa (المركز الصحي عقبة بن نافع / سوق الجمعة)
Tripoli Centre	Aljala Maternity Hospital
Soug Aljoumaa	Support to Al Daman-Aljehad Health Center/ Suq Aljumaa – Tripoli (مستوصف الضمان-الجهاد / سوق الجمعة)
Hay Alandalus	Support to Al Shahid Health Center/ Hay Alandlos - Tripoli (المركز الصحي الشهيد / حي الاندلس)
Janzour	Janzour Rural Hospital

Essential Lifesaving Intervention at Detention Centres

UNICEF continues to provide Immunization and Nutrition services for vulnerable population including Women and Children.



HEALTH SECTOR BULLETIN

Aug 2022

Strengthening immunization system:

A. Dispatchment of Cold chain Equipment:

As part of strengthening immunization system UNICEF through the USAID funded projects and in cooperation with National Center for Disease Control has dispatched Cold Chain in Equipment and PPEs to 50 vaccination sites. The package included the below items for each site,

#	Material number	Material description	Qty	SO
1	S0002383	MainsRef&Frz.VestfrostVLS064ARF E003/070	1	20261672
2	S0002351	Vacc. carrier,Apex AIVC-46, PQS E004/047	2	20261672
3	S0005140	SDD Ref. Dulas VC200SDD E003/040	1	20261672
4	S0002239	Cold box,Nilkamal RCB-246LS, PQS E004/026	1	20261672
5	S0002136	30DTR_Berlinger FT2E,Int. Sensor,Refr	1	20261672
6	S0305116	Faceshield,fog-resistant,fullface,disp	300	20262730
7	S0305152	Gown,isolation,nonwoven,disp,XL	100	20262730
8	S0305151	Gown,isolation,nonwoven,disp,L	100	20262730

B. Installation of cold rooms and Solar direct-drive vaccine refrigerators(SDD):

Thirteen SDD vaccine Fridges installed in the following vaccination sites: Regdalin, Elagilat-Elfreah, Elharaba Elrayaena-Elgarbia Elrayaena_Abulgame, Kabaow-Elmagabra ,Elrahibat-Elkrome ,Kekla-Elswana, Elrugban-QaserEhaj, Tripoli-Abumelyana ,Tripoli-Fashloum ,AynZara-Elgargani, SouqEljouma-Eljehad.



Solar refrigerators



As part of ongoing project of strengthening increasing capacity of vaccine storage funded through BMZ grant, out of 26 cold rooms installed during the last 2 months, in August UNICEF has installed 9 cold rooms in the following municipalities Derna, Kabao, Alrhabat, Toubrk, Gharean Alkoufra, elquba, Ejdabia, and Khalig Alsedra.

HEALTH SECTOR BULLETIN

Aug 2022



Cold room 10 cubic meter.



Leading the way for improved health service delivery

Strengthening institutional capacities of the health care sector is one of the key pillars of UNFPA's interventions in Libya. The fund is also focusing on enhancing human resource capacities to cope up with the challenging context. To achieve this end, a 4-days leadership development training for 16 healthcare workers including midwives and nurses was conducted on 3-7 August in Tripoli. The aim of the training was to ensure that the participants will become decent leaders at their job to deliver better services. The participants from 6 different health facilities in the capital were awarded a certificate of completion at the end of the training funded by the European Union.

"Appropriate leadership will provide cohesion and direction to our maternity services. It will foster innovation, improve clinical practice and standards and raise the profile of midwifery", said one participant at the end of the training.



Supporting Nursing and midwifery education in Libya. (West of Libya)

UNFPA continues to strengthen nursing & Midwifery workforce through investing in pre-service & In-service training programs in Libya. UNFPA supported & equipped 2 training sites with education tools (skills lab and practice sites), these tools consisted of child birth manikins, simulators, midwifery & multimedia equipment for the university of Tripoli - Faculty of nursing & Midwifery. Similarly, UNFPA held several consultative technical meetings on the developing regular framework for Midwifery council & review of midwifery & Nursing curricula and quality tools.

HEALTH SECTOR BULLETIN

Aug 2022



Increasing the availability & accessibility of EmONC services in the east of Libya

In collaboration with health emergency room in Benghazi. UNFPA supported 5 different hospitals in the east of Libya with inter agency reproductive health kits, clean delivery kits and personal protection equipment. these supplies aim to supported 1968 women in girls to access lifesaving SRH services and ensure the safe delivery of 300 Newborns.

HEALTH SECTOR BULLETIN

Aug 2022



- UNHCR provide health services through its partner IRC using public PHCCs in different municipalities in the capital; Tripoli. During the reporting period, IRC provided 1526 general, reproductive and mental health consultations, and referred 160 cases to public hospitals and private clinics. Phone consultations and appointments continue to be used along with giving exceptions to emergencies.

HEALTH SECTOR BULLETIN

Aug 2022

- Through its implementing partner IRC, UNHCR continued to conduct medical visits to detention centers where it provided 195 medical consultations in Tariq Sika DC, 204 consultations in Ain Zara DC and 102 medical consultations were provided at Triq Al-Matar DC.
- The 24/7 medical emergency hotline team continues to support PoCs. A total of 97 PoCs were assisted and 46 were referred to secondary health facilities during the reporting period.
- UNHCR supported Togar PHCC and kriemia PHCC in swani with medical supplies.
- UNHCR supported Atia Alkaseh hospital in Kufra with medical supplies as urgent support to the health crisis there to help the hospital and the medical services to treat more than 300 refugees and asylum seekers after they were detained in smugglers' camp in Tazirbu where many of them were in a very poor health condition.
- As part of UNHCR's Quick Impact Projects, overseen by partner, ACTED Libya, the completion of rehabilitation work at the 17 February Primary Health Care Centre, in Ajdabiya, eastern Libya was marked on 14th of August.



Figure 1(17February Primary Health Center rehabilitation Ceremony



KEY PERFORMANCE INDICATORS

Primary Health Care Consultations and Referrals

IOM medical teams provided a total of **13,877 primary health care consultations** (8,472 men and 5,405 women) to migrants, IDPs and host community members across Libya and **referred 95 migrants** to secondary and tertiary health facilities for further medical investigation, treatment, and management. In August 2022, IOM medical teams reported a total of **80** (47 men and 33 women) **COVID-19 suspected cases**.

HEALTH SECTOR BULLETIN

Aug 2022

1. DCs

IOM medical teams provided primary health care consultations for **2,421** migrants in detention (1,970 men and 451 women) in five detention centres across regions: namely, Triq al Sika (West), Tariq Almatar (West), Ain Zara (West), Alkufra (East) and Ganfouda (East) DCs.

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

2. PHC clinics

Through its support in three primary health care centres (Shouhada Ejdabia (East), Aldurra (East) and Abdulhafed Alqarfa (East) PHCCs), IOM provided **5,688** primary health care consultations (2,265 men and 3,423 women) to the migrants, IDPs and host community members, along with supporting the centers with medicines, medical consumables and IEC materials on COVID-19 vaccines.

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 **5,768** migrants and IDPs (4,237 men and 1,531 women), out of which **79** 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 **1,365** migrants (1,273 men and 93 women) at **Abusitta** (West) and **Azzawia** (West) disembarkation points (DPs) were rescued. **108** migrants received medical screening and triage upon arrival. out of which **4** migrants were referred to the secondary and tertiary health facilities for medical investigation and clinical management.

Among the above consultations, IOM provided:

- 158 gynecological consultations and 224 antenatal and postnatal cares to the female migrants, IDPs and host community members.
- 61 consultations for migrant children on the integrated management of childhood illness
- Routine immunizations and records for 27 migrant children under the age of five
- 326 health care consultations related to psychiatric care and mental and psychosocial care
- 236 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 **2,240** migrants to assess their fitness to travel (FTT) under the Voluntary Humanitarian Return and Reintegration (VHR) program.

National Health System Strengthening

Donation of Essential Medicines

HEALTH SECTOR BULLETIN

Aug 2022

On 2-4 August 2022, IOM donated a series of essential medical equipment, supplies and furniture including clinical assessment tools, testing kits, portable ECG and CTG machine among others to three hospitals (i.e. Gagem Hospital, Azzawya Hospital, and Tajoura National Heart Center) to fill the critical resource needs gap.

On 7-10 August 2022, IOM donated a series of essential medical equipment, supplies and furniture including clinical assessment tools, testing kits, instruments set for the fracture treatment among others to three hospitals (i.e. Alshalheed Emhamed Al-Maqrif Central Teaching Hospital in Ejdabia, Tajoura Kidney Hospital in Tripoli and Sabratha Teaching Hospital in Tripoli) to fill the critical resource needs gap.



Anti-scabies interventions

On 2-5 August 2022, IOM conducted 4-day anti-scabies campaign at Ain Zara DC in response to the scabies outbreak. Over 400 migrants received holistic support including fumigation, distribution of new clothes, blankets, mattresses and personal hygiene kits and medical treatment.



On 15 August 2022, in response to the notification of suspected scabies cases among the migrants, IOM health surveillance team conducted a rapid assessment visit to the ATD shelter. The team clinically assessed all 28 residents and notified 5 symptomatic cases. All cases had mild to moderate symptoms, and no crusted scabies cases were found. IOM team provided all migrants with the treatment and awareness raising sessions on scabies and general infectious diseases.

On 30 August 2022, IOM conducted an anti-scabies campaign at the shelter in the Embassy of Mali in response to the scabies outbreak among the migrants. 28 migrants received holistic support including new clothes, blankets, mattresses, personal hygiene kits and medical treatment.

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), Sebha (South), Ubari (South), Benghazi (East) and Ejdabia (East). A total of **13,547** migrants, IDPs and host community members improved their awareness and knowledge of the COVID-19 prevention methods and vaccines.

2. Points of Entry

On 31 July- 2 August 2022, IOM in close partnership with the National Centre for Disease Control (NCDC) conducted a 3-day capacity building training on implementing the Standard Operating Procedures (SOPs) at Points of Entry in line with the International Health Regulations (IHR 2005).

20 public health officials (all male) representing POE at Tripoli, Misrata, Khoms and Ras Jedir discussed a range of preparedness plans and health measures to be taken in the event of potential public health emergency at airports, seaports, and land borders. The training also addressed prevention and control measures for COVID-19 and the monkeypox outbreak which has been declared as Public Health Emergency of International Concern (PHEIC).



On 7-9 August 2022, IOM in close partnership with the National Centre for Disease Control (NCDC) conducted a 3-day capacity building training on implementing the Standard Operating Procedures (SOPs) at Points of Entry in line with the International Health Regulations (IHR 2005).

20 public health officials (all male) representing Benina airport, Al-Abraq airport, Benghazi port, Tobrouk port and Imsaed land border crossing point discussed a range of preparedness plans and health measures to be taken in the event of potential public health emergency at airports, seaports, and land borders. The training also addressed prevention and control measures for COVID-19 and the monkeypox outbreak which has been declared as Public Health Emergency of International Concern (PHEIC).



These training were conducted as a cascade training of the cross-border POE workshop that held in Tunis in November 2021, participated by Libyan and Tunisian POE focal points.

3. Vaccination

In August 2022, NCDC in collaboration with IOM continued the national COVID-19 vaccination campaign for migrants and host communities, with financial support from the Austrian Development Agency. During August, 5,474 migrants attended COVID-19 vaccination information sessions and 3,826 doses were administered by the NCDC vaccination teams at Ain Zara and Triq al Mater DCs and 13 communities (Hai Alandalus, Swani Bin Adam, Aljufra, Ejdabia, Abusliem, Benghazi, Alkufra, Tajoura, Janzour, Jalu, Zliten, Sebha, and Suq Aljumaa).

Since October 2021 to date, a total of 17,875 individuals (17,209 migrants and 666 Libyans) have vaccinated with COVID-19 vaccines through the NCDC-IOM campaign. The vaccination campaign will be further expanded to the migrant-dense municipalities in a phased manner.



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 **867 migrants (550 men, 196 women, 67 boys, 54 girls)** in Tripoli, Benghazi, Alkufra, Beni Walid, Misratah, Sebha, Zwara and Ajdabiya in several locations, including IOM center in Hay Alandalus, detention centers, and urban locations including shelters, collective houses, labor migrants gathering points, health facilities. The MHPSS teams accompanied IOM medical teams to different locations and conducted a varied set of MHPSS activities.

HEALTH SECTOR BULLETIN

Aug 2022

- IOM MHPSS unit organized a 2-days training on 31st July and 1st August 2022 in Benghazi on “community based Mental Health and Psychosocial Support ” the training was supported by European Union, and targeted 19 representatives from PHCI health workers and CSO members from Libyan Red crescent (LRC), Libyan Psychology association, Benghazi psychiatric hospital, university of Benghazi, Almizan organization, International Organization for the Protection of Children and People with Disabilities, Al-Tomoooh organization, première urgence internationale (PUI), international rescue committee (IRC), and Women and Youth Empowerment forum (WYEF), and provided participants with an understanding of mental health and psychosocial support key concept and framework, community-based approach, tools, resources, and supportive communications skills.
- IOM MHPSS unit organized a 2-days training on 7th - 8th of August 2022 in Tripoli on “community based Mental Health and Psychosocial Support” the training targeted 16 migrants from ATD caregivers, and provided participants with an understanding of mental health and psychosocial support key concept and framework, community-based approach, tools, resources, and supportive communications skills.
- IOM MHPSS team in Benghazi contributed to a training in Al Bayda (East of Libya) on Dead Body Management and First Aid in collaboration with IBM/SAR unit in Al Bayda on the 11th of August 2022, which targeted 13 national first responders from Safety Authority, GACS, and DCIM. The MHPSS team conducted an interactive training session aimed to provide participants with basic Psychological first aid, and supportive communication skills, and provide a platform for dialogue and exchange for different experiences in different emergency contexts.



- IOM MHPSS unit organized a 2-days training on 14th - 15th of August 2022 in Tripoli on “community based Mental Health and Psychosocial Support ” the training targeted 12 community leaders, and aimed to provide participants with basic knowledge on MHPSS concepts, community based MHPSS, how to identify psychosocial distress, psychological first aid and supportive communication skills, and provided a rich space for different community representative to discuss topics related to mental health and share experiences

HEALTH SECTOR BULLETIN

Aug 2022



giz Deutsche Gesellschaft
für Internationale
Zusammenarbeit (GIZ) GmbH

No feedback submitted



Highlight

On August 1st, 2022, the medical mobile teams and the field site manager of IMC supported by BHA and EU provided surge capacity for the Sabha Medical Center to stabilize and manage injured people from a mass casualty incident resulting from a tanker truck explosion. In coordination with the Ministry of Health staff and the Libyan Red Crescent, patients were admitted for management at the center or referred to hospitals in Benghazi and Tripoli.

HEALTH SECTOR BULLETIN

Aug 2022



IMC and other partners (MoH and Libyan Red Crescent) supporting the Sabha Medical Center to manage the mass casualty incident in August 1st 2022

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*

During the month of August , four Mobile Medical Units (MMUs) composed of a medical doctor, a nurse and a pharmacist continued to visit 15 health facilities, namely Sidi Masoud, Sidi Abduljalil, Alqadesiyya, and Sharaa Algarbi in Tripoli, Seha Madrasiya, Al Zaroq, Alshaheed in Misrata, AlHuriyat (Zliten), as well as Tawargha Polyclinic, Tawerga health district unit and Aljadeed, Al Gorda, Abdulkafi and Temenhent in Sabha as well as Gagum hospital in Brak Shati . The MMUs provided out-patient health services including reproductive, maternal and newborn care, in addition to the provision of essential medications for common morbidities as well as referrals.

- 1,989 individuals given out-patient consultations (1469 F, 520 M) were conducted through 4 mobile medical teams. Among all female consultations, 55% (805) were of the reproductive age group (19-49 years old)
- 94 pregnant women have had at least two or more comprehensive antenatal consultations, while 13 were provided with postnatal care
- 2,025 beneficiaries (1,382 F, 643 M) were screened for COVID-19 disease within the supported primary healthcare centers. No suspected cases were identified during the month of May.
- Diabetes (22% = 441) and Hypertension (16% = 309) were the most common morbidities seen by the mobile teams in all locations.

HEALTH SECTOR BULLETIN

Aug 2022



The photo shows the patient flow of medical consultation, treatment and dispensing of medication

In August 2, 2022, International Medical Corps provided essential medicines and medical supplies to the Tripoli branch of the Ministry of Health Emergency Services Department to contribute to the needs of patients with severe burn injuries transferred to Tripoli hospitals for higher level of care.

MHPSS counselors continued to provide MHPSS services along with the MMUs at the health facilities including new and follow up consultations, awareness and group support sessions. One psychiatrist based in Tripoli provided specialized MHPSS services when required. 159 (68M,91F) mental health consultations were conducted for the month of August.

On-the-job tutorials were provided through IMC's health staff in Misrata and Tawergha. In August 11th and 30th, a total of 17 female nurses from Tawergha Polyclinic and Alshowhada PHCC were provided with sessions on intravenous cannulation and principles of vital signs monitoring. On the 26th of August, the pharmacist provided on-the-job mentoring on rational drug use and complications of anti-biotic misuse to 7 female nurses.



On-the-job Mentoring for Nurses

To commemorate Breastfeeding Week, awareness sessions on the importance of breastfeeding especially during the first 6 months of life were conducted jointly by the medical staff and the staff providing services for women and girls. Fifty (50) participants in total who joined the sessions in Misrata (August 4th) and Tawergha (August 7th).

As part of staff continuous profession development, the field health staff participated in a training on pharmaceutical supply chain management conducted on the 28th and 29th of August.

HEALTH SECTOR BULLETIN

Aug 2022

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

The medical doctor deployed to the isolation unit of Sabha Medical Center continued to work with the MoH staff. She offered case management services for patients with moderate to severe COVID -19 disease. Thirteen (13) patients (6F, 7M) were admitted to the COVID-19 isolation unit for stabilization and further in-patient secondary health services during the reporting period. 8 out of the 15 recovered and were discharged home.

IMC provided PPE worth 4,322.50 USD to Sabha Medical Center to ensure that enhanced infection prevention and control measures are maintained.

The project is also supports the risk communication and community engagement activities of the COVID-19 response through the [International Medical Corps Libya Facebook page](#). The page provides key messages regarding COVID-19 vaccination, recent health concerns, and mental health promotion, and GBV prevention. The site also shares information about available services from IMC and other partners. As of the 31st of August, 67,545 individuals engaged with 26 educational and informative posts that were based on material and content approved by the WHO, NCDC and MoH. The posts were as follows:

- IMC started its extensive mental health awareness campaign regarding basics of mental health, myths and facts, anger, aggression with children, and when and how to reach out for professional help. IMC shared 19 mental health posts that gained remarkable engagement numbers with several referrals to the IMC MHPSS line number.
- 4 promotional posts regarding breast feeding.
- 1 COVID-19 vaccination promotion post.
- AIDS and Hepatitis hotline number 0800111111 promotional post
- 1 GBV post regarding World youth day

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

During the period reported, International Medical Corps continued its capacity-building activities to the supported PHCI facilities within the 12 supported municipalities under the project, focusing on improving MHPSS service provision and community awareness.

There were 5 online sensitization sessions for 61 health workers (54F, 7M) on mental health misconceptions, myths and facts. The participants showed a keen interest to know more about mental health.

One follow -up online session using the ZoomÔ platform with 16 trainees (9M, 7F) on PFA was conducted. The follow up discussed challenges and lessons learned during the PFA training that they have conducted within their municipalities. Group support sessions were also initiated for PHC staff on stress management. In August, 2 sessions for 11 participants were conducted.

In addition to the capacity-building activities, the project team continued to gather data for the KAP survey targeting health staff within the 11 municipalities. The survey aims at knowing the knowledge, attitude, and

HEALTH SECTOR BULLETIN

Aug 2022

perception among the health staff on mental health topics for the purpose of tailoring future awareness messages and sessions.

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

Three MMUs continued to provide direct services at PHCCs in Tripoli, Misrata and Sabha. In addition to the MMUs, two (2) medical doctors continued to provide outpatient services for the management of TB at NCDC branches in Zliten and Sabha. T

Between the 3 MMUs, 11 health facilities were provided with outpatient health services including reproductive, maternal, and newborn care, identification of suspected TB cases, follow-up on confirmed TB cases, and referrals.

These PHCCs are Alqadesiyya, and Almadina Alqadima in Tripoli, Algheran, Alaswak, Shuhadaa Alremela and Tomina in Misrata, as well as Abdulkafi, Almahdeyia and Altayori in Sabha.

Several migrant camps were also visited by the MMUs to offer primary health care services and general awareness sessions on self-hygiene. In August 2022, the medical teams conducted 1513(813F, 700M) medical consultations as well as 17 TB case identification, 251 reproductive consultations and 101 regular TB follow-up consultations. In addition, 1,051 (627F, 424M) individuals were screened for COVID-19 disease through IMC's MMUs.

To support the medical consultation, the laboratory technicians of the MMUs in Tripoli, Misrata and Sabha conducted 312 laboratory tests (184F, 128M).



The medical doctor (obstetrician) conducting an antenatal consult for a migrant beneficiary

HEALTH SECTOR BULLETIN

Aug 2022



The medical team in Misrata providing health consultation for a male migrant with the community outreach workers as translator

To commemorate Breastfeeding Week, awareness sessions on the importance of breastfeeding especially during the first 6 months of life were conducted jointly by the medical staff. Nine (9) participants joined the sessions in Abdulkhafi PHCC August 7th.



A new mother with her baby during postnatal care consultation and provided with information on breastfeeding

On-the-job tutorials were provided through IMC's health staff in Misrata, Sabha and Tripoli. On the 9th and 11th of August, a total of 6 female staff from Almadina Alqadima PHCC (Tripoli) were provided with these sessions. Three (3) nurses have a session on intravenous cannulation and principles of vital signs monitoring while 3 laboratory technicians have a session on laboratory safety measures. Similar on-the-job sessions were provided for health staff in Misrata PHCCs (Algheran and Tomina PHCCs) on the 25th and 28th of August.

HEALTH SECTOR BULLETIN

Aug 2022

On the 28th of August, the pharmacist provided on-the-job mentoring on rational drug use and complications of anti-biotic misuse to 6 female nurses in Abdulkhafi PHCC in Sabha.



A pregnant mother referred by a community outreach worker who have come for another antenatal consultation, happy to get to know the gender of her baby

With the help of community outreach volunteers in Tripoli and Misrata, a total of 680 awareness sessions were conducted. The sessions were on health (408), mental health (246) and GBV prevention (26).

The 3 MHPSS counselors and 2 psychiatrists supported under this project continued to provide MHPSS services within the supported health facilities. Services provided include mental health consultations, awareness sessions and group support sessions. For the month of August, there were 124 (44M, 80F) mental health consultations provided.

The field health staff also participated in a training on pharmaceutical supply chain management conducted on the 28th and 29th of August as part of their continuing professional development.



Direct Health Services

➤ Primary Health Care Center (PHCC) and Community Day Center (CDC):

With funds from the United Nations High Commissioner for Refugees (UNHCR) and The Swedish International Development Cooperation Agency (SIDA), IRC medical teams provided primary, reproductive, and mental health care consultations to a total of 1,019 individuals (1177 Males and 968 Females) representing migrants, internally displaced persons, and host community members (out of which 90 % were non- Libyans). Also, referred 201 (101 Male, and 100 Female) clients to secondary and tertiary health care facilities for further medical management. The IRC health Services are provided within the UNHCR-sponsored Community Day Centre (CDC) and at five primary health care centers (PHCCs) namely, Alharat in Souq Al-Juma'a municipality; Alnasib Altidkari and Emhemed Almegarief in Ain Zara municipality; Zawyet Aldhmani in Central Tripoli; And Gouth Eddis in Hay Al-Andalus Municipality. Among the efforts to support Tuberculosis (TB) services to PoCs, 77 suspected cases have been referred to the NCDC and 107 confirmed

HEALTH SECTOR BULLETIN

Aug 2022

cases were closely followed-up in coordination with NCDC and Private clinics. In coordination with UNHCR, Ministry of Interior, Ministry of Foreign Affairs, and Rwanda government, on the 5th, 24th of Aug 2022, the IRC health team conducted pre-departure medical check-up for 236 clients to travel to Rwanda.



Figure 1: IRC medical team conducting pre-departure medical check-up for PoCs

➤ Detention Center (DC) and Libyan Red Crescent (LRC) shelter at Misrata:

With funds from UNHCR, the IRC medical teams provided primary health care services to 449 (356 men and 93 women) individuals in three detention centres (DCs) in Tripoli (Tariq Asikka, Ain Zara, and Tariq Almatar), and One Shelter in Misrata. And, referred 8 individuals from these DCs to secondary and tertiary health care facilities for further medical management.

The team continues to be the EWARN's system focal point at Al-Sikka, Ain Zara, and Tariq Almatar DCs and timely submitting weekly reports.

On the 24th of August 2022, during our regular visit to Ain Zara DC, the team noticed multiple cases of diarrhea (5 bloody and 6 acute diarrhea), which was reported immediately to the NCDC surveillance unit through the EWARN system. Also, joined NCDC and IOM next day for further investigation and management.



Figure 2: IRC, NCDC and IOM team conducting laboratory tests for diarrhea cases in Ain Zara DC

➤ Rescue at Sea (RaS):

With funds from UNHCR, the IRC-RaS health team responded to 10 RaS operations in Tripoli and Zawia Disembarkation Points (DPs) namely (Tripoli Naval Base and Tripoli Sea Port) in Tripoli and (Zawiya Oil Refinery and Marsa Deela Port) in Zawia, where the team screened a total of 465 mixed migrant survivors and provided PHC services to 75 (71 Male and 4 Female) individuals.

➤ 24/7 Hotline services:

With funds from UNHCR, the IRC in partnership with Jugarthine Medical Center (JMC) runs a 24/7 hotline for emergency medical case with a well-equipped and staffed ambulance service to respond to emergency cases in urban communities. In Tripoli Through the hotline, the IRC responded to (57%) of the calls received and assisted 92 (45

HEALTH SECTOR BULLETIN

Aug 2022

females (49%) and 47 males (51%)) PoC either on the ground (re: at home or community) or through referral to secondary and tertiary health facilities. In addition, the hotline worked during the 3 days of armed conflict in Tripoli to guide clients to benefit from available services and ensure continuity of health services.

➤ Donations:

As part of the IRC support to improve access of People with Disabilities (PWD), the IRC carried out infrastructure modifications to 5 Health facilities in Tripoli and donated Wheelchairs to Al Gargni PHCC; Emhmed Almogareaf and Alnasb Altethkari PHCCs in Ain Zara Municipality; Alharat PHCC in Souq Al-Juma'a Municipality; Zawait Aldahmani PHCC in Central Tripoli Municipality; Ghout Eddis PHCC in Hay Al-Andalus Municipality and Al-Jala Maternity Hospital.

➤ Community Health Activities:

Awareness raising and health promotion activities continued through CHWs (Libyans) and Community Outreach Volunteers (non-Libyans) who conducted 27 awareness raising sessions on communicable diseases (3), and non-communicable diseases (3) and (5) between other awareness topics in Ghout Eddis, Alharat, PHCCs and at CDC in Tripoli, and, distributed IEC materials in the health facilities and in urban communities in different languages (Tigrine, Oromo, Amharic, English, and Arabic) reaching a total of 180 beneficiaries (69 Females & 111 Males) of which (69%) from Sudan; (16%) from Eritrea; (7%) from Ethiopia and (8%) other nationalities.

➤ Training

With funds from UNHCR support and facilitated by the Libyan Emergency Medicine Association (LEMA); On the 13th - 14th of August 2022, IRC organized Advanced Cardiac Life Support (ACLS) training course for 25 Medical Staff (13 females, and 12 males) from PHCCs from different municipalities (Ain Zara, Souq AL Jomaa, Central Tripoli, and Hai Al-Andalus municipalities).



Figure 3: Advanced Cardiac Life Support (ACLS) training course for 25 Medical Staff

Health System Strengthening

The IRC -EU's funded health system strengthening project "Advancing Capacity for and Coverage of the Essential Services package through Systems strengthening (ACCESS) in Libya program to improve the health status of the population in Ain Zara; Shahhat and Wadi Alshati baladias. The IRC carried out the following activities:

➤ Stakeholder Engagement:

The IRC worked closely with Primary Health Care Institute (PHCI) and District Health Offices and finalized the list of targeted health facilities (17 health facilities in total of which 5 PHCCs in Ain Zara, 5 PHCCs in Shahhat and 7 PHCCs in Wadi Ashati), procurement, and training plans. The IRC coordinated a monthly meeting with the PHCI and WHO to discuss implementation of the project, planning and support plan to avoid duplications. In addition and in coordination with the EU delegation, the IRC facilitated and supported a third party monitoring for the ACCESS project in Ain Zara carried out by the EU Mousanada for Libya.

➤ Health Information Management

HEALTH SECTOR BULLETIN

Aug 2022

The IRC conducted awareness sessions on the importance of data in the three municipalities targeting health facilities and DHO staff. In addition, carried out need assessment in regard to operation of the DHIS2. As part of the support to the DHOs, the IRC donated printers to the DHOs of Ain Zara, Shahat and Ashatie to support the information management and printing of some HIS forms.



Figure 4: DHIS2 awareness raising session in Ain Zara municipality

➤ Community Health Activities

Awareness raising and health promotion activities continued through CHWs (who conducted more than 82 Health awareness sessions on Hepatitis, Infection Prevention and Control, Hypertension, Breast Feeding, Asthma, Covid19 Vaccination, Monkeypox, Diabetes, TB, First aid to health staff (nurses, lab technicians, and dentists) in the three targeted municipalities, reaching a total of 500 individuals in Ain Zara, 1228 (793 male and 435 female) in Shahat and 837 (467 female and 370 males) in Ashati.. In addition, distributed IEC to a total of In celebration of the World breastfeeding week (1-7 August 2022.), under theme of “Step up for Breastfeeding - Educate and Support”. The IRC community health team arranged 14 awareness sessions targeted 234 clients representing host and migrant communities at different PHCCs in the three municipalities and distributed IEC materials.



Figure 5 :Awareness raising session for health facility staff Figure 6: Celebration of the Breast-Feeding Week

HEALTH SECTOR BULLETIN

Aug 2022

➤ Quality Assurance Activities

Co-lead activities with National committee to review standards and quality indicators for primary health care:

IRC- quality assurance specialist (IRC-QAS) actively participated in the three meetings (**August 5th, 9th and 13th**) of the National Quality Assurance Committee to review standards for primary health care and presented Quality health indicators that evaluate PHC system performance.

On **25th of August**, IRC-QA team met with the Head of Non- Communicable Diseases (NCD) directorate at National Center for Diseases Control (NCDC) and discussed merits related to NCD quality standards and their measurable elements to track changes in the standards of care and to assess the success of interventions.

Also, as part of developing human cadres within the Primary Health Care Institute (PHCI) to lead quality assurance activities, and in coordination with the PHCI's Director General and relevant departments, QAS arranged for a three days training for 10 selective PHCI staff on; biostatistics concepts, Scoring scale and Statistics tools especially Statistical package for social sciences (SPSS).



Figure 7: IRC's QAS facilitating AQ training for PHCI staff in Tripoli

Successful Story



19 years old male refugee from Ethiopia, lives in Al-Drebi-Tripoli, who arrived recently to Libya with his wife. The client was very sick in his house for a couple of weeks with no medical treatment because of language barrier and some health access issues as they could not communicate with healthcare staff nor could use the transportation system. The client illness resulted in losing his income that he uses to support his family. During the IRC community outreaches volunteers (COVs) regular home visits to vulnerable people, the client was identified by the COV and referred directly to the IRC health teams in Ghoteddise PHCC, where he was diagnosed with a complicated treatable disease. The COV joined the client to facilitate his transportation and interpretation. The client was admitted to a private clinic for a week and then he was discharged with a good health and still under close

follow up with a very good general condition. Moreover, the health team referred the case to CESVI colleagues to support him and his wife during the period of his treatment.

HEALTH SECTOR BULLETIN

Aug 2022



ICRC



No feedback submitted



- ACF continue to coordinate closely with health authorities including: MOH, PHCI and district health offices at rural Tripoli and rural Sabha to aid the implementation of primary health care support activities at targeted 7 PHC facilities located at municipalities of Sabha, Swani Bin Adam and Qasr-Bin Gesheer.
- ACF conducted a field visit to Sabha municipality to coordinate closely with the health stakeholders and to have an overview of the current status of health services, this includes Primary and Secondary levels of care, the visit focused more on the status of maternal and child health services, it included meetings with Sabha district health office, managers of PHC facilities, management of Sabha Medical Center and representatives from health manpower development center.
- ACF Libya continued to coordinate closely with UNICEF, the Bureau of Statistics and Census (BSC), and PHCI while consulting ACF-Canada SMART survey experts in preparation for the roll out of the phase-2 of the Libya national SMART survey.

HEALTH SECTOR BULLETIN

Aug 2022

- Amended final List of PHC facilities that will be supported by ACF had been provided by PHCI, the targeted health facilities will be supported as part of the project titled "Improving the Health Resilience of Rural Communities in Libya", funded by BMZ. Following is the final list of selected PHC facility guided by PHCI:

Municipality	Health Facility
Swani Ben Adem municipality	Gawt Abu-Saq PHCC
	Alsahla PHCC
Qasr Ben Geshir municipality	Ashorfa PHCU
	Alhamronia PHCU
Sabha Municipality	Algorda PHCC
	Sokkara PHCC
	New-Hajara PHCC

ACF Engineers completed the in-depth assessment and prepared the Bills of quantities for the maintenance and WASH needs of the selected 7 PHC facilities, in preparation to start basic amenities maintenance, WASH interventions and solar systems installation in collaboration with a professional solar systems consultancy firm, in addition to re-orientation of health facilities to become more receptive to and centered around needs of women, children and people with disability.



Pillar 1: Coordination, Planning, Financing and Monitoring

- Regular coordination of the implementation of COVID-19 with partners and WHO offices Benghazi and Sabha.

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

- Met with the Directors of Health Education and Communication at the Directorate at the directorate of health in Benghazi to review the educational workplan for IEC professionals engagement in the COVID-19 educational activities. As a result, it has been recommended that some TV and Radio spots to be produced and 10 workshops for IEC professional including journalists, community health workers and community leaders/representatives with be conducted in the training activities during October and November 2022.
- Provided High-quality photos on the two WHO-supported training workshops in Tripoli for early warning alert and response network (EWARN) in new reporting sites targeted by the expansion plan thanks to the EU support.
<https://drive.google.com/drive/folders/17wz9w8jmxX-7dd14d8CkA0nWmzyfaB3X?usp=sharing>
- Followed up with comms team at NCDC to organize the following activities during October and November 2022 to enhance COVID-19 awareness interventions at different levels
 - supporting the training activities for IEC professional and journalists at municipality levels (10 workshops)
 - supporting the training workshops to further engage community leaders and key government/nongovernmental stakeholders in response to COVID-19 and misinformation and infodemics tailored to COVID-19,(10 workshops)
 - supporting the production of audio-visual educational materials on COVID-19 and the vaccines,(6 tv spots and 10 radio segments) .
 - supporting the production of printed educational and visibility materials on COVID-19, (two posters) .

HEALTH SECTOR BULLETIN

Aug 2022

- Developed visibility products on the five-day workshop on COVID-19 case management workshop conducted in Benghazi with the support of the EU.
- Conducted a field visit to Benghazi on August 8-9 where a meeting was conducted with the Director of Health Education and Communication/Directorate of Health Services in Benghazi to discuss the joint efforts to strengthen the interpersonal communication skills of IEC personnel at the municipality-level, as Part of WHO efforts to enhance communication activities in eastern Libya on COVID-19 with EU support, It has been agreed with local health authorities that:
 - Eight one-day Single Overarching Communication Objective (SOCO) workshops (30 participants in each training) with a view to strengthening the interpersonal skills of professionals among the community on the COVID-19 preventive measures and vaccine awareness.
 - Different educational radio and TV spots will be produced with WHO support. The spots aim to address the rumors and misinformation by providing best practices on COVID-19 preventive measures and vaccine awareness. The main purpose for this activity is to address the frequent inquiries on Covid-19 and vaccine
- Developed COVID-19 health promotion messages and posted them on the WCO's social media platforms (available at <https://twitter.com/WHOLIBYA> and <https://www.facebook.com/WHOLIBYA>
- Developed a design on COVID-19 daily and weekly situation report with the logos of MOH, NCDC,WHO and the EU and posted them on WCO-run social media platforms: <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)

- From 16 Aug-7 Sep 2022, Training Workshops for Early Warning Alert and Response Network (EWARN) in new reporting sites targeted by expansion plan is in progress. The activity is cofunded by EU COVID and ECHO. By the end of 2021, the number of sentinel sites had reached 180. This is in line with the ECHO (73811) donor agreement and WHO's 2022 workplan.
- Influenza sentinel surveillance weekly virtual meeting attended on 23 August, discussion with IHP unit focused on EMRO expert mission arrangement, proposal dates and assistance needed.
- Preparation for Influenza sentinel sites staff finalized, 30 staff member will be attend this training. Proposal dates from 14-15 September 2022.
- Two groups of EWARN expansion training conducted, third group ongoing first group training started on 16 August, second group on 22 August and third group started on 29 August 2022. New surveillance officers trained on EWARN system components and reporting mechanism.
- Attended virtually EMRO/ IHP Consultative meeting to review implementation progress of the Strategic Framework for Prevention and Control of EIDs in the EMR from 29-30 August 2022.
- Follow up with IHR focal point insecticide poisoning event in Tripoli and food poisoning in Alzawia.
- Preparation for west RRTs training finalized, dates identified with NCDC on next October, 5 groups targeted by this training.
- Follow up with NCDC and IOM diphtheria case detected in Italy for Pakistanis migrant who trans Libya in last month.
- Support NCDC rapid response teams, triage centers by sample collection kits (swabs and viral transport medium)

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

- EMR Travel measures bulletin for week 33 & 34, received and disseminated.

HEALTH SECTOR BULLETIN

Aug 2022

Pillar 5: Laboratories and diagnostics

- Supporting NCDC public health reference lab by COVID-19 RT-PCR lab detection reagent and RDT, antigen rapid test.
- Genomic sequencing equipment for COVID-19 strains has been installed and is functional now. The results for first batch of testing has been shared with EMRO. The support for this has been provided by EMRO.
- 4925 COVID-19 Rapid Antigen tests were given to NCDC Tripoli and Isolation Center at Tripoli University Hospital.
- Finalized COVID-19 labs detection analytical report of the 2nd Quarter 2022

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

- During the month of August, the IPC consultants hired under this award continued to provide on job training, technical assistance to the MOH, the NCDC and other main health sector partners in Libya to support the IPC implementation
- 9 IPC officers working in 25 health facilities continued their services during the reporting month. In plan, is the extension of their contracts for another 6 months till March 2023? The TORs have been revised for sustainability to include other communicable diseases, AMR, and Healthcare-Associated infections including COVID-19 in healthcare workers.
- 4560 Nonsterile medical gowns were given to Gaser Akhyar Rural Hospital, Murzuk Health services Administration and AlKufra Emergency and Support Centre in South.
- The management of bacterial infection continues in the pediatric and neonatology department, the IPC officer follows the recommended action points with the chief nursing within the department, and random swabs were taken from 9 health care staff within the department, and the results were that 2 of the 9 had no bacterial growth and they are nurses, and the results were: klebsiella pneumonia, Staphylococcus aureus, and Pseudomonas.
- Organized with IPC national focal point to collect the need documents for the annual national IPC preparedness and response assessment tool in the context of COVID-19.
- Conducted two days training workshop in Tripoli teaching hospital for nurses at outpatient department on the Hand hygiene training using case studies (scenario),
- Two days training workshop in Ubari targeted IPC technical teams on IPC best practices and how use the observation tool to evaluate the practicing of IPC programs in the facility.
- IPC officer in Sabha conducted training for 20 technicians of the reference medical laboratory in Sebha and 6 members of the infection control office team at the Diabetes and Endocrinology Center Sebha. Also, another training conducted for 10 nursing staff working in the dialysis unit at Sebha Medical Center on (the importance of hand hygiene and its controls in the dialysis unit).

Pillar 7: Case management, clinical operations, and therapeutics (under logistic) Pillar 8: Operational support and logistics, and supply chain (see below)

- Organized 5-days workshop on COVID-19 case management in Benghazi targeting 20 physicians representing 9 major hospitals in the eastern region.
- Self-inflating AMBU bags were provided to Sabha Medical Center Isolation Center in the South.
- Tocilizumab vials have reached the country and are ready for distribution in consultation with ICO MOH. 536 vials have been procured and co funded by EU and Italian PHC. 200 vials have been distributed to Al Bayda Hospital in East.

Pillar 9: Strengthening Essential health services and system

HEALTH SECTOR BULLETIN

Aug 2022

- Conducted a 5-day training workshops on the WHO School Mental Health Package in Benghazi for 29 school counsellors from the targeted schools by SCALE project in cooperation with the Department of Social Service and School Health at the Ministry of Education and the Primary Health Care Institute.
- Conducted a 3-day training on the WHO Psychological First Aid Guide and Self Help plus manual in coordination with PHCI for 29 nurses from Ejdaya, Tripoli, Tarhouna, Murzuk, Nalut, Sirt, Al-Zawwiya, Misrata, Sabha and Zawara.
- Conducted two 5-day training workshops on the remaining modules of the mhGAP-Intervention Guide (phase 2) in Tripoli and Benghazi for 36 GPs working at selected PHC centres targeted by the WHO FCDO project.
- Conducted two 5-day training workshops on the WHO School Mental Health Package in Tripoli and for 50 school counsellors from the targeted schools by SCALE project in cooperation with the Department of Social Service and School Health at the Ministry of Education and the Primary Health Care Institute.
- WHO contracted international expert to support TB NSP development. The TB NSP development committee headed by NTP Manager is formed.
- The WHO TB team finalized the TB compendium design and initiated the printing.
- The WHO TB team had a consultative meeting with NTP to quantify anti TB medications for 2023
- The TB preventive treatment workshop for NTP and other stakeholders finalized in consultation with WHO HQ and EMRO TB team.
- WHO TB team taken up DHIS 2 capacity building workshop for 17 participants from various TB units (12 males and 5 females) in Albayda for 3 days from 1st to 3rd August 2022.
- The WHO TB team in coordination with WHO logistics team received LPA consumables and stored appropriately in the WHO warehouse
- Support was provided to National AFP/Polio Transition focal person to transport AFP stool samples from Tripoli to Institut Pasteur in Tunis.
- Libya's readiness to introduce nOPV2 is being monitored with MoH focal person.
- Higher technical committee to lead and coordinate Libya's readiness to introduce nOPV2 has been formed and approved.
- Technical committees have been established to oversee preparations for nOPV2.
- Remarkable progress has been made towards nOPV2 as the coordination mechanism with the required technical teams/committees is well established and documents authorizing the introduction of the vaccine have been completed.
- COVID-19 vaccination activities are being monitored (tracking daily vaccination coverage, coordinating vaccine/other needed logistics, and producing a comprehensive monthly update including constructed feedback).
- As part of ongoing activities to maintain AFP surveillance program performance and make it more vigilant to any potential CDPV/WPV outbreak, APW contract with the national AFP surveillance coordinator is being processed.
- Routine immunization vaccine procurement and availability across the country are being followed up with the respective bodies.
- 100 Laptops and 100 Desktops were purchased to support EPI/NCDC which will be delivered to NCDC during the next month.
- The monthly meeting of EPI/Polio team was convened, the key agenda discussed were COVID-19 vaccination, EPI, Libya's readiness to introduce nOPV, other VPDs, and polio transition.

HEALTH SECTOR BULLETIN

Aug 2022

- To move forward with the polio transition, 6 Back-to-Back 2-day Training Workshops on Integrated Vaccine-Preventable Diseases Surveillance (VPDs) are planned, pre-training requirements are completed, and financial support is being processed.
- Libya's polio outbreak response plan was assessed (using EMRO tool) in order to be updated during Q4 2022.
- During 14-16 August 2022, a 3-day training in Tripoli took place where 12 doctors (3 male, 8 female) from 30 selected PHCCs within 18 municipalities in Libya trained on WHO clinical handbook on GBV.
- During the period from 16-18 August 2022, a 3-day training conducted in Tripoli for 29 (7 male, 22 female) nurses and midwives working on 30 selected PHCCs within 18 targeted municipalities to strengthen their capacity to respond to Gender Based Violence at PHC level.
- As a way forward on raising community awareness on gender-based violence and mental health and psychosocial support principles, WHO provided technical support during a collaborative TOT training with GIZ; where 17 female service providers selected by GIZ from 17 municipalities (Nalut, Ghadames, Zintan, Gharabuli, Wadi Bwanis, Msalatta, Edri Shati (Bergen), Shwierff, Sharqia, Jadu, Hay Al-Andalus, Al-Bayda, Shahat, Jakhara, Tobruk, Benghazi, Misrata, Zletin, Tarhouna, Janzour) attended. Some are GIZ MHPSS focal points and others are medical doctors, nurses, social workers, and women municipality's employee.
- Conducted DHIS2 training in Al Qalaa & Thaher Aljabal municipalities in the west region, 27 -29 August 2022, 14 persons trained.
- 24 Emergency Medical Teams supported 30 health facilities providing primary and secondary health care services across the country. 16107 EMT consultations & 311 surgical intervention from 1 to 15 August 2022.

Pillar 10: COVID-19 vaccination (National Center for Disease Control (NCDC), Libya MoH Source: <https://web.facebook.com/NCDC.LY/>)

- As of 25 August 2022, 15% people received the 1st dose (partially vaccinated), while 18% received the 2nd dose (fully vaccinated). 2% people received booster doses.
- The services of National Immunization Consultant for 6 months, during 2022 from 25 June until 25 Dec 2022. Includes, Coordinating WHO activities in all immunization components primarily on planning service delivery and vaccine management; 2) Strengthens local capacities in implementation of immunization services against VPDs 3) Ensures planning, development and implementation of appropriate VDPVs outbreak preparedness and response activities.
- ICT equipment received and ready for distribution. for 100 desktop computers with their accessories (screen, keyboard, mouse) and 100 Laptops for 100 municipalities. The desktop computers will be used in the Municipality Vaccination Data Office and the laptops will be used by the Municipality Vaccine Supervisors.



Premiere Urgence Internationale – Health Activities August 2022

Première Urgence Internationale (PUI) is currently operating in the East of Libya, in the Mantikas of Benghazi, and Al Kufra.

Premiere Urgence Internationale with the support of DG-ECHO:

In Al-Kufra Mantika, as part of the vaccination support, 63 individuals were vaccinated, 48 of them through regular mobile health activities and 15 at the supported vaccination centers in Al-Jawf “Alrifi-Ahwaij center”,

HEALTH SECTOR BULLETIN

Aug 2022

Rubyana" (12) and Tazirbu (3). 31 individuals (65%) received the first dose, 23 the second dose and 9 received the booster dose. Through household visits, 27 beneficiaries (56%) with reduced mobility and/or disabilities such as deafness, blindness, paralysis and elderlies with reduced mobility have been reached.



A gender-balanced mobile vaccination team composed of DHS vaccinators and PUI medical staff conducted 19 visits to 7 sites Alhara, Bezima Aljadida, Altullab, Alhawari, Alsuhra, Hai Almatar, Tazerbu. During the visits, the VST carried out pre-check consultations of the covid19 vaccine seekers, followed-up on the safe administration of the doses and reporting activities for Adverse Effects Following Immunization (AEFI). The monitoring of AEFI was recorded for 68 persons in Al Jawf. Moreover, the Vaccination Support Team (VST) conducted technical support/supervision visits targeting the main 3 vaccination sites across Al Kufra district, 2 in Al Jawf, and 1 in Tazirbu.

Furthermore, PUI medical team provided 147 general medical consultations (mainly for neurological diseases, and hypertension) and 113 sexual and reproductive health consultations. Overall, 202 women and 51 men benefitted from the provision of primary health care consultations in hard-to-reach and underserved areas, across AL-Jawf, Bezima al Qarya and Altullab.

HEALTH SECTOR BULLETIN

Aug 2022



Vaccination Support Team conducting household visits - Al-Kufra AL-Jadidah

Premiere Urgence Internationale with the support of CDCS:

As part of the project of “Strengthening non-communicable diseases (NCD) health care services in Eastern Libya”, PUI continue to support the provision of primary health care services for prevention and early detection of chronic diseases, such as diabetes, hypertension, and chronic respiratory diseases. 2589 individuals (58% are women) were screened using a risk assessment tool including blood pressure, blood glucose, body mass index and received individual tailored awareness sessions to promote healthy lifestyle habits and modify risky behaviors. 2274 individuals were screened by Primary Health Care Center (PHCC) health workers at 23 July PHCC, and 315 through home visits. Among them, 83 were referred and 41 were enrolled in the NCD management programme. 26 beneficiaries (8%) with reduced mobility and/or disabilities such as deafness, blindness, paralysis and the elderly with reduced mobility have been reached.

Furthermore, to ensure spreading knowledge awareness in the community, PUI Outreach Team also conducted individual awareness sessions, were 316 people received Behavior Change Communication and awareness in Alithi area about DM, HTN, Asthma, smoking, physical activity and COPD. Awareness-raising sessions were given to 413 people (164 are women), at community level.

In addition, 28 nurses of 23 July PHCC were trained during 4 days by a psychologist, a nurse and the PHCC nutritionist to strengthen their knowledge on: risk factors for non-communicable diseases (unhealthy diet, lack of exercise, alcohol and tobacco consumption); behaviour change/motivational interviews; PFA, stress management. Moreover, 8 doctors received 4 days training on: Thyroid disorders, Epilepsy, Chronic kidney diseases, Anemia.

Moreover, and as part of mainstreaming mental health across all services provided at 23 July clinic, PUI MHPSS team provided individual psychological follow-up to 23 people, including 20 patients with anxiety-

HEALTH SECTOR BULLETIN

Aug 2022

depressive disorders who were referred by doctors and trained on mental health; and 3 PHCC health workers. Patients with psychotic disorders were referred to the psychiatric hospital.



Door-to-door NCD screening visits in the catchment area of 23 July PHCC

HEALTH SECTOR BULLETIN

Aug 2022



No feedback submitted

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

31-Aug-2022

Totals

Total incoming funding: US\$35,357,896
Filtered original requirements: US\$18,575,678
Filtered current requirements: US\$27,528,489
Coverage: 128.4%
Total pledges: US\$0

Displaying 1 - 1 of 1

Field cluster/sector [▲]	<u>Original requirements</u> US\$	<u>Current requirements</u> US\$	<u>Funding</u> US\$	<u>Coverage %</u>	<u>Pledges</u> US\$
Health	18,575,678	27,528,489	35,357,896	128.4%	0

[View this on Financial Tracking Service](#)

HEALTH SECTOR BULLETIN

Aug 2022

Flow ID	Source org.	Destination org.	Project code	Amount (US\$)	Funding status
213160	European Commission	World Health Organization	HLBY22-HEA-183645-2	\$4,908,574	Commitment
236565	Germany, Government of	World Health Organization	HLBY22-HEA-183645-2	\$2,188,468	Commitment
245451	United States of America, Government of	World Health Organization	HLBY22-HEA-183640-2	\$900,000	Commitment
246384	Germany, Government of	United Nations High Commissioner for Refugees	HLBY22-HEA;PRO;SHL;MS-183619-2	\$851,407	Commitment
251798	Private (individuals & organizations)	World Health Organization	HLBY22-HEA-183640-2	\$5,437,918	Commitment
251799	United States of America, Government of	World Health Organization	HLBY22-HEA-183645-2	\$2,996,000	Commitment
251800	Unitaid	World Health Organization	HLBY22-HEA-183644-2	\$30,816	Commitment
251862	United States of America, Government of	International Medical Corps		\$1,815,000	Commitment
251864	International Medical Corps	International Medical Corps	HLBY22-HEA-183948-2	\$350,000	Commitment
251866	International Medical Corps	International Medical Corps		\$1,559,320	Paid Contribution
252358	European Commission	International Organization for Migration	HLBY22-HEA-183863-2	\$1,518,824	Paid Contribution
252369	European Union Emergency Trust Fund for Africa	International Organization for Migration	HLBY22-HEA-183863-2	\$323,963	Paid Contribution
252370	Finland, Government of	International Organization for Migration	HLBY22-HEA-183863-2	\$150,913	Paid Contribution
252375	Italy, Government of	International Organization for Migration	HLBY22-HEA-183863-2	\$562,714	Paid Contribution
252376	United States of America, Government of	International Organization for Migration	HLBY22-HEA-183740-2	\$567,778	Paid Contribution
252379	Austria, Government of	International Organization for Migration	HLBY22-HEA-183863-2	\$1,001,075	Paid Contribution
252380	Austria, Government of	International Organization for Migration	HLBY22-HEA-183740-2	\$104,907	Paid Contribution
252382	United States of America, Government of	International Organization for Migration	HLBY22-HEA-183863-2	\$211,111	Paid Contribution
252384	United States of America, Government of	International Organization for Migration	HLBY22-HEA-183863-2	\$585,042	Paid Contribution
252387	European Union Emergency Trust Fund for Africa	International Organization for Migration	HLBY22-HEA-183863-2	\$368,447	Paid Contribution
252390	European Union Emergency Trust Fund for Africa	International Organization for Migration	HLBY22-HEA-183740-2	\$51,918	Paid Contribution
252392	European Union Emergency Trust Fund for Africa	International Organization for Migration	HLBY22-HEA-183862-2	\$60,570	Paid Contribution
253224	European Commission's Humanitarian Aid and Civil Protection Department	World Health Organization	HLBY22-HEA-183643-2	\$1,055,966	Commitment
253622	UNICEF National Committee/Germany	United Nations Children's Fund	HLBY22-HEA-184093-2	\$251,859	Paid Contribution
255039	United States of America, Government of	United Nations Children's Fund	HLBY22-HEA-184093-2	\$1,716,264	Paid Contribution
256445	Norway, Government of	World Health Organization		\$634,921	Paid Contribution
257210	France, Government of	World Health Organization	HLBY22-HEA-183645-2	\$208,784	Paid Contribution
257212	European Commission	World Health Organization	HLBY22-HEA-183640-2	\$2,500,103	Commitment
257216	United Kingdom, Government of	World Health Organization	HLBY22-HEA-183645-2	\$1,506,942	Commitment
257217	European Commission	World Health Organization	HLBY22-HEA-183644-2	\$938,292	Commitment

LINKS TO IMPORTANT INFORMATION RESOURCES

[الرئيسية \(health.gov.ly\)](https://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 \(ncdc.org.ly\)](https://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](#)

For further information, please contact:

Dr. Salahuddin Sadi, Technical Officer (Epidemiologist), Health Cluster Coordinator *ad interim*, WHO Libya, sadis@who.int

Mr. Diyaeddin Natuh, Information Management Officer, WHO Libya, natuhd@who.int

For more information, please visit www.who.int | www.reliefweb.int | www.humanitarianresponse.info