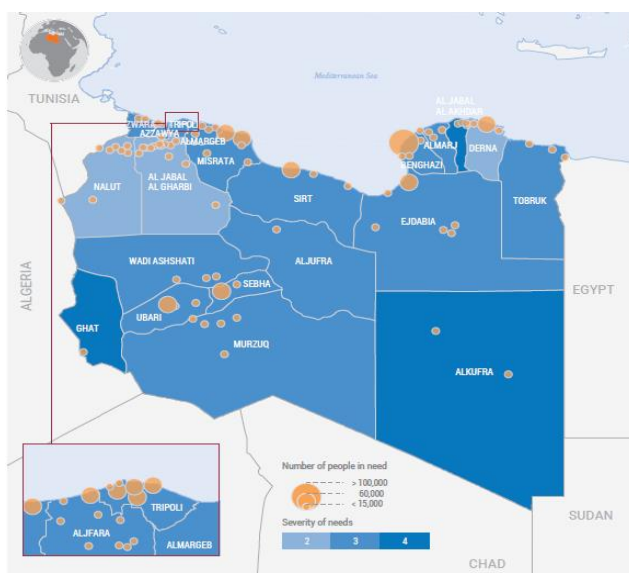




HEALTH SECTOR BULLETIN

September 2022



LIBYA

Emergency type: Complex Emergency
Reporting period: 01.09.2022 to 30.09.2022

Moving forward post-May, the HRP was revised to ensure that the remaining humanitarian needs of IDPs, returnees, non-displaced Libyans, migrants and refugees are properly targeted for continued programming by both humanitarian partners and national authorities. [Libya HRP 2022 Review Jan -Dec 2022 \(humanitarianresponse.info\)](https://www.humanitarianresponse.info/en/operations/libya/2022/01/2022-review)

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

- PHC sub sector Working Group meeting happened on 13 Sep 2022. New TORs for the working group have been formulated. [New terms of Reference PHC](#) while the proceedings of the meeting can be accessed [here](#)
- Migration Health – Sub Working Group Meeting was done on 12 September 2022 and was attended by: WHO,IOM, UNHCR, MSF, UNICEF and LibAid
- [Libya – Weekly Migrant and Host Communities COVID-19 Vaccination Update - Phase 3 \(4 - 10 Sep 2022\) | DTM \(iom.int\)](#)
- [Libya – Migrant Report 42 \(May - June 2022\) | DTM \(iom.int\)](#)
- [Migrant Report Key Findings Round 42 \(May - June 2022\) | DTM \(iom.int\)](#)
- [Libya – Detention Centre Profile Generator \(August 2022\) | DTM \(iom.int\)](#)

- [Libya-Humanitarian-SitRep-No.2-30-June-2022.pdf \(unicef.org\)](#)
- 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 August 2022. Seven health partners reported to 4Ws August which included WHO, IOM, IMC, UNHCR, IRC, MSF and ACF. [Microsoft Power BI](#)
- Three weekly and one monthly Epidemiological bulletin published
 - [COVID-19 EPI Monthly Libya Sep 2022 | HumanitarianResponse](#)
 - [COVID-19 EPI Weekly Libya 02 Oct 2022 | HumanitarianResponse](#)
- Published biweekly health sector operational update_ [Bi-weekly operational update 1-15 September 2022 | HumanitarianResponse](#)
- Produced flash update on the attacks on health care in Tripoli 27 Aug 2022 [Attack on health care, 27 August 2022 | HumanitarianResponse](#)
- [EWARN Libya Week 40 2022 | HumanitarianResponse](#)

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

SITUATION UPDATE

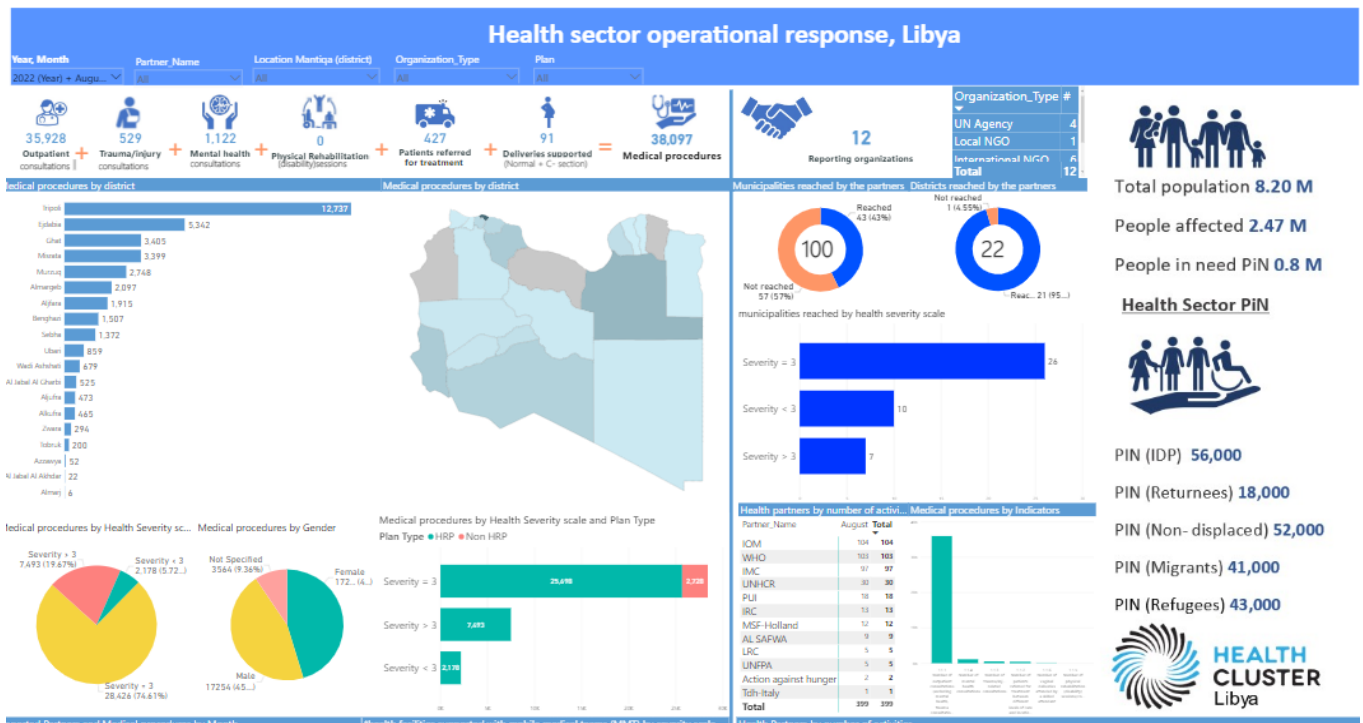
- UNSMIL expresses its concern over the Zawiya clashes – [Akhbar Libya 24 Alwasat \(Arabic\) / The Libya Update / Al Watan](#) We extend our deepest condolences to the families of the victims in the Zawiya clashes – [Al Saa 24 \(Arabic\)](#)
- [Routine vaccines' stock runs out across Libya | The Libya Observer](#)
- UNICEF signs MoU with Libyan government to achieve sustainable development for vulnerable groups – [Libya Observer](#)

- IOM: Libya, migrants' countries of origin discuss access to legal identity and consular services – [The Libya Update](#)

HEALTH SECTOR 4W INDICATORS FOR AUGUST 2022

[Back to report](#)

HEALTH PARTNERS BY NUMBER OF ACTIVITIES



INDICATORS	Action against hunger	AL SAFWA	IMC	IOM	UNFPA	WHO
1.1.1 Number of outpatient consultations (excluding mental health, trauma consultations, physical rehabilitation)			824	1,167	3,022	4,320
1.1.2 Number of patients referred for treatment between different levels of care and locations				17		
1.1.3 Number of trauma/injury related consultations			72	15		
1.1.4 Number of mental health consultations			48	1		
1.1.6 Number of vaginal deliveries attended by a skilled attendant					50	
1.1.8 Number of health facilities and community centers providing MHPSS services			11			
1.1.9 Number of mobile medical teams/clinics (including EMT)		2	3	2		10
2.1.2 Number of completed health sector assessments conducted	2					
2.2.3 Number of provided medical equipment		4				
2.2.4 Number of provided standard health kits						3
2.2.5 Number of provided PPE (personal protective equipment) materials						218,500
2.3.1 Number of health facilities supported with mobile medical teams			4			12
2.3.3 Number of IDP camps/settlements covered by fixed health points and/or mobile medical teams			1			

INDICATORS	January	February	March	April	May	June	July	August	September
1.1.1 Number of outpatient consultations (excluding mental health, trauma consultations, physical rehabilitation)	2,688	8,849	15,304	9,162	16,556	14,659	10,922	9,333	6,594
1.1.2 Number of patients referred for treatment between different levels of care and locations	129	109	17	17	40	45	14	17	13
1.1.3 Number of trauma/injury related consultations	28	26	15	38	42	42	32	87	19
1.1.4 Number of mental health consultations	17	35	45	4	22	52	10	49	21
1.1.6 Number of vaginal deliveries attended by a skilled attendant	3	25	31		42			50	3
1.1.7 Number of caesarian sections supported		4							
1.1.8 Number of health facilities and community centers providing MHPSS services		7	6	5	6	4	4	11	8
1.1.9 Number of mobile medical teams/clinics (including EMT)	6	15	15	12	15	12	14	17	15
1.2.2 Number of vaccinators trained on cold chain and vaccine management			207						
2.1.2 Number of completed health sector assessments conducted							4	2	
2.2.1 Number of public PHC facilities supported with health services and commodities					430				
2.2.3 Number of provided medical equipment				36			23	4	
2.2.4 Number of provided standard health kits	23	1	1	27	11		2	3	
2.2.5 Number of provided PPE (personal protective equipment) materials	162,025	61,800	95,710		1,288,965	34,544	156,300	218,500	
2.3.1 Number of health facilities supported with mobile medical teams	5	13	19	18	19	19	17	16	21
2.3.2 Number of public health facilities refurbished and/or rehabilitated					6				3
2.3.3 Number of IDP camps/settlements covered by fixed health points and/or mobile medical teams								1	
2.3.4 Number of official detention centers covered by fixed health points and/or mobile medical teams						1			
3.1.1 Number of health service providers trained through capacity building and refresher training.	92				18	95	21		26

INDICATORS	IOM	WHO
# of distributed pulse oximeter		19
2.2.5 Number of provided PPE (personal protective equipment) materials		218,500
people reached with messages on COVID-19 preventive measures and access to health care(Non Libyan)	2,749	

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PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS

- **EWARN**

EWARN updates in Sep 2022 (week 35 to week 39) period (29 Aug to 02 Oct 2022)

- Average completeness of reporting (156) 61.5%
- Total number of consultations is 167,895 as follows:
 - 29,701 in week 35
 - 33,307 in week 36
 - 32,605 in week 37
 - 31,260 in week 38
 - 41,022 in week 39
- Out of the 167,895 total consultations, a total of 20,458 EWARN notifiable cases were reported; the breakdown was as follows:

➤ **Respiratory illness**

- AURI: 12,446 cases
- ALRI: 3,045 cases.
- COVID-19 (confirmed): 310 cases.

➤ **Water borne disease**

- Acute Diarrhea (AD): 4,142 cases
- Bloody Diarrhea (BD): 76 cases.
- Acute Jaundice Syndrome (AJS): 165 cases

➤ **Vaccine preventable disease**

- Suspected Measles (SM): 31 cases
- Acute Flaccid paralysis (AFP): 1 cases
- Pertussis 16 cases
- Meningitis (suspected) 41 cases

➤ **Other diseases**

117 cases were reported, with the most reported cases:

- C. Leishmaniasis; 51 cases
- Food poisoning; 66 cases

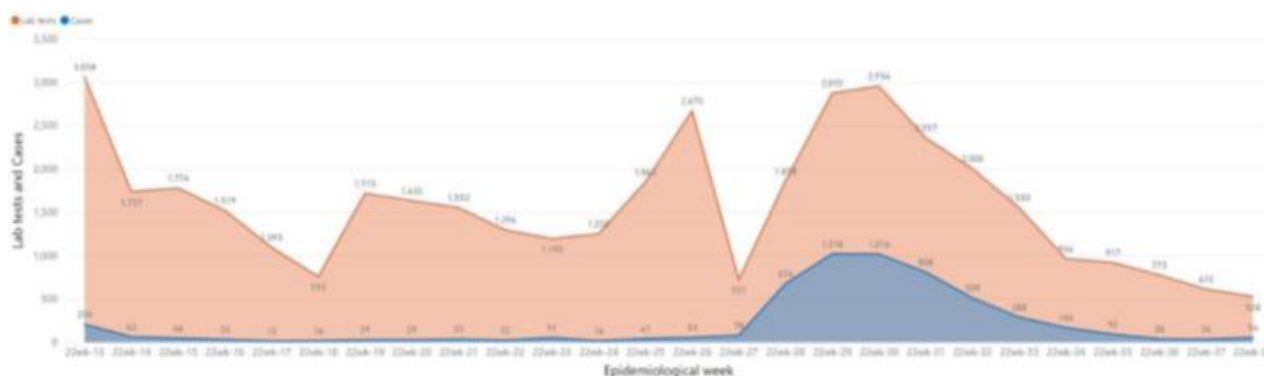
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• COMMUNICABLE DISEASES

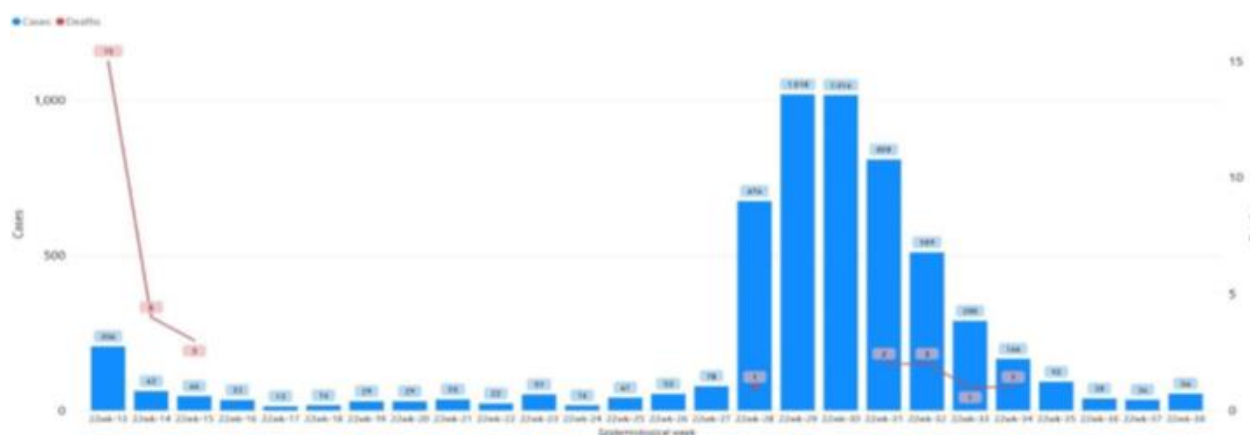
COVID-19

- September (Weeks 35-38) reported a decrease in case incidence and the lab testing rate compared to August (previous four weeks 31-34).
- At the national level, transmission classification for Libya remained high incidence of community transmission (CT3) in week 38 based on the weekly positivity rates, with the circulation of BA.2 and BA.5.2 Variants of Concern (VOC), with a 10.2% weekly test positivity rate at the national level, 0.0 new confirmed deaths per 100,000 population per week and 0.8 cases/100,000 population/week.
- Moreover, Libya had an inadequate testing rate at the national level, with 8 persons tested/100,000 population/per week.
- In the reporting month Alkufra experienced a localized cluster of a very high incidence of community transmission (CT4) based on the positivity rates, with 58.9% weekly positivity rates and 33 confirmed COVID-19 cases reported this week.
- Fourteen COVID-19 labs (out of 42) reported 2,830 (2,749 PCR and 81 Ag-RDT) new lab tests done in Epi-weeks (25, Week 36,37,38). Thus, out of the 2,532,617 tests in Libya since the beginning of the response, 506,986 (20.0%) were confirmed positive for SARS-CoV-2 (COVID-19).
- The overall number of new cases reported in September shows an 88% decrease (218 cases) from the last four weeks, with West reporting a 90% decrease in new patients. The East had a sharp increase (33 cases in Alkufra), and the South had a 37% decrease (12 cases).
- In September (Weeks 35-38), no deaths were reported nationwide.
- Compared to the last four weeks, there was a 59% decrease in overall national testing: by regions, West (62% decrease), East (100% increase) and South (31% increase). Thus, 90.2% (2,553) of national testing was performed in the West as compared to both East (2%, only 56 tests) and South (7.8%, only 221 tests) Regions. (-see Table. 1). The absence of lab testing data in the East is due to non-reporting to the central level, except Alkufra as an outlier this week. West represents 64%, East represents 28%, and South represents 8% Libyan.
- For September, the national weekly positivity rate decreased to 7.7% as compared with August; West, East and South had 6.8%, 58.9%, and 5.4% monthly positivity rates. none of the



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- In the past month, all districts showed a relative decrease in the number of cases except, Alkufra had a drastic increase in the number of cases, compared to the last four weeks; However, the three districts an increase in cases. The district reporting the highest number of new cases continue to be: is Tripoli with 140 (88% decrease), Alkufra with 33 (marked decrease) and Azzawya with 20 (88% decrease).
- 34 cases (52% decrease). The highest weekly case incidence per 100,000 was recorded in Alkufra (59 confirmed cases /100,000 population/week) experiencing CT3-CT4 level community transmission. Tripoli (3, classified in CT1 as per case incidence) and Sabha (1). The case incidence for all districts in the country is underestimated for reporting week due to inadequate lab testing rates across the country., especially in the East 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 (916/100,000 pop/week) remained inadequate, with only Tripoli reaching minimum levels of testing rates (50 tests/100000 pop/week). East (30/100,000 pop) had an inadequate capacity for reporting week, while it also remained inadequate in the South (119/100,000 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.
- **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

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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 Ashatie 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 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.

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- **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

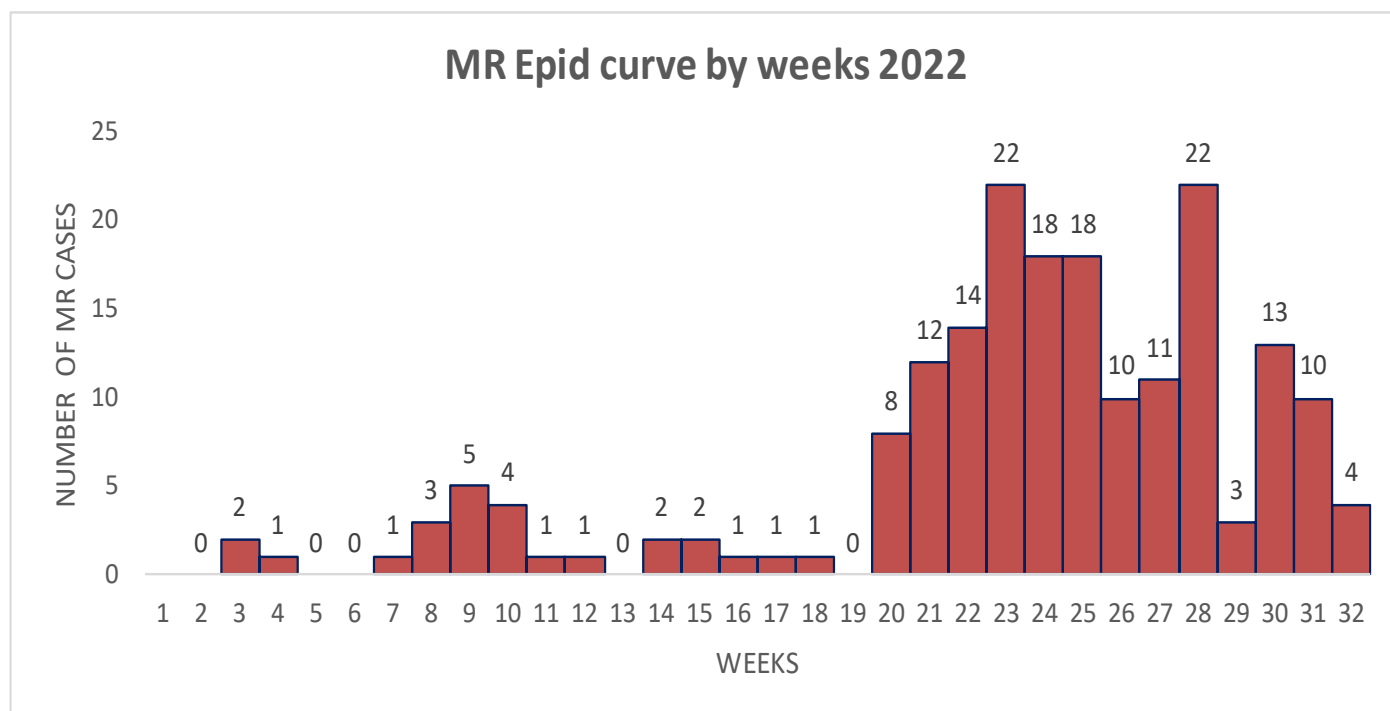
- NCDC informs specific scientific committees to follow up on MP activities and develop a **country preparedness plan**.
- Training /orientation workshops to the national health authorities/**RRTs/CBOs** partners on Monkeypox case investigation, sampling and contact tracing.
- Training /orientation workshops 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.

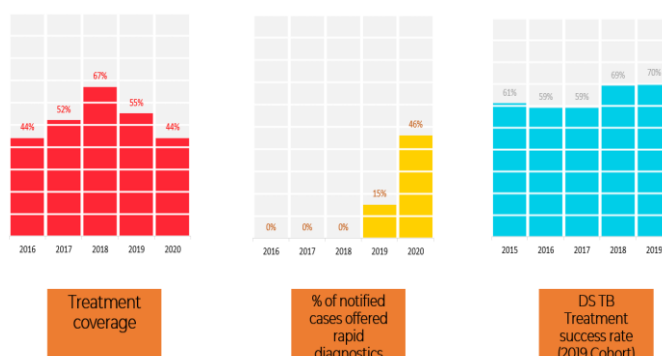
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TUBERCULOSIS

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

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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.

In September 2022, EWARN reported the following cases

- Acute Diarrhoea (AD): 4,142 cases
- Bloody Diarrhoea (BD): 76 cases.
- Acute Jaundice Syndrome (AJS): 165 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. 51 cases of leishmaniasis were reported from EWARN across Libya for September 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

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was diagnosed in the intensive care unit of IbnSina Hospital / Sirt for a resident of Waddan city in the municipality of Al-Jufra.

POLIOMYELITIS

Libya has a significant migrant population and circulating vaccine-derived poliovirus Type 2 outbreaks (cVDPV2) in are 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.

- Total AFP cases reported as of Epi-Week 38, 2022 = 62
- Total AFP cases reported within the last two weeks (W37 and 38) are 2 cases.
- Discarded as NP/AFP 2022 = 54 (87%).
- Pending AFP cases for classification = 8 (13%).
- Early detection and notification within 7 days of onset of paralysis in 2022 = 52 (84%)
- Early investigation within 48 hours from the date of notification in 2022 = 60 (97%)
- Annualized NP-AFP rate = 3.3/100,000 U15 years Children
- % Stool adequacy = 100% (62).
- 16 AFP stool specimens from 8 AFP cases are pending classification.

OTHERS

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

• CHILD HEALTH

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

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

• TRAUMA AND INJURY

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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 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.

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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. As per Critical Childhood Routine Vaccines Availability Assessment -Monthly Districts Health Situation Report - September 2022

- Total Municipality assessed are 98 (97%) in 3 regions (East , West, and South).
- Availability of 8 Critical/Essential vaccines have been assessed.
- Generally, vaccines availability are getting better compared with previous month.
- Out of 98 Municipalities assessed, vaccines were found to be fully available in 62 (63%) and 36 (37%) have at least stockout of one type of assessed vaccines.
- East as the most affected region with vaccine stockout (81% of its municipalities) followed by West (24%) and no incidence reported from South (7%)
- The MMR (32.7%), Pneumococcal conjugate vaccine (30.6%) and DPT containing vaccines (29.6%) their stock out % is high in all Municipality assessed

HEALTH SECTOR ACTION



SHAMS Project

The meeting was held in coordination with the MOH's projects office in order to implement the SHAMS project, which supports solar power in the south of Libya among dialysis and oncology centers, as well as access for people with disabilities to that 12 health centers.



PROGRAM: SESA: Sostenibilità Energetica per una Sanità Accessibile alla popolazione del Sud della Libia - Energy Sustainability for Accessible Health to the people of Southern Libya - AID 012266/01

DONOR: AICS -Italian Development Cooperation Agency

PROJECT: SOLE (SHAMS) - Sanità accessibile alle municipalità del Sud della Libia - Sustainable Healthcare Access for Municipalities in the South of Libya

Provinces and Municipality of intervention:

Provinces - Mantika	Municipality - Baladiya	Health Centres
Sebha	Sebha, Albawanees	Sebha Cancer and renal Centre, Semnu renal dialysis unit
Wadi Ashshati	Brak, Edri	Brak and Edri kidney units
Ubari	Ubari, Bint Bayya	Ubari Dialysis Unit and Bint Bayya kidney unit
Ghat	Ghat	Ghat Dialysis Unit
Murzuq	Taraghin, Algatroun, Murzuq	Taraghin, Algatroun and Murzuq Dialysis Units
Aljufra	Aljufra	Hun Dialysis Unit

General Objective: Contribute to the improvement of access to health services for the inhabitants of Fezzan.

Specific Objective: Increase people's opportunities to access health services including the most vulnerable categories in energy and environmentally sustainable facilities

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- 42% of the energy gap of health facilities was covered
- 70% of centers comply with national minimum standards on environmental accessibility and usability

Results

- **Environment/Natural Resource Management:** The provision of health services is supported by the retraining and effectiveness of identified facilities, supporting their management by appropriate institutions
- **Health:** Health workers are promoted by raising the awareness of communities and most vulnerable groups about health needs and the improvement of the available resources. Health workers are promoted by raising the awareness of communities and most vulnerable groups about health needs and the improvement of the available resources.

Activities

1.1 Carrying out a preliminary analysis of the main energy gaps at the 12 identified health facilities;

1.2 Implementation of redevelopment of health centres identified for energy efficiency, involving the supply and installation of renewable energy systems, and/or repair and/or maintenance of electrical and water installations of the facilities, on the basis of the recommendations resulting from the preliminary analysis

1.3 Implementation of systems for the treatment of hospital waste in the 12 health facilities;

1.4 Training and strengthening the technical skills on renewable energy of the local staff in the maintenance and operation of installed systems, involving the Local authorities in taking charge and maintaining services

1.5 Ideation and implementation of promotion and education activities on the rational use of resources in 3 target communities;

2.1 Realisation of a preliminary technical study to identify the activities to be aimed at breaking down architectural barriers in 12 health centres.

2.2 Carrying out works aimed to breaking down architectural barriers in 12 centres

2.3 Pilot project development technical document on accessibility buildings and training for Local technical staff, local authorities and PWDs at the municipalities of Ghat, Ubari;

2.4 Design and implementation of an awareness campaign in support of local authorities aimed at the population on the importance of health care, periodic screening for prevention and treatment, vaccinations and good sanitary practices;



Not reported



Strengthening the role of Midwives through midwifery associations is a key pillar to improve the overall outcomes of RMNCAH services in Libya. UNFPA conducted 2 of advocacy events on the role of midwives in uplifting the national RMNCAH services across Libya in partnership with Libyan midwifery associations in Tripoli & Benghazi targeting 50 midwives



Strengthening institutional capacities of the health care sector is one of the key pillars of UNFPA's interventions in Libya. By focusing on enhancing human resource capacities to cope up with the challenging context a 4-days training where 21 midwives from Sebha graduated from leadership development program LDP. 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.

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- UNHCR provides health services through its partner IRC using public primary health care centres in different municipalities and Community Day Center in the capital, Tripoli. During the reporting period, IRC provided 589 general health and reproductive health consultations and 134 mental health consultations and referred 12 cases to public hospitals and private clinics. Phone consultations and appointments continue to be used in addition to attending to emergency cases.
- The IRC medical team supported 100 individuals through the 24/7 hotline, 34 of whom were referred for secondary medical assessments.
- IRC conducted eight medical visits to detention centres: Four visits to Triq Al-Sikka DC, and four visits to Ain Zara DC and one visit to Triq Al-Matar. 140 medical consultations were provided at Triq Al-Sikka DC, 112 medical consultations were provided at Ain Zara DC and 21 medical consultations in Triq Al-Matar.
- As part of pre-Departure preparations for an evacuation flight to Niger, 167 evacuees have been Medically screened on 14 of September and tested for Covid-19 on September 27th .



Figure 1 Pre-departure COVID-19 testing for Niger evacuation flight

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- UNHCR has delivered medical equipment to Attia Al Kaseh Hospital, in Al-Kufra, south-east Libya. Items include disposable bedsheets, surgical gloves, bandages, cannula and an autoclave sterilizing machine.



Figure 2 Medical equipment donation to Attia Al Kaseh Hospital.



KEY PERFORMANCE INDICATORS

Primary Health Care Consultations and Referrals

IOM medical teams provided a total of **12,919 primary health care consultations** (8,472 men and 5,405 women) to migrants, IDPs and host community members across Libya and **referred 76 migrants** to secondary and tertiary health facilities for further medical investigation, treatment, and management. In July 2022, IOM medical teams reported a total of **12** (9 Men and 3 Women) **COVID-19 suspected cases**.

1. DCs

IOM medical teams provided primary health care consultations for **2,120** migrants in detention (1,817 men and 303 women) in five detention centres across regions: namely, Triq al Sika (West), Ain Zara (West), Alkufra (East) and Ganfouda (East) DCs.

8 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 four primary health care centres (Shouhada Ejdabia (East), Aldurra (East) and Abdulhafed Alqarfa (East) PHCCs), IOM provided **4,914** primary health care consultations (2,004 men and 2,910 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

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Through its mobile outreach services, IOM's medical mobile team supported health care services for migrants, IDP's and conflict affected populations targeted in urban locations Hai Al-Andalus, Ghot Alshaal, Ain Zara, Alsirraj, Souq Aljumaa, Janzour, Tajoura, which benefitted of total **3,074** (2,613 Male and 461 female), out of which **21** migrants were referred to the secondary and tertiary health facilities for clinical management.

4. Migrant Resource and Response Mechanism (MRRM)

IOM medical team through Migrant Resource and Response Mechanism (MRRM) program conducted medical consultations in urban areas in Zwara, Sabha, Qatroun, Tripoli, Hay Al-Andalus Office, Ghat and Bani Waleed, which benefitted of total **2,811** (1,792 Males and 1,019 Female) out of which **47** migrants were referred to the secondary and tertiary health facilities for clinical management.

5. Rescue at Sea

IOM medical teams responded to rescue at sea operations in which a total of **800** migrants (772 men and 28 women) at **Abusitta** (West) and **Azzawia** (West) disembarkation points (DPs) were rescued. **65** migrants received medical screening and triage upon arrival.

Among the above consultations, IOM provided:

- 217 gynecological consultations and 228 antenatal and postnatal cares to the female migrants, IDPs and host community members.
- 53 consultations for migrant children on the integrated management of childhood illness
- Routine immunizations and records for 0 migrant children under the age of five
- 366 health care consultations related to psychiatric care and mental and psychosocial care
- 222 medical assistances to the trauma cases including the gunshot trauma and minor injuries

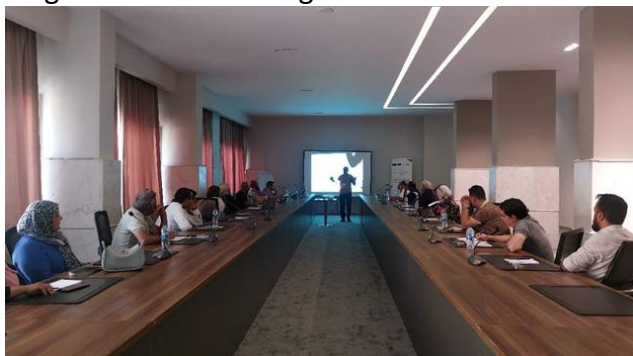
Fitness to Travel Screening

IOM medical teams provided pre-departure medical screenings for **1,289** migrants to assess fitness to travel (FTT) under the Voluntary Humanitarian Return and Reintegration (VHR) program.

National Health System Strengthening

Disease Surveillance Training

On 10-11 September 2022, 22 IOM surveillance officers (16 men and 6 women) in East region were trained on a simplified disease surveillance and response system (Early Warning Alert and Response Network: EWARN) that focuses on early detection of and rapid response to outbreaks or unusual health events, and diagnosis and recording of cause-of-death.



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Anti-scabies interventions

On 11 September 2022, IOM conducted an anti-scabies campaign at Alkufra DC in response to the scabies outbreak. 370 migrants received holistic support including new clothes, blankets, mattresses, personal hygiene kits and medical treatment.

On 12 September 2022, IOM conducted an anti-scabies campaign at Triq al Sika DC in response to the scabies outbreak. 890 migrants received holistic support including new clothes, blankets, mattresses, personal hygiene kits and medical treatment.



Donation

On 29 September, IOM provided Aldurra PHCC and Shouhadaa Ejdabia PHCC with essential medical equipment, supplies and medications to fill the critical resource needs gap.



COVID-19 response

1. Coordination

Under the leadership of the Ministry of Health (MOH), IOM organized the meeting of the Migration Health Sub Working Group in Tripoli on 12 September 2022, with over 20 national officials, UN agencies and international partners working in migration health in attendance.

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IOM disseminated the survey findings of migrants' knowledge, attitudes and practices on COVID-19 and vaccination (<https://bit.ly/3qOeXrR>) in Libya. Participants also discussed the disease outbreak response in detention centres and communities, and the COVID-19 vaccination campaign: lesson learned and way forward.



2. 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 **13,029** migrants, IDPs and host community members improved their awareness and knowledge of the COVID-19 prevention methods and vaccines.

3. Laboratory

On 22 September 2022, IOM donated 3,000 COVID-19 rapid antigen test and 10,000 viral swabs to NCDC to enhance the national testing capacity in Libya.



4. Vaccination

In September 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 September, 7,943 migrants attended COVID-19 vaccination information sessions and 3,777 doses were administered by the NCDC vaccination teams at Ain Zara and Triq al Sika DCs and 14 communities (Zwara, Ghiryan, Wasr Bin Ghasheer, Albayda, Hai Alandalus, Janzour, Misrata, Ain Zara, Tajoura, Gharb Azzawya, Azzintan, Sebha, Suq Aljumaa, Abusliem and Benghazi). Since October 2021 to date, a total of 21,652 individuals (20,937 migrants and 715 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 **848 migrants (502 Men, 289 Women, 34 boys and 23 girls)** in Tripoli, Benghazi, Alkufra, Beni Walid, Misratah, Sebha, Zwara, Tulmitha 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.
- IOM organized a 2-day training on Mental Health and Psychosocial Support (MHPSS) on September 25, 26, 2022 in Benghazi targeted 19 participants from the Libyan Psychology Association (LPA), the Moomken organization, the Eltomoh organization, the International Organization for Protecting Children and Disability (IOPCD), the International Rescue Committee (IRC), the Insat initiative, Future Makers Society (FMS), the Libyan Debate Club (LDC) and the Benghazi psychiatric hospital. The training aimed to strengthen participants' knowledge on MHPSS key messages, concepts and resources such as the MHPSS community-based approach in emergency settings, psychological first aid, how to deal with the stigma around mental health and supportive communication skill.
- The MHPSS unit organized a 2-days art based workshop on "Mental health and psychosocial support" on 28 - 29 September 2022 in Zwara targeting 30 migrants from different nationalities. The overall objective of the workshops was to mainstream MHPSS key messages, raise mental health awareness in migrant communities, and to strengthen the healthy coping mechanisms, and psychosocial wellbeing of the participants.



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No health sector related activity



WWGVC is implementing WASH and protection project in Libya so no updates concerning the health sector activities in reporting period.



Monthly Highlights

- To contribute to the efforts to raise awareness on Hypertension, IMC in coordination with PHCI organized an event in public park in Souk Altulata area in Tripoli on September 27th 2022. The activities included distribution of IEC material, blood pressure measurement and provision of medications to persons diagnosed with hypertension.
- To reinforce treatment for patients diagnosed with Tuberculosis registered in Zliten, 450 packets of RUTF were donated to the NTP section of the NCDC

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

- Health Systems Support
 - Continued to support **15 health facilities**, namely Sidi Masoud, Sidi Abduljalil, Alqadesiyia, and Sharaa Algarbi in Tripoli, Seha Madrasiya, Al Zaroq, Alshaheed in Misrata, AlHuriyat (Zliten), as well as Tawargha Polyclinic and Aljadeed, Al Gorda, Abdulkafi and Temenhent as well as Gagum Hospital in Sabha. Support provided includes augmentation of human health resources through **4 mobile medical teams**, provision of essential medications and disease surveillance.
 - In addition to the mobile medical teams, **3 MHPSS counselors** are deployed in each of the operational locations (Tripoli, Misrata, Sabha) to accompany the mobile medical team. One psychiatrist is deployed in Tripoli offering specialized MHPSS services within the supported health facilities in Tripoli.
- Essential Health Services are offered by the mobile medical teams composed of a medical doctor, nurse and pharmacist

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- o There were 2,045 (553M, 1492F) out-patient consultations. Among all female consultations, 755 (51%) were of the reproductive age group.
 - o 2,007 (624M, 1,383F) beneficiaries were screened for COVID-19 disease. There were no suspected cases identified during the month of September.
 - o 117 pregnant women have had at least two or more comprehensive antenatal consultations, while 6 were provided with postnatal care
 - o 49 trauma cases were provided with appropriate management
 - o Conducted 121 (68 M, 53 F) MH consultations
 - o 4 awareness sessions were conducted in Sabha to 41 (5M, 36F) beneficiaries on MH on the topics of *aggressivity among children, what is mental health and psychosomatic symptoms*.
- Community Health – please see highlights
 - Capacity Building
 - o Misrata - 13 (2M, 11F) health care workers participated in two on-the-job training sessions conducted on 8th and 27th of September at Tawergha polyclinic and Ashowahda PHCC respectively. The topics discussed include canula insertion and rational drug use. During the reported period.
 - o Sabha - 18 female health workers participated during two on-the-job training sessions at Algorda and Aljadeed PHCCs on 28th and 29th of September. The topics discussed include blood pressure measurement skills and rational use of antibiotics.
 - o Tripoli – 10 female health care workers participated during two on-the-job training sessions on 14th and 29th of September at Abduljalil PHCC. The topics discussed include canula insertion and rational use of antibiotics.
 - Pharmaceuticals and other Medical Commodities
 - o **7,443.87 USD** worth of medical commodities which included medications and medical consumables was donated to Alqadaseya PHCC.

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

- Clinical Management of COVID-19 patients
 - o 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 (5F, 8M)** were admitted to the COVID-19 isolation unit for stabilization and further in-patient secondary health services during the reporting period.
- Reducing the risk of healthcare associated spread of COVID-19 - NTR
- Risk Communication and Community Engagement
 - o Continued to maintain the Facebook page where relevant key messages are posted
- Capacity Building for Healthcare Workers
 - o On-site trainings on COVID-19 home based management and long-term complication were conducted from September 4 to 6, 2022 to selected health care workers from Sabha, Misrata and Tripoli. The training was conducted by the IMC medical doctor deployed in each operational site (Tripoli, Misrata, Sabha)

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- A COVID-19 case management training was conducted among the Sabha Medical Center health staff from September 21 to 22, 2022.

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

- Support MHPSS service provision and referral in 11 PHCCs - activities completed
- Foster gender awareness and sensitivity among health care workers in 11 PHCCs - activities completed
- Strengthen community-based MHPSS and GBV related services and link them to the PHC level in 11 municipalities
 - Completed the psychosocial support group for one of the 11 PHCCs. The support group consisted of *5 sessions on stress-management*. This pilot enabled IMC to conduct face-to-face sessions with **10 health care workers** from Abdeljalil health facility to determine best practices as well as lessons learned that can be used to expand the establishment of support groups to other participating PHCCs. Before ending the 5th session (last session), participants were asked to fill in an anonymous evaluation form. In general, what the participants shared verbally is that the common experience among members of the support group brought them closer together because they have lived a similar experience and have similar feelings and worries. They felt understood and listened to, less lonely, non-judged, improved skills to cope with stress by learning the 5 techniques of stress-management, gaining a sense of empowerment, control, and hope.
- Transfer steering of the MHPSS Technical Working Group (TWG) to the Libyan MoH
 - Internal meetings and discussions between the co-lead (IMC) and lead (IOM) of the MHPSS TWG to agree on the way to move forward

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

- Access to and quality of health services for migrants, forcibly displaced persons and host communities (leave no one behind) improved
- Provide training to health staff from 11 government health care facilities
 - **20 female health care workers** participated during trainings on September 13th and 28th there were two sessions titled identification and management of scabies and rational antibiotic use in Alaswak and Shuhada Alremela PHCC in Misrata
- Continued to deploy **three (3) mobile medical teams** to conduct COVID -19 and TB screening, OPD consultations including maternal and newborn care, reproductive health care, management of communicable and non-communicable diseases. Eleven (11) primary health care centers namely Alqadesiyia, and Almadina Alqadima in Tripoli, Algheran, Alaswak, Shuhadaa Alremela and Tomina in Misrata and Abdulkafi, Almahdeyia and Altayori in Sabha. During the month of September, the teams conducted **1,296 (591M, 695F) out-patient consultations**.
- Strengthen out-patient Clinical Management of patients confirmed with tuberculosis

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- o Continued to deploy **2 medical doctors** to provide TB case management in the NTP section of the NCDC centers in Sabha as well as in Zliten. In the month of September, there were **20 (17M, 3F) patients** registered as new TB cases for DOTS.
- o Provided **340 (228M, 112F) patients** with laboratory services to facilitate follow up and patient medication tolerance monitoring
- Continued to deploy three (3) MHPSS counselors and two (2) psychiatrists to provide mental health and psychosocial support services in supported health facilities. **49 (13M,36F) MH consultations** were conducted this month. In addition to consultations, the MH staff also conducted 3 awareness sessions on *anger, what is mental health and psychosomatic disorder* benefitting **33 (2M,31F) individuals**.
 - Output 2.2: Networks for health information and community-based mental health and psychosocial support (MHPSS) to migrants and forcibly displaced persons established and strengthened.
- Engaged and continued to support **13 community outreach workers** to provide appropriate information regarding existing services
 - o **720 (252 F, 468 M) individuals** were reached through community outreach awareness activity
 - o **66 (31M, 36F) beneficiaries** were referred from the community to the supported health facilities
 - Conduct support group sessions
 - o 2 group support completed 4 sessions on self-help in September. These group support sessions were conducted in Misrata and Sabha. Sessions for another support group is still ongoing.
 - o Conduct capacity building initiatives for MHPSS community-based activities
 - 26 (3M, 23F) healthcare professionals working in supported PHCCs in Sabha were trained on PFA and MH safe identification and referral.

Project title: Enhancing hazardous waste management produced by the COVID-19 vaccine campaign in two selected municipalities

Duration: 6 months (June 1, 2022, to December 31, 2022)

Donor: GIZ

- Procure and install at least one integrated autoclave with a shredder for at least 1 municipality:
 - o Site assessment at Nalut Central Hospital was conducted September 9, 2022
 - o Potential suppliers were invited to tender their bids for the provision and installation of the integrated autoclave as of September 14, 2022
- Train municipal council staff and other relevant municipal actors on the operation and maintenance of the integrated autoclave with shredder – to be conducted once the integrated autoclave is installed
- Train primary and secondary health care workers on hazardous waste management
 - o Training preparations are ongoing for a 3 – day training for the municipalities of Nalut and Zintan
- Procure and distribute environmental health kits to up to 12 facilities – the procurement process to complete the environmental health kits is ongoing
- Provide information and education materials to up to 12 facilities that can be used to encourage proper waste management and facilitate adherence to waste management protocols
 - o Ongoing preparation for IEC material containing information on proper management of medical waste. This includes

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- A4 leaflets containing WHO's guidelines on the processes of disposal for each of the five categories of hazardous medical waste
 - A0 Foam Posters containing the ideal hazardous waste disposal process flowchart,
 - WHO's blue book in Arabic and English, the 330-page book contains all WHO's guidelines on the proper management of hazardous waste
- o Ongoing preparation to launch a social media campaign, through IMC's Facebook page "International Medical Corps Libya", sponsoring multiple posts informing and raising awareness on the proper hazardous waste management, all information posted will be in line with WHO's and UNEP's guidelines.



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 a total of 2162 (950 male and 1212 female) primary, reproductive, and mental health care consultations to a total of 2,049 individuals (898 Males and 1,151 Females) representing migrants, internally displaced persons, and host community members (out of which 92 % were non- Libyans). Also, referred 111 (62 Male, and 49 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, 9 suspected cases have been referred to the NCDC and 95 confirmed cases were closely followed-up in coordination with NCDC and Private clinics. In coordination with UNHCR, Ministry of Interior, Ministry of Foreign Affairs, and Niger government, on the 29th of Sep 2022, the IRC health team conducted pre-departure medical check-up for 170 (109 male, and 61 female) clients to travel to Niger.



Figure 1: IRC medical team conducting an interview with a client

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

With funds from UNHCR, the IRC medical teams provided a total of 507 (448 male and 59 female) primary health care consultations and 494 (435 Male and 59 Female) 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.



Figure 2: IRC team measuring the blood pressure of a client at Ain Zara DC

- Rescue at Sea (RaS):

With funds from UNHCR, the IRC-RaS health team responded to 15 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 1,297 mixed migrant survivors and provided a total of 99 (92 male and 7 female) PHC consultations to 95 (90 Male and 5 Female) individuals and referred 2 females to secondary and tertiary facilities for further medical management.

- 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 (95%) of the calls received and assisted 288 (125 females (43%) and 163 males (57%) PoC either on the ground (re: at home or community) or through referral to secondary and tertiary health facilities.

- Donations & rehabilitation:

A Series of donations that included some medications, supplies and consumables were delivered to some selected primary and secondary health care facilities in September to Alnasb Altethkari PHCC, Al Gargni PHCC and Al Harat PHCC, Zawait Aldhamani PHCC, Emhemed Al mogaraef PHCC, Ghout Eddis PHCC, Tripoli Central Hospital, Tripoli University Hospital, Aljala hospital and Ali Omar Asker hospital (Esbiea).

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➤ Community Health Activities:

Awareness raising and health promotion activities continued through CHWs (Libyans) and Community Outreach Volunteers (non-Libyans) who conducted 309 awareness raising sessions on communicable diseases, non-communicable diseases, and 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 456 beneficiaries (194 Females and 262 Males) of which (30%) from Sudan; (22%) from Eritrea; (23%) from Ethiopia and (25%) other nationalities.

➤ Training

On September 21st & 22nd, a Capacity Building Training targeting 13 (8 males and 4 females) community outreach volunteers and 3 males interpreters was Successfully conducted by Tripoli CHW Team on Communicable and non-Communicable diseases, Breast Cancer, TB, Mental Health and First aid.



Figure 3: Training to community outreach volunteers and interpreters at Victoria Hotel

Sep 12th-16th, the health manager in Tripoli attended a 5 days TOT on VCAT TOT in Lebanon. VCAT stands for “values clarification and attitude transformation.” Abortion-related VCAT workshops use a variety of activities to engage participants in open dialogue to explore their values and attitudes about abortion and related sexual and reproductive health issues, often leading to increased awareness and comfort with the provision of safe abortion care. The workshops are conducted in a safe environment in which individuals take responsibility to engage in honest, open-minded and critical reflection and evaluation of new or reframed information and situations.

Health System Strengthening

Within 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 municipalities, IRC carried out the following activities:

➤ Stakeholder Engagement:

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IRC continues cooperation with Primary Health Care Institute (PHCI) and District Health Offices and finalized the list of participants nominees to start conducting TOT training. Also, IRC in coordination with PHCI conducted field visit to Shahat Municipality to assess the needs of targeted facilities of the project and the challenges might be facing the health workers and facility managers.



Figure 4: field visit to Shahat Municipality by IRC and PHCI

➤ Health Information Management

As part of DHIS2 training preparation and coordination, on September 13th, a meeting was held with the director of Health Information Center (HIC)- MOH to discuss the assessment conducted from 15th of July to 20th of August in the targeted municipalities of Ain Zara, Alshatie, and Shahat.

September 14th & 16th, awareness sessions were conducted by the HMIS team about the importance of Data Entry, DHIS2 overview and how the digital forms can help the Health Facilities to ensure proper data management -in Ashkida PHCC in Brak and Grenada PHCC in Shahhat municipalities. Additionally, a field visit was conducted on September 28th to Alqbaylia PHC PHCC about the DHIS2 package in the EU project. A Paper based-questionnaire was used to assess the technical competencies of the health facilities (HF) staff and how this technique can support informed making n. Reaching a total of 44 HFs staff (24 Females and 20 Males) in the 3 targeted municipalities namely Alshatie, Shahat, and Aiz Zara.



Figure 5 & 6: Meeting with the Alqbailia HF's manager and conducting DHIS2 overview session (Tripoli)

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➤ Community Health Activities

Awareness raising and health promotion activities continued through CHWs (who conducted more than 50 Health awareness sessions of different health topics as Hepatitis, Infection Prevention and Control, Breast Feeding, Covid19 Vaccination, Monkeypox, Scabies ,Scorpion bite, Lice, Reproductive health (STD, safe delivery, family planning), Diabetes, TB, First aid to health staff (nurses, lab technicians, and dentists) and host community in the targeted municipalities, reaching a total of 229 individuals in Ain Zara (227 females and 2 male), 841 (759 male and 82 female) in Shahat and 120 (115 female and 5 males) in Wadi Ashati. In addition, IEC materials in Arabic and English were distributed in the targeted municipalities.

Celebration of the World first aid day (September 8th 2022.):

In Ain Zara: The CHWs conducted a First Aid training at Babel school in Ain Zara. The training was attended by 54 Medical staff of different PHCCS of Ain Zara. The First Aid training included different emergency topics (CPR, Shock, Fracture, etc..) and how to manage these cases.

In Wadi Alshati: First aid campaign was held in health institute in Alqurda municipality in cooperation with voice of hope LCSO and Brak hospital with participation of 93 people from scouts and medical staff from Al Ayoon PHC & Mahroqa PHC.

In Shahat: The event was held at Clinic no.1, in collaboration with Libyan Red Crescent (LRC), targeted 20 health professionals working in Shahat municipality; receiving knowledge on how to respond to common health injuries.



Figure 6&7: Celebration of the First aid day(Tripoli, Shahat, Wadi Ashati).



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Figure 8,9,: Awareness raising session for health staff (Tripoli, Shaht, Wadi A_{sh}ati)

➤ Quality Assurance Activities

Activities at Central level:

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

- ✓ On **4th of September**, meeting was held at the office of the head of the Quality Control Directorate at the Ministry of Health, in coordination with the -Director General of Primary Health Care Institute and in the presence of PHI's staff (-QAS displayed step by step approach for quality assurance implementation plan for piloting PHC facilities at selected municipalities. It was agreed to nominate one or two persons from the Quality Control Directorate to participate in the training process and setting quality policy and quality objectives at primary health care level.
- ✓ IRC-QAS actively participated in the three meetings (**September 7th,12th and 21st**) of the National Quality Assurance Committee to review standards for primary care, The IRC's quality assurance specialist (QAS) presented Quality health standards that assess PHC system performance regarding diagnostic and laboratory services and provides a guideline for requirements, specifications, evaluation, development and implementation of quality systems and standards for health laboratory services. Also, QAS participates in the process of drafting of these national quality assurance standards.



Figure (10): National Quality Assurance Committee meeting

- ✓ IRC-QAS holds three meetings (**September 15th,22nd and 26th**) within the context of the process of reviewing the quality improvement tools, in cooperation with the quality team at the Primary Health Care Institute , to put them in their final form, in line with the current status of the health services package so that it is used to measure the quality of services on a quarterly basis for the purpose of improving health services provided by Primary health care centers at selected municipalities. Also, in one of these meetings, the IRC-HIMS team participated in reviewing the tools related to Information management and medical records.

Activities at DHOs level:

- ✓ **On 1st of September**, QAS worked with the DHO of Wadi Alshati to nominate focal point for Quality Assurance. In addition, all targeted health facilities nominated their respective quality improvement taskforce teams to work closely with the IRC's QAS on the pilot of the quality improvement activities.
- ✓ **On September 19th**, The World Patient Safety Day was commemorated at Tripoli DHO under the theme of "Medication Without Harm"; The QAS investigated the bottlenecks, chances and challenges that impact the PHC delivery and quality assurance issues in Ain Zara municipality, based on meetings held with QITF teams of selected piloting PHC facilities from Ain Zara health office and reports to the Tripoli's DHO.



Figure 11: Tripoli DHO and -IRC staff during World Patient Safety Day activities

- ✓ **On September 28th** at Alqbaylia PHC center, the QAS met with members of Alqbaylia's PHC QITF team and displays that QITF team responsible for providing technical support to effective implementation of the PHC Quality Assurance (QA) system and conduct performance improvement reviews quarterly.

➤ Successful Story

A twenty-eight 28 years old man from Chad, lives with his friends in Al-furnaj-Tripoli, had been sick for two months at home with no medical intervention. His friends were worried about him. They did not know what to do until they directed him to IRC PHCC for medical treatment and support. The patient suffered from serious back pain, anorexia, general fatigue, could not speak or move without support. He was medically examined in Almegarif PHCC by the medical team. The clinical vital signs were checked and recorded. The patient underwent various laboratory tests, and the results of his tests showed his condition was highly critical, accordingly he was promptly referred to Alrayan Hospital for further investigation and treatment. The patient was then admitted after completing all required tests. Now the patient responds to the treatment accordingly, He has regained his ability to speak with a smile on his face and is able to walk around without any support. The patient recovers rapidly and feels better.

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Now, community health workers and CVOs are following up the case to ensure that the patient is taking his medication accurately. The patient was so excited to see himself in this better condition. He expresses his sincere thanks to the IRC medical team for their outstanding medical support.



Figure 12: alleviating the patient's suffering during routine daily work



Not reported



ICRC

Not reported

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CEFA completed main project in Health and don't have specific health intervention for the reporting period.



During the reporting period, ACF mission Libya continued its consultations and regular meetings with the PHCI and maintained communications with the health officials at district level represented in the managers of the 7 PHC facilities and district health offices officials at municipalities of Sabha, Qasr Ben Geshir and Swani Ben Adam.

ACF health and WASH teams worked closely with the managers of targeted 7 PHC facilities to prepare contingency plans to maintain continuity of essential PHC services during rehabilitation period, this will include temporary partial closure of some health facilities and temporary reallocation of beneficiaries to closest PHC facilities in other health facilities.

ACF health team continued to follow up and monitor closely the progress of PHASE-3 of Libya National SMART survey, represented in the field data collection by trained enumerators from households at 6 health regions, ACF health team provided technical support through timely feedback to SMART survey managers on the ground and revised plausibility checks when shared by colleagues from bureau of Statistics and Census (BSC) to ensure quality of data collection.

ACF-Libya launched a new project at the Libyan east, within the municipality of Benghazi aiming to improve environmental and mental health at schools in need for support, through WASH and MHPSS interventions.



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

- Coordinated for printing of educational roll-up stands on COVID-19 vaccines in order to utilize these materials in public in health facilities and while conducting awareness raising sessions and other educational activities on COVID-19 in close cooperation with national health partners .
- 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>

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

- Concluded from 4-7 Sep 2022, the fourth group of training Workshops for Early Warning Alert and Response Network (EWARN) in new reporting sites targeted by expansion plan. By the end of 2021, the number of sentinel sites had reached 180. This is in line with and co funded by EU COVID (71049) and ECHO (73811) donor agreement and WHO's 2022 workplan. In 2022, the aim is to expand to 300 sentinel sites across the country expanding to an additional 120 new reporting sites to existing network. EWARN reports on ALRI , AURI and COVID-19 confirmed cases.
- RRTs were deployed to investigate and respond to increase of cases in AlKufra

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

- EMR Travel measures bulletin for week 35& 36, received and disseminated.

Pillar 5: Laboratories and diagnostics

- Coordinated for the upcoming 7 workshops on lab SOPs training, targeting 186 health care workers working on sample collection and transportation which would be conducted in Sabha , Misrata, Benghazi and Tripoli.

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

- 9 IPC officers continue to carry out their work in 24 health facilities across the country and month of September, the IPC consultants hired under EU COVID award continued to provide daily on job training, technical support to these health facilities according to agreed action plan.
- Organized the biweekly meetings with the 9 IPC officer to follow up their work and discuss the action plan for the Q4 of 2022 at their area and progress the planned IPC action plan.
- Conducted training session to the IPC teams in Benghazi Paediatric Hospital for infection control measures including hand hygiene, safe injection practices, rational use of the PPE, and waste management.
- Training session conducted for 12 health workers in the dialysis department at Sabha Medical Center on (Environmental Cleaning & Disinfection Best Practices in Resource-Limiting Settings, Injection safety and needle-stick injury management)

Pillar 7: Case management, clinical operations, and therapeutics (under logistic)

- COVID-19 case management supplies were distributed to Janzour Rural Hospital, Sibratha GH, Zwara Sea Hospital, Al Gamail GH and Al Zawiya Medical Center and included patient monitors, oxygen concentrators, venturi masks and nasal oxygen cannulas.

Pillar 8: Operational support and logistics, and supply chain (see below)

Pillar 9: Strengthening Essential health services and system (see below in relevant sections)

Pillar 10: COVID-19 vaccination (National Center for Disease Control (NCDC), Libya MoH Source:

<https://web.facebook.com/NCDC.LY/>)

- As of 14 Sep 2022, 15.5% people received the 1st dose (partially vaccinated), while 17.7% received the 2nd dose (fully vaccinated). 2.5% people received booster doses.
- Coordinated with NCDC to support COVID-19 Vaccination Campaign through Outreach and Mobile Teams for supporting Low Coverage Municipalities.
- Coordinated and provided the needed feedback on COVID-19 vaccination to Global Health Cluster Team and Libya Country Support Team in EMRO.

Coordination and Health Information Management

- Updated the [WHO Libya operational response](#) interactive dashboard, that was developed in collaboration with HIM/HQ
- Supported conducting data analysis training for data management team of the MoH primary health care institute on 18-20 Sep 2022, 13 persons trained.

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- Supported conducting District Health Information Software (DHIS2) training in Al Ajaylat municipality in the west region on 17-19 Sep 2022 for 20 participants from PHC facilities, hospitals, and statisticians at municipality level.
- Continued coordination of HMIS activities under EU STEP grant in collaboration with WHO team, and health partners (IRC, PHCI, HIC). Included IRC staff on the planned DHIS2 trainings in the targeted municipalities by the project, in East and South regions.
- Developed a summary report for the conducted assessment on capacity of the MoH staff involved in data collection and roll-out of the Health Information Management System, using DHIS2.
- Updated the COVID-19 laboratories monitoring tool, for data collection of the 3rd Quarter 2022.
- Contributed to EMR Programme Budget 2024-2025, country prioritization exercise, with regards to SP4.
- Completed submission of (07) COVID-19 daily updates, (2) COVID-19 weekly updates for posting on WHO website by the communication team.
- Produced Epi weekly COVID-19 bulletin for week 37 2022.
- Finished Epi weekly COVID-19 data collection and analysis for week 38 2022.
- Produced Epi monthly COVID-19 bulletin for September 2022.
- Produced the monthly health sector operational response report for August 2022, based on the partners' 4Ws inputs.
- Updated the Libya health sector response interactive dashboards.
- Updated OCHA Libya-Humanitarian Needs Monitoring Indicators.
- Regularly updated <https://www.humanitarianresponse.info/en/operations/libya/health>

Strategic Priority 1: Universal Health Coverage

- **PHC/NCD**
 - Organized follow up meeting with HQ and RO and reviewed Libya STEPs survey sample size and probability of selection.
 - Reviewed the STEPs sample size distribution and provided guidance into the English version of the sample size.
 - Followed up with PHC institute on the pharmaceutical approval required for the medical supplies procured under PHC-EU project “Contribute to a Stronger and Enhanced Performance for Primary Health Care Centres in Libya – a STEP for PHCs in Libya”.
 - Organized meeting with NCDC technical cooperation office and member of the Libyan prevention blindness committee and discussed cooperation to enhance prevention blindness programs through conducting awareness campaigns in health facilities.
 - Shared with NCDC WHO package for entry and analysis of data from population based Rapid Assessment of Avoidable Blindness.
 - Provided inputs to the UNSDCF under outcome 3 for the UN joint workplan report format.
 - Conducted regular follow up meetings with HQ, RO, NCDC and national STEPs committee on the preparation for the ToT workshop and the data collectors training on the STEPs survey for NCDs risk factors.
 - Attended announcement workshop on the pilot results of the national cardiac registry of cardiovascular diseases.
 - Attended meeting with RO coordinator UHC/HWF and discussed workload indicators of staffing needs at 5 districts in Libya as pilot study under PHC-EU project “Contribute to a Stronger and Enhanced Performance for Primary Health Care Centres in Libya – a STEP for PHCs in Libya”.
 - Attended the Impact dialogue session organized by regional TFI unit.
 - In coordination with PHCI organized for two workshops on oral health targeting dentists working in PHCs in greater Tripoli area scheduled for 13-14 and 16-17th November 2022
 - Followed up with EMRO nutrition advisor on PHC nutrition guidelines prepared by PHCI
 - Followed up with MoHE 7th Libyan Medical Sciences Conference organizing committee on WHO’s participation and support.
 - Attended the neuro-oncology group meeting of the Tripoli Cancer centre.

▪ **Mental Health**

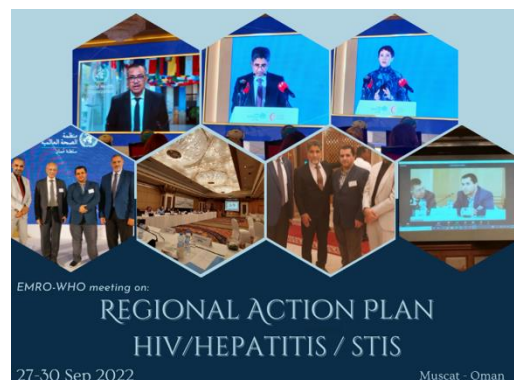
- Conducted three 5-day training workshops on the WHO School Mental Health Package in Sabha and Tripoli for 79 school personnel from the targeted schools by SCALE project in cooperation with the Department of Social Service and School Health at the Ministry of Education and the Primary Health Care Institute.
- Conducted a 5-day training workshop in coordination with the PHCI on the mhGAP-Intervention Guide phase 2 in Tripoli for 23 GPs working at selected PHC centres targeted by the WHO FCDO project.
- Conducted two 3-day training on the WHO Psychological First Aid Guide and Self Help plus manual in coordination with PHCI in Benghazi and Tripoli for 50 nurses
- Continued conducting the regular coordinating meetings with MoE, MOH and PHCI to follow up on the progress of the implementation of MH project.
- Meetings were conducted with NCDC, national mental health professionals, WHO contracted MH consultant and the regional advisor for mental health to arrange for the upcoming brainstorming workshops in Benghazi and Tripoli.
- The team of the community mental health volunteers continued providing community awareness sessions using the WHO's package.

▪ **TB/HIV**

- The TB NSP workshop completed and all the components of NSP are finalized in consultation with stakeholders.

EUTB project steering committee meeting held on 27th September 2022

- WHO Libya held consultation with WHO HQ and WHO EMRO to finalize the agenda to scale up TB preventive treatment in Libya
- WHO HIV/Hep/STIs team participated and facilitated participation of NAP-NCDC Libya to the intercountry consultation on the Regional Action Plan RAP for implementation of the Global Health Sector Strategies GHSS 27-30 September 2022.



▪ **AFP/Polio/Immunization**

- Two weekly updates on COVID-19 vaccination activities were produced and shared with the respective bodies.
- COVID-19 vaccination coverage is being tracked on a daily base using WHO daily vaccination coverage and utilized vaccine tracking tool.
- COVID-19 vaccination activities in 22 low-performing municipalities, using outreach and mobile team strategies to vaccinate at least 167745 are being coordinated and followed up to take place mid-Oct 2022.
- As a part of Libya's readiness to introduce nOPV2, the documents related to the surveillance component are completed and submitted, and the country's readiness has been reviewed, verified, and updated accordingly.
- Preparations are being coordinated and facilitated with EMRO focal point to conduct EPI Data Quality Assessment at the municipality level.
- A meeting was held under the leadership of WHE team lead to discuss the progress toward the polio transition. The key agendas that have been discussed are the level of Polio functional integration across the WHES and strengthening Polio outbreak response capacity.
- Concept notes and TORs are drafted to engage Community Health Volunteers in the essential polio functions.
- Who has planned to conduct 2 days' workshop to update Libya's Polio Outbreak Preparedness and Response Plan (POPRP).
- As a response to cVDPV2 that has been detected in Algeria, 2 training workshops are currently being conducted in 2 bordering municipalities which are targeted 55 AFP focal points/municipality surveillance officers to enhance their capacities for early detection and rapid response to any potential WPV/Cvdpv2 outbreaks.
- Measles/Rubella surveillance data up to August were analyzed and the monthly report was produced.
- WCO coordinated, facilitated, and supported transportation of pending 16 AFP specimens collected from (8 AFP cases reported in previous weeks) to Institute Pasteur Lab in Tunisia.

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- Coordination and follow-up were carried out with the concerned authorities in Tunisia about AFP case number 62. The required samples were taken and sent to the NPL in Tunis.
- Developed, Consolidated, and disseminated AFP weekly epidemiological update reports (Epi week 37 and 38).
- Total AFP cases reported as of Epi-Week 38, 2022 = 62
- Total AFP cases reported within the last two weeks (W37 and 38) are 2 cases.
- Discarded as NPAFP 2022 = 54 (87%).
- Pending AFP cases for classification = 8 (13%).
- Early detection and notification within 7 days of onset of paralysis in 2022 = 52 (84%)
- Early investigation within 48 hours from the date of notification in 2022 = 60 (97%)
- Annualized NP-AFP rate = 3.3/100,000 U15 years Children
- % Stool adequacy = 100% (62).
- 16 AFP stool specimens from 8 AFP cases are pending classification.

Strategic Priority 2: Health Emergencies

Emergency Response

- Followed up with the national focal point the training and the preparatory steps for the 5th Global Status Report on Road Safety and preparation for GSRRS5 Workshop.
- Attended the EOC meetings organized by WHE EMRO Team.
- Preparation for procurement of Emergency and Contingency Medical Supplies.
- Preparation to conduct Emergency Medicine Training Workshops for newly graduated doctors across Libya in coordination with MoHA.
- Preparation to conduct Emergency ICU Case Management across Libya in coordination with ED-MoH.

EMT

- 21 Emergency Medical Teams supported 27 health facilities providing primary and secondary health care services across the country. 15,298 EMT consultations and 282 surgical intervention from 16 to 30 September 2022.

S.No	Team	Donor	Specialties	Location Covered	Surgical Intervention	Consultation
1	Sabha	USAID	Anesthesia Diabetic Consultant, Adult	Sabha Medical Center	62	1006
2	Edri shatti	USAID	Pediatric, General practitioner	Edri Rural Hospital	-	214
3	Ubari Ghareefa	USAID	Pediatric, General practitioner, Obstetric&Gyne	GHarifa hospital	-	526
4	Ubari	USAID	Pediatric, General practitioner	Ubari general hospital	-	436
5	Um Al Araneb EHT	USAID	Pediatric	Om El Araneb Rural Hospital	-	120
6	Algurdha Ashshati	USAID	Pediatric, General practitioner, Obstetric & GYN	Al Gurdha Rural Hospital	-	517

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7	Murzuq	USAID	General Practitioner Pediatic,Obstetric&gyne	Murzuq General Hospital	-	656
8	Tarhouna EHT	USAID	Anesthesia Nero Surgery Vascular Surgery	Tarhouna GH	97	1239
9	Msallata EHT	USAID	GP Gynecology	Msallata RH		546
10	Al Margeb MMT	USAID	Pediatic Internal medicine GP Gynecology	Garabolli PHC Qasr Akhyar Suk Alahad PHC		490
11	Al Sbeaa EHT	USAID	Endocrinology Gastroenterology Burns Surgery	Al Sbeaa GH		528
12	Benghazi MMT	USAID	Pediatic Cardiology GP Gynecology	Al Majori PC Tawergha IDPs Camps Sidi Khalifa polyclinic		1569
13	Ejdabia MMT	USAID	Pediatic Internal medicine Dermatology	Tawergha IDPs		1487
14	Kufra	USAID	Anesthesia Orthopedic General Surgery Internal medicine	Al Kufra GH		750
15	Banwaleed	USAID	Surgery,Medicine	Baniwaleed general	52	421
16	Sousa	USAID	Medicine,Peaditric,Surgery	Soiusa Hospital		950
17	Tawergha MMT	USAID	Medicine, Peaditric,Dermatology	Tawergha GH NCDC Misrata		1397
18	GHAT	USAID	General Practitioner Pediatic	Al Berkit PHC Tahala PHC		992
19	Gatroun	USAID	General Practitioner Pediatic Obstetric & GYN	Gatroun Rural hospital		420
20	Jufra	USAID	General Surgery	Alafia Hun hospital	44	507
21	Sahel	USAID	General practioner- Medicine-Surgery	Batta polyclinic-Al- Biada rural hospital	27	527
				TOTAL	282	15,298

HEALTH SECTOR BULLETIN

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▪ **Disease surveillance:**

- EWARN weekly bulletin for week 37& 38 received and disseminated.
- Influenza sentinel surveillance biweekly virtual meeting attended on 28 Sep 2022, discussion with IHP unit focused on EMRO expert mission arrangement, proposal dates, assistance needed and finalizing national influenza protocol.
- 73 new reporting sites of EWARN system included in the system and started to send alerts and weekly reports to NCDC.
- Event based surveillance virtual meeting attended on 27 Sep 2022 with NCDC focal point, CDC experts and EMR office, discussion focused on training achieved for subnational level and planned training for front line workers planned on Oct 2022.
- Arrangement with IHP unit for virtual Monkeypox case management training targeted dermatologists and clinicians.
- WHO COVID-19 Clinical management - new recommendations shared with MOH and NCDC.

Strategic Priority 3: Healthier Populations

▪ **GBV:**

- 20 primary health care doctors trained on WHO clinical handbook on health care of women subjected to intimate partner violence and/or sexual violence in Tripoli from the following municipalities: Ain-Zara, Wadi Rabea, Al-swani, Tarhouna, Benghazi, Murzuk, Nalut, Misrata and Gheriyan).
- As part of integrating GBV services in health system, an approved MEMO and BBD shared with procurement team to conduct a TOT training of previously trained doctors in October to make a pool of trainers to train health care providers on WHO clinical handbook on health care of women subjected to intimate partner violence and/or sexual violence in Libya.

▪ **Community Health Volunteers Initiative**

The 50 CHVs at Sabha, Edri Al jufrah, Bent Baya, Tahala, Al Aweinat, Murzuk and Un Al Araneb municipalities continue their awareness session to the community, IDPs and migrants regarding:

- Chronic kidney disease awareness campaign which targeted thirteen health facilities in Sabha (altadamen ,Hajarah primary health care and, Hai Abdulkafi, Alsalam, el tahrir, Almanshia, althanawia, Hai Alkarama, Alqahira, hajara, al naseria, algorda health centers in addition to diabetic center), Tahala Primary Healthcare Center in Tahala Municipality, the beneficiaries were a better understanding of all processes including for firming up the health care providers, patients and their relatives.
- Initiate scorpion sting first aid awareness campaign targeted Almahdia health center in Sabha response at municipality, (murzuq hospital, edlim health center, jizao health center) in Murzuk municipality, (municipal council office and the office of ministry of labor) in Un Al Araneb municipality, Al Aweinat PHC and velalen PHC in Al Aweinat Municipality, and focus on (expected clinical picture of sting, red flag clinical picture that need urgent medical care, pre hospital first aid, importance of anti-scorpion for victims, correction of traditional malpractice) level as well as speeding up the clearance procedures related to the humanitarian supplies procured by WHO.
- Hypertension awareness campaign by visiting higher institute of medical science and technology in Al jufrah municipality, (Edri general hospital, Bergen health center, Edri health center, Al Zahra health center, Holly Quran school, Bergen municipal council office, Bergen electricity company) in Edri municipality, discussion were on facts about disease effect, causes of hypertension, rule of healthy life style (diet and exercise) to prevent and manage hypertension, also has practical aspect by measuring blood pressure for audience to encourage them and follow national guideline for hypertension screening to detect cases early and urgent intervention.
- Distribution of COVID 19 prevention kits.

Overall reached population:

- 720 beneficiaries in Sabha Municipality

- 180 beneficiaries in Al jufrah Municipality
- 250 beneficiaries in Edri Municipality
- 200 beneficiaries in Murzuk Municipality
- 100 beneficiaries in Um Al Araneb Municipality
- 120 beneficiaries in Tahala Municipality
- 200 beneficiaries in Al Aweinat Municipality



الإغاثة الأولية الدولية

Premiere Urgence Internationale – Health Activities September 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 CDCS:

In Benghazi since April 2022, it was launched a 12 months project to strengthen non communicable diseases (NCD) health care services. 11 medical doctors of 23 July polyclinic received Training of Trainers (ToT) on Non-Communicable Disease (NCD) care pathways, specifically designed to suit the health background of non-communicable morbidities in Libya.

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. 2322 individuals were screened by Primary Health Care Center (PHCC) health workers on 23 July PHCC, and 285 through home visits. Among the latter, 34 were referred and 23 were enrolled in the NCD management programme. 16 beneficiaries (5%) 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 285 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 556 people (176 are women), at community level.

In addition, 14 health workers (nurses and technicians) from 23 July PHCC were trained by PUI nurse and the PHCC nutritionist to strengthen their knowledge of risk factors for non-communicable diseases (unhealthy diet, lack of exercise, alcohol and tobacco consumption); behavior change/motivational interviews; 5 health workers (nurses, pharmacists, doctors...) were trained by PUI psychologists on stress management. Moreover, 11 doctors received 3 days' training on: Chronic kidney diseases, Anemia as well as on palliative care and cancer.

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 30 people, including 28 patients with anxiety-depressive disorders who were referred by doctors and educated on mental health; and 2 PHCC health workers. 3 Patients with psychotic disorders were referred to the psychiatric hospital.

HEALTH SECTOR BULLETIN

Sep 2022



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

Screening and awareness sessions on September 11th

285 people were screened as part of the screening activity in Benghazi. This was created to check people who meet high-risk criteria for developing NCDs. These daily activities were conducted by interviewing local activists and community leaders in each area, which included 269 locals and 16 migrant workers. These activities are regarded to as community mapping and are carried out by community mobilizers in close collaboration with the community health officer. The outreach nurses screened 158 males and 127 females between the ages of 18 and 49, and alluded any cases that were found to the supported clinic.



Screening during home visit 11.09.2022

Premiere Urgence Internationale and World Heart Day:

In Benghazi, September 29th PUI team held awareness group sessions about heart diseases and how to limit their consequences in order to raise awareness of World Heart Day. They also emphasized the importance of using primary healthcare services correctly. The event started with 43 local residents; 33 females and 10 males, between smokers, diabetics, and hypertensive patients. The activities began at 11 a.m. with a health education session on cardiovascular disease risk factors and how to manage modifiable factors

HEALTH SECTOR BULLETIN

Sep 2022



Health education about cardiovascular diseases



Not reported

HEALTH SECTOR BULLETIN

Sep 2022

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

13-Oct-2022

Totals

Total incoming funding: US\$37,857,943
Filtered original requirements: US\$18,575,678
Filtered current requirements: US\$27,528,489
Coverage: 137.5%
Total pledges: US\$0

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Field cluster/sector ^	Original requirements US\$	Current requirements US\$	Funding US\$	Coverage %	Pledges US\$
Common Services (Logistics, Coordination)	0	0	0	0.0%	0
Health	18,575,678	27,528,489	35,357,943	128.4%	0
Multi-Purpose Cash Assistance (MPCA)	0	0	0	0.0%	0
Protection	0	0	0	0.0%	0
Shelter/NFIs	0	0	0	0.0%	0
Multiple Field clusters (shared)			2,500,000		

View this on Financial Tracking Service

Flow	Source org.	Destination org.	Description	Amount (US\$)	Funding status
21960	European Commission	World Health Organization	LIBYA C-19 STRENGTHENING LIBYAN AUTHORITIES CAPACITY TO ADDRESS C-19 RELATED CHALLENGES AND ENSURE PROTECTION OF LIBYA'S POPULATION INCLUD	\$4,308,574	Commitment
246265	Germany, Government of	World Health Organization	Enhancing the response to COVID-19 and strengthening the management of targeted communicable diseases in Libya (2022 portion)	\$2,388,468	Commitment
246451	United States of America, Government of	World Health Organization	LibyaACE: Health (USAID/HR4) Saving lives in Libya by supporting the direct response to COVID-19 and strengthening overall health system capacity	\$900,000	Commitment
246384	Germany, Government of	United Nations High Commissioner for Refugees	Support for refugees, returnees and internally displaced persons in the context of the Libyan crisis	\$851,407	Commitment
251736	Private (Individuals & organizations)	World Health Organization	IMPLEMENTATION OF A PROGRAMME DESIGNED TO PROVIDE CRITICAL CANCER TREATMENTS FOR CHILDREN IN LIBYA AND IMPROVE THE CAPACITY OF HEALTHCARE	\$5,437,518	Commitment
251739	United States of America, Government of	World Health Organization	GLOBAL RESPONSE FOR COVID-19 2022 - HPP COUNTRIES	\$2,996,000	Commitment
251800	Univlad	World Health Organization	WHO COVID-19 CLINICAL MANAGEMENT TECHNICAL ASSISTANCE PROJECT-SECOND O2 PROJECT	\$30,816	Commitment
251862	United States of America, Government of	International Medical Corps	Primary healthcare and M-PSS service provision and training in Tripoli, Misrata, and Sabha	\$18,915,000	Commitment
251864	International Medical Corps	International Medical Corps	COVID-19 Response to Support Isolation Center in Sabha	\$250,000	Commitment
251866	European Commission	International Medical Corps	Primary healthcare and M-PSS service provision and capacity building in Tripoli, Misrata, and Sabha	\$1,593,367	Paid Contribution
252358	European Commission	International Organization for Migration	Protecting vulnerable migrants and stabilizing communities in Libya	\$159,824	Paid Contribution
252363	European Union Emergency Trust Fund for Africa	International Organization for Migration	Strengthening national TB response across Libya with a focus on most vulnerable populations	\$1,000,075	Paid Contribution
252370	Finland, Government of	International Organization for Migration	Fostering Health and Protection to Vulnerable Migrants in Libya (PHASE III)	\$160,915	Paid Contribution
252375	Italy, Government of	International Organization for Migration	Multi-sectoral Support for Vulnerable Mobile Populations and Communities in Libya	\$562,714	Paid Contribution
252376	United States of America, Government of	International Organization for Migration	Global COVID-19 Response Programme	\$567,778	Paid Contribution
252379	Austria, Government of	International Organization for Migration	RESPONDING TO THE NEEDS OF THE MOST VULNERABLE POPULATIONS IN LIBYA THROUGH HEALTH INTERVENTIONS	\$1,000,075	Paid Contribution
252380	Austria, Government of	International Organization for Migration	RESPONDING TO THE NEEDS OF THE MOST VULNERABLE POPULATIONS IN LIBYA THROUGH HEALTH INTERVENTIONS	\$134,307	Paid Contribution
252382	United States of America, Government of	International Organization for Migration	Enhancing Disease Prevention And Response To Covid-19 In Ubari, South Of Libya	\$271,111	Paid Contribution
252384	United States of America, Government of	International Organization for Migration	Enhancing Disease Prevention and Response to COVID-19 in Ejdabia, East of Libya	\$585,042	Paid Contribution
252387	European Union Emergency Trust Fund for Africa	International Organization for Migration	Libya Covid-19: Supporting Libyan Authorities to Address Covid-19 Related Challenges and Assisting Vulnerable Groups	\$388,447	Paid Contribution
252390	European Union Emergency Trust Fund for Africa	International Organization for Migration	Libya Covid-19: Supporting Libyan Authorities to Address Covid-19 Related Challenges and Assisting Vulnerable Groups	\$31,918	Paid Contribution
252392	European Union Emergency Trust Fund for Africa	International Organization for Migration	Libya Covid-19: Supporting Libyan Authorities to Address Covid-19 Related Challenges and Assisting Vulnerable Groups	\$60,570	Paid Contribution
252324	European Commission's Humanitarian Aid and Resilience Facility	World Health Organization	Strengthen and expand the Early Warning Alert and Response Network (EWARN) across Libya	\$1,055,966	Commitment
252622	UNICEF National Committee/Germany	United Nations Children's Fund	Emergency Nutrition Response - Madagascar	\$251,059	Paid Contribution
255039	United States of America, Government of	United Nations Children's Fund	Libyan Arab Jamahiriya (LJA) Support to the COVID-19 Vaccine Rollout in Libya	\$176,264	Paid Contribution
256445	Norway, Government of	World Health Organization	Humanitarian assistance to Libya 2022 WORLD HEALTH ORGANIZATION	\$634,921	Paid Contribution
257210	France, Government of	World Health Organization	To support the Strategic Plan of preparedness and response to combat COVID-19 of the WHO through a Connector for Health systems and Response (HSRC)	\$208,784	Paid Contribution
257212	European Commission	World Health Organization	CONTRIBUTE TO A STRONGER AND ENHANCED PERFORMANCE FOR PRIMARY HEALTH CARE CENTRES IN LIBYA - A STEP FOR PHCs IN LIBYA	\$2,500,103	Commitment
257276	United Kingdom, Government of	World Health Organization	STRENGTHENING THE COORDINATION AND AVAILABILITY OF LIBYAN EFFECTIVE (SCALE) MENTAL HEALTH CARE IN PRIMARY HEALTH CARE SERVICES	\$1,506,942	Commitment
257277	European Commission	World Health Organization	STRENGTHENING NATIONAL TB RESPONSE ACROSS LIBYA WITH A FOCUS ON MOST VULNERABLE POPULATIONS	\$98,292	Commitment
259012	United States of America, Government of	United Nations High Commissioner for Refugees	Libya Humanitarian Response Plan 2022 Common Services (Logistics, Coordination), Health, Multi-Purpose Cash Assistance (MPCA), Protection, Shelter/NFIs	\$2,500,000	Paid Contribution

HEALTH SECTOR BULLETIN

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LINKS TO IMPORTANT INFORMATION RESOURCES

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

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

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

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

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

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

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

[Libya | Humanitarian Response](#)

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

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

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

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