



World Health Organization and partners are providing emergency health care to the population most in need and at risk everywhere in Libya. The current bulletin captures the main achievements of the health sector in Libya during 2017. Health is a major concern in Libya. Historically less capacitated health system of Libya is further deteriorated due to fragmented governance, limited financial resources, deficient human resources, acute shortage of lifesaving medicines and basic equipment, a debilitated primary health-care (PHC) network, and neglected health services in some areas predominantly in the south.

The repeated emergencies have not allowed a proper recovery of public sector services. Service Availability and Readiness Assessment survey, conducted by WHO and MOH, showed that 17 out of 97 hospitals are closed and only 4 hospitals are functional between 75-80% of its capacity. Over 20% primary health care facilities are closed and the rest are not well ready for service delivery. Health needs of IDPs, refugees and migrants have increased manifold as well as their vulnerabilities in detention centers.

Health Sector Achievements in 2017



18 Partners



1.8 M Reached people



100% of HRP targeted people were reached



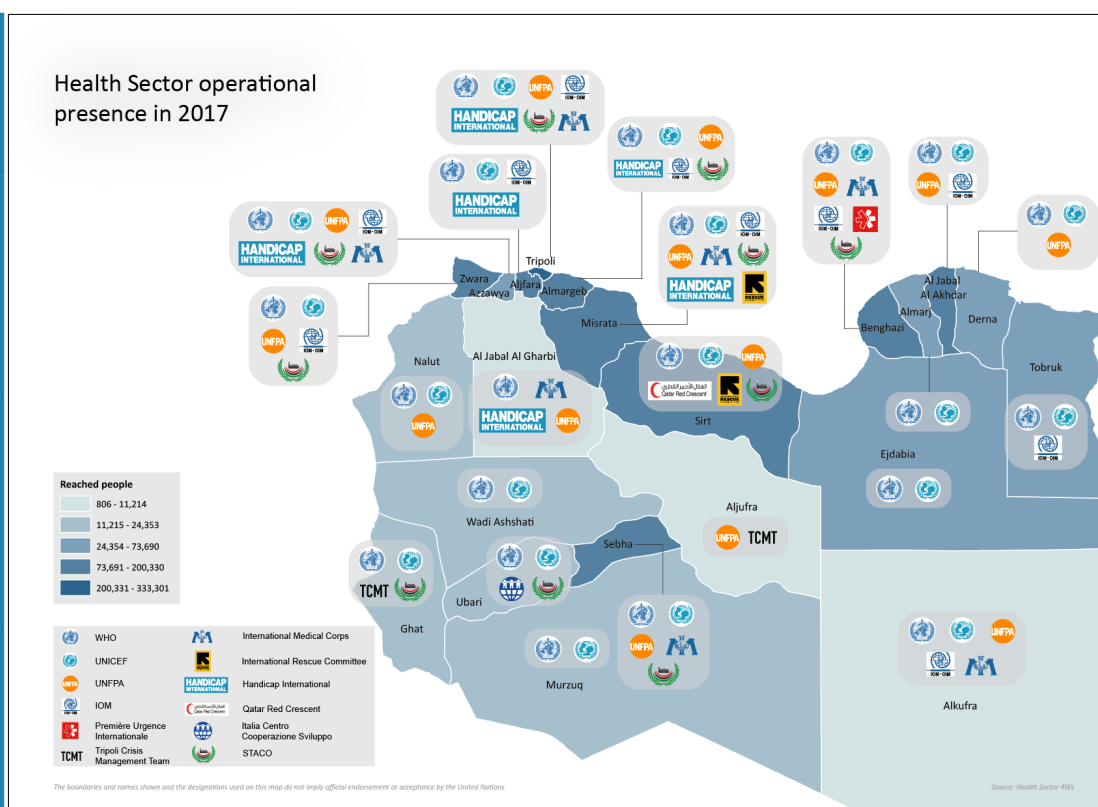
1.4 M Children vaccinated



236K People reached with medical supplies



74K People reached with health awareness



During 2017, health sector members conducted several activities for Libyan population in all districts, reaching more than 1.8 million people, including 948,920 people reached under the Humanitarian Response Plan-2017 (101% of the number of targeted people). Main activities were vaccination reaching more than 1.4 million children, the provision of medicines and supplies particularly Interagency Emergency Health kits (IEHK), Trauma kits, Emergency Reproductive Health (ERH) kits to reach 236,700 people, community health awareness as well as outreach activities on sexual and reproductive health (SRH), gender based violence (GBV) and drug abuse, reaching 76,633 people and primary health care services (PHC) including SRH care as well as referral to hospitals, through mobile medical teams reaching 43,679 people.

Furthermore, secondary health care services including specialized consultations and surgeries were provided to 7,417 people and physical therapy, rehabilitation, provision of assistive devices as well as psychosocial support (PSS) were provided to

1,491 people with disabilities (PWDs). In term of strengthening capacity of the health system, health sector conducted several trainings to 2,000 health workforce and provided equipment such as mechanical ventilators and refrigerators. In addition to emergency and primary health care services provided to migrants in detention centers, medical assistance was also provided in disembarkation points and during Sabrata Crisis, reaching respectively 3,106 and 5,198 people. Furthermore, 4,475 migrants benefited from anti-scabies campaign in detention centers.

Health sector coordination with partners was assured through monthly health sector coordination meetings in Tunis and Libya. Moreover, the health sector developed the health section of 2018 Humanitarian Response Plan (HRP). For 2018, seven organizations contributed to 16 health projects with 33 million USD funding requirements, targeting 760,000 people under HRP and more than 1.37 million in total.

World Health Organization (WHO)

The World Health Organization (WHO) assisted Libyan population in all Libya reaching 1,658,112 people in total, including 890,404 people under HRP 2017. Main WHO achievements were related to immunization, delivery of medicines, supplies and equipment to health facilities, support to mobile medical teams and strengthening of public health system. During 2017, WHO had distributed 254 basic modules as well as 21 supplementary modules of IEHK kits, 68 Trauma kits, 3 non-communicable disease (NCD) kits and other medical supplies such as dialysis supplies, anti-scorpion serum, HIV medicines, anti-Leishmania medicines to health facilities anti-



Figure 1. Distribution of trauma kits to Albayda general hospital – August 2017

Leishmania medicines to health facilities led by ministry of health or by INGOs, such as International Rescue Committee and Premiere Urgence Internationale, to cover 354,263 people. Among medical supplies, one IEHK kit and 3 Trauma kits were provided in Derna during the siege, one NCD kit provided in Sabrata during its crisis and 20 basic as well as 1 supplementary modules of IEHK were provided to Tawarqa IDPs in Tripoli and Benghazi. Furthermore, 9 mechanical ventilators were distributed in the south.

In 2017 WHO was able to reach 206,795 people with the provision of medicines and supplies thanks to generous financial support from ECHO, Government of France, Italian Agency for Development Cooperation, UN CERF, USAID/OFDA.

The World Health Organization supported National campaigns for Polio and Measles, Mumps and Rubella, conducted from 28 October to 02 November 2017 under the leadership of NCDC/MOH, in collaboration with UNICEF who provided Polio vaccines. The number of beneficiaries from Polio vaccination was more than 1.4 million children, including 721,488 children vaccinated against Measles. Furthermore, WHO hired independent monitors to confirm the results/coverage of the campaigns and the coverage results were more or less identical. WHO put all the technical (training) and operational support (including monitoring) as well as incentives for the teams all over Libya. The activity was funded from WHO's core budget under the Polio Eradication Initiative and part of these funds were used to support Measles Campaign as well.

Following an appeal received from civil society in Ghat about death cases due to the lack of specialized health workforce, WHO supported the deployment of mobile medical teams to Ghat hospital in collaboration with Tripoli Crisis Management, with the generous funds from the government of France. Starting from November 2017, specialized consultations in Gynecology-Obstetrics, Pediatrics, Internal Medicine and Surgery were provided to 6,620 people. Furthermore, 90 people benefited from surgery interventions and 52 women benefited from assisted delivery.

In the context of strengthening health system, the World Health Organization trained 611 health workforce in several topics, such as supply chain management, immunization, nursing education, health information system and EWARN system. In the same frame, to note that following three training workshops on EWARN system, 102 early warning sentinel sites were developed in Libya, including sentinel sites in IDP/migrant camps thanks to the efforts of IOM.

Anyway, during 2017, 52 weekly EWARN bulletin have been published. Furthermore, hospitals capacity in trauma management, ICU (especially neonatal ICU) services, diabetes management have been strengthened through training of hospital managers and care-providers.

Under the national strategy to control cutaneous leishmaniasis, Libya has acquired laboratory capacity to produce the media for isolation and culture, direct smear and molecular identification by PCR of leishmania parasites. Furthermore, Action Plan for strengthening public health laboratory capacities and services in Libya was developed and adopted in 2017.

In the frame of tuberculosis control program, WHO has been strengthening national capacities for diagnosis and management of TB and MDR-TB as well as integration of TB data from sub-national branches into the national health information system.

Full SARA report was published in December 2017 as a result of the collaborative effort of WHO and Ministry of Health, with the generous financial support of ECHO and EU. This survey includes full results related to health service availability and readiness assessment in Libya by region, district, municipality and health facility (<http://www.emro.who.int/lby/libya-infocus/service-availability-and-readiness-assessment-sara-report.html>)

United Nations Fund for Population (UNFPA)

During 2017, UNFPA Created the RH sub-working group and the RMNCAH technical committee and integrated Family Planning and GBV case management in the package of health services in primary health care. Moreover, UNFPA deployed Mobile teams to Al Jufra / Hun in December 2017 to reach 544 women and 42 newborn and ensured safe delivery to 5674 women in 14 municipalities in Libya (197 were supported by the mobile teams over December). In addition, 87 health providers and managers in Libya were trained on safe delivery and Minimum Initial Service Package and 2065 adolescent have been reached by outreach activities on SRH and prevention of Drug abuse.



Figure 2. Training on safe delivery to health providers

United Nations Children’s Fund (UNICEF)

Thanks to the generous funds from Germany and Italy, UNICEF implemented an inclusive child health programme in Libya in 2017. The UNICEF health programme activities during 2017 were mainly focused on the Support and Strengthening the Expanded Programme of Immunization; Strengthening the cold chain system in Libya by the procuring 550 Ice-lined refrigerators and 550 voltage regulators. Additionally, 1,830 cold boxes and vaccine carriers were supplied to further strengthen the cold chain system in Libya. This equipment was distributed throughout the country and specifically in the most disadvantaged areas.



Figure 3. Workshop on Strengthening Immunization Supply Chain Management organized by UNICEF in partnership with MoH - August 2017.

In addition, technical support was provided specifically to NITAG (National Immunization Technical Advisory Group) on vaccine procurement strategy and on immunization and cold chain system strengthening. Furthermore, NITAG senior officials were trained on “Immunization Systems Strengthening: Integrated Supply Chain Management, Demand Creation

and Immunization Service Delivery for Improved Coverage and Equity. Likewise, on EVM (Effective Vaccine Management) overview and NLWG (National Logistics Working Group) Road Map (pic attached).

Moreover, support was extended to National Vaccination Campaigns by supporting Polio and Measles NIDs and 1 Mop up polio vaccination campaign targeting all the children in Libya (1.4 million targeted) reaching universal coverage (with the Mop up conducted in the Southern part of the country). UNICEF support consisted of providing Polio vaccine, immunization supply chain and development and production of IEC material and communication tools, including in the foreign languages to reach migrant and refugee children.

Regarding RMNCAH (Reproductive, Maternal, New-born, Child and Adolescent Health) UNICEF together with the UN partners (WHO, UNFPA) fine-tuned the strategy and associated action plan in 2017, which will be endorsed in 2018. Being the lead agency for nutrition, UNICEF established a Nutrition Working Group for Libya at the end of 2017. The Working Group includes all the nutrition actors in Libya.

International Organization for Migration (IOM)

During the year 2017, a total number of 15,487 migrants benefitted from medical assistance provided by International Organization for Migration (IOM) - Libya. This assistance is provided as primary health care services in the detention centers, emergency on call services to the detention centers, referrals to clinics and hospitals for management and care, arranging health campaigns especially for the management of scabies and medical screening services for migrants who are rescued at sea. This also include medical assistance provided to the migrants who reported to the Sabrata assembly point during October 2017.



Figure 4. Sabrata Emergency Intervention: IOM provides medical assistance for a woman and a new born - October 2017.

IOM provided medical assistance to 5,083 migrants in 17 detention centers (DCs) through regular visits by mobile medical teams to provide primary medical services and emergency services as well as referral to hospitals and clinics with arrangement of transportation. IOM works through implementing partners in some DCs, while in others local contracted doctors are used for this purpose.

During 2017, IOM supported the treatment of 233 migrants in clinics and hospitals with specialized medical care. These treatments provided life-saving interventions and supported very vulnerable individuals, including pregnant women and children. These include 139 female, 75 males and 19 minors. From 01 January to 31 December 2017, rescue at sea operations took place at the disembarkation points of Zwara, Zliten, Sabratha, Abu Setta, Tripoli Marine Base, and Al Khums. IOM provided medical screening and assistance to a total number of 3,106 rescued migrants, with following break up.

IOM medical teams organized rapid health risk assessment at the detention centers to identify the diseases of public health importance like Tuberculosis, scabies and to evaluate the general living conditions in the detention centers. Based on findings of these assessments, 13 anti-scabies and fumigation campaigns were organized in DCs, where 4,475 migrants have been examined and treated.

In the aftermath of Sabrata crisis in October, IOM Libya provided emergency response to migrants in Sabrata assembly point and surrounding areas of Zwara and Azzawya. Over the period from 08 to 21 October, a total number of 2,198 migrants benefitted from medical assistance.

On-site and in-hospital health care services were provided, and medical assessments and evaluation were performed. As part of IOM Libya efforts aiming at building the capacity of public health professionals and implementing partners, two main activities were implemented by IOM Health Unit in 2017 targeting a total number of 125 beneficiaries. A health policy round table was organized on 15 and 16 August 2017, where 47 experts/professionals participated from Government of Libya (Ministry of Health, Ministry of Interior,

NCDS, Libyan Coast Guards, and others), UN agencies and international NGOs such as WHO, UNFPA, and Handicap International, MSF etc. The roundtable and the training aimed to “sensitize national authorities and stakeholders towards the development of a migration health policy”. Recommendations to improve migrants’ health in Libya were produced as an output of the activity. Furthermore, IOM collaborated with WHO and NCDC to organize two back to back trainings on EWARN system, conducted from 27 November to 2 December 2017 in Tunis with the participation of implementing partners Sheikh Taher Azzawi Charity Organization (STACO) and Libyan Red Crescent (LRC).

International Rescue Committee (IRC)

During 2017, the IRC deployed mobile health teams in nine health facilities of Misrata and Sirte mantikas. Health teams provided primary healthcare and reproductive healthcare services to a total of 5,316 internally displaced (IDPs) and non-displaced individuals (including 4,154 female adults and 835 children). In addition, the IRC trained 20 physicians (17 females and 3 males) on Emergency Obstetric Care and provided on the job training to 10 health providers (5 females and 5 males).



Figure 5. Primary health care services provided by IRC

These targets were reached in the framework of two health projects mainly funded by ECHO and SIDA. The first project which focused on reproductive health started during the last quarter of 2016 and ended in August 2017. During this project, the IRC supported the maternity ward of Misrata Central Hospital through the provision of direct consultations, capacity building and the supply of medical equipment and pharmaceuticals.

Overall, 2,418 female adults and 694 new-borns received direct assistance from the IRC teams. All of them, were reported as vulnerable host community members or internally displaced individuals. The total number of beneficiaries reached is lower than expected (7,816 were initially planned) mainly because fewer women than anticipated were willing to attend ANC and PNC services and deliver at the public hospital level. In addition, during the implementation of the action, the maternity ward bed capacity was reduced.

Finally, another factor contributing to the low beneficiary numbers is the closing of the hospital due to floods which caused project to be suspended for about 48 days.

In June 2017, the IRC started an 8 month- health emergency project. In the framework of this project as of December 30, nine healthcare facilities were supported in Misrata mantika (seven facilities) and Sirte mantika (two facilities). Support to the health facilities was done through the provision of general and reproductive health consultations, capacity building and the supply of medical equipment and pharmaceuticals. The IRC also plans to renovate in 2018, two health facilities in Sirte.

Since the beginning of this project, the IRC provided medical services to 2,204 IDPs and vulnerable host community members including 1,970 individuals (475 male adults, 1371 female adults and 124 children) in Misrata mantika and 234 individuals (52 male adults, 165 female adults and 17 children) in Sirte mantika.

The number of individuals reached during the period is lower than initially planned mainly because difficulties were encountered during the recruitment process of national health providers owing to delays in the implementation of the activities and also to a reduction in the number of teams deployed.

Premiere Urgence Internationale (PUI)

PUI started its activities in Benghazi, Libya in 2017 thanks to funds from ECHO (two mobile teams), CDC (one mobile team), Sanofi Foundation, Paris municipality and UNHCR (quick impact project on health facility rehabilitation).

During 2017, PUI signed MoUs with Ministry of Health, DHS Benghazi and Ministry of Labour and Social Affairs to be able to start its medical intervention in Benghazi.

This was followed by doing some minor rehabilitations in two clinics Al Majory (Khaled ibn Waleed) and Gharyounes as the two clinics were closed and to enable the teams to start working in these clinics.

Before starting the medical activities, PUI teams in Benghazi performed health and hygiene promotion assessments in several local communities where there are known vulnerable groups (particularly IDPs) to identify which health and hygiene topics should be prioritized among these most vulnerable groups. Moreover, a health facilities assessment and a Referral mapping were also accomplished in Benghazi.

PUI started the Mobile Health Clinic activities only in December 2017 providing Primary Health Care services including Sexual and Reproductive Health, Psychosocial support and Health and Hygiene Promotion in order to improve access to quality health care for population affected by the ongoing conflict. Starting only in December is due to medical supplies importation issues, that explains the low number of people reached in 2017 as mentioned above.

IDPs sites assessment was also done to have a deeper understanding of the needs and to extend the mobile health activities in beginning of 2018. Furthermore, PUI performed rehabilitation and restoration of Al Sabry health care clinic to improve access and availability of essential health care services to IDPs and returnees in Al-Sabri district.

Handicap International (HI)

Handicap International has been working in West Libya during 2017, funded by ECHO and UNHCR for Tripoli and Misrata.

Outreach teams consisting each on one Physiotherapist and one Social worker were deployed in the two Areas aiming to reach most vulnerable people with functional limitation due to injuries and/or disabilities and their caregivers among affected population including IDPs, returnees and non-displaced families and individuals.

HI's intervention aim to improve beneficiary's functional independence and well-being in order to improve their social participation through direct service provision targeting people with injuries/disabilities and their caregivers.

HI direct service provision consisted on the following:

- Identification of most vulnerable people with injuries and/or disabilities.
- Provision of physical rehabilitation sessions and psychosocial support through trained physiotherapists and social workers. A goal oriented approach starting with a joint comprehensive assessment and action plan design involving beneficiaries and caregivers.
- Provision of Assistive devices including gait training and guidance on the use and the maintenance of the provided items.
- PSS services for caregivers aiming to improve their coping mechanism and their relation with their injured/ disabled family member.

Priority was given to people with disabilities, injuries, health conditions and suffering from post-traumatic disorder, specific focus given by the Outreach teams to people with disabilities unable to move from their home and who are most of the time left aside from any humanitarian/social support as well as vulnerable individuals living in IDP camps who are likely not to be aware of available specific services. At the same, the caregivers of vulnerable people were also supported through the same approach, to strengthen their coping-capacity and their ability to address the specific needs of their family members.

As part of the intervention, HI outreach team were conducting referral towards external service providers such as local and international NGOs and public health services; beneficiaries were referred to the following services:



Figure 6. HI's health staff providing assistance to a man with physical disability

Cash assistance service providers, MHPSS skilled service providers, Primary health care services.

2939 beneficiaries were reached during the 2017 period including caregivers, and 1539 Assistive devices were provided directly to beneficiaries aiming to improve their functional independence and enabling them to move for longer distances as well as to respond to their specific needs.

Assistive devices were purchased from Europe ensuring international and qualitative standards; here are the types of devices provided wheelchairs, wheelchair cushions, CP child Wheelchairs, Axillary crutches, Elbow crutches, walking sticks, walking frames, toilet seats, elastic bandages and rubber tips, anti-bedsores mattresses.

As part of its collaboration and coordination with public health services, HI provided SSF (Social and Solidarity Fund) with assistive devices in order to be delivered for people in need. During 2017, and through HI's donation, SSF has delivered assistive devices for 200 individuals.

On the other side, HI conducted capacity building activities to health workers and community mobilizers working in Rehabilitation departments and within International NGOs in Tripoli. HI supported Janzour Rehabilitation Center which is managed by the Ministry of Social Affairs, through rehabilitation prosthetic training for 7 P&O technicians and 2 physiotherapists.

In addition HI supported the Social Solidarity Fund with 3 different trainings on vulnerability, inclusion of people with disabilities and providing assistive devices, in addition to the delivery of assistive devices to benefit most vulnerable people with functional limitation in need of assistive and mobility devices. The two trainings on vulnerability and inclusion targeted 11 social workers and 4 physiotherapists working in different SSF centers throughout Libya, and the training on assistive devices provision targeted 6 technicians responsible of assistive device provision within SSF.

In order to increase the ability of staff from other humanitarian programs to provide basic caregiving to people with a disability, HI has targeted 12 community mobilizers from IMC and Cevsi through a training on basic rehabilitation and caregiver support. In total, 42 trainees were targeted through this result, 52% of the trainees were males while 48% were females.

Centro Cooperazione Sviluppo – Italia (CCS)

CCS has started to implement the project in October 2017 with his partner STACO in Ubari. The project is supporting four health centers in the same district, Fjeej, Jirma, Al Dessa and Ebreak.

As per project's timing, in the first quarter, the implementation has mapped the needs of the four centers in term of essential drugs, wash, and trainings in order to enhance the efficiency of the centers. Drugs are ready to be shipped and we are looking for arranging proper transport from Ubari airport to the 4 centers. Another aspect taken into consideration is the local storage capacity and refrigeration opportunity, on this regard an appropriate alternative solution is on going, as solar panel and increased refrigeration capacity.

The beefing up of the hygienical facility is starting within days, the implementation will see the rehabilitation and construction of a total of 20 Bathrooms and shower (4 in Jirma, 6 Al Desa, 6 in Fjeej and 4 in Ebreak). Specific trainings are under definition in coordination with the Head of each unit, this aspects has taken more time since the communications means are not always easy.

During the first quarter of 2018, the implementation will be shifting towards more specific matters as review of the existing procedures of managing and EWARNS courses for doctors, a second batch of drugs, basic orthopedic material and light equipment will be purchased.

More detailed information will start to be taken especially regarding the flow of patients and statistics.

International Medical Corps (IMC)

International Medical Corps devised efficient solutions for complex challenges, aiming to aid the most vulnerable populations deprived of access to basic health care in Benghazi, Khoms, AlKufra, Misrata, Sebha, Tripoli, Zlitan and Zwara.

The country team implemented a multi-sectoral emergency response portfolio in 2017 comprising projects funded primarily by the USAID Office of U.S. Foreign Disaster Assistance (OFDA), the United Nations High Commissioner for Refugees (UNHCR) and, as part of a consortium, the Department of International Development (DFID).



Figure 7. IMC health staff providing assistance to IDPs at a mobile medical unit

While the provision of medical aid targets vulnerable populations in urgent need of medical aid, a wider range of activities related to trainings and distribution of medical supplies and equipment benefitted the Libyan and foreign population at large.

Qatari Red Crescent Society (QRCS)

From June to October 2017, injectable antidiabetics medicine had been provided by Qatari Red Crescent Society to 12 health facilities in Sirt (Ibn Sina Hospital, Sirt Diabetic clinic and 10 PHC facilities) with the support of Qatar Fund For Development, to cover the needs of 23,997 patients.



Figure 8. QRCS's delivery of Insulin to a health facility in Sirt

CONTRIBUTORS



World Health Organization



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