

PREAMBLE

World Health Organization and partners are providing emergency health care to the population most in need and at risk everywhere in Libya. However, it was realized that WHO's, as well as health partners' humanitarian response in Libya, is not well highlighted which could affect the credibility and the funding of health assistance in Libya. WHO takes this initiative to capture the main achievements in the health sector in Libya, to maintain a steady information, shared with Ministry of Health, health actors and donors. Issue 01 covers the period June-July only.

OVERVIEW OF HEALTH SITUATION IN LIBYA

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.

KEY HEALTH NEEDS

- Developing national health policy and strategy.
- Strengthening human resource capacity.
- Improving shortcomings in health infrastructure.
- Funding for health through the government and donors.
- Regular supply of essential medicine and medical supplies.
- Implementing Libya health emergency management program.
- Restoration of emergency and essential primary and secondary health services.
- Strengthening of early warning and response system for outbreak-prone diseases.
- Establishing specialized services for persons with disability.



HOW READY IS HEALTH CARE SYSTEM IN LIBYA?

According to the Service Availability and Readiness Assessment (SARA-2017), conducted by World Health Organization and Ministry of Health of Libya with financial support obtained from ECHO, while the Libya has enough health facilities, i.e., 2.8 vs. 2.0 per 10,000 population as the standard, they are not well ready to deliver required services.

The average General Service Availability, based on infrastructure, workforce, and service utilization, is 79%. Having said that, the average General Service Readiness based on amenities, equipment, standard precaution, diagnostic, medicine are only 69% and 37% in hospitals and PHC centers respectively. 17% of hospitals (17 out of 97) and 20% of PHC centers (273 out of 1,355) are closed. Only 40 percent of hospitals' inpatients beds are functional so that overall functional bed capacity is 15 versus 25 per 10,000 as the target. Eight out of 22 districts have maternal bed density lower than standard of 10 beds per 1,000 pregnant women. Out

of 1,355 PHC centers, only 14 centers provide Family Planning services and 167 provide ANC. Only 179 PHC centers provide NCD services. Readiness of health emergency services is less than 50% of the standard.

As per availability of human resources, the number of PHC's core health workforces is three times more than the standard (76 vs. 23 per 10,000 population). But the efficiency of the workforce remains a main concern due to irregular payment, and shortage of medicines and supplies. Regarding the hospitals, further to severe shortage of medicine and supplies, there is imbalance of human resources and deficiency of specialized staff in hospitals and emergency settings. While the hospitals are in need of nursing staff, the PHC centers have nurses more than required. Libyan hospitals are in need of 2,360 specialists, 4,997 nurses, and 359 midwives, mainly in Tripoli. The south region also needs 43 more GPs. The number of lab technicians and pharmacists are more than targeted.

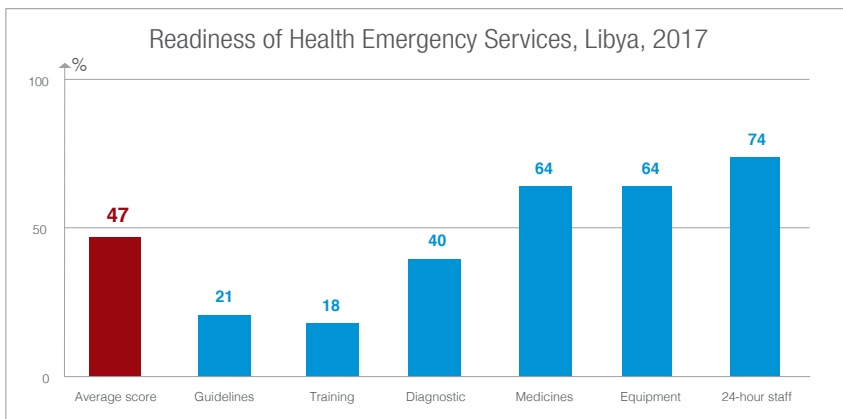
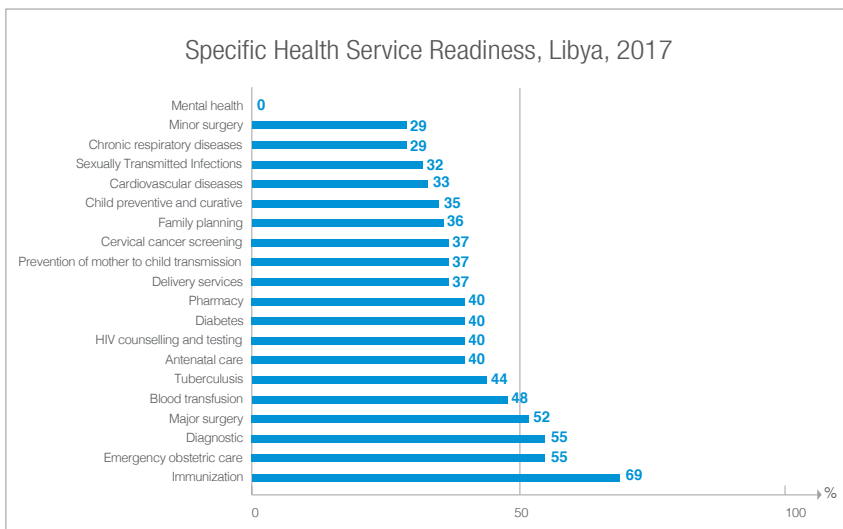
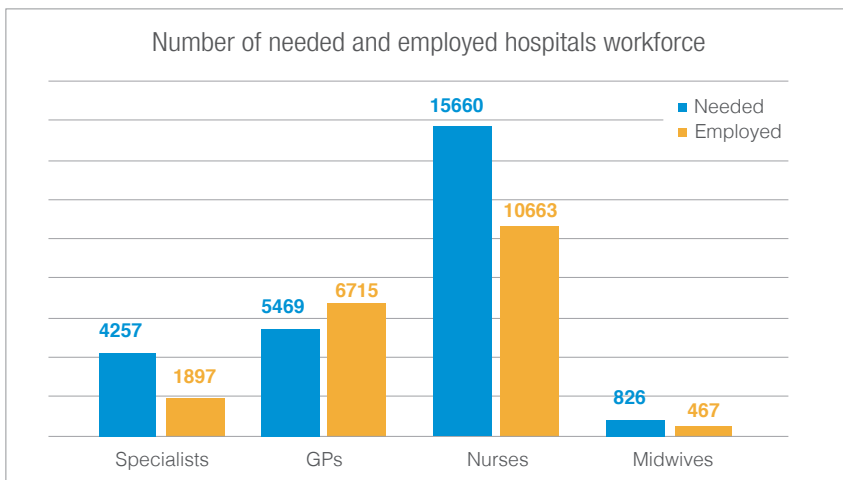


Figure 2. Trauma Kits loaded from Al-Baida warehouse, to be sent to Benghazi Medical Center

ACTED organized 2 rounds of medicine delivery to Benghazi Medical Center (BMC) in August 2016 and February 2017, in coordination with WHO. The project was funded by Ministry of Foreign Affairs of France. Security was the main challenge of the operation.

Medical Assistance to Stranded Migrants

IOM provided medical services to 626 migrants in eight detention centers in June-July 2017; including 408 males 154 females and 64 minors. The assistance also included 103 referrals to hospitals for specialized in patient care for serious cases comprising of injuries, burns, paraplegia and pregnant ladies for deliveries and cesarean section. These activities were supported by Ministry of Foreign Affairs of Finland and EU Trust Fund (EUTF). Accepting migrant patients in certain hospitals turned out to be quite challenging at times.

Control of Communicable Diseases

EWARN, established by National Center of Disease Control and WHO, generated 24 alerts during June and July. The alerts included Influenza (n=7), Meningitis (n=5), Pertussis (n=4), Measles (n=3), Acute Jaundice syndrome (n=3) and Bloody diarrhea (n=2). No outbreak was reported during this time period. Currently Libya does not have the rapid respond team and diagnostic tests to investigate and respond to alerts. However the health authorities of each municipality have the capacity to respond to outbreaks. The alerts were discussed with the focal person and respected surveillance officers of the municipalities.

KEY ACHIEVEMENTS BY WHO AND PARTNERS

Health Sector Coordination

Health Sector Coordination (HSC) meetings are being held regularly in both Tunis and Tripoli with the active contribution of health partners. During June and July, HSC meetings held in Tunis on 22 June and on 20 July, chaired by WHO, and in Tripoli on 14 June, under the leadership of MoH.

Delivery of Essential Medicine and Supply

In July, WHO delivered to Benghazi Medical Center two trauma kits (1A + 1B), which can be used to treat more than 100 moderate and serious injured cases.

- Funded by government of Italy, IOM in collaboration with IMC organized an anti-scabies campaign in Tarek Alseka detention center on 29 June, where IOM supported fumigation of the detention center, and IOM and IMC together assisted anti-scabies treatment of 265 migrants.



Figure 3. Anti-scabies campaign in Tarek Alseka detention center

- Libya and Egypt started cross-border coordination on vaccination and disease surveillance, for the first time. An orientation workshop on cross-border coordination for Polio eradication was organized by WHO from 8 to 10 July 2017 in Alexandria-Egypt, with the collaboration of MOH of Egypt and Libya. Teams from WHO EMRO, WHO CO Libya, MOH Egypt and MOH Libya participated in the meeting, as well as focal persons from the border districts.



Figure 4. Egypt/Libya Orientation Workshop on cross border coordination for Polio eradication

- To prepare Libya for immediate tackling of any polioviruses outbreak, WHO in coordination with Libya MOH/NCDC conducted the global standard practical workshop on Polioviruses Outbreak Simulation Exercise (POSE) in Tunis from 26 to 28 July 2017. Different strategies for rapidly interrupting a polioviruses outbreak were simulated in a practically scenarios by 48 MOH/NCDC technical staff present in the workshop. A mission from WHO Regional office and WHO Libya facilitated the exercise.
- In the frame of Measles control, a workshop on reviewing the implementation of Libya surveillance plan and developing a road map to retrieve measles elimination program was conducted by WHO from 4 to 6 July 2017 in Tunisia. Participants were 33 surveillance officer representing the national and all Libya districts.

Persons with Disability

- Since March 2017, with the support of ECHO, Handicap International (HI) outreach teams have assisted over 685 persons with physical disabilities and psychosocial needs through the provision of home-based physical therapy and Psychosocial (PSS) support. Furthermore individualized training and guidance provided to over 657 caregivers, and Assistive Devices to over 324 persons amounting to a total of 678 specific devices. Over 259 persons have been referred to psychological care.



Figure 5. Physical therapy service provided to a child

- Throughout this period, in Tripoli alone, HI has identified over 900 persons with physical and functional limitations that are still in need of physical rehabilitation services, and the list is steadily increasing. Access and security remain important concerns for the HI's operations. In addition, referrals are becoming increasingly more difficult due to a lack of specialized services for persons with disability such as psychiatric services and prosthetics and orthotics. In Tripoli, there are over 600 amputees waiting for prosthesis, whilst the only existing service provider struggles with lack of raw materials and technical capacity to meet these growing needs.

Mental Health and Psychosocial Support

- A mapping of the available Mental Health and Psychosocial Support (MHPSS) services has been conducted since June 2017 in Libya by WHO and MHPSS.net, funded by European Union (EU), in collaboration with MoH, NCDC and a local NGO. Until today, more than 40 MHPSS services have been allocated including in Sabha, Misrata, Zawara, Benghazi, and Tripoli. This activity will reveal the type of the available services of MHPSS, the target population, and gap in the services that will be used a platform for future activities in MHPSS in Libya. The assessment will be analyzed and released by the end of August 2017.

Health Emergencies

- WHO supported MOH to develop the Libya Health Emergency Management Strategic Action Plan (SAP) and aims to extend its support through establishment of an Emergency Management Department (EMD) which includes an Emergency Operations Center (EOC). This initiative will be fortified by enhancing the emergency operational capacities of hospitals, PHC centers, rapid response teams and ambulance services. A feasibility assessment mission was conducted in Tripoli by an expert from WHO Regional Office.

- WHO works in Emergencies in Libya was reviewed in a meeting held in Tunis from 10 to 12 July 2017.

Experts from MoH and from WHO HQ, RO and WCO finalized the Libya Health Emergency Management Strategic Action Plan, and a mechanism to expedite implementation of the Emergency Preparedness and Response road map was established in 2016.

- WHO established a new network of ten national focal points in Libya to provide health emergencies information that can identify urgent gaps and support in-depth countrywide health needs assessment, response and monitoring. A training workshop was held from 26 to 27 July 2017 in Tunis.



Figure 6. Training Workshop for national focal points in Libya

Reproductive Health

- During the month of July, the International Rescue Committee (IRC) successfully delivered 34 reproductive health kits to maternity ward in Misrata Central Hospital.
- UNFPA Libya in cooperation with the National Center for Disease Control (NCDC) and The Libyan Midwifery Association for Maternal and Child Health, conducted an on-job training on Safe Delivery, in July 17th 2017 at Al-Zawiyah Teaching Hospital. This workshop allowed to provide 13 nurses and midwives, working in several health facilities in the western region in Libya, with the basic skills needed to ensure safe delivery and to refer complicated pregnancies to specialized health centers.



Figure 7. Training Workshop on Safe Delivery for midwives and nurses

This training is part of UNFPA endeavors to support the provision of quality maternal and reproductive health services in all of Libya and for all women of reproductive age. UNFPA recognizes that midwives save lives and promote the health and wellbeing of women and newborns across the entire reproductive, maternal and newborn health continuum. Well-trained midwives can provide 87% of the essential care needed for women and newborns.

Primary Health Care

- Premiere Urgence Internationale (PUI) is launching a health intervention in Benghazi, which aims to improve access to quality primary healthcare for population affected by the ongoing conflict in Benghazi and its surroundings. With the support of the ECHO and Centre de Crise et de Soutien, PUI is now starting emergency PHC program, organizing essential PHC services through two Mobile Health Clinics (MHCs) in most vulnerable areas in Benghazi, project starting in mid-August. A global assessment

is currently being finalized to validate the intervention strategy, also in phase with local authorities' strategy for the city.

- International Rescue Committee (IRC) is in the startup phase of a project, funded by ECHO, providing health services through Mobile Health Teams and Primary Health Care Center Support in Misrata and Sirte. The IRC is currently recruiting staff and anticipates to be operation in September 2017.

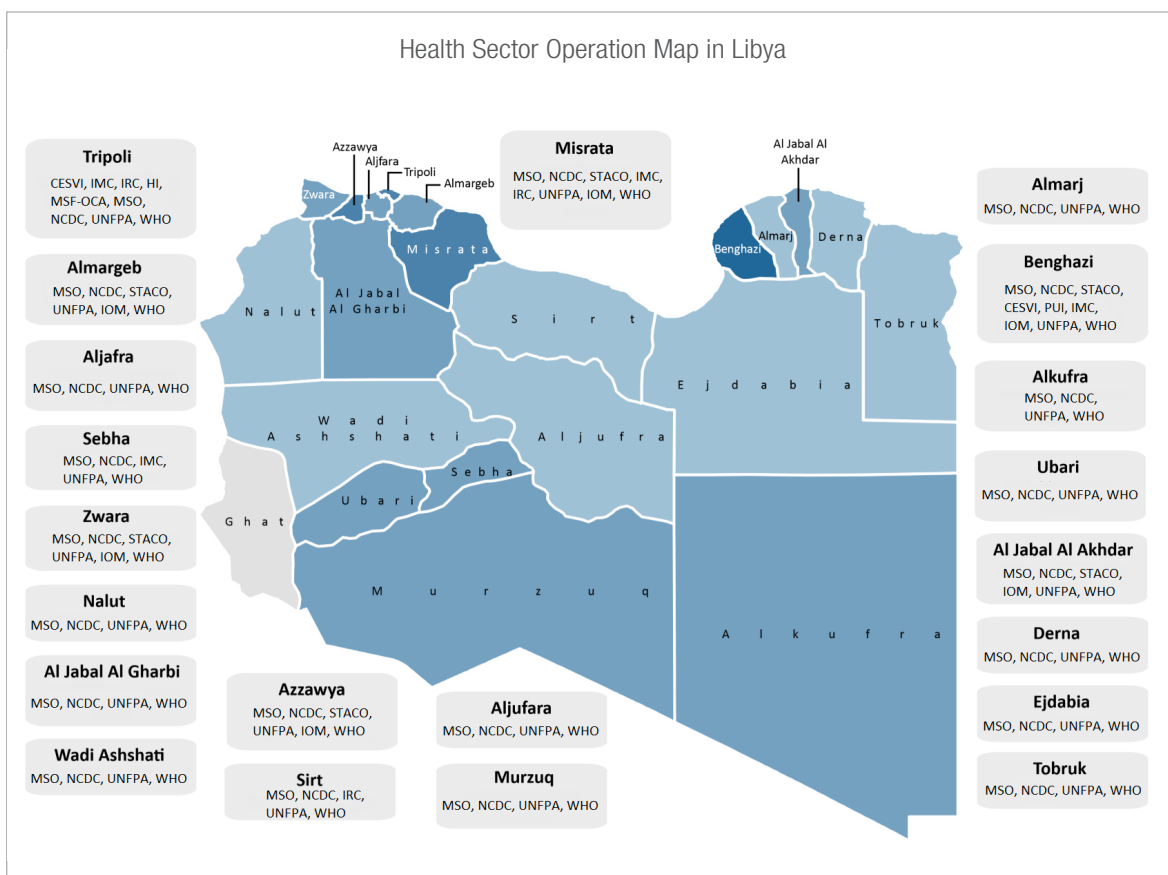
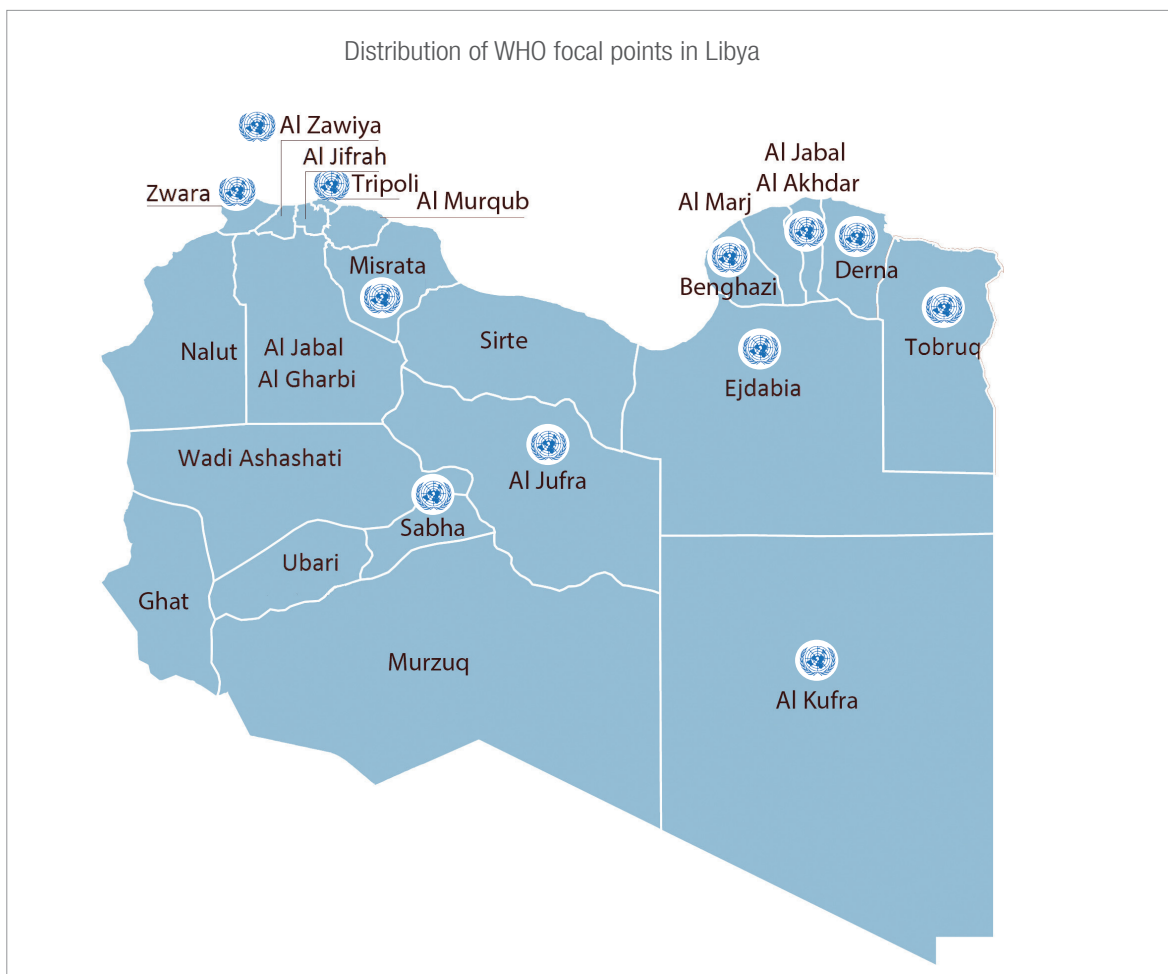
- In agreement between the local authorities and Centro Cooperazione e Sviluppo Italia (CCS)-Terre des Hommes Italia (TdH), with the collaboration of Sheik Taher Azzawi Charity Organization (STACO), 4 PHC centers in Fezzan area were selected to strengthen their capacities to provide adequate health services to the population. Funded by The Agenzia Italiana per la Cooperazione allo Sviluppo (AICS), the implementation of the project will start from October 2017, by provision of medicines, medical and diagnostic devices, equipment for electricity supply, renovation of sanitation services, support to the reference system, control of communicable and non-communicable diseases, and trainings for health staff.

Capacity Building of Human Resources

- ACTED has planned to conduct an advanced medical trainings for vascular surgeons and nurses from Benghazi, Misrata, Tripoli and Sebha starting from October 2017, with the funding of European Union (EU) and French Ministry of Foreign Affairs.

- ACTED will organize a study visit to Emilia Romagna Region (Italy), funded by EU in coordination with EU-funded GIZ/LHSS programme, will be conducted for health administrators from Benghazi and Tripoli in October 2017, to observe and capitalize on their health regional planning framework.

WHERE DO WHO AND PARTNERS WORK IN LIBYA?



CONTRIBUTORS



FUNDING PARTNERS

