

Figures

20

Health facilities supported by medical supplies

371

Health staff trained

09

Detention centers reached by PHC services

7.9K

PHC consultations

2.1K

Beneficiaries from Specialized Health Care

Migrant Health Assessment Mission:



▪ The World Health Organization (WHO), in collaboration with the Ministry of Health (MoH) of Libya and the International Organization for Migration (IOM), conducted an assessment on the public health needs of migrants and host communities in Libya from 27-30 March 2018. WHO approaches the refugee and migrant health issue from the perspective of leaving no one behind. As such a comprehensive approach was utilized to assess the health of migrants and host communities in Tripoli and Sabha. Three assessment tools were utilized during the mission. These covered the following: Policy and institutional capacity at the national level, this assessment used a quantitative approach that was left to MOH to complete. The self-assessment was verified with WHO and MoH Libya. Availability and delivery of services within healthcare facilities, a quantitative approach was followed with a few probing questions to gain further insight from the perspectives of healthcare practitioners. Six tertiary care facilities and three primary healthcare facilities were assessed. Furthermore, two health facilities managed by International Medical Corps (IMC) and supported by UNHCR were visited. Focus groups were conducted with migrants assessing the availability and quality and access of public healthcare services interviews.

The preliminary results of the assessment found a shortage in medicines and consumables for both host and migrant communities, and inconsistency in drugs needed versus those available for all diseases. There were shortages in healthcare workforce, primarily in nurses.

In addition, there were no standard guidelines used for the areas assessed: infectious and communicable diseases, non-communicable diseases, mental health, and child health, reproductive and sexual health. As host communities were suffering from these shortages, migrants too were experiencing even greater barriers with cost accrued due to the cost of medicines and tertiary care stays. Although primary healthcare services were delivered free to all migrants by IMC in the two detention centers, but very limited preventive and rehabilitative services were offered, also no treatment of infections was available.

- The World Health Organization is working with MoH on establishment of a specialized unit on Migrants Health. A high level WHO mission will visit Libya in early May 2018 in collaboration with IOM to strategize the health sector plan for addressing the health of migrants in complex situation of Libya.

Provision of Health Services:

- WHO continues the support of secondary health care services in Ghat hospital that started on November 2017 in collaboration with Tripoli Crisis Management Team. On 22 March 2018, a mobile team was deployed to Ghat Hospital in collaboration with MoH with the financial support of France Government, to deliver specialized health care such as Internal Medicine, Pediatrics, Obstetrics-Gynecology, Orthopedics and General Surgery. Furthermore, primary health care (PHC) services have been provided to Tawargha IDPs in Qararat Al Qatef through the makeshift clinic established in February 2018 with the support of WHO and the fund of UK Department for International Development (DFID). In Sirt, functionality of five health facilities continue to be restored by WHO with the collaboration of MoH and the financial support of the Office of US Foreign Disaster Assistance (OFDA) through deployed health staff providing primary and secondary health care services.
- In March 2018, International Medical Corps (IMC) conducted activities in PHC and provided referrals for patients under two different grants funded by OFDA and UNHCR. Additionally, IMC conducted several distributions in the locations mentioned in the detailed 4W report. Activities are ongoing, and they take place in

Community Development Centers, in Detention Centers, at Disembarkation Points, within targeted communities, as well as in the Internally Displaced Persons (IDPs) camps. The number of Detention Centers in which IMC intervenes varies from month to month, depending on potential closure or relocation of detainees, accessibility of the teams, security, observed need for intervention, and other issues. In March 2018, IMC was active in eight detention centers; namely Tariq el Mater and Tariq el Sekka in Tripoli, Gharyan, Abu Nasir, Zwarra, Souq el Kahmis, Kararem and Kufra. IMC provided medical care in the two static community development centers located in Gurji and Selahedeen neighborhoods. Moreover, IMC supported the rescue at sea disembarkation points located in Tripoli, Tajoura, Zawiyah and Misurata. For the IDPs, IMC mobile medical teams provided medical care within the local polyclinics and as well as inside the camps in Tripoli, Misurata and Sabha. The host communities also benefit from the services.

- Handicap International (HI) outreach teams identified and assisted 477 persons with physical disabilities and their caregivers. Home-based physical therapy, guidance and psychosocial support were provided to 221 persons with disabilities, where 91 persons of them were referred to external health and rehabilitation services and 26 benefited from assistive devices. In addition, individualized psychosocial support (PSS) was provided to 256 caregivers.

Provision of Medicines, Supplies and Equipment:



Figure 1. A mobile clinic provided by WHO to Sabha.

Source: WHO Libya

WHO country office in Libya delivered one mobile clinic to Sabha to meet the health needs of thousands of the underserved population in southern parts of the country. Provision of this mobile clinic was made possible through the support of the European Union Civil Protection and Humanitarian Aid (ECHO).

- WHO delivered anti-retroviral (ARVs) medicines for people living with HIV to the Benghazi Centre for Immunology and Infectious Diseases (BCID) with support from the European Union (EU). In 2018, more than 400 registered people living with HIV did not receive their treatment due to the shortage of the life-saving ARV drugs. This is a clear indication of the critical situation these individuals are going through. Most families of people living with HIV struggle to afford the cost of treatment. In Benghazi, more than 400 people living with HIV, including children, receive treatment at BCID.
- In the context of the ongoing response to the crisis in Derna and with the financial support of the ECHO, WHO has provided Derna Hospital with 148 saline infusion boxes which contain about 2800 bottles of saline infusion sets.
- WHO delivered five basic non-communicable disease (NCD) kit- module 1b (cold chain medicines) to Sabha Medical Center (SMC). These kits were funded by United Nations Central Emergency Response Fund (CERF). The module 1b of the NCD kit covers 10,000 populations for three months period with three types of Insulin, Glucagon and Insulin Syringes needed for the management of Diabetes mellitus.



Figure 2. NCD kits provided to SMC.

Source: WHO Libya

- In partnership with National Center for Disease Control (NCDC) and the Medical Supply Organization (MSO), United Nations Population Fund (UNFPA) has continued providing lifesaving emergency reproductive and maternal health services to 18 hospitals and PHC centers, responding to the needs of 5,486 women of reproductive age over the month of March 2018.
- In the frame of the project entitled emergency program in Libya for the improvement of health services in Ubari, which started in October 2017 with the financial support of Italian Agency for Development Cooperation (AICS), a batch of medicines was delivered by Centro Cooperazione Sviluppo (CCS) to four PHC centers in Ubari (Aldessa, Albreak, Jerma and Fjej). In addition, medical equipment is going to reach the four centers by the end of April.

Rehabilitation of Health Facilities:

Funded by AICS and in collaboration with Helpcode, CCS is restoring four PHC centers in Ubari by the installation of bathrooms and showers, as well as electrical inverters to ensure constant electricity to delivery wards and emergency rooms.

Capacity Building:

- WHO Libya, with the support provided by the WHO Regional Office, and in collaboration with Libyan MoH, organized a training course on hospital emergency preparedness and response and daily management of emergency units on 4 to 9 March 2018, in Tunis. In this workshop 20 Libyan hospitals and three hospitals from Tunisia actively participated. As a result, a network of hospital emergency coordinators was shaped in Libya.
- WHO country office in Libya, with the support of experts from the WHO headquarters and regional office and in close collaboration with the Libyan MoH, conducted a three-day workshop, from 12 to 14 March 2018, on road traffic injury, disability and rehabilitation Libya. Twenty-five participants, representing Ministry of Health, Ministry of Social Affairs, Ministry of Transportation, Ministry of Labour, Disability NGOs, Emergency Service providers and Academia, attended the workshop.

- The EU -funded WHO project “Strengthening Health Information System and Medical Supply Chain Management (SHAMS)” engaged with the Moroccan WHO Collaborating Centre for Pharmacovigilance to conduct a capacity-building workshop on the development of a national pharmacovigilance strategy in Libya. The newly established Libyan Pharmacovigilance department in the MoH attended the training which was held in Tunis between 26 and 30 March 2018.
- WHO Libya conducted a workshop to develop the foundation for a Prevention of Mother to Child Transmission (PMTCT) strategy from 27 to 29 March 2018. The workshop was built on a thorough desk review and situation analysis that identified gaps priority needs to strengthen the prevention of mother to child transmission of HIV/AIDS. Fifteen participants including HIV program manager, national disease control center, pharmacy department, and service providers participated in the workshop. The participants developed a draft with strategic objectives, action plan and required human resources. The drafted PMTCT strategy was tailored to the national context and the latest WHO guidelines as well as design service delivery models for optimal PMTCT services.
- In March 2018, HI provided guidance for 256 caregivers on how to more effectively care for persons with disability and/or injuries.

- CCS, with the financial support of the AISC, trained 15 medical staff from four PHC centers in Ubari on emergency health care including Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Advanced Pediatric Life Support (APLS) and Trauma Life Support (TLS).
- UNFPA supported the NCDC by providing a training to 12 nurses and midwives on essential skills and competencies to provide emergency obstetric care to an estimated 2,000 women of reproductive age living in the rural area of Takins in Eastern Libya. This training is part of a national program to scale up the competencies of maternal health service provided in Libya and reduce preventable maternal mortality.



Figure 3. Training workshop on safe delivery, organized by UNFPA for midwives and nurses. Source: UNFPA Libya