WHO COUNTRY OFFICE, LIBYA

ANNUAL REPORT 2021

World Health Organization

Six-year old Ghazal and Abdullah proudly hold their vaccination records from a WHO-supported clinic in Benghazi.

©WHOlibya2021

WHO COUNTRY OFFICE, LIBYA

ANNUAL REPORT 2021

World Health Organization

WHO Library Cataloguing in Publication Data

Names: World Health Organization. Regional Office for the Eastern Mediterranean

Title: WHO country office, Libya: annual report 2021 / World Health Organization. Regional Office for the Eastern Mediterranean

Description: Cairo: World Health Organization. Regional Office for the Eastern Mediterranean, [2022]

Identifier: ISBN 978-92-9021-127-3 (pbk.) | ISBN 978-92-9021-109-9 (online)

Subjects: Health Status | COVID-19 - prevention & control | Betacoronavirus | Disease Outbreaks | Delivery of Health Care | Emergency Medical Services | Communicable Disease Control | Noncommunicable Diseases – prevention & control | World Health Organization - organization & administration | Libya | Annual Report

Classification: NLM WA 300

© World Health Organization 2022

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Libya WHO country office annual report 2021. Cairo: WHO Regional Office for the Eastern Mediterranean; 2022. Licence: CC BYNC-SA 3.0 IGO.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-partyowned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

CONTENTS

FOREWORD


©UN Photo Jean-Marc Ferré

Over the course of 2021, Libya made significant advances and suffered major setbacks. The ceasefire agreement of October 2020 largely held, oil exports resumed, and the establishment of the interim Government of National Unity in March 2021 led to the reunification of some of Libya's governmental institutions. Attacks on health care declined, from 36 confirmed incidents in 2020 to just two in 2021. However, the new government's inability to pass a national budget meant that there were only limited investments in health care. Moreover, the postponement of the national elections, which were scheduled for late December 2021, led to fears of new political turmoil, renewed armed conflict and the undue influence of external forces including foreign armed fighters.

The sustained lack of leadership in the Ministry of Health (MoH) hampered WHO's attempts to coordinate the health humanitarian response with national authorities. The Minister of Health under the previous government resigned in May 2020 and his position remained vacant for the rest of the year. The new Minister took up his position in March 2021 but was remanded in custody less than a year later as part of an investigation into alleged corruption. Despite the absence of national health leadership, WHO managed to implement its humanitarian operations thanks to its well-established relationships with senior officials in the MoH and the National Centre for Disease Control (NCDC).

The year was again dominated by the COVID-19 pandemic, with the emergence of new variants and a rising death toll worldwide. Testing for COVID-19 is critical, not only to help treat or isolate people who are infected but also to help public health experts understand the prevalence, spread and contagiousness of the disease. At the beginning of the pandemic, Libya had only one accredited COVID-19 laboratory. WHO trained laboratory staff, gave them personal protective equipment (PPE), test kits and diagnostic equipment, assessed infection prevention and control (IPC) measures, and assigned IPC officers to monitor standards. At the time of writing this report, Libya had 40 functioning COVID-19 laboratories, all of which were reporting regularly to Libya's national disease early warning surveillance and response network (EWARN).

On 10 April 2021, the Libyan Government launched the national COVID-19 vaccination campaign, with close support and guidance from WHO and UNICEF. By the end of 2021, although the country had sufficient vaccine stocks to fully immunize around 70% of its target population, only 12% of the population had received two doses of vaccine. Unless there is a significant increase in uptake, the country is unlikely to meet its vaccination targets for 2022. WHO is working with national authorities and local communities to emphasize the importance of vaccination and dispel rumours and misinformation around the COVID-19 vaccine.

COVID-19 has highlighted the crucial importance of a strong EWARN. In 2021, WHO's in-depth assessment of the Libyan EWARN was the basis for developing a road map to strengthen surveillance and integrate event-based surveillance into the national system to help Libya better prepare for future pandemics.

In addition to supporting the response to COVID-19, WHO continued its humanitarian health operations and delivered medicines, equipment and supplies to maintain essential health services throughout the country. As part of its normative/development work, it collaborated closely with the MoH to prepare Libya's National Human Resources for Health Strategic Plan for the next eight years. The strategy sets out Libya's plan to establish a high-quality, skilled health workforce, distributed equitably across all levels of the health system and all geographical areas, by the year 2030. However, the continuing governance vacuum, high levels of corruption and the absence of an approved health budget still hamper the implementation of reforms to rehabilitate the health system, improve accountability and repair damaged health infrastructure.

As the year drew to a close, Libya had not yet set a new date to hold national elections. The prospects for peace and stability will largely depend on political developments in 2022. The United Nations has urged all parties in Libya to respect the will of the 2.8 million Libyans who have registered to vote. Libya's leaders must be steadfast in their commitment to democracy, and the people of Libya must be given the means to decide their future, free of foreign interference.

A team from WHO visits the oncology department at the WHO-supported Misrata Medical Centre to mark World Health Day 2021.

@WHOLibya2021

OVERVIEW

Political developments

The year 2021 saw major developments and significant setbacks in Libyan politics. In January 2021, following the collapse of oil revenues the previous year, the Central Bank of Libya devalued the Libyan Dinar. While this improved Libya's macro-economic stability, its adverse impact on purchasing power was felt throughout the country. The devaluation came on the heels of a difficult 2020, during which the COVID-19 pandemic led to rocketing food prices and significant loss of livelihoods. The average cost of basic expenditures rose by 13% between March 2020 and July 2021. Libya's liquidity crisis was also a growing concern for many households that were unable to withdraw sufficient amounts of cash to meet their basic needs.

In February 2021, the Geneva-based Libyan Political Dialogue Forum elected a four-person team to head a new unified government led by Abdul Hamid Dbeibeh as Prime Minister. The following month, Mr Ddeibeh announced the establishment of an interim Government of National Unity (GNU) to lead the country through the process of establishing a new Constitution and holding national elections at the end of the year. However, the GNU was left in limbo when its draft budget for 2021 was rejected by the House of Representatives. It resorted to financing urgent initiatives by decree, but the lack of an overarching budget seriously hampered the work of government ministries and affected their ability to deliver basic services. For the health sector, this meant that the government was unable to pay the salaries of health staff or cover the running costs of hospitals and other health facilities.

The lack of an approved national budget also led to the near-collapse of Libya's financial sector. The country's two central banks (one in the east and one in the west) both racked up huge debts to finance their respective administrations. The UN's Special Envoy to Libya warned that managing this debt would only be possible with the unification of the banking system.

In March 2021, a new candidate was finally nominated to fill the position of Health Minister, which had remained vacant since May 2020. Less than one year later, he was remanded in custody followed charges of alleged corruption. The Ministry of Health was again leaderless and gripped by paralysis.

The Second Berlin Conference on Libya took place on 23 June 2021. Participants commended Libya for its progress towards peace and reconciliation but urged the GNU to do more to combat corruption, restore basic services such as water, electricity and health care, and begin rebuilding the country's infrastructure. They also called on the GNU and all parties in Libya to respect international humanitarian law and international human rights law, protect civilians and civilian infrastructure, and allow access for medical personnel, human rights monitors and humanitarian personnel and assistance.

On 21 December 2021 – three days before the date set for the national elections – the head of the High National Election Commission (HNEC) announced that the elections had been postponed because of growing polarization among different political groups and disputes over key aspects of the political process. In announcing the postponement, the HNEC cited shortcomings in the legal framework for the elections, contradictory court rulings on candidacies, and political and security concerns. Several western countries called on the Libyan authorities to swiftly set a new election date and issue the final list of presidential candidates. The United Nations Support Mission in Libya (UNSMIL) urged all parties to resolve disagreements through dialogue and warned that the mobilization of forces affiliated with different groups was creating tensions and increasing the risk of clashes that could spiral into all-out conflict. UNSMIL called on all parties to work together to create the security and political conditions necessary for peaceful, credible, inclusive, free and fair elections.

At the end of 2021, the political situation remained volatile and filled with uncertainty.

COVID-19

Libya continued to struggle with the challenges posed by the COVID-19 pandemic. In the second half of the year, the emergence of new variants led to a sharp increase in the number of confirmed cases and forced the MoH to declare a public health state of emergency and impose a new round of stringent restrictions across the country.

Health care facilities, already barely functioning due to acute funding shortfalls, struggled to cope with the additional demands brought by COVID-19. The increasing number of COVID-19 patients coincided with surges in the rates of COVID-19 among frontline health care staff, forcing many health facilities across the country to suspend services. By the end of the year, the NCDC reported that there had been a total of 388 734 confirmed COVID-19 cases and 5710 deaths since the first case of the disease was reported in Libya in March 2020. As of 31 December 2021, Libya occupied the 12th place in the cumulative number of cases of COVID-19 among the 22 countries and territories of the Eastern Mediterranean region. It ranked 11th in the number of deaths per country/territory in the region.

In April 2021, Libya received its first shipments of COVID-19 vaccines. The national vaccination campaign was launched the same month. By the end of the year, only 12% of the population had been fully vaccinated. If the current rate of vaccination does not improve, Libya will fall far short of its vaccination targets for 2022.

Benghazi, April 2021. Libya receives the first shipment of COVID-19 vaccines from the COVAX Facility.

©UNICEF Tripoli Zakaria

People in need of humanitarian health assistance

At the beginning of 2021, almost 1.2 million people lacked lack regular access to primary and secondary health care services. Migrants and refugees accounted for almost 30% of this number. Over one million people lived in areas ranked as 3 and above on the severity scale[1]. While internally displaced people (IDPs), refugees and migrants had the most severe needs, returnees and non-displaced Libyans in the worst-affected areas also needed humanitarian assistance. Other vulnerable groups included children and adolescents, the elderly, people with chronic health conditions and families facing economic hardship.

Migrants, asylum seekers and refugees continued to face arbitrary detention. Many refugees and migrants were picked up by the Libyan coastguard as they tried to cross the Mediterranean to Europe and were subsequently taken to one of the country's notoriously unregulated detention centres, where they lived in overcrowded and unsanitary conditions and had very little access to health care.

Civilians from the town of Tawergha in west Libya account for almost one third of all IDPs in Libya. They have been displaced for more than ten years. In 2011, the town lined up with Gaddafi's forces against rebels in neighbouring Misrata. Later that year, following the overthrow of Gaddafi, all residents of the town were forcibly displaced and most of its houses and infrastructure were deliberately destroyed. In early 2018, the government announced that Tawerghans could start returning to their homes. However, the few families that attempted to return had to be relocated in a makeshift camp because of huge damages to the town and the widespread presence of explosive remnants of war. As of May 2021, only around 6900 individuals (out of a former population of more than 47 000) had returned. Most Tawerghans remain scattered across the country in IDP camps or host communities.

A WHO EMT member examines a child in Sebha municipality.

©WHOlibya2021

[1] Severity" expresses the degree of unmet needs for people in different geographical areas, based on a scale from 0 to 5. People in areas ranked 3, 4 and 5 are classified as being in severe, extreme and catastrophic need of humanitarian assistance, respectively.

Status of health care services

In April 2021, the second round of a World Health Organization "pulse survey"[2] revealed that over one year into the COVID-19 pandemic, about 90% of countries still faced one or more disruptions to essential health services, marking no substantial global change since the first survey was conducted in the summer of 2020. In Libya, overwhelmed and underfunded public health care facilities were barely able to cope with the additional demands brought by the COVID-19 pandemic. Health care staff were paid only sporadically and threatened to go on strike unless the situation improved. Moreover, the governance vacuum, ongoing corruption and absence of an approved budget for health prevented the implementation of meaningful reforms to rehabilitate the health system, improve accountability and repair damaged health infrastructure.

There were chronic shortages of medicines, equipment and supplies including oxygen masks and tanks, antibiotics and PPE. The focus on COVID-19 meant that many people being treated for diseases such as cancer, cardiovascular disease and diabetes were no longer receiving the health services and medicines they needed. Reports indicated that in some areas, up to 90% of primary health care (PHC) centres remained closed, while one third of all health facilities in the south and east were not functional. Almost three quarters of health facilities in the south and almost half of facilities in the east were only partially functioning. Of the total number of facilities assessed in 2021, 37% (80) had suffered varying degrees of infrastructural damage[3]. Prolonged power cuts, exacerbated by shortages of fuel to run generators, also disrupted health care services. Only six out of 227 assessed health facilities in the south reported they had sufficient electricity supplies.

Many IDPs and migrants were reluctant to visit health care facilities because of costs and concerns over contracting the COVID-19 virus. Undocumented migrants and refugees lived in fear of arbitrary arrest and transfer to one of Libya's detention centres.

Libya continued to face repeated stockouts of critical vaccines, compounded by difficulties securing funds from the Central Bank of Libya to replenish vaccine supplies and other medicines. There were acute shortages of medicines for child cancer patients and people with life-threatening diseases such as TB and HIV/AIDS. At the start of the year, it was widely reported that international medical suppliers were no longer filling orders from Libya because the MoH had amassed approximately USD 200 million in unpaid bills.

As a result of the COVID-19 pandemic, many families faced unemployment and financial instability, social isolation, intimate partner and family violence, fear of life-threatening disease and the sudden loss of loved ones. Although all of these are risk factors for mental health problems such as depression and substance use disorders, very few public health facilities offered a standard package of essential health care services and only two health facilities offered inpatient mental health services.

[2] This survey looks at 63 core health services across delivery platforms and health areas. It was sent to 216 countries and territories across the six WHO regions.
[3] Health situation updates, selected municipalities, Libya, 2021

Health care workforce

Health systems can function only with health workers. However, the mere availability of health workers is not sufficient[4]. Countries at all levels of socioeconomic development face, to varying degrees, difficulties in the education, deployment, retention and performance of their health workforce. The situation in Libya has been exacerbated by extreme shortages of staff: over the past decade, the number of health workers has shrunk by more than 50%, in large part due to the exodus of foreign health care staff. Moreover, the rapid increase in noncommunicable diseases (NCDs) including mental and psychosocial disorders, and the emergence of new diseases such as COVID-19, signal the need for an adjustment of the skill mix of Libya's health workforce.

In 2021, with close support from WHO, the Ministry of Health published its strategy for building a high-quality, skilled health workforce, distributed equitably across all levels of the health system and all geographical areas. The strategy, spanning the period 2022-2030, is based on the findings of a detailed situation analysis that showed the main problems were the uneven distribution of the health workforce; poor human resources management; acute shortages of PHC nurses, midwives and family physicians (but a surplus of doctors, dentists and pharmacists); outdated regulations and policy guidelines; and a rapidly growing but poorly regulated private sector. The strategy was developed in collaboration with a number of other Libyan ministries[5] as well as universities, professional medical associations, local governments, community representatives and labour unions. It sets out five strategic objectives to improve the Libyan health workforce:

1. Equity in its availability and distribution.
2. Improved human resources management.
3. Continuous professional development of the health workforce.
4. Evidence-based updating of policies to guide the registration, accreditation, licensing, skills development and practice of the workforce.
5. Strengthened public-private health partnerships.

WHO will work closely with the health authorities to support the implementation of this strategy and help ensure that the health needs of the population can be fully met, thus attaining the goal of universal access to health care. Implementation will be gradual, starting with five selected municipalities from the east, west and south and then scaling up countrywide.

WHO and the World Bank have held a series of technical consultations on key areas for potential collaboration, including in PHC, digital health, health financing, human resources for health and COVID-19. WHO has helped the World Bank establish initial contacts with MoH officials.

With WHO's support, the Ministry of Health published its strategy for building a high-quality, skilled health workforce, distributed equitably across all levels of the health system and all geographical areas.

©WHOlibya2021

[4] WHO's Global Strategy on Human Resources for Health: Workforce 2030
[5] The Ministries of Labour, Education, Planning, and Finance

WHO'S RESPONSE

In 2021, WHO supported the COVID-19 response, coordinated the health sector's humanitarian response (as well as implementing its own operations) and worked across the humanitarian/development divide to help Libya rebuild its health system.

WHO's emergency response operations reached all 22 districts and all 100 municipalities in Libya. The WHO country office (WCO) supported 159 health care facilities with equipment and supplies and deployed 21 emergency medical teams to support 30 health facilities across the country, mainly in areas where people had acute humanitarian needs. WHO's humanitarian assistance accounted for almost 37% of all medical procedures and consultations supported by the health sector. Over two thirds of the standard health kits distributed in 2021 were provided by WHO.

WHO's network of field coordinators worked with local health authorities and communities to assess health needs, agree on priorities, monitor the delivery of supplies and report back to WHO's office in Tripoli. Nine IPC officers were deployed to monitor safety standards in 24 health facilities and train staff on optimum practices. The health facilities selected were all COVID-19 isolation or triage centres that covered large geographical areas and had good laboratory capacity. The selection was made in consultation with the NCDC.

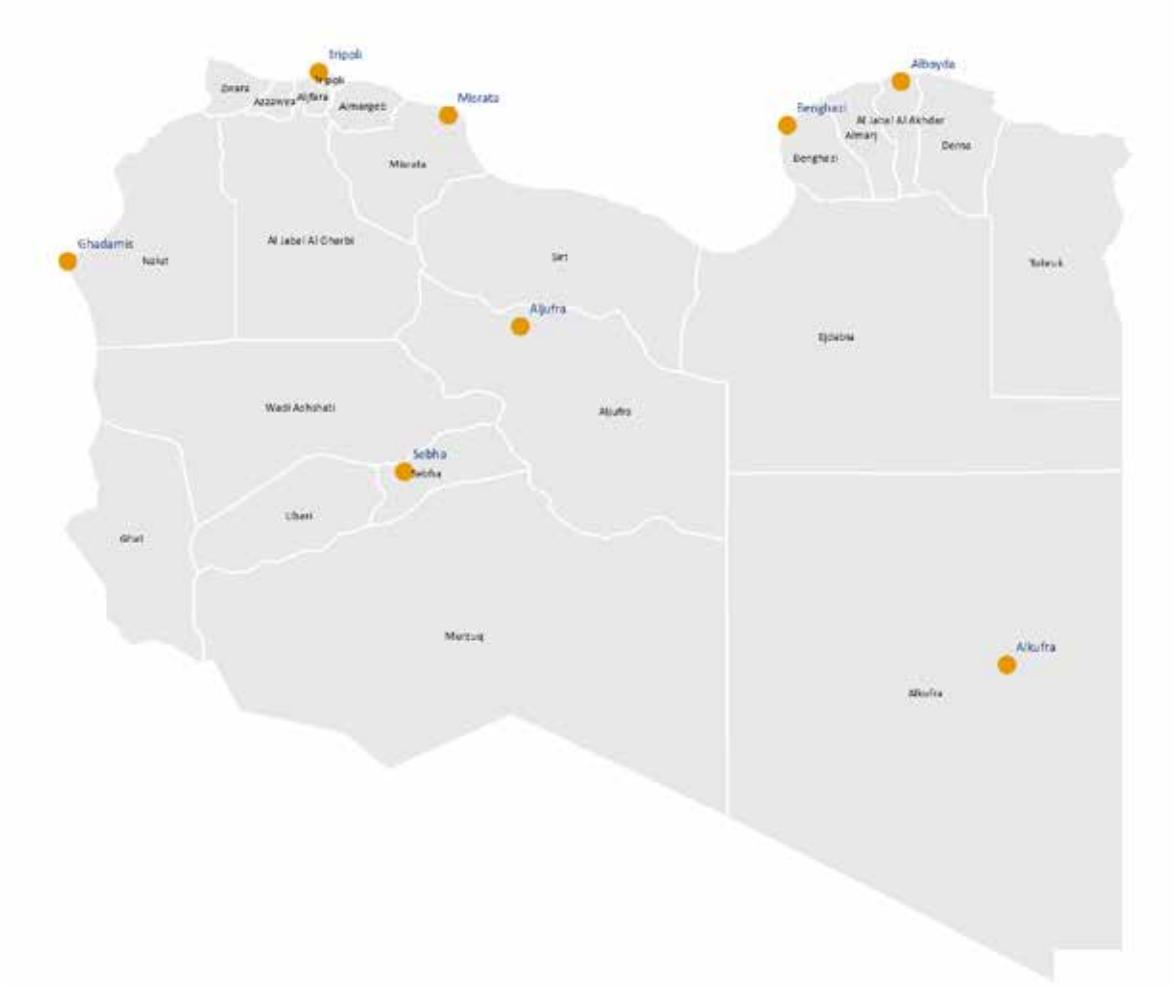
The volatile political situation and the UN's stringent security restrictions hampered WHO's planned missions to vulnerable areas to assess health needs. However, after being forced to postpone its humanitarian mission to the coastal town of Sirt in 2020, WHO finally managed to visit the town in February 2021. Sirt lies halfway between Tripoli and Benghazi and is a critical gateway to major oil facilities. It has been largely inaccessible since 2019, when the coastal highway linking east and west Libya was closed. Over the past decade, it has come under repeated attack as both sides in the conflict fought for control of the area. Much of the city now lies in ruins. The WHO team found that Sirt's only public hospital had limited intensive care capacity and critical shortages of oxygen supplies. WHO donated oxygen and PPE and trained more than 100 health staff in IPC, treating COVID-19 patients and laboratory diagnostic techniques for COVID-19.

Emergency operations centres

WHO supported the establishment of an additional four emergency operations centres (EOCs) in Al Jufra, Al Kufra, Ghadames and Misrata, bringing their total number to eight. The EOCs acted as central points for emergency planning and collecting, analysing and disseminating information on emergency health operations. They also worked closely together to support the coordination of the COVID-19 response.

WHO and NCDC staff meet in the main EOC in Tripoli to review TB activities in Libya.

©WHOlibya2021



Delivering emergency supplies

In 2021, WHO delivered enough kits, medicines and supplies to treat more than 4.2 million people throughout Libya.

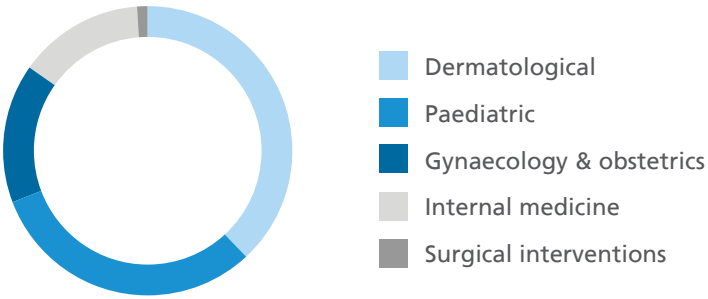
WHO logisticians review emergency medical kits, medicines and supplies destined for Libyan health facilities.

©WHOlibya2021

Deploying emergency medical teams

WHO supported 21 emergency medical teams (EMTs) that provided services in 30 health care facilities across the country. Between 1 January and 31 December 2021, they carried out 141 983 medical procedures, including 603 trauma and surgical interventions.

Breakdown of services provided by emergency medical teams



The WCO's field coordinators monitored the work of the EMTs in each health facility, reviewed their biweekly reports and triangulated the information against patient registration data. The MoH at district level also monitored the performance of the EMTs and reported any observations or concerns directly to the WHO field coordinators.

In 2021, the WCO contracted a third-party monitor to evaluate and its emergency operations, including the work of its EMTs. The report of its findings will be published shortly.

Training health care workers

WHO supported the training of almost 4500 health workers on topics including COVID-19, tuberculosis, mental health and psychosocial support, reproductive health, health information management, disease surveillance, IPC and the integrated management of newborn and childhood illness. Training initiatives included workshops, remote learning, on-the-job supervision and in-service training.

Community health volunteers attend a training course on primary health care community outreach services.

©WHOlibya2021

WHO operational response, January - December 2021, Libya

Coordination

180 Coordination meetings with authorities conducted (COVID-19)

54 Coordination meetings with partners conducted (COVID-19)

310, 24 and 12 Daily, weekly and monthly COVID-19 situation updates disseminated

4 Transmission classification and capacity assessments conducted

2 Reports on attacks on health care produced

4 Infection prevention and control bulletins produced

52 Weekly Epidemiological Bulletins produced

12 Mid-month health sector operational updates produced

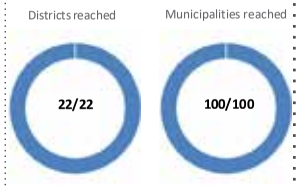
12 Health Sector Bulletins produced

12 Monthly 4W health sector reports produced

24 WHO biweekly operational updates produced

21 Health needs assessments conducted

Areas reached by WHO



Services and Facilities Supported

159 Health facilities supported with health services and commodities *including the Health Service Directorate*

8 Emergency Operations Centres, including 4 subnational EOCs

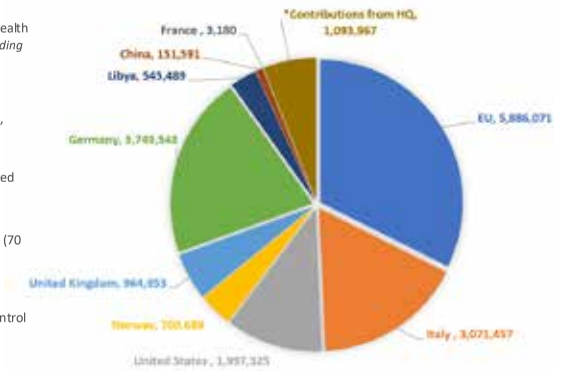
22 Field Coordinators deployed

21 Emergency Medical Teams (70 doctors)

9 Infection Prevention and Control officers deployed

38 Laboratories supported

Amount of funds ($) available in 2021



This amount includes both new donor contributions received in 2021 (USD 8,977,665, as shown in Annex 1 of the annual report) plus funds carried over from 2020.
**More details are available upon request*

COVID-19 Response

Supplies Distributed

10,710 Goggles

4,176,787 Masks including 120,692 respirators N95

48,157 Gowns

44,817 Face shields

939,667 Gloves

4,308 Coveralls

1,252 Disinfecting materials

652 Thermometers (non-contact & clinical)

19 Ventilators

342 Oxygen concentrators

143,500 Swabs and viral transport medium

2,998 Lab reagents

243,765 Test kits including **225,175** antigen-based rapid diagnostic tests

1,743 Pulse oximeters

3 GenExpert machines

Risk Communication & Community Engagement (RCCE)

> 4.5M People reached with messages on COVID-19 preventive measures and access to health care

WHO Libya Social Media Platforms

Facebook
Page likes: 393,910
Posts Reach: 572,583

Twitter
Visitors: 3,385
Impressions: 1,373,600

515,166 Promotional kits of flyers, masks, and hand hygiene distributed.

Surveillance, Rapid Response Teams (RRT) and Case Investigation

47 RRTs supported by WHO

180 EWARN sentinel sites supported

Supplies Distributed

229 NCD kits
- 28 NCD 1a
- 28 NCD 1b
- 75 NCD 1c
- 48 NCD 1d
- 50 NCD 1e

399 IEHK kits
- 242 IEHK Basic Kit
- 6 IEHK Supplemental
- 151 IEHK renewable

4 Trauma kits
- 3 Trauma Kit A
- 1 Trauma Kit B

120 Other medical kits

3 Digital mobile radiography units

1 Linear probe assay machine

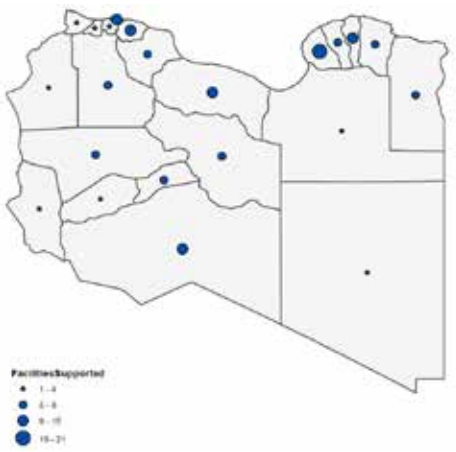
4,462 Blood bags

5 GenExpert machines (for TB)

6 Infant incubators

8 Ambulances (including 2 mobile clinics)

Public health facilities supported with health services and commodities



Interactive dashboards produced

Health sector 4W 2021 HRP interactive dashboard
COVID-19 Libya interactive dashboard

Capacity Building Support

171 Capacity building events supported. **4,629** Total number of people trained.

1,213 People trained on COVID-19 topics, including infection prevention and control, waste management, and risk communication.
1,638 Physicians trained by the Emergency Medical Teams (EMT) experts on basic life support, ECG reading and analysis, and medical emergencies.
1,570 People trained on other topics including tuberculosis and multi-drug resistant TB, mental health and psychosocial support, reproductive health, health information management, and EWARN.
115 Physicians trained on the Integrated Management of Neonatal and Child Illness (IMNCI), which was conducted for the first time in Libya.
93 Physicians trained on national protocols for the Prevention of Mother-To-Child Transmission of HIV (PMTCT).

Maintaining Essential Health Services

30 Health facilities supported by EMTs

141,983 Medical procedures provided

212 Trauma interventions provided by EMTs

391 Surgical interventions provided by EMTs

Production Date: 07 Mar 2022
Product Name:Lib_response_mapping_jan_dec_2021
© WHO 2021. All rights reserved.
- The boundaries shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

PUBLIC HEALTH AREAS OF WORK

COVID-19

Libya continued to struggle with the challenges posed by the COVID-19 pandemic. In the second half of the year, the emergence of new variants led to a sharp increase in the number of confirmed cases and forced the MoH to declare a public health state of emergency and impose a new round of stringent restrictions across the country. A 12-hour curfew was mandated from 6 p.m. to 6 a.m. Schools and universities were shut down, the land border between Libya and Tunisia was closed, and summer resorts, parks and public gardens were sealed off to the general public.

Libya suffered repeated stockouts of critical medicines to treat COVID-19 patients and maintain other essential health care services. The situation was exacerbated by the disrupted medical supply chain (manufacturers who previously supplied Libya had not been paid and refused to fill new orders) and the absence of an approved health budget. Without access to funds, health care facilities were barely able to remain open. Many were forced to close temporarily due to increasing rates of transmission of COVID-19 among health workers.

Official figures showed that, as of the end of 2021, 388 734 people had been infected with the virus, of whom 5710 had died since the first case of COVID-19 was reported in Libya on 24 March 2020. In 2021, the number of cases of COVID-19 increased by 186% and the number of deaths increased by 184% compared with the previous year, mainly due to the emergence of variants of concern. However, COVID-19 testing rates increased by 161% compared with 2020. By the end of 2021, the cumulative test positivity rate was 19% (WHO recommends that positivity rates be kept below 5%) and the case fatality rate was 1.5%.

A patient with COVID-19 being treated at the isolation centre in al-Bayda

©WHOlibya2021

Epidemiological overview

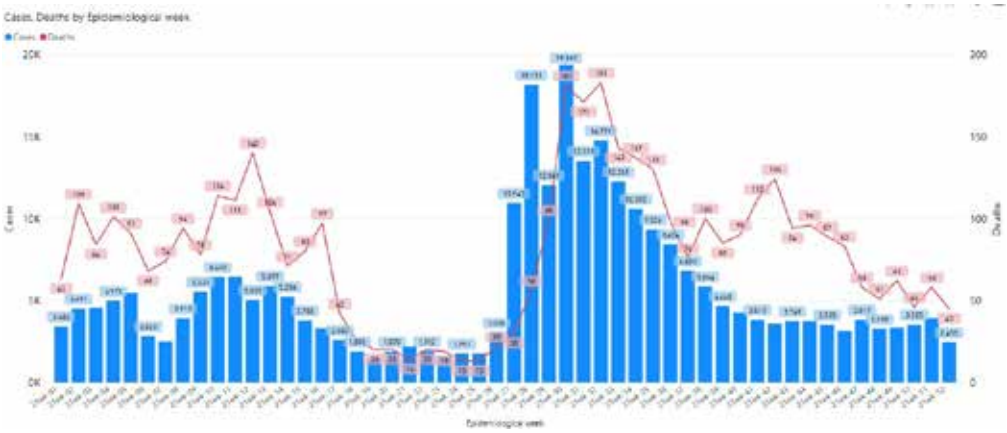
A range of indicators is used to capture the transmission intensity of COVID-19. They include case incidence rates, test positivity rates, hospitalization rates, clinical care performance, public health laboratory capacity, and adherence to public health and social measures. Throughout the year, Libya was classified as a country with community transmission (CT)[6] of the disease. The level of CT, as determined by the NCDC in collaboration with WHO, ranged from high (CT3) to very high (CT4)[7], with numbers rising sharply at the peak of the Alpha and Beta variants of concern in January and February and the Delta variant in July, August and October. On 29 December 2021, Libya recorded its first two cases of the Omicron variant of concern.

WHO definition of the different levels of community transmission

Category name	Definition Countries/territories/areas with:
Community transmission – level 1 (CT1)	Low incidence of locally acquired, widely dispersed cases detected in the past 14 days, with many of the cases not linked to specific clusters; transmission may be focused in certain population sub-groups. Low risk of infection for the general population.
Community transmission – level 2 (CT2)	Moderate incidence of locally acquired widely dispersed cases detected in the past 14 days; transmission less clearly focused in certain population subgroups. Moderate risk of infection for the general population.
Community transmission – level 3 (CT3)	High incidence of locally acquired, widely dispersed cases in the past 14 days; transmission widespread and not focused in population sub-groups. High risk of infection for the general population.
Community transmission – level 4 (CT4)	Very high incidence of locally acquired widely dispersed cases in the past 14 days. Very high risk of infection for the general population.

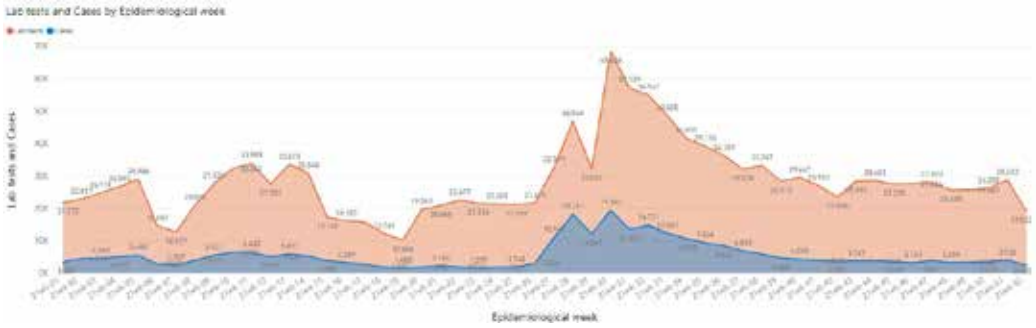
[6] WHO has defined four transmission scenarios for COVID-19: 1) countries with no cases; 2) countries with one or more cases, imported or locally detected (sporadic cases); 3) countries experiencing cases clusters in time, geographic location and/or common exposure; 4) countries experiencing larger outbreaks of local transmission (community transmission (CT)).
[7] Libya was classified as level CT3 in March, April, May, June, October, November and December 2021. It was classified as level CT4 in January, February, July, August and September 2021.

Figure 1: COVID-19 cases and deaths per week, 2021



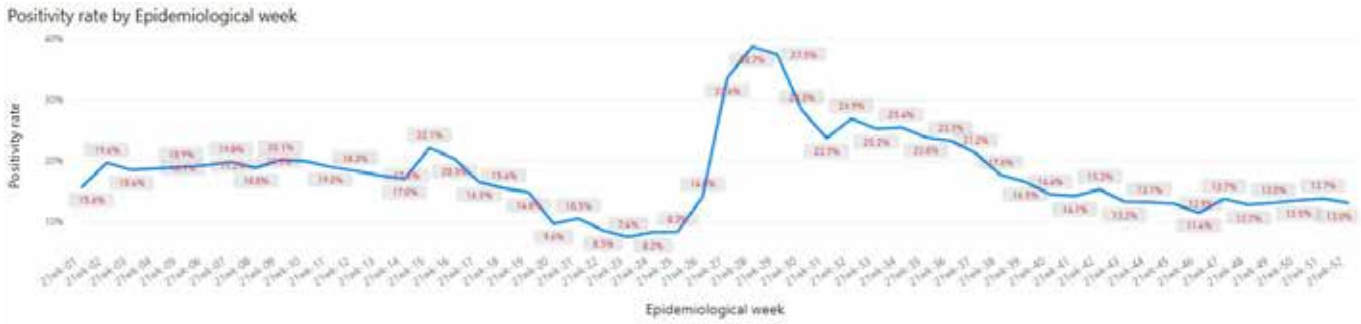
High transmission rates may be partly attributed to poor adherence to public health and social measures during peak transmission periods. The high test positivity rates (see figure 2 below) were mainly due to low laboratory testing capacities, especially in the east and south. The positivity rate is a critical measure because it indicates how widespread infection is in the areas where the testing is occurring—and whether levels of testing are keeping up with levels of disease transmission.

Figure 2: Weekly COVID-19 positivity rate in Libya, 2021



Although the national testing numbers were relatively high, most of the testing for COVID-19 was concentrated in the west. Limited testing capacity in the south and east likely led to significant under-reporting (only laboratory-confirmed cases were included in official statistics). Moreover, the mortality surveillance system was weak and disease surveillance in many locations was inadequate. These factors masked the true extent of COVID-19 in the country.

Figure 3: Number of COVID-19 laboratory tests performed vs confirmed positive cases per week, 2021



TIMELINE OF COVID-19 IN LIBYA: 2021

January 2021 CT4

The total number of confirmed cases rises to 119,402. The death toll rises to 1,883.

- The number of cases rises sharply from almost 100,000 at the end of Dec 2020.
- Schools are closed for 2 weeks.
- The Deputy Minister of Health confirms that MoH warehouses are practically empty and the country is facing stockouts of critical vaccines and medicines.
- The situation is exacerbated by the disrupted supply chain (manufacturers who previously supplied Libya have not been paid and are refusing to fill new orders).
- Libya transfers USD 9.7 million to the COVAX Facility to secure 2.8 million doses of vaccine.

February 2021 CT4

Mr Abdulhamid Dbeibeh is appointed interim prime minister.

- Schools reopen.
- The Presidential Council of the Scientific Committee endorses the National Deployment and Vaccination Plan.
- WHO urges the national authorities to consider covering the costs of vaccines for over 570,000 migrants and refugees in the country.
- Libya misses out on the first round of COVAX vaccines.

March 2021 CT3

The long-divided House of Representatives (HoR) holds a unified session for the first time in years to approve Dbeibeh government.

- A 10-day curfew is imposed in some municipalities.
- Libya detects the presence of Alpha and Beta variants in the country.
- A new Minister of Health, Mr Ali Al-Zinati, is appointed.

April 2021 CT3

The first shipment of COVID-19 vaccines arrives. Libya launches its vaccination programme.

- The NCDC starts vaccination in 426 dedicated centres.
- Restrictions on movement to curb the spread of COVID-19 are significantly relaxed.
- Turkey donates 150,000 doses of Sinovac to Libya.

May 2021 CT3

Over 200,000 people are vaccinated against COVID-19.

- Libya self-purchases 117,600 doses of AstraZeneca vaccine and 906,650 doses of Sputnik V vaccine.

June 2021 CT3

Libya introduces a new registration system for COVID-19 vaccination.

- 100,000 doses of Sputnik V "Light" vaccine and 54,990 doses of COVAX Pfizer vaccine arrive.
- WHO monitors a worrying increase in the number of cases of COVID-19 in Ashshwayrif (Jabal al Akhdar district in the west) and Murzuk (in the south).

July 2021 CT4

The Delta peak starts.

- The NCDC intensifies COVID-19 vaccination efforts.
- The land border between Libya and Tunisia is closed.
- More than 4,000 new cases of COVID-19 are reported.
- In western Libya, the local authorities announce a two-week curfew from 18:00 to 08:00.
- PCR testing is made mandatory for domestic flights.

August 2021 CT4

The Delta peak continues.

- The government imposes a 3-day total lockdown.
- The NCDC begins vaccinating people with the second dose of COVID-19 vaccine.
- Over 1 million people have received the first dose of the COVID-19 vaccine.
- AstraZeneca vaccines donated by Greece and Malta (200,000 and 40,000, respectively) arrive.
- Libya self-purchases 2million doses of Sinopharm vaccine and 117,600 doses of AstraZeneca vaccine.

September 2021 CT4 to CT3

The Delta peak wanes.

- Only 2.85% of the population are fully vaccinated.
- The land border reopens between Libya and Tunisia.
- Italy and Denmark donate 357,600 and 144,000 doses of AstraZeneca vaccine respectively to Libya.

October 2021 CT3

Libya reports a drop in the number of confirmed COVID-19 cases and the number of COVID-19 tests conducted compared with September 2021.

- Italy donates another 144,000 doses of AstraZeneca vaccine.
- Libya self-purchases 3million doses of Sinopharm vaccine and 54,720 doses of Pfizer vaccine.

November 2021 CT3

6,846 migrants (531 females and 6,315 males) have received either Sinopharm or AstraZeneca vaccines.

- The USA donates 230,490 doses of Pfizer vaccine.

December 2021 CT3

The total number of confirmed cases stands at 388,734. The death toll stands at 5,710. Libya reports a stabilization in the number of cases of COVID-19 and a declining trend in the number of deaths.

- The national elections are postponed.
- USA donates 1,178,190 doses of Pfizer vaccine.
- People over 50, people with chronic diseases, and health care workers are eligible for a booster dose of COVID-19 vaccine.

WHO's COVID-19 activities

WHO's COVID-19 activities in Libya were aligned with the ten pillars of Libya's national preparedness and response plan.

Pillar 1: Coordination, planning, financing, and monitoring

WHO's network of 22 field coordinators worked with local health authorities and communities to assess health needs in COVID-19 laboratories, isolation centres and health facilities, agree on priorities and monitor the delivery of COVID-19 supplies. As lead agency of the health sector in Libya, WHO met regularly with the MoH and health partners to coordinate and plan preparedness and response efforts. Throughout 2021, WHO's main office in Tripoli disseminated daily, weekly and monthly COVID-19 situation updates and monthly epidemiological bulletins. Eight emergency operations centres supported by WHO acted as command centres for the coordination of the emergency response to COVID-19. More than 1200 people were trained in different aspects of responding to COVID-19.

The WHO Representative meets with the Minister of Health of the Government of National Unity to coordinate efforts to address the COVID-19 pandemic in the country.

©WHOlibya2021

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

WHO and health sector partners worked to strengthen community engagement across the country. Behavioural assessments were conducted to understand the perceptions, concerns and influencers of target audiences and their preferred communication channels. Health messages were tested on trusted community groups including religious leaders, health workers, volunteers, migrants and refugees, and youth, business and women's groups. WHO built a network of more than 45 journalists and media professionals who helped disseminate public health messages on COVID-19 through TV and radio spots, newspapers and Internet sites. Over 4.5 million people were reached with information on measures to prevent the spread of the disease. In collaboration with the MoH, WHO trained 190 health volunteers and community representatives (including 25 who were trained jointly by WHO, UNICEF and the Libyan Arab Red Crescent). Over half a million COVID-19 prevention kits were distributed to local communities.

Community health workers attend a three-day training workshop in Tripoli on risk communication, community engagement and infodemic management. The workshop was organized in collaboration with UNICEF and the Libyan Arab Red Crescent.

©WHOlibya2021

Pillar 3: Surveillance, epidemiological investigation, contact tracing and adjustment of public health and social measures

WHO trained 47 rapid response teams in protocols for COVID-19 case definition and investigation.

A WHO-supported Rapid Response team in Benghazi municipality.

©WHOlibya2021

A WHO team visits Emsaad border crossing in east Libya to review the implementation of COVID-19 preventive measures.

©WHOlibya2021

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

In coordination with its regional office for the Eastern Mediterranean, WHO trained staff at points of entry on WHO's technical considerations for implementing a risk-based approach to international travel in the context of COVID-19.

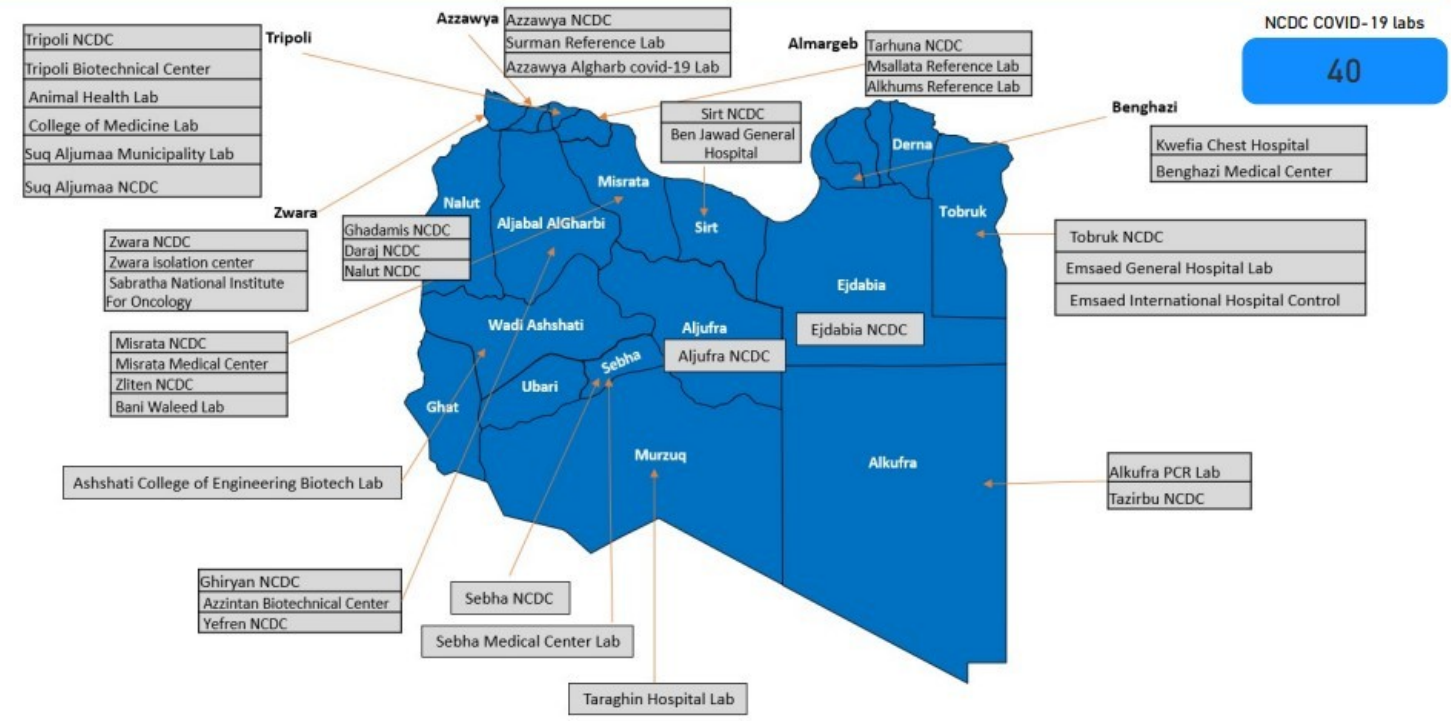
Pillar 5: Laboratories and diagnostics

At the beginning of the pandemic, Libya had only one accredited COVID-19 detection laboratory. In collaboration with the NCDC and the MoH, WHO supported the rapid expansion of COVID-19 laboratories across the country. By the end of 2021, Libya had 40 COVID-19 laboratories. WHO trained staff in these new laboratories on COVID-19 diagnostic techniques and provided PPE, diagnostic tests, reagents and laboratory consumables to kick-start their operations. WHO also provided three GeneXpert machines.

Two-WHO trained laboratory technicians take nasal swabs at the triage centre in Sebha, south Libya.

©WHOlibya2021

NCDC COVID-19 testing laboratories at the end of 2021



Viruses like SARS-CoV-2 change over time. One way to monitor these changes is to perform whole genome sequencing (WGS). WGS maps the nucleic acid (DNA/RNA) sequence of an organism at a given moment in time. In November 2021, WHO's Technical Advisory Group on SARS-CoV-2 Virus Evolution (TAG-VE) recommended that countries improve their surveillance and sequencing efforts to better understand circulating SARS-CoV-2 variants. WHO is working with the European Centre for Disease Prevention and Control to facilitate Libya's participation in WGS activities for the SARS-CoV-2 virus. As of the end of 2021, a total of 62 samples had been shipped from Libya to a national reference laboratory in the Netherlands for sequencing.

WHO supported the training of two NCDC laboratory specialists on genome sequencing. It plans to provide two WGS machines to the NCDC to bolster Libya's capacity to conduct its own sequencing.

PPE provided by WHO in 2021

4 176 787
masks (including over 120 000 N95 masks)

939 667 pairs of gloves

48 157 gowns

10 710 goggles

44 817 face shields

1252 disinfecting materials

4308 coveralls

[8] TAG-VE is an independent group of experts that periodically monitors and evaluates the evolution of SARS-CoV-2 and assesses whether specific mutations and/or combinations of mutations alter the behaviour of the virus.

Pillar 6: Infection prevention and control, and protection of health workforce

WHO advised the MoH and NCDC on the implementation of appropriate IPC measures in health care facilities and COVID-19 isolation centres. WHO deployed nine IPC officers, who monitored standards in 24 health facilities and trained staff on optimum practices. The health facilities selected were all COVID-19 isolation or triage centres that covered large geographical areas and had good laboratory capacity. The selection was made in consultation with the NCDC. WHO provided PPE to 47 RRTs, 159 health facilities and 39 COVID-19 laboratories.

WHO-supported IPC officers assess safety standards at the main isolation centre in Benghazi.

©WHOlibya2021

Pillar 7: Case management, clinical operations, and therapeutics

WHO trained 400 medical and paramedical staff in managing COVID-19 patients inside and outside health care facilities. WHO provided 188 oxygen concentrators, 652 non-contact thermometers, 1743 pulse oximeters, 14 ventilators and 100 000 litres of liquid oxygen to help manage acute shortages in COVID-19 isolation centres. WHO also procured medicines including low molecular weight heparin to support the treatment of COVID-19 patients in isolation centres.

Physicians in Tripoli attend a two-day training workshop on treating patients with COVID-19.

©WHOlibya2021

Pillar 8: Operational support and logistics, and supply chains

WHO supported 159 health facilities with medicines, supplies and equipment. WHO continues to monitor stock levels in health facilities, laboratories and RRTs and provide supplies whenever possible.

Thanks to its partners, WHO supported 159 health care facilities with equipment and supplies.

©WHOlibya2021

WHO-supported physicians examine children for signs of trachoma, Ghat municipality, south Libya.

©WHOlibya2021

Pillar 9: Strengthening essential health services and systems

WHO's 21 EMTs supported essential health care services in health facilities across the country. WHO trained almost 1700 people on topics including tuberculosis and multi-drug resistant TB, mental health and psychosocial support, health information management, EWARN and monitoring the quality of health services.

Pillar 10: COVID-19 vaccination

WHO and UNICEF provided extensive support to the health authorities in preparing the National Vaccine Deployment Plan. A total of 1.3 million people (20% of the population) were identified as a priority for vaccination. They included frontline health care workers, people over the age of 60 and those with comorbidities. WHO assisted the National Regulatory Authority in authorizing the emergency use of the new COVID-19 vaccines in Libya and successfully advocated for the inclusion of approximately 574 000 migrants and refugees in the vaccination plan. The government initially announced that it would cover the costs of vaccinating migrants and refugees but would not cover the costs of the vaccines themselves. However, following strong advocacy efforts by WHO, the health authorities reversed their position and announced that they would treat migrants and refugees in the same way as all other segments of the population.

Also, with support from WHO, Libya joined the COVAX Facility, a global initiative that allows countries to purchase an agreed number of COVID-19 vaccines at a guaranteed price. COVAX is co-led by the Vaccine Alliance (GAVI), the Coalition for Epidemic Preparedness Innovations (CEPI) and WHO.

" We took the COVID-19 vaccine, we protected ourselves and others." A physician and nurse in Benghazi's main vaccination centre promote the importance of vaccination.

©WHOlibya2021

On 10 April 2021, the Libyan Prime Minister launched the national COVID-19 vaccination campaign. A total of 426 vaccine sites were established across the country. With support from UNICEF, over 100 vaccine supervisors and 1450 vaccinators were trained in using the field guide to vaccination prepared by WHO, and 355 physicians were trained on vaccine safety and managing and reporting on adverse events following immunization. Vaccination rates remained low during the first few months of the campaign. The NCDC and MoH opened additional vaccination centres across the country and abandoned the mandatory online registration system. The vaccination rate rapidly increased from an average of 5000 to 20 000 doses administered per day before dropping to around 12 000 doses administered per day. WHO monitored the implementation of the campaign and provided regular feedback to the MoH and NCDC on progress, trends in coverage, and the availability and utilization of vaccine doses throughout the country. WHO also developed monitoring and reporting tools[9] and distributed them to all vaccination sites.

[9] Vaccine supply request forms, notification and investigation forms for adverse events following immunization, daily registration and reporting forms, supportive supervision checklists, and other tools.

The WHO Representative Ms Elizabeth Hoff visits a newly established COVID-19 vaccination centre in Tripoli sports stadium.

©WHOlibya2021

As of the end of 2021, Libya had received 8 698 360 doses of COVID-19 vaccine from a variety of sources (see overleaf). By the end of the year, although the country had sufficient vaccine stocks to fully immunize around 70% of its target population, only 12% of the population had received two doses of vaccine. The low uptake was mainly attributed to rumours and misinformation around the vaccine, and people's reluctance to receive a second dose of a different type of vaccine. There were difficulties maintaining the ultra cold chain for some vaccines. Moreover, stockouts were reported in several vaccination centres, and the reliance on a fixed site strategy meant that those in remote, hard-to-reach areas were not reached. Unless there is a significant uptake in the number of people seeking vaccination, the country is unlikely to meet its vaccination targets for 2022.

Annex 1 of this report contains a summary of Libya's COVID-19 vaccination campaign indicators at the end of December 2021.

The WHO Representative receives her first dose of COVID-19 vaccine in Tripoli.

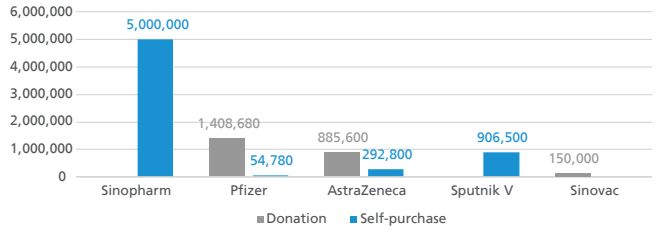
©WHOlibya2021

COVID-19 VACCINES RECEIVED IN 2021

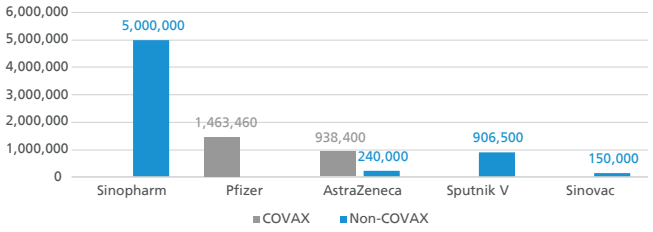
In 2021, Libya received a total of 8 698 360 doses of COVID-19 vaccine. Of this number, 2 444 280 were donated by different governments and 6 254 080 were purchased by the Libyan Government. A total of 2 401 860 vaccine doses were received through the COVAX Facility (this number includes vaccine doses donated by governments and purchased directly by the Libyan Government).

The COVAX Facility is a global initiative that allows countries to purchase an agreed number of COVID-19 vaccine doses at a guaranteed price. Libya has signed two key documents (the Confirmation of Intent to Participate and the Commitment Agreement) to secure its participation in COVAX. Thus far, it has transferred an advance payment to COVAX to secure 2.8 million doses of vaccine. This will be enough to vaccinate approximately 1.25 million people (two doses per person plus 10% wastage).

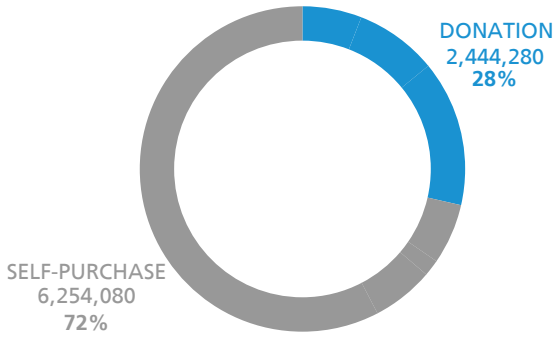
Total number of vaccine doses received in 2021: **by manufacturer**



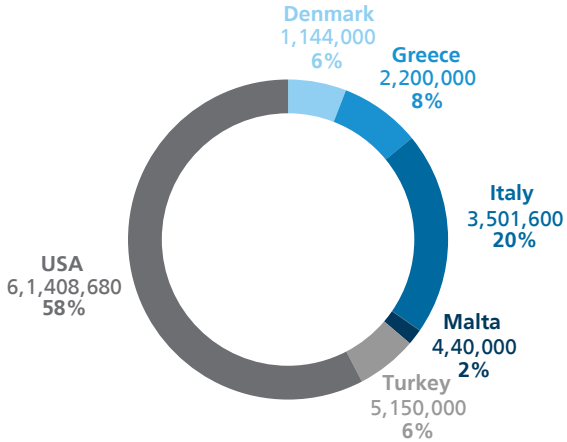
Total number of vaccine doses received in 2021: **by procurement modality**



Total number of vaccine doses received in 2021: **donations vs self-purchase**



Total number of vaccine doses donated in 2021: **by donor**



Primary health care

Nearly half of all PHC facilities in Libya are closed. Those that remain open do not have enough supplies, equipment or human resources to both care for COVID-19 patients and maintain routine health services. In 2021, increasing numbers of health staff caring for COVID-19 patients were infected themselves, forcing even more health facilities to suspend services. The introduction of an essential package of health services remained challenging: as of the end of 2021, only 36% of health facilities were providing these services. Restoring Libya's health system will require a comprehensive mapping of the country's PHC facilities, patient caseloads and catchment areas, as a first step towards overhauling and standardizing their basic services, equipment and supplies and ensuring their equitable distribution throughout the health care network.

WHO is implementing a project that aims to reduce avoidable mortality and morbidity by building the capacity of medical and paramedical staff in 30 PHC facilities in 14 conflict-affected districts. The activities are a continuation of earlier projects supported by WHO. In 2021, more than 800 staff were trained on reproductive health, caring for newborns and children under the age of five, emergency referrals, communicable and noncommunicable diseases, and the early detection and referral of COVID-19 patients. WHO provided essential medicines and supplies, including insulin for diabetic patients, to all 30 facilities.

WHO and the PHC Institute launch a project to improve the access of vulnerable population groups to PHC services in Libya.

©WHOlibya2021

In August 2021, WHO supported a training-of-trainers course on the integrated management of newborn and childhood illnesses (IMNCI). A core team of 24 national facilitators were trained on Libya's IMNCI guidelines. To further advance the MoH's efforts to scale up IMNCI services, WHO conducted five cascade training workshops for 115 PHC physicians. WHO also conducted four reproductive health workshops for 93 PHC physicians, nurses and midwives. Participants were trained on national protocols for the prevention of mother-to-child transmission of HIV and WHO's COVID-19 interim guidance during pregnancy, labour and breastfeeding.

In coordination with the PHC Institute and the NCDC, 137 community health workers and volunteers were trained on PHC outreach services including COVID-19 home care guidance. The volunteers distributed more than half a million COVID-19 prevention kits to communities and IDP camps throughout the country.

Secondary health care

In Libya, where electricity supplies are sporadic and power cuts are a way of life, hospitals rely heavily on fuel-powered generators for everything they do: from operating on patients to managing intensive care units and running basic services. Sufficient quantities of oxygen are also essential to the safe and efficient functioning of hospitals. Oxygen is widely used in emergency medicine, both in hospitals and by emergency medical services and those giving advanced first aid. Healthcare professionals use oxygen to treat patients with respiratory illnesses such as COVID-19 and pneumonia. In 2021, WHO provided four generators, two oxygen tanks, 342 oxygen concentrators, 19 ventilators and 100 000 litres of liquid oxygen to hospitals and health facilities throughout Libya.

Ambulance and emergency drivers in Benghazi attend a workshop on the basic principles of first aid. The course was delivered in collaboration with the Libyan Red Crescent Society.

©WHOlibya2021

Three ambulances are delivered to the Emergency Health Centre in Benghazi. The ambulances will improve referral services for emergency patients and will help save lives.

©WHOlibya2021

Making a difference to the lives of individuals

The head of the WHO country office in Libya, Elizabeth Hoff, recounts her experience visiting patients in Tripoli hospitals:

"In the TB hospital in Tripoli, I met a migrant who had seen the worst of humanity. Her tuberculosis had been neglected and ignored. She had been thrown down a flight of stairs by a gang who left her for dead. Her foot had been shattered, but she was too afraid to seek treatment. She had no money, no family and no one to turn to. A neighbour took pity on her and brought her to the hospital. We enrolled her for TB treatment and arranged for her foot to be examined, and we put her in touch with IOM so that she could access services for migrants. But her face truly lit up when we gave her a mobile phone card. She was able to call her family in Eritrea for the first time in several months; I was deeply touched by her simple joy at being able to speak to family members and let them know she was alive and being looked after. We visited her several times after that to check her progress and make sure she had everything that she needed. Moments like these remind me how important our work is, and how we really are making a difference."

Childhood vaccination

Vaccination is one of the most important basic health care services provided by trained health personnel. It is indispensable to maintain population immunity and protect children against outbreaks of life-threatening vaccine-preventable diseases. Ensuring quality vaccination services involves maintaining a functional cold chain to ensure vaccine potency, supporting good vaccination practices, training health personnel on targeted diseases, conducting continuous surveillance of targeted diseases and supporting strategic planning for national vaccination services.

In 2021, in spite of the government's main focus on COVID-19 vaccination, routine immunization activities were largely maintained. In Libyan schools, where vaccination is generally mandatory, students aged six years and above were vaccinated against diphtheria, tetanus and pertussis (DTP3) and polio. For reasons probably linked to the COVID-19 vaccination campaign, the booster dose of DTP3 vaccine was postponed for students of 15 years of age. WHO supported the preparation of a detailed questionnaire to assess the quality and availability of Expanded Programme on Immunization (EPI) services in health facilities and trained three groups of vaccine supervisors on using the questionnaire as the basis for a comprehensive assessment of vaccination services throughout the country. Thus far, 11 health facilities have been assessed. WHO also developed checklists and tools to support EPI officers conducting monitoring and supervisory visits to vaccination sites.

Eight-month old Ahmed is vaccinated at a WHO-supported PHC centre in Sebha.

©WHOlibya2021

Polio immunization and surveillance activities

Despite COVID-19-related travel restrictions, Libya maintained its polio immunization and surveillance activities. In 2021, a total of 79 cases of acute flaccid paralysis (AFP) were reported (a drop of 17% compared with the 95 cases reported in 2020). The WCO provided stool specimen kits to the national AFP surveillance programme and coordinated the collection and transportation of AFP specimens to the accredited polio laboratory in Tunisia for testing. Libya submitted weekly AFP surveillance reports to WHO regional offices and WHO headquarters throughout the year.

Two indicators set the gold standard for AFP surveillance quality: at least two cases of non-polio AFP reported yearly per 100 000 children under 15 years of age, and at least 80% of AFP cases with two adequate stool samples. These two indicators can be combined into a single indicator of AFP surveillance quality: a non-polio AFP rate of at least two, and specimen adequacy of at least 80%. Achieving this indicator implies the surveillance system is sensitive enough to detect polio cases should they occur. In 2021, the non-polio AFP reporting rate for Libya was 4.1 per 100 000 children under 15 years of age, and the specimen adequacy was 100%.

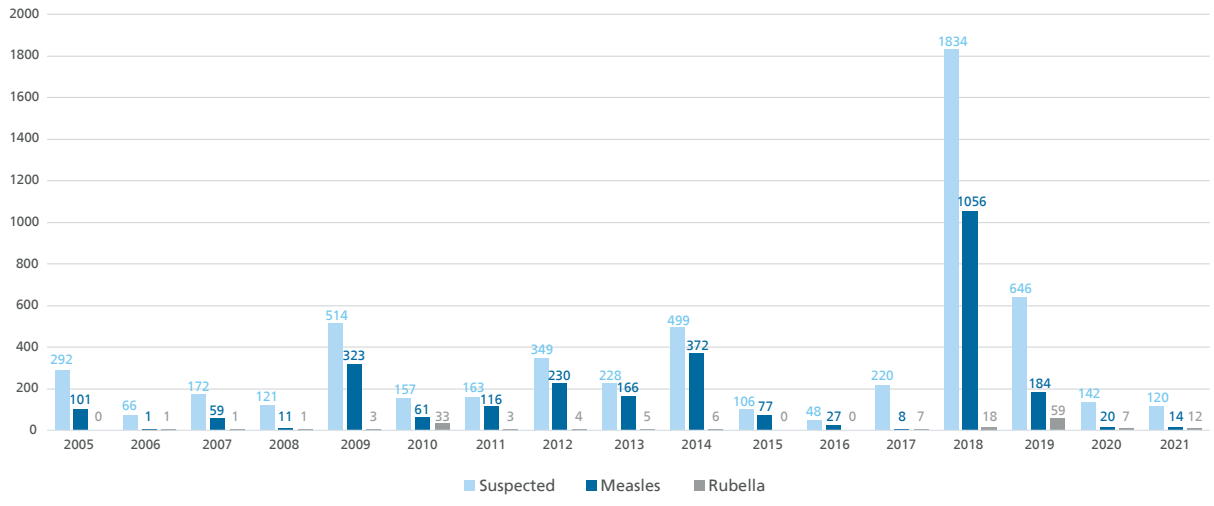
Libya remains at high risk of imported cases of vaccine-derived poliovirus type 2, which is currently circulating in neighbouring Egypt and Sudan.

Measles

In 2021, 120 suspected cases of measles were reported across the country (a drop of 16% compared with the previous year). However, the extent to which measles transmission declined in 2021 is unclear. The decrease in the number of cases is likely due to disrupted surveillance and limited data collection on coverage rates for measles, DTP3 and other vaccines. Other possible reasons for the decrease include the closure of health facilities and people's reluctance to seek care during the COVID-19 pandemic.

A strong case-based surveillance system is essential to document gaps in immunity and quickly identify cases and outbreaks. The deterioration in surveillance poses a great threat to gains made since Libya's last major measles outbreak in 2018.

Suspected and confirmed measles/rubella cases, 2005-2021



The COVID-19 pandemic delayed the implementation of Libya's national strategy to eliminate measles and rubella, and the lack of an approved budget for health meant that the country continued to face challenges in maintaining an uninterrupted supply of childhood vaccines. Although no significant vaccine shortages were reported, it is almost certain that the country will face vaccine stockouts in the first quarter of 2022.

Tuberculosis

Tuberculosis (TB) is a serious global public health concern. Though it is a curable and preventable disease, it remains the 13th cause of death worldwide. 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 were unable to obtain treatment, usually because health facilities were either closed or not available in remote or hard-to-reach areas. Vulnerable population groups such as migrants and refugees had very limited access to health care.

In 2019, only approximately 70% of patients in Libya successfully completed their treatment regimens. Patients who do not complete treatment are at greatly increased risk of developing multidrug-resistant TB (MDR-TB). Drug resistance emerges when anti-TB medicines are used inappropriately (for example, through incorrect prescriptions by health care providers, poor quality drugs, and patients stopping treatment prematurely). In some cases, more severe drug resistance can develop. MDR-TB is treatable and curable by using second-line drugs. However, second-line treatment options are limited and require up to two years of treatment with medicines that are expensive and toxic. TB caused by bacteria that do not respond to second-line drugs can leave patients without any further treatment options. Even when TB patients in Libya were detected as having the multidrug-resistant form of the disease, they were not systematically tested, and there was very little information available regarding their treatment regimens or health outcomes.

Participants attend a workshop on tuberculosis.

©WHOlibya2021

WHO and the International Organization for Migration are jointly implementing a project that aims to improve TB detection and treatment services, with a focus on the most vulnerable population groups including migrants, refugees and IDPs. In 2021, WHO concentrated its efforts on strengthening and supporting national TB centres, building the capacity of physicians and laboratory technicians and raising community awareness of the signs and symptoms of TB. WHO provided technical guidance for the preparation of updated national TB guidelines and supported the NCDC's visits to TB centres across the country to map the services provided, identify needs and train staff. WHO provided first- and second-line anti-TB drugs, laboratory reagents and consumables, as well as five GeneXpert and four XDR Xpert machines, a linear probe assay machine and three portable X-ray units. Thanks to the availability of this new equipment, almost half of TB services in Libya are able to use rapid diagnostic tests to determine whether TB patients have the multidrug-resistant form of the disease.

WHO delivers three portable X-ray machines to the NCDC to support TB screening for vulnerable population groups.

©WHOlibya2021

A migrant with TB is treated at the WHO-supported hospital in Benghazi. He was picked up by the Libyan coastguard while trying to cross the Mediterranean to Europe.

©WHOlibya2021

WHO trained 140 physicians on managing TB patients, including HIV-positive individuals and those with MDR-TB. People living with HIV are more likely than others to become sick with TB: HIV weakens the immune system, which makes it harder for the body to fight TB germs.

More than 30 laboratory technicians were trained on advanced TB diagnostic methods and TB and HIV screening. Health staff in two major chest hospitals (Abu Sitta hospital in Tripoli and Al Kuwaifiya hospital in Benghazi) were trained in the clinical management of patients with drug-sensitive and drug-resistant TB.

Lastly, to raise overall awareness of TB, WHO held sensitization sessions for journalists in the three regions of the country. TB awareness messages were broadcast on all national television channels. WHO also supported community TB awareness-raising programmes and supplied awareness materials.

HIV

HIV/AIDS is a major public health concern globally. An estimated 36.3 million people worldwide have died of AIDS-related illnesses since the beginning of the HIV epidemic. Although life-saving treatments exist, WHO's recent progress report on HIV, viral hepatitis and sexually transmitted infections showed that only 25% of HIV/AIDS patients in the Eastern Mediterranean region had regular access to antiretroviral therapy (ART).

According to WHO's HIV country profile for Libya, the HIV prevalence rate in 2021 was 0.1%, which translates into 6700 people living with HIV (PLHIV)[10]. 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 antriretroviral 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 insufficient capacity to test for ART resistance or diagnose HIV. People living with HIV in Libya have made urgent international appeals for ARVs, both to international organizations and to people living with HIV in other countries. On several occasions, WHO has responded to acute needs by procuring emergency supplies of ARVs. In 2021, WHO provided the NAP with HIV diagnostic tests and enough ARV supplies to treat approximately 3000 people for three months. WHO continued to advocate with the NAP to address the issue of recurrent ARV stockouts.

Although there are no clear data or tools to monitor ART resistance in Libya, WHO supported the NAP's submission of a survey on HIV drug resistance in Libya to WHO's Regional Office for the Eastern Mediterranean. WHO also distributed health information materials on the occasion of World AIDS Day (1 December 2021).

Leishmaniasis

Cutaneous leishmaniasis (CL) is a major public health problem in Libya. Almost all cases of CL occur in the northwest while visceral leishmaniasis (VL), a rare form of the disease, is more prevalent in the east and south.

Tawergha, Libya. Two-year old Fatma, before and after being treated for leishmaniasis by a WHO-supported medical team.

©WHOlibya2021

[10] National AIDS Programme Libya report and update, 2021

More than 120 surveillance officers throughout the country are reporting data on the incidence of 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 transmits the disease. WHO supported the deployment of a team of dermatologists to treat patients with CL and other skin diseases in Tawergha. A total of 11 236 consultations (including follow-up visits) were recorded by the team in 2021.

For the last several years, WHO has been the sole provider of antileishmanial medicines in Libya. In 2021, WHO procured 3000 vials of sodium stibogluconate and 1500 injections of glucantime and donated them to the NCDC. WHO also procured 6000 rapid diagnostic tests for CL and 2400 rapid diagnostic tests for VL. NCDC dermatologists trained by WHO went on to train over 100 health workers throughout Libya on treating CL patients using national case management guidelines.

Leprosy

Although Libya has officially been free of leprosy for the last 14 years, a patient in a remote area in Ghat municipality (south Libya) was diagnosed with the disease in June 2021. WHO and the NCDC visited the municipality and screened 322 people, including the patient's contacts. All tested negative for the disease. Health workers in Ghat were trained on diagnosing and treating patients with leprosy.

Only one health facility (in Tripoli) has the capacity to diagnose and treat leprosy patients. It is believed that there may be other undetected cases of leprosy in Libya that could be diagnosed through improved screening. The last active screening campaign dates back to 2008. WHO is working with the health authorities to improve surveillance for the disease.

Trachoma

Trachoma is a disease of the eye and the leading infectious cause of blindness worldwide. It is endemic in some of the world's poorest populations, who live in rural and remote areas and lack adequate access to water, sanitation and health care. It is caused by the Chlamydia trachomatis bacterium. Infection is transmitted from person to person by direct or indirect transfer of ocular and nasal discharges of infected people. The bacterium can also be transmitted by some species of flies.

In coordination with the Libyan Society to Combat Blindness, WHO assessed the prevalence of trachoma in 18 municipalities in west and south Libya. The survey was a follow up of a previous study, conducted over 10 years ago, that showed there was no trachoma in north Libya but some cases in the south. A team of four physicians screened 1800 households for the disease. No cases of trachoma were detected during the screening. The final report confirming the elimination of trachoma in Libya will be published shortly.

Malaria

Following reports of cases of malaria in south Libya, WHO, the NCDC and the MoH conducted a detailed investigation. The survey revealed the presence of Anopheles sergenti (a mosquito that transmits malaria) in the affected areas. WHO supported the training of 40 physicians on treating malaria patients and provided RRTs with case definitions for the disease. WHO is supporting the NCDC's efforts to stem the spread of malaria by training health staff on diagnosis and treatment and improving vector control.

Disease surveillance and response

An effective disease surveillance system is essential to detect disease outbreaks quickly before they cost lives. In 1999, WHO developed the Early Warning and Response Network (EWARN) to support disease surveillance in countries affected by conflict. EWARN supplements but does not replace normal disease surveillance systems. It allows countries whose own disease surveillance has been disrupted to continue monitoring epidemic-prone diseases at the very time they may be more vulnerable to outbreaks following the breakdown of basic services. EWARN is currently being used in nine countries facing crisis or conflict.

WHO introduced the EWARN in Libya in 2016. It monitors 20 epidemic-prone diseases (including COVID-19) in the country. The health data submitted by EWARN reporting sites are consolidated and analysed by the NCDC and the results are published in weekly epidemiological bulletins. In 2021, the NCDC launched a new reporting application that automatically generates these weekly bulletins.

EWARN performance standards stipulate that at least 80% of alerts received should be verified within 48 to 72 hours, and at least 80% of weekly reports should be completed and submitted on time. In 2021, 82% of EWARN alerts in Libya were investigated and responded to within 72 hours, exceeding the above performance standard. However, only 70% of reporting sites submitted regular data and only 56% of sites provided complete data.

In April 2021, a team from WHO's Regional Office for the Eastern Mediterranean worked with the NCDC to evaluate the EWARN across the country.

©WHOlibya2021

EWARN evaluation

In the spring of 2021, WHO undertook the first comprehensive evaluation of the EWARN in Libya. An evaluation tool including standard templates and questionnaires, adapted to the context in Libya, was developed by WHO in collaboration with the US Centers for Disease Control and Prevention (US-CDC). A team of 13 evaluators were trained in using this tool to assess the performance of 28 surveillance sites that were chosen based on defined selection criteria. The evaluation report showed that there were many barriers to the efficient implementation of EWARN in Libyan health facilities. The main gaps included poor or absent patient records and the limited capacity of public health laboratories to perform diagnostic testing. COVID-19 lockdowns were found to be major constraints to submitting weekly reports to EWARN. Moreover, most clinicians had not been trained in EWARN and were unaware of its purpose and goals. The report recommended the following steps to improve EWARN in Libya:

1. Prioritize and intensify active surveillance and investigation of notifiable disease alerts at community and health facility levels throughout the country.
2. Train physicians on documenting, maintaining and storing patient records and reporting to EWARN.
3. Expand coverage of EWARN to additional health facilities including those in the private sector and or managed by NGOs.
4. Strengthen linkages between EWARN and RRTs .
5. Develop a training plan for surveillance officers, physicians in EWARN reporting sites, and RRTs.
6. Enhance the role of laboratories in confirming the occurrence and end of outbreaks.

EWARN expansion

In 2021, the number of sentinel sites reporting to EWARN increased from 150 to 180. In August 2021, WHO worked with the NCDC to enrol 25 health facilities managed by the International Medical Corps (IMC) and train IMC focal points.

The International Organization for Migration (IOM) is responsible for coordinating health services for migrants and refugees held in Libyan detention centres, where conditions are often overcrowded and unsanitary and detainees have limited access to health care. Monitoring the incidence of disease in the centres and publishing this information through EWARN could help shine a further light on detainees' living conditions and allow them to obtain better health care. In November 2021, for the first time ever, six detention centres were enrolled in EWARN. Data reported a month later showed that most notifications were for respiratory infections and skin diseases.

WHO is supporting IOM-led activities to improve disease surveillance activities at eight transit points for migrants (five in the south and three in the north). In collaboration with the NCDC and WHO, IOM is collecting health data from interviews with migrants at these locations. Data gathered are disseminated by IOM and shared with the MoH for inclusion in EWARN weekly bulletins. The flow of migrants is closely monitored and those in urgent need of health care are immediately referred for treatment.

WHO and the NCDC faced several challenges managing this relatively large expansion in a short space of time. The number of IMC focal points has proved to be insufficient (currently, one focal point is covering up to six facilities). Negotiations on the enrolment of the six detention centres were prolonged and involved several different entities. WHO and the NCDC plan to further

expand EWARN in 2022 by adding new detention centres and health facilities, including those in the private sector or managed by NGOs. Plans to launch event-based surveillance[11] (EBS) are well underway: the NCDC has developed surveillance guidelines in collaboration with WHO and the US-CDC. Five municipalities have been selected to pilot-test the implementation of EBS.

Laboratory capacity

Limited laboratory capacity and lack of expertise in collecting disease specimens may delay the confirmation of disease organisms, increasing the risk of full outbreaks. WHO and the NCDC plan to strengthen the links between the EWARN and public health laboratories. WHO will support public health laboratories by training staff on diagnostics and quality assurance and will donate reagents and consumables to support laboratory running costs. It is also working to strengthen Libya's capacity to conduct genome sequencing (see the COVID-19 section of this report).

Rapid response teams

In 2021, the NCDC extensively reorganized the composition and structure of its RRTs. The size of each team increased from three to five members; each team now comprises a data manager, a surveillance manager, a physician, a surveillance officer and a laboratory technician. A total of 115 RRTs are covering all municipalities in Libya. In 2021, WHO trained 47 RRTs (32 teams in the east and 15 in the south). It plans to train the remaining 68 RRTs in early 2022.

Noncommunicable diseases

In 2021, WHO provided 229 NCD kits to PHC facilities across the country. The kits contained enough medicines and supplies to treat almost 2.3 million NCD patients for three months. As part of its HeRAMS survey (see the health information section of this report), WHO assessed the availability of NCD services in 1437 healthcare facilities throughout Libya and trained 251 physicians and nurses on Libya's national guidelines for the prevention and management of NCDs. WHO also supported the revision of the national strategy for the prevention and control of NCDs.

Cancer accounts for almost one quarter of premature deaths from NCDs in Libya. Breast, colorectal and lung cancer are the three leading types of cancer in the country (11.9%, 10.7%, and 10.6%, respectively). WHO supported the National Cancer Control Programme in preparing a national strategy to tackle cancer in Libya, and trained staff in cancer care centres on using Libya's national cancer registry software.

WHO also supported training workshops on tobacco control, as well as the preparation of a national framework for the prevention of obesity. To mark World Diabetes Day, which falls on 14 November each year, WHO supported nutritional awareness sessions for diabetes patients.

[11] Event-based public health surveillance is defined as the organized and rapid capture of reports, stories, rumours and other information about events that could pose serious risks to public health.

Mental health

Mental health is one of the most neglected areas of health. Adversity is an established risk factor for short- and long-term mental health and behavioural problems including depression and substance use disorders. Mental health disorders are likely to be increasing in Libya: in addition to the anguish suffered during the decade-long conflict, many families and individuals have experienced significant adversity during the COVID-19 pandemic, including unemployment and financial instability, missed education and lost prospects, social isolation, intimate partner and family violence, and fear of infection, dying or losing loved ones[12]. Frequent misinformation and rumours about the virus and deep uncertainty about the future are also common sources of distress. Over the last two decades, WHO has actively supported mental health during emergencies by leading or co-leading inter-agency efforts on mental health and psychosocial support in emergency settings, providing support to countries during acute and protracted emergencies, and giving technical advice and guidance on policy and programmes, including building or rebuilding community-based mental health services after emergencies.

There are no published data on the prevalence of mental health disorders in Libya before 2011, when the conflict began. However, mental health services in the country have been traditionally under-funded and neglected, and the reliance on institutional models of care has resulted in limited service coverage. There are only two mental health hospitals in the entire country, and both of them have been drastically affected by severe shortages of mental health professionals and psychotropic medications. The situation is compounded by the rampant stigma of mental health illness and the overall scarcity of psychiatrists, psychologists and nurses.

Participants at a mental health workshop in Tripoli.

©WHOlibya2021

[12] WHO report on mental health preparedness and response for the COVID-19 pandemic

In 2021, WHO launched a new project to build mental health services in 30 PHC centres in 18 municipalities in Libya. In coordination with the PHC Institute (PHCI), WHO trained health staff in using an adapted version of WHO's standard assessment tool to evaluate the availability and quality of mental health services in the targeted PHC centres. The survey results revealed that all 30 centres lacked both mental health services and psychotropic medicines and that stigma remained a critical barrier for people seeking help. Based on the list of essential psychotropic medicines prepared by WHO and approved by the PHCI/MoH, WHO procured medicines for the 30 PHC centres as well as the country's two mental health hospitals and three mental health outpatient clinics in Sebha, Misrata and Kufra. WHO convened two orientation workshops for the heads of the PHC centres and district health managers, outlining the purpose and aims of the project. Another workshop focused on adapting WHO's mhGAP-Intervention Guide (mhGAP-IG) to the context in Libya. WHO then supported two training-of-trainers workshops: the 35 psychiatrists and family practitioners who attended these workshops will go on to train their peers throughout Libya.

In addition, 129 health professionals in the 18 selected municipalities were trained on the first part of the mhGAP-IG, 46 nurses were trained on psychological first aid (aimed at helping them help others who have experienced an extremely distressing event), and 25 community mental health volunteers attended workshops on mental health awareness. By the end of 2021, WHO-trained health staff in the 30 PHC centres were offering an average of 500 mental health consultations per month. Services were provided by general practitioners under the supervision of WHO-trained national specialists.

Thirty schools in the same 18 municipalities were selected to implement the WHO School Mental Health Package. The package aims to develop the skills of teachers, social workers and counsellors in recognizing young people's needs, providing them with better support, and becoming stronger advocates for mental health services to protect the rights of people living with mental health disorders. WHO plans to begin training school headmasters, social workers and psychologists in early 2022.

WHO is working with the PHCI, the MoH and the NCDC to develop a comprehensive national strategy for mental health, in line with the WHO Global Action Plan for Mental Health (2013-2030). The steering committee established to oversee the strategy has agreed on the guiding principles, goals and domains of action that will be used as the road map to transform mental health services from an institutional to a community-based model. The first draft of the strategy will be ready by mid-2022.

Participants attend a workshop on WHO's mhGAP intervention guide.

©WHOlibya2021

Reproductive, maternal, newborn, child and adolescent health (RMNCAH)

WHO is working closely with the Libyan Midwives Association (LMA) to strengthen the capacity of nurses and midwives in the country. In 2021, 82 midwives completed theoretical and hands-on training in topics including caring for pregnant women with COVID-19, life-saving interventions and neonatal resuscitation. Also in collaboration with the LMA, WHO supported the enrolment of 123 medical graduates for specialist training in reproductive health at the University of Benghazi. Four professors from the Royal College of Obstetrics and Gynaecology of Ireland visited Benghazi to assess the candidates and conduct the final examination. Thirteen Libyan doctors obtained a specialist qualification in obstetrics and gynaecology. They will go on to train other staff in their hospitals.

With close support from WHO, the PHCI finalized a package of reproductive health interventions for pregnancy, childbirth and after delivery, as well as an RMNCAH guide for master trainers and interim guidance on treating pregnant women with COVID-19.

WHO also strengthened RMNCAH services through its emergency medical teams, each of which included a gynaecologist and paediatrician.

In May 2021, WHO in Libya and the Bambino Gesù Hospital in Rome jointly launched a specialized online training course for nurses working in paediatric hospitals and units in Libya. The course was developed as part of a three-year agreement between WHO and the Bambino Gesù hospital to build the capacity of medical and nursing staff in Libya's main paediatric hospitals. Thus far, 156 nurses from eight Libyan hospitals and medical centres across the country have enrolled for online training via the hospital's multilingual e-learning platform. Training modules cover topics including intensive care, oncology, haematology, neonatology, cardiology and cardiac surgery and leadership skills.

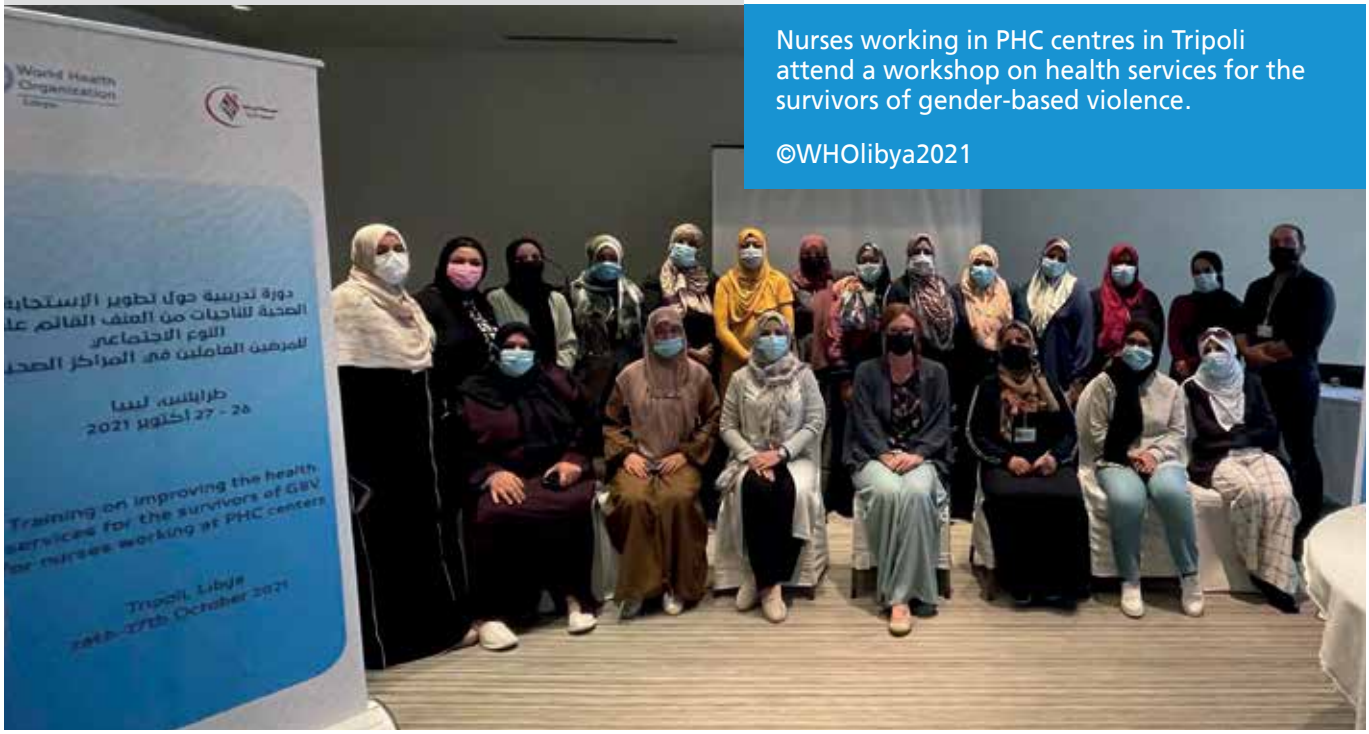
Gender-based violence

Violence against women tends to increase during every type of emergency. Female migrants, refugees, IDPs and those living in conflict-affected areas are particularly vulnerable. Research indicates that one in five refugee or displaced women experiences sexual violence. As the UN lead agency for health, including in humanitarian settings, WHO works to address gender-based violence (GBV) in countries facing conflict or crisis

In 2021, the WCO supported the adaptation of WHO's clinical handbook on health care for women subjected to intimate partner violence or sexual violence to the context in Libya. The national handbook is in the final stages of preparation and is expected to be launched in early 2022.

WHO supported efforts to integrate GBV services into health and mental health services. WHO's mhGAP-IG includes a strong component on mental health problems in women subjected to domestic and sexual violence.

Libya is one of several countries in the Eastern Mediterranean region that are implementing a global project to strengthen the GBV component of WHO's emergency work. The project's main objective is to enhance the capacity of WHO, health sector partners and health care providers to deliver essential services to survivors of GBV in emergency settings. In October 2021, a team from EMRO visited Libya for policy discussions with the government. The team also met UNFPA, IOM and Deutsche Gesellschaft für Internationale Zusammenarbeit to review the possibility of implementing joint activities in 2022.



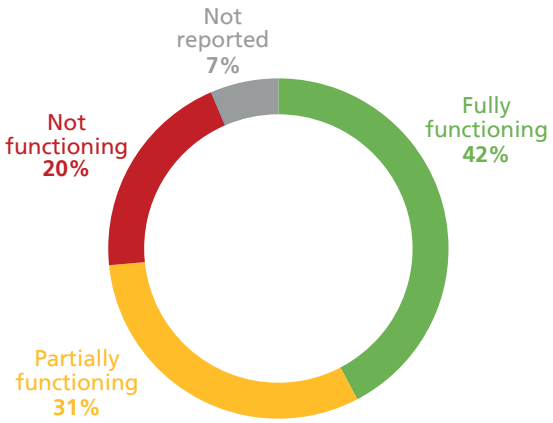
Nurses working in PHC centres in Tripoli attend a workshop on health services for the survivors of gender-based violence.

©WHOlibya2021

Health information system

Reliable, up-to-date health data are essential to support effective decision-making and evidence-based health actions. They allow humanitarian agencies to plan interventions, decide where to target resources, and adapt operations to meet evolving needs. However, Libya's health management information system (HMIS), which was already weak before the conflict began, has suffered a near-total collapse. As a result, it is very difficult to collect, aggregate and analyse health data from across the country. There is only limited information on the burden of disease, the prevalence and main causes of morbidity and mortality and the status of health care services. Conducting sample surveys and rapid needs assessments is difficult due to the prevailing insecurity and limited access to several locations. Efforts to streamline and unify the different channels reporting to the HMIS have been hindered by the fragmented health system and political instability.

Status of functionality of health facilities in Libya

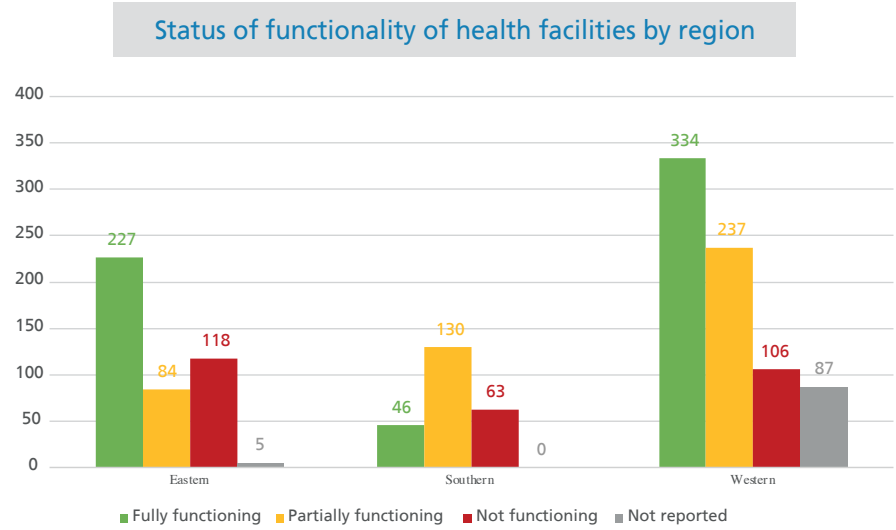


In 2021, WHO launched the Health Resources and Services Availability Monitoring System (HeRAMS) in Libya. HeRAMS was designed for use in highly constrained and dynamic contexts such as countries facing humanitarian emergencies. Currently, 16 countries are using HeRAMS (https://www.who.int/initiatives/herams). It provides decision-makers with critical, up-to-date information on the levels of availability of essential health resources and services.

WHO's 22 field coordinators were trained on data collection using the standard HeRAMS tool. In the spring of 2021, they assessed 1437 public health facilities (87% of the total number of 1656 facilities) in east, south and west Libya. The findings showed that over half the facilities assessed were either not functioning or only partially functioning because of severe shortages of staff, medicines, supplies and equipment. The data produced by HeRAMS were used by the WCO to support emergency response planning. In 2022, with support from WHO, the MoH plans to train staff from the PHC Institute and other health directorates in using HeRAMS. The findings yielded will complement those gathered under the District Health Information Software 2[13] (DHIS2 - see paragraph below) and help efforts to rebuild the health system based on solid data.

The Libyan health authorities are also increasingly adopting HeRAMS. In December 2021, the PHC Institute used this tool to assess resources and services in 29 health care facilities.

[13] District Health Information Software 2 (DHIS2) is a free and open-source health management data platform used by many organizations including the European Union. The Health Availability Resources Mapping System (HeRAMS) was developed by WHO to monitor the status of health care facilities in emergency settings. DHIS-2 or HeRAMS form the backbone of health information management in many countries facing conflict or humanitarian emergencies.

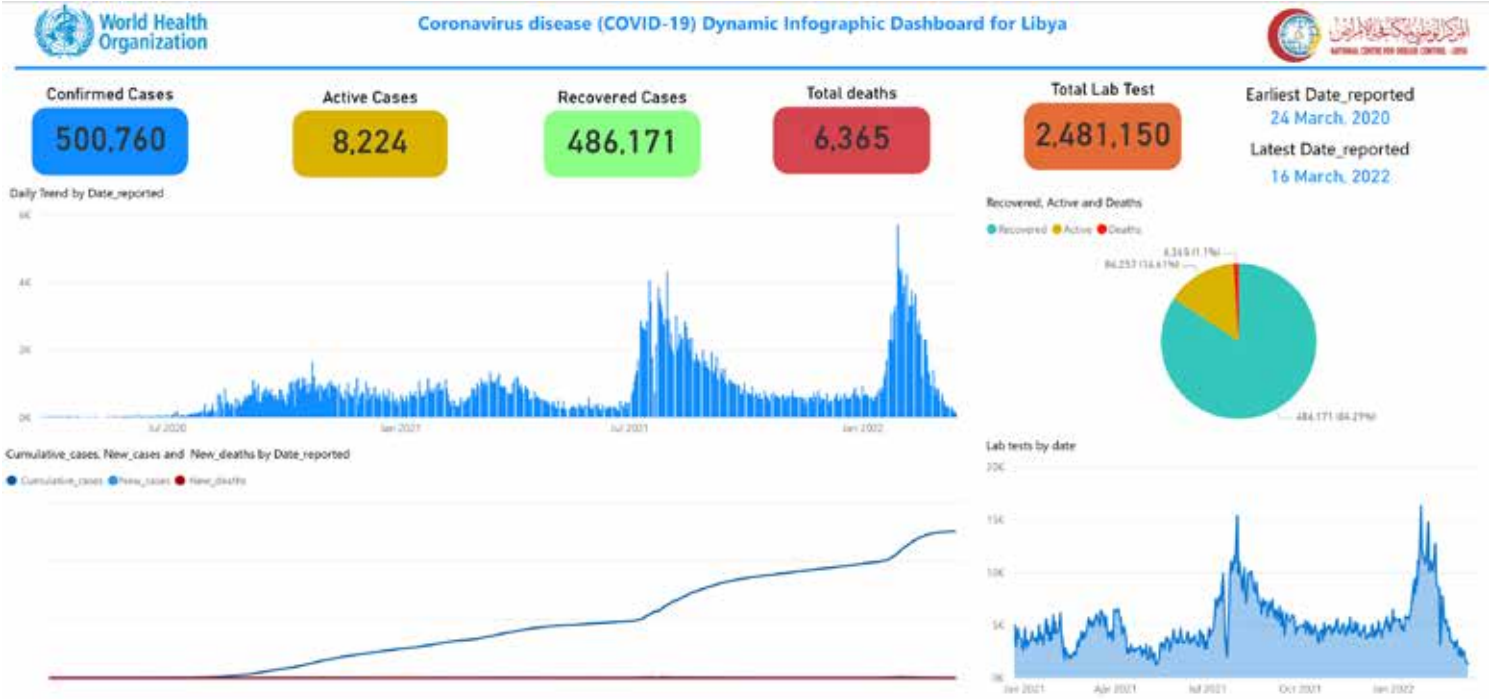


The WCO continued working with the MoH's Health Information Centre to support the expansion of the DHIS2. Of Libya's 100 municipalities, 64 have already been trained in using this software. WHO and the MoH plan to conduct comprehensive training workshops to support the roll-out of DHIS2 in the remaining 36 municipalities. WHO also plans to support the MoH's efforts to integrate vertical disease programmes into the DHIS2, review its operational capacity and streamline its reporting channels. In 2022, WHO will monitor the effectiveness of its national capacity-building activities in health information management, and will deliver laptops, tablets and other equipment to national counterparts to support the complete and timely reporting of health data.

An international consultant recruited by the WCO led the management of health information products for the office and provided technical support to national counterparts at the MoH and NCDC. The WCO's dedicated health information management unit developed standardized data structures, data collection and assessment tools and automated data management platforms to improve the flow of health information. Throughout the year, it monitored the capacity of COVID-19 facilities and public health laboratories. It also produced interactive dashboards, weekly epidemiological updates, monthly infographics showing progress against key performance indicators, and custom-made maps. On behalf of its health partners, the WCO produced monthly health sector bulletins and developed the sector's monitoring framework for the Humanitarian Response Plan for Libya for 2022. It supported other sector initiatives such as assessing the assistance delivered by health sector partners to public health facilities in Libya between January and July 2021. The WCO's interactive dashboard, updated daily, tracked the number of COVID-19 cases and deaths across the country. The WCO also contributed to the monthly COVID-19 activity reports prepared by the UN Office for the Coordination of Humanitarian Affairs.

Participants attend a national training workshop on DHIS2.

©WHOlibya2021



LEADING THE HEALTH SECTOR

WHO leads over 30 health sector partners in Libya. The health sector in Tripoli is supported by two sub-national sectors in east and south Libya. In each of these locations, WHO and its partners work closely together and meet regularly to review the emergency response, identify and fill gaps and agree on priorities. The health sector runs five thematic working groups (on gender-based violence, mental health, tuberculosis, reproductive health and migrant health). WHO coordinates the formulation and implementation of the health component of the annual Humanitarian Response Plans for Libya. WHO also coordinates the production of detailed monthly health sector bulletins that track political developments in the country, monitor the evolving health situation and the number of beneficiaries reached with health services, and identify critical gaps in the response. WHO represents the health sector in meetings with the Special Representative of the Secretary-General for Libya and other senior UN officials. On behalf of its partners, WHO ensures that health issues are included in the agenda of UN Security Council meetings on Libya, meetings of the International Follow Up Committee on Libya (IFCL)[14], and other high-level fora. It regularly briefs donors and the diplomatic corps on the health situation and progress resolving difficult issues.

[14] The IFCL was launched in June 2020. Its purpose is to exert diplomatic and technical efforts to implement the agreements reached at the Berlin peace conference in January 2020.

ACCOUNTABILITY TO BENEFICIARIES

WHO participates in the common feedback mechanism (CFM) for humanitarian organizations in Libya. The CFM provides a toll-free, country-wide number that people can call to obtain information on humanitarian assistance programmes, submit feedback on services provided and obtain referrals to the humanitarian organizations best-suited to handle their requests and/or complaints. Each request is channelled to the organization best placed to respond. All participating organizations are required to review and resolve all issues within an agreed time frame. The CFM allows the humanitarian community to collect feedback from affected people, better understand their needs and speedily resolve their problems. Of the 3843 calls received by the CFM call centre in Tripoli between January and end November 2021, 374 were related to health, and most callers were refugees seeking assistance. At the end of the year, eight of the 374 calls remained unresolved (the complaints were mainly related to the lack of access to health services or the lack of response from the relevant health agency). None of the complaints was related to services supported or provided by WHO.

CASE STUDIES AND ANALYSES

In 2021, the WCO contributed to the following studies and analyses:

The Humanitarian-Development-Peace Nexus (HPDNX) in Libya: a case study. The HPDNX provides a framework for humanitarian, development and peacebuilding agencies' joint planning and implementation of activities. This case study provides a foundational understanding of progress on HDPNX for health in Libya. It sets out an overview of the crisis and the status of the health system and describes current efforts to operationalize the HDPNX.

Policy paper on epidemic and pandemic preparedness in conflict affected and fragile settings. WHO is partnering with Duke University's Center for Policy Impact in Global Health to prepare a policy paper on epidemic and pandemic preparedness in conflict-affected and fragile settings. This work will complement the report of an Independent Panel commissioned by WHO to recommend actions to end the COVID-19 pandemic and ensure that future infectious disease outbreaks do not become catastrophic pandemics.

Common Country Analysis 2021. WHO provided health sector inputs to the Common Country Analysis (CCA) for 2021. The CCA is a multi-dimensional analysis of the situation in Libya through the lens of the Sustainable Development Goals (SDGs). This is the first time that the UN in Libya has undertaken such an in-depth SDG-centred analysis in the country. The CCA sets the groundwork for a new United Nations Sustainable Development Cooperation Framework for Libya that will guide the UN's development, stabilization, resilience and peacebuilding interventions in support of the government and people of Libya.

Assessing and Improving Health Systems Efficiency in the Eastern Mediterranean Region: Libya – case study. The WCO is participating in a case study of the Libyan health system. The findings will be used to help countries develop policies to improve the efficiency and performance of their health systems.

Initiative for Developing a PHC Oriented Model of Care towards Universal Health Coverage in Libya. The WCO participated in a project, led by WHO's Regional Office for the Eastern Mediterranean, to develop a model of care for service delivery in Libya. The activity is part of a regional initiative to help countries implement WHO's Operational Framework for Primary Health Care. Four countries and territories (Libya, occupied Palestine territory, Pakistan and Sudan) are participating in this initiative.

Improving monitoring capacity in humanitarian and fragile settings in the Eastern Mediterranean Region of WHO. WHO and the Johns Hopkins Center for Humanitarian Health are collaborating on a project to improve the monitoring of humanitarian health interventions at country and regional levels and increase the effectiveness and accountability of humanitarian agencies.

WCO STRUCTURE, INTERNAL OVERSIGHT AND MANAGEMENT

Structure

WHO's main office in Tripoli is supported by sub-offices in Benghazi and Sebha and national emergency officers in the three regions. A total of 22 field coordinators across the country – one for each of Libya's 22 districts - conduct regular needs assessments, monitor the implementation of WHO's activities and provide regular updates to the emergency coordinator in Tripoli. WHO's office in Tunis, Tunisia serves as a backup base for additional staff and allows for the possibility of remote management from there if security concerns force WHO to temporarily withdraw from Libya.

WHO traditionally provides technical guidance and support to national health authorities. Its close partnership with ministries of health offers WHO unique entry points that other UN agencies, Funds and Programmes do not necessarily possess. In fragile, conflict and vulnerable settings like Libya, WHO may be the only entity with the specialist knowledge required to address specific health problems. This knowledge can be leveraged to allow WHO to play a convening role, bringing opposing parties together to cooperate on health care and facilitate collaboration in contexts where health governance has been fragmented and/or disrupted due to political differences.

Internal oversight

In early 2020, WHO's Office of Internal Oversight Services (IOS) released the findings of its audit of the WCO covering the period from January 2018 to May 2019 (before the current WHO Representative, Ms Elizabeth Hoff took up her duties in July 2019). Although IOS recognized the challenging context in which the WCO was operating, it concluded that the lack of coordination between WHO's offices in Tripoli and Tunis, the poor supervision of administrative processes and the lack of clarity in roles and responsibilities had resulted in inadequate controls and hampered effective programme delivery.

The WCO has successfully addressed all the audit recommendations and has strengthened its internal controls in a wide range of areas. The auditors plan to visit Tripoli in the second quarter of 2022 to verify and confirm the effectiveness of the WCO's new procedures.

Operational constraints and mitigating measures

The WCO's work in Libya continued to be hampered by political instability, corruption and a governance vacuum. The near-total collapse of the national health information system and the resulting lack of reliable, up-to-date health data limited WHO's ability to decide which interventions to prioritize and where to target scarce resources. Security constraints limited its access to several geographical locations, particularly the traditionally neglected south. Moreover, the sheer size of the country, compounded by its sparse population density and poor supply routes, increased the costs of WHO's emergency operations. Transferring funds into and within Libya was a significant challenge for WHO and other UN agencies and international NGOs. This led to delays implementing WHO's humanitarian operations.

The United Nations Office for the Coordination of Humanitarian Affairs collects data from humanitarian organizations on the impact of access constraints in Libya. In 2021, the main obstacles were bureaucratic restrictions on movements into and within the country, as well as delays clearing humanitarian supplies through customs authorities.

The WCO made progress solving some longstanding issues:

- In 2020, demurrage costs accounted for 16% of the WCO's procurement expenditures. In 2021, following prolonged negotiations with the Ministers of Health and Finance, WHO reduced its demurrage costs by more than 90%, freeing up more funds to purchase essential supplies, recruit additional field coordinators and support more emergency medical teams. By the end of the year, demurrage costs accounted for just 1% of procurement expenditures. WHO also negotiated free storage for its supplies in Benghazi, and subsequently shifted 70% of its deliveries to Benghazi.

- Following the devaluation of the Libyan dinar in January 2021, the salaries of UN national staff dropped sharply, leading to the resignation of several critical national WHO staff and field coordinators. National staff are the bulk of the UN's workforce in Libya and are essential to delivering operations on the ground. International staff cannot travel freely within Libya and rely on their Libyan colleagues who are not subject to the same restrictions. WHO worked closely with the UN Resident and Humanitarian Coordinator to secure urgent measures to mitigate the effects of the devaluation on both the delivery of critical humanitarian assistance and the salaries of locally recruited staff. The UN has agreed to apply pre-devaluation exchange rates until 31 March 2022 to protect the purchasing power of local staff. WHO is continuing its discussions with UNSMIL and other UN agencies in Libya to identify a longer-term solution for this problem.

- Rigorous security restrictions imposed by the UN continue to limit WHO's ability to increase its presence in the south, which has long been under-funded, neglected and riven by conflict. The UN has recently agreed to mount an escalated effort to tackle the region's longstanding humanitarian needs and development challenges.

- WHO's capacity to monitor its operations in Libya is limited by access constraints and bureaucratic obstacles imposed on UN agencies. WHO's office in Tripoli has therefore hired an external organization to monitor and evaluate the Organization's work in the country. Thus far, the external organization has developed a monitoring and evaluation framework and data collection tools to determine the relevance, effectiveness, efficiency, impact and sustainability of WHO's operations. In 2021, it completed a detailed desk review, held 14 key informant interviews, carried out 30 phone surveys per month and conducted 400 face-to-face surveys with health service users. The data gathered are being analysed and the final report, outlining observations made and lessons learned, will be published shortly. The report will provide concrete recommendations to inform future WHO interventions in Libya.

LOOKING AHEAD

As the 2022 Humanitarian Needs Overview for Libya states, Libya is at a critical juncture where the prospects for continued stabilization or a regression into armed conflict remain equally possible scenarios. Over the past fifteen months, the country has seen the declaration of a countrywide ceasefire, the establishment of a Government of National Unity and the announcement of national elections to be held on 24 December 2021. However, the last-minute postponement of the national elections following concerns over the eligibility of three candidates has led to fresh fears that Libya might be plunged into new turmoil. The UN has called on all parties in Libya to adhere to the timeline agreed to in the Libyan Political Dialogue Forum (LPDF) roadmap, which was endorsed by the United Nations Security Council.

The current political paralysis, the ongoing COVID-19 pandemic and the GNU's failure to approve a national budget will continue to affect the recovery of Libya's health system. Whether the elections, seen as critical to supporting national reconciliation efforts and strengthening rule-of-law institutions, will go ahead in 2022 remains to be seen.

Libya holds considerable wealth. Its economy is heavily reliant on the hydrocarbons sector. It has the world's ninth-largest oil reserves. It is the largest oil economy by proven oil reserves in Africa and one of the richest economies in the world by the ratio of oil reserves to the size of its population. It may have even greater oil reserves than are currently known, as large parts of the country remain unexplored[15]. Although the impact of the blockade of the oil sector for much of 2020 and the COVID-19 pandemic have debilitated its economy, oil production and exports have rebounded since the ceasefire was signed in late 2020. With good governance, a stable democracy, and peace and reconciliation, Libya has the potential to overcome its troubled past and become a prosperous and unified country. Much of this will depend on whether it goes ahead with free and fair elections that will allow its people to decide the future of their nation.

Planned activities in 2022

According to the Humanitarian Needs Overview for 2022, 803 000 people in Libya require some form of targeted humanitarian assistance. The number of people in need of humanitarian assistance represents an overall reduction by 36% from 2021 and highlights the decrease in needs brought about by the end of hostilities and the general improvements in access and mobility across the country. However, vulnerable population groups will continue to rely on the life-saving and life-sustaining health care services supported by the humanitarian response in 2022. While IDPs, refugees and migrants have the most severe needs, returnees and non-displaced Libyans in the worst-

[15] Taken from the World Bank review of the financial sector in Libya, February 2020

affected areas also need humanitarian assistance. Other vulnerable groups include children and adolescents, the elderly, patients with chronic health conditions and families facing economic hardship.

Migrants and refugees are exposed to numerous health risks that rise exponentially if they are detained by the Libyan authorities and transferred to one of the country's overcrowded detention centres. Undocumented migrants can be arrested and imprisoned at any time. Refugees have no legal status in Libya and cannot seek international protection. Since the start of the COVID-19 pandemic, they have faced increasing difficulties in accessing both basic and critical care services from a health system that has been further weakened by the spread of the virus. They have also reported greater levels of discrimination and stigmatization from staff at health care facilities during the pandemic. Other difficulties include their inability to pay for health care, concerns over contracting COVID-19 at health facilities, and a lack of trust in the system. In 2022, WHO will work to expand health care for migrants and refugees by increasing the number of mobile clinics and working with health facilities to improve outreach services, including for mental health.

WHO will continue to lead the health sector and advocate for improved access to deliver supplies, assess health needs, monitor the health situation and adjust operations. While improving coordination with health authorities at all levels and acknowledging their lead role, WHO and health partners will support disease surveillance and the delivery of medicines and supplies (including those for COVID-19). Mobile teams will supplement health care services in remote, rural and hard-to-reach areas where access to such services is limited. Fixed health points and/or mobile teams will provide health care services to people in IDP camps, settlements and detention centres. Vulnerable groups including women and children, chronic disease patients and people with mental health disorders and physical disabilities will be prioritized.

In line with WHO's 13th Global Programme of Work and discussions with the Libyan MoH, WHO will focus on the following health priorities:

- Improving access to quality essential health services and the availability of essential medicines, vaccines, diagnostics and equipment.
- Increasing access to life-saving and life-sustaining humanitarian health assistance, with an emphasis on the most vulnerable (including IDPs, migrants, refugees and returnees) and on improving the early detection of and response to disease outbreaks.
- Strengthening health and community (including IDP, migrants and refugees) resilience to absorb and respond to shocks with an emphasis on protection to ensure equitable access to quality health care services.
- Strengthening Libya's health emergency preparedness and response, including preventing the emergence of high-threat infectious hazards.
- Enhancing health sector and multi-sectoral coordination to jointly address health priorities and the determinants of health, leaving no one behind.
- Strengthening capacity in health information systems, research and innovation.

There are very few health NGOs in Libya. WHO and its partners will strengthen the capacity of the health NGOs with which it works by integrating them into inter-agency humanitarian response structures in Libya. It will also work with local agencies to develop their health emergency response capacity. In the longer-term, WHO will continue working to support the strengthening of Libyan institutions. WHO's work is aligned with the UN's longer-term strategic framework for Libya which aims to ensure, inter alia, that Libyan institutions improve their capacities to design, develop and implement public and social policies that focus on the delivery of equitable, quality social services to all segments of society.

ANNEX 1

Summary COVID-19 vaccination campaign indicators at the end of December 2021

1	Total number of vaccines doses procured	8,698,360
2	Estimated number of doses utilized (wastage adjusted)	2,781,406
3	Estimated number of doses remaining	5,916,950
4	Total number of doses administered	2,567,568
5	Number of people who have received one dose of the two-dose vaccine regimen	1,034,123
6	Number of people who have received the second dose of the two-dose vaccine regimen	807,418
7	Percentage of people partially vaccinated	15
8	Percentage of people fully vaccinated	11.6
9	Average daily vaccination rate	14,000 doses

ANNEX 2

Voluntary contributions received in 2021

Donor	Amount of contribution (USD)
Germany	3,749,548
Ministry of Foreign Affairs, Norway	700,689
United States Agency for International Development (USAID)	1,997,325
DG for Neighbourhood and Enlargement Negotiations (NEAR), European Commission	2,500,103
Sasakawa Health Foundation	30,000
TOTAL	**8,977,665**

ANNEX 3

WHO funding requirements for 2022

Project title	Amount (USD)
Strengthen the health system through scaling up primary health care services and outreach including reproductive, maternal, neonatal and child health during the COVID-19 pandemic	6,876,000
Strengthen secondary health services including trauma and disability, COVID-10 case management, and Emergency Medical Teams across Libya , with a focus on vulnerable groups	3,106,000
Strengthen noncommunicable disease and mental health services in the COVID-19 context with a focus on childhood cancer, breast cancer and gender-based violence across Libya	10,410,000
Improve disease surveillance and response (TB, HIV, NTDs and COVID-19) and routine immunization services including for COVID-19 vaccines	13,827,500
Improve health sector coordination and information management in Libya	850,000
TOTAL	**35,069,500**

Prepared by: Salwa Hassan
Technical Assistant, Capacity Building and Country Support (CBC)
Library and Knowledge Sharing (LKS)
Date: 29 June 2022

Developed Countries Price: USD 28.00
Developing Countries Price: USD 20.00

WHO Country Office (Tripoli, Libya)
Elizabeth Hoff, WHO Representative
hoffe@who.int

WHO Country Office (Tripoli, Libya)
Yahya Bouzo, Communications Officer
bouzoy@who.int

WHO Regional Office for the Eastern Mediterranean (Cairo, Egypt)
Inas Hamam, Communications Officer
hamami@who.int