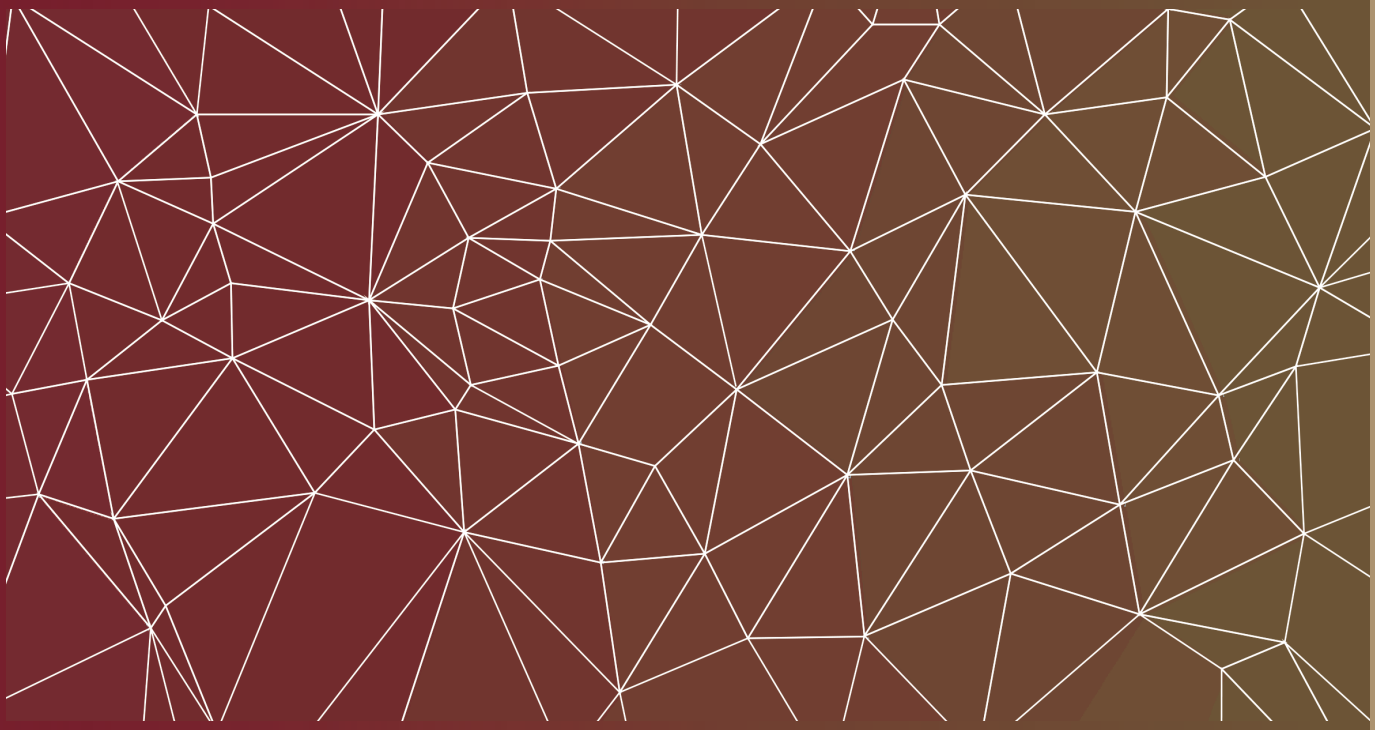
Humanitarian-development-peace nexus for health profile

LIBYA



December 2020

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

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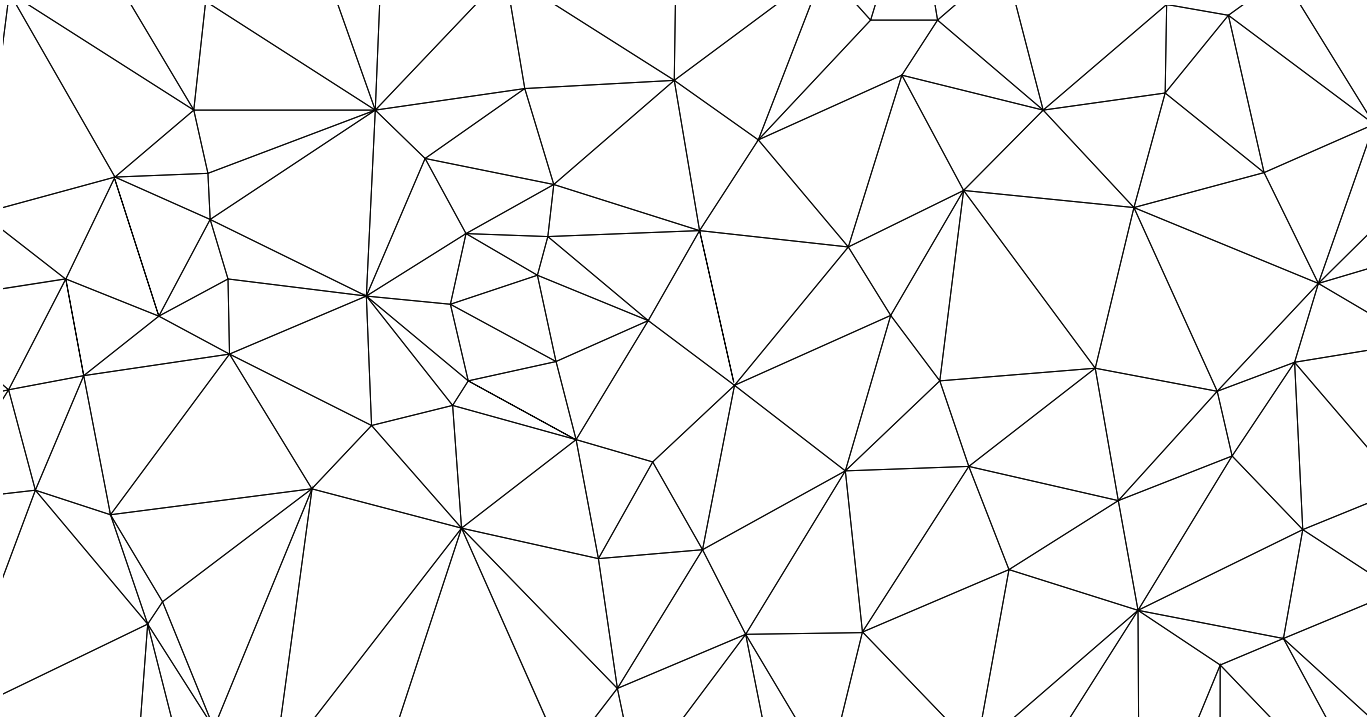

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Abbreviations

BMZ	German Federal Ministry of Economic Cooperation and Development
COVID-19	Coronavirus disease 2019
GIZ	German Corporation for International Cooperation GmbH
HDPNx	Humanitarian-development-peace nexus
HRP	Humanitarian response plan
MoH	Ministry of Health
OCHA	United Nations Office for Coordination of Humanitarian Affairs
SDG	Sustainable Development Goal
UN	United Nations
UNSF	United Nations Strategic Framework
UNSMIL	United Nations Support Mission in Libya
WHO	World Health Organization

Executive summary

THE HUMANITARIAN-DEVELOPMENT-PEACE NEXUS (HDPNX) is a framework for coherent, joint planning and implementation of shared priorities between humanitarian, development and peacebuilding actors. Although the HDPNx approach is not new, the question remains of how to operationalize it. This country profile is intended to provide a foundational understanding of the current progress on HDPNx for health in Libya, by providing an overview of the crisis, public health status/health system and current HDPNx operationalization.

Libya has been affected by political, economic and security crises since the initial protests in 2011. Most recently, an escalation in conflict began in September 2018. In early 2019, preparations began for the Libya National Conference, offering an opportunity for the Libyan people to formulate a vision for the future and to advance the political process. However, on 4 April 2019, the Libyan National Army attempted to seize control of Tripoli, leading to the mobilization of counterforces by the Government of National Accord. The conflict, which took place mostly in the south of Libya and Tripoli, began to move increasingly into other urban areas. The indiscriminate harm that ensued caused increased civilian casualties and damage to infrastructure, including health facilities. This escalated the political and economic instability, further deteriorating the availability of basic services. Although Libya was once considered a high middle-income country, the protracted crises and instability have had detrimental effects on the economy and social services. Because of its status as high middle-income country, Libya was not considered as a receiver of wider development funds, but it has increasingly received funding through humanitarian response plans (HRPs).

With regard to the HDPNx, Libya has built a foundation for HDPNx work in the country. From a coordination perspective, one such mechanism is the United Nations Support Mission in Libya (UNSMIL), which is an integrated mission working to ensure complementarity between political, humanitarian and development workstreams. Specific to health, WHO is currently a participant in a nexus task force in Libya, and a joint analysis was conducted for developing the Sabha Nexus Strategy, an ongoing project to pilot the HDPNx approach in the Libyan context. Although no overarching national, HDPNx collective outcomes have been identified at this time, the collective outcomes for the Sabha Nexus Strategy are currently under discussion. In addition, the United Nations Country Team (UNCT) is working towards harmonized resources and financing for HDPNx through favoring non-earmarked financing and exploring options for mixed funding, such as setting up a trust fund to cover resource mobilization gaps.

The international community, including the United Nations (UN), has increasingly prioritized achieving sustainable peace and advancing the political process in Libya. The United Nations Strategic Framework (UNSF) reflects Sustainable Development Goal 16 (Peace, Justice, and Strong Institutions) throughout all the outcomes and activities outlined. This is done by establishing direct links between the political processes and the ongoing developmental and humanitarian interventions. Therefore, both the peace-development nexus and peace-humanitarian nexus will be strengthened, allowing the UNSF to respond more quickly to any needs that may arise from political negotiations. Additionally, in the current COVID-19 context, the response has opened up a possibility of cooperation across rival authorities and communities, both nationally and locally, leading to new opportunities to use health to promote peace.

Though there has been increasing consensus and action surrounding implementation of HDPNx activities in Libya, this progress has been stalled by the compounded effects of the crises, destruction of governance structures, weakening of state institutions and the COVID-19 pandemic. The following are potential opportunities for advancing

implementation of HDPNx for health in Libya: develop a nexus for health strategy and strengthen existing health coordination mechanisms; conduct joint health system assessment; define health sector development objectives and identify HDPNx for health collective outcomes; shift towards multiyear strategic planning; bolster monitoring and evaluation mechanisms; create HDPNx-related resource and financing records; mainstream conflict analysis and prioritization of peacebuilding.

1. Introduction

THE HUMANITARIAN-DEVELOPMENT-PEACE NEXUS (HDPNX) is a new way of working that offers a framework for coherent, joined-up planning and implementation of shared priorities between humanitarian, development and peacebuilding actors in emergency settings. In any crisis-affected setting, there may be different ongoing stages of the nexus process due to the dynamic and non-linear nature of emergencies, leading to varying presence and levels of activity of humanitarian, development and peace actors. Therefore, the HDPNx approach should be initiated from the earliest phases of the emergency and should remain in operation until a humanitarian response is no longer needed. To advance the HDPNx in a given country, a shared foundational understanding of the current progress must be established. However, finding a resource of that kind can be challenging, perpetuating poor understanding, planning and operationalization. To address this need through a health lens, HDPNx for health country profiles aim to provide an overview of health-related nexus efforts as well as opportunities for the advancement of humanitarian and development collaboration and peace initiatives in countries affected by protracted emergencies in the WHO Eastern Mediterranean Region.

While stakeholders agree that the HDPNx approach is useful, the question of how to operationalize it remains. As HDPNx operationalization is at a nascent stage, many cross-cutting humanitarian, development and peacebuilding activities have not been formally labelled or conceptualized as "HDPNx," even though the collaborations between the three groups of actors exist. Conceptual criteria were therefore needed in order to evaluate whether or not an activity should be considered HDPNx work. In this profile, nexus (or nexus-style) activities are defined as the following:

> "Any health-related activity where at least two of the three groups of actors (humanitarian, development and peace), work together with the aim of fulfilling at least two of the following: providing immediate lifesaving and life-supporting assistance; strengthening or rebuilding national systems, institutions and capacities; strengthening emergency management capacities; and addressing the drivers of emergencies."

The development of the *Libya HDPNx for Health Profile* is a joint initiative by the WHO Libya Country Office and the Health Systems in Emergencies Lab of the Department of Universal Health Coverage/Health Systems, in collaboration with the Department of Health Emergencies and Department of Healthier Populations, at the WHO Regional Office for the Eastern Mediterranean, as well as relevant programmes in WHO headquarters.

2. Overview of crisis

Political conflict

Libya has been affected by political, economic and security crises since protests in 2011 (*1*). On 17 December 2015, the United Nations (UN) facilitated the signing of the Libyan Political Agreement, which had the goal of bringing together Libyan national institutions. This was to be done through establishing a Presidency Council and Government of National Accord in Tripoli. However, the existence of parallel institutions and rivalries destabilized the effectiveness of this new government. Libyan politics and leadership remain fragmented, with limited overall capacity to govern effectively.

Most recently, an escalation in the conflict began in September 2018, remaining mostly localized. In early 2019, preparations began for the Libya National Conference. This was an opportunity for the Libyan people to formulate a vision for the future and to advance the political process, including developing consensus on holding parliamentary and presidential elections as well as a constitutional referendum. However, on 4 April 2019, the Libyan National Army attempted to seize control of Tripoli, leading to the mobilization of counterforces by the Government of National Accord (*2*). The conflict, which took place mostly in the south of Libya and Tripoli, began to move increasingly into other urban areas. The indiscriminate harm that ensued caused increased civilian casualties and damage to infrastructure, including health facilities. This expanded the political and economic instability, further deteriorating the availability of basic services (*3*). In an effort to de-escalate the conflict, an international conference was called in Berlin on 19 January 2020. The conference aimed to support a three-point-plan with the objective of "assisting the United Nations in unifying the International Community in their support for a peaceful solution to the Libyan crisis" (*4*).

Although Libya was once considered a high middle-income country, protracted crises and instability have had detrimental effects on the economy. According to the UN Development Programme's 2019 Human Development Index, Libya's ranking fell from 67th in 2010 to 110th in 2019. The effects of the crises are also seen in the destruction of governance structures and weakening of state institutions, as people continue to be impacted and driven into humanitarian need (*2*).

Impact of the COVID-19 pandemic

Libya's first case of COVID-19 was confirmed on 25 March 2020 (*5*). Since then, the number of confirmed cases has risen to 95 200, with 1369 associated deaths as of 22 December 2020 (*5*). On 26 August 2020, WHO issued a press release declaring "rapidly escalating rates of COVID-19" in the country (*6*). The impact of COVID-19 has exacerbated pre-existing humanitarian needs from the ongoing political, economic and security crises.

3. Public health status and health system

The deterioration of health care facilities as a consequence of indiscriminate attacks, shortage and inequal distribution of health staff, and shortage of medicines, supplies and equipment, have compounded the state of a struggling health system due to continuous underinvestment. This is further affected by factors including, but not limited to, a lack of consensus for national policies and strategies. Currently, more than 3 970 000 people are in need of health assistance, lacking steady access to primary and secondary health care services (*7*).

The COVID-19 pandemic is exacerbating the vulnerability of Libyans, migrants and refugees, who have already been greatly impacted by the political conflicts, insecurity and limited basic health service delivery (*8*). To complicate matters, fighting has continued in and around Tripoli, despite a call for a global ceasefire. This has heavily limited people's ability to access basic supplies and services and for humanitarian organizations to reach people in need.

Service delivery

The 2017 Service Availability and Readiness Assessment (SARA) showed that Libya had enough health facilities – 2.8 compared to the standard 2.0 per 10 000 population – but that the facilities were not adequately staffed and equipped to deliver essential services (*9,10*). Due to the protracted conflict, 22.8% of previously functional public health facilities (including hospitals, primary health care, other) have become nonfunctional as a result of destruction, damages, staff shortages, etc. Of the health facilities that are open, 26% do not offer essential services, with only 6% able to provide all essential services (*2*).

Furthermore, the decline in both scale and scope of preventive and disease-specific programming, including immunization, tuberculosis, HIV/AIDS and noncommunicable diseases, has led to an increase in mortality and morbidity indicators (*7*). Of particular concern is maternal and child health, as 19.5% of pregnancies were reported to have ended with miscarriage or stillbirth (*7*). In areas such as the south of Libya, only 12.1% of the health facilities provide antenatal care and 8.5% provide delivery services (*7*).

It is reported that 24% of Libyans and 80% of migrants and refugees experience challenges in accessing health services (*2*). The most frequently reported reasons are due to lack of facilities, distance, lack of supplies, inability to pay for services and lack of civil documentation. Roughly 13% of migrants and refugees reported being unable to access treatment at health facilities due to lack of documentation, language barriers and discrimination (*2*).

Health workforce

The number of primary health care (PHC) workforce is 76 per 10 000 population, three times the WHO standard of 23 per 10 000 population. However, inadequate skills mix, in addition to maldistribution between geographic areas and the different levels of health care are primary concerns (*11*). The efficiency of the workforce is also impacted by irregular payment, internal displacement and inability to access place of work due to conflict (*10*).

Health information systems

The Ministry of Health (MoH), in collaboration with development partners, is engaging in interventions to strengthen the country's health information system. Strategies to strengthen health information systems in Libya are led by the MoH Health Information Centre, in collaboration with other health information systems stakeholders (*12*). Currently, Libya lacks a national health data dictionary, standardized guidelines for data management, institutionalized data quality assessments and a functioning web-based health information system (*11*).

To address this limitation, the Government of Libya has embarked on a two-year project known as Strengthening Health Information System and Medical Supply Chain Management (SHAMS), which

is funded by the Delegation of the European Union to Libya and implemented by WHO (*13*).

Essential medicines

The general medicine availability score was 41% for hospitals, 10% for PHC and 13% for warehouses. Geographically, 20 out of 22 districts have hospitals with pharmacies – Wadi Al Haya and Ghat being the districts with no functional hospitals (*11*). However, medicines that are supplied through specialized centers, such as tuberculosis and HIV medicines, as well as mental illness and family planning medicines, are limited or not available in health facilities (*11*).

Health financing

In 2014, Libya's total expenditure on health as a percentage of gross domestic product (GDP) was 5% (*14*). Although health care at public sector facilities is free for all citizens, distrust and disruption of their services have led to a growing private sector (*11*). Private health expenditure as a percentage of total health expenditure was 26% in 2014 (*14*). It is also a challenge to distinguish between the public and private sectors because dual practice is prevalent in Libya (*15*). In the private sector, payments are out of pocket, making fee-for-service the dominant method of payment with very limited regulation. Out-of-pocket expenditure as a percentage of total health expenditure was 26% in 2014 (*16*). Migrants and refugees are not entitled to free health services.

Apart from public and private health facilities, pharmacies play a major role in the Libyan health system (*15*). It is common for people who cannot afford to access care from private service providers to go to pharmacies. There is minimal oversight and regulation of pharmacies.

Leadership and governance

The Health Sector is a platform for coordinating health actors, co-chaired by the MoH and WHO. In addition, the Libyan National Centre for Disease Control (NCDC), a key entity under the MoH, is the public health centre, with 27 branches across the country; it is responsible for disease prevention, health promotion, surveillance and population health assessment.

Overall, Libya's health system remains fragmented, mirroring the ongoing protracted crises. This is exemplified by the COVID-19 context, where the authorities in the East and West have called for separate measures to fight the pandemic (*17*).

4. HDPNx operationalization

As is the case for any country affected by protracted conflict, there has been a call for the UN and other international health actors to engage beyond humanitarian response, to address systemic and structural issues that are inhibiting the domestic capacity to provide basic social services. In addition to strengthening local capacity, there is a demand for building economic and social resilience, security and peace (*7*). This section highlights the health activities pertinent to operationalization of the HDPNx for health in Libya, while putting into perspective the wider scope of HDPNx conceptualization and operationalization in the country.

Coordination architecture

The UN system has been active in Libya since the 1950s, with several coordination mechanisms currently in place. At the highest level, the UN Country Team (UNCT) is the coordination and oversight body for the implementation of humanitarian and development activities, with the main purpose of ensuring "integrated delivery of tangible results in support of the national development and humanitarian agenda under the leadership of the UN Resident Coordinator for Libya" (*18*).

The United Nations Support Mission in Libya (UNSMIL) is an integrated mission with all UN agencies, funds and programmes working together to ensure complementarity for political, humanitarian and development streams. The primary purpose of UNSMIL, which can be seen as the political branch, is to support an inclusive Libyan political process while encouraging security and economic dialogue (*19*).

The UN Programme Management Team, with the UN World Food Programme as chair in 2019, is responsible for UN technical planning and coordination of humanitarian and development actors towards collective thinking, programme design and implementation (*20*). Due to the recent escalation of conflict, the Programme Management Team has been focused on enhancing engagement with Libyan government, civil society and communities (*1*).

Linking these coordination mechanisms together is the UNSF for Libya 2019–2020, which ensures coordination and coherence among UN agencies, funds and programmes in Libya. The UNSF 2019–2020 places particular emphasis on the HDPNx, calling for development actors under the UN Country Team to work in close coordination with UNSMIL and the UN Office for Coordination of Humanitarian Affairs (OCHA) (*7*). The UN development system will work closely with the Humanitarian Country Team to bridge possible gaps in policy and practice, enhancing collaboration and identifying entry points for joint, nexus efforts.

Specific to health, WHO is currently part of a nexus task force in Libya and is working with partners to mobilize additional resources for projects that will upgrade the capacity of the MoH and lead to more sustainable, long-term results that will restore and stabilize the health system. In addition to this, WHO and partners are working to promote closer alignment between the annual humanitarian response plans (HRP) and the longer-term, development-oriented UNSF for Libya (*21*).

Joint analysis

The Libya Humanitarian Needs Overview (HNO) 2020 is an example of a recent assessment to inform strategic response planning. The 2020 Humanitarian Needs Overview analysis covers all the provinces and districts of Libya, focusing specifically on five population groups that make up the in-need population, including vulnerable, conflict-affected Libyans, internally displaced persons, returnees, migrants and refugees (*3*). The Humanitarian Needs Overview analysis is informed by multisector needs datasets and source of information, specifically the Multi-Sector Needs Assessment (MSNA) and displacement, returns and migration tracking, as well as other key informant and expert sources (*3*).

On the development side, the UNSF builds on the Joint Country Assessment (JCA), with active

contributions from the political, humanitarian and socioeconomic branches of the UN in Libya (*7*). Specific to health, the 2017 Service Availability and Readiness Assessment identified gaps in infrastructure, basic amenities, human resources, equipment and supplies, that are potentially hindering the delivery of health services in the country (*9*). A geographical mapping of existing health facilities has also been conducted (*11*).

The Sabha Nexus Strategy is an example of a formally defined, HDPNx-style joint analysis. Upon completing joint analysis of the Libyan context as well as extensive mapping of needs and ongoing programming in Sabha, the Programme Management Team concluded that Sabha would be the most appropriate location to pilot the HDPNx approach (*1*).

Finally, and most recently, in the context of COVID-19, the Inter-Sector Coordination Group conducted an intersectoral analysis of the potential direct and indirect impacts of COVID-19 in Libya (*8*). Other assessments that have been conducted during the COVID-19 pandemic are: Impact of COVID-19 prevention measures on humanitarian operations for Health Sector in Libya (*22*); Rapid assessment – municipality COVID-19 preparedness (*23*); health assessment at community level in Libya, May 2020 (*24*); and the COVID-19 lab assessment in Libya, September 2020.

Collective outcomes

Due to the current governance and security dynamics in Libya, there is no overarching national development strategy in place at this time. However, the Government of National Accord has expressed its support for the HRP as well as the UNSF 2019–2020 (*1*).

However, Health Sector has outlined three objectives for the response in the 2020 HRP:

I. increase access to lifesaving and life-sustaining humanitarian health assistance, with an emphasis on the most vulnerable and on improving the early detection of and response to disease outbreaks;
II. strengthen health system capacity to provide the minimum health service package and health information systems management; and
III. strengthen health and community resilience (including internally displaced persons, migrants and refugees) to absorb and respond to shocks with an emphasis on protection to ensure equitable access to quality health care services (*2*).

Of these three objectives, the second and third can be considered to be nexus-style efforts.

For the Sabha Nexus Strategy, collective outcomes have been identified for the different sectors to achieve by 2023. Although still under discussion, the collective outcomes that relate to health may include – but are not limited to – the following:

I. By 2023, 100% of children have a vaccination card (up from 16.8%) and have received WHO recommended vaccinations.
II. By 2023, the general service availability and readiness index score of the hospitals is increased from 56.7% to 70% and of PHCs from 36.4% to 60% (*1*).

Joint planning

Both the HRP 2020 and UNSF 2019-2020 call for the promotion of the HDPNx and lay the foundations for coordinated planning and implementation of political, human rights, humanitarian and development efforts towards longer-term goals of peace, security and sustainable development.

In the HRP 2020, the overall strategic objectives are to:

I. ensure people's safe, equitable and dignified access to critical basic services and resources to reduce their vulnerability, in accordance with international legal and other standards; and
II. enhance national and local authorities' capacity to respond and strengthen community resilience to acute shocks and chronic stresses through strengthened coordination, evidence-based needs analyses, strategic preparedness and disaster management (*2*).

Both these objectives can be considered to be nexus-style objectives – the first from an equity point of view, as one of the requirements for peacebuilding, and the second due to its twin focus on both short-term relief

and longer-term development. The HRP stresses the importance of peace as a prerequisite for lessening the humanitarian crisis and progressing towards Libya's medium- and long-term development goals, including the Agenda 2030 Sustainable Development Goals (SDGs).

The UNSF 2019-2020 is a high-level framework that is guided by the SDGs (*7*). UNSF activities are aimed at strengthening institutional systems and building community resilience, with a focus on complementing the impact of humanitarian response. The development of the UNSF was a collaborative effort between all UN entities in Libya, regardless of their specific mandates, including both OCHA as a representative of the humanitarian branch and UNSMIL as a representative of the political branch (*7*). The UNSF is a bridge between humanitarian relief and development work in Libya, with the goal of supporting stabilization efforts to the political process.

Implementation

A prime example of HDPNx implementation in Libya is the Sabha Nexus Strategy. In January 2019, the Deputy Special Representative of the Secretary-General/Resident Coordinator/ Humanitarian Coordinator's (DSRSG/RC/HC) Office contracted an HDPNx consultant to work with the UNSMIL, UNCT and Humanitarian Country Team to begin operationalizing the HDPNx in Libya. After meetings with various stakeholders, including UN agencies, international nongovernmental organizations, the international community and national counterparts, the UN hosted a workshop in March 2019 to strategize next steps. The Programme Management Team has led the process towards identifying Sabha as the first geographical location in Libya to pilot the formal implementation of the HDPNx. Additionally, collective outcomes to be achieved by 2023 were identified and are currently being discussed (*1*).

In addition to the Sabha Nexus Strategy, a successful example of nexus-style programming and implementation is the Strengthening Health Information System and Medical Supply Chain Management (SHAMS) project, which was funded by the Delegation of the European Union to Libya and implemented by WHO (*13*).

The Libyan-German Primary Health Care Project is another example of HDPNx implementation in Libya. This is a German Corporation for International Cooperation (GIZ) Transitional Development Assistance project, commissioned by the German Federal Ministry of Economic Cooperation and Development (BMZ) in conjunction with the Libyan MoH (*25*). The project promotes the expansion of primary health services in the south and northwest of Libya so that they are accessible for vulnerable populations. The project is going to expand the activities to the east.

Unlike other countries in the Region, Libya continues to benefit from the European Neighborhood Instrument through special annual measures. One such measure, the European Union Health and Accountability Programme, was adopted in 2017 to provide support to the health sector. This measure aims to enhance service delivery in the health sector as well as institutional support to the MoH. Dedicated contracts have been established to address issues such as assessing adequate skills in midwifery and nursing as well as strengthening the existing primary health care system to address noncommunicable diseases. In addition, the measure provides support to the MoH to strengthen its monitoring capacities, as well as work towards the establishment of a Common Results Framework in the health sector (in collaboration with other international partners).

Joint monitoring and evaluation

A key step in HDPNx operationalization is monitoring and evaluating of the nexus process and of progress toward collective outcomes. This is a two-stage approach: the first focuses on assessing the effectiveness of the nexus process itself, while the second focuses on the collective outcomes and the progress made towards achieving them. Monitoring and evaluation should use context- and emergency-specific indicators and should reflect the indicators defined in the joint plans, including HRP and UNSF, along with other nexus-style programmes.

In Libya, the limited capacity of the national health information system has restricted efforts to gather overall data for monitoring and evaluation. WHO and other UN agencies, including the International

Organization for Migration and the United Nations Children's Fund, are investing in the development of a District Health Information System (DHIS-2). When this system becomes operational, it will give WHO and the MoH a better understanding of the evolving health situation in the country.

The United Nations Evaluation Group brings together the evaluation units of various UN departments, specialized agencies and affiliated organizations to share best practices and to advocate for the importance of evaluation for learning, decision-making and accountability. Other sources of information used in monitoring and evaluation include: monthly 4W health sector (based on health sector operational framework containing 28 indicators); Early Warning, Alert and Response Network (EWARN) weekly bulletins; regular COVID-19 Expanded Programme on Immunization Updates; and Surveillance System of Attacks on Healthcare.

Harmonized resources and financing

In 2019, Libya received almost US$ 24.9 million for health, amounting to roughly 18.7% of the total financial support to Libya (US$ 133.1 million) that year (*26*). For the UNSF 2019–2020, which serves as a bridge between humanitarian relief and development work in Libya, mobilization of financial resources to cover the two-year budget is led by the UNCT. The UNCT has pushed to favour non-earmarked financing and explore the option of setting up a Strategic Framework Trust Fund in an effort to cover resource mobilization gaps. Any further resource gaps can be amended through independent, agency-specific fundraising and/or collective fundraising in the case of joint programmes. In addition, the potential for mixed and/or blended funding across the HDPNx will be considered and discussed with donors, under the leadership of the Deputy Special Representative of the Secretary-General (*7*).

Although a financing strategy for the Sabha Nexus Strategy has yet to be developed, doing so has been identified as a next step towards HDPNx implementation. Specifically, the Sabha Nexus Strategy has recognized the following as the recommended next step: "coordinate resource mobilization for these collective outcomes (ensure short-, medium- and long-term interventions are predictably financed with a diverse set of financing tools over a 3-5-year period)" (*1*).

Conflict prevention, peacemaking and peacebuilding

In fragile and conflict-affected countries, "peacebuilding strategies are necessary to ensuring lasting health gains" (*27*). Conversely, "the health sector can play a significant role in promoting peace by using its competencies, credibility and networks" (*27*). The neutrality of the health sector and health workers can be leveraged to mediate and promote dialogue. The multilateral consultation meeting on the Health and Peace initiative, held on 1 November 2019 and cosponsored by Oman and the Government of Switzerland, in collaboration with the WHO Regional Office and headquarters, gave WHO the opportunity to share lessons learned from the field with the international community. The Health and Peace Initiative is an established framework that supports health programmes operating in conflict settings while contributing to peacebuilding. It calls for increased partnerships among Member States, UN and non-UN partners and academia to conduct diplomacy, build capacity on the ground and design and implement strategic initiatives linking health interventions with peacebuilding (*28,29*).

In Libya, the international community, including the UN, has increasingly prioritized achieving sustainable peace and advancing the political process. This will, in turn, lessen the humanitarian crises that the country has been experiencing. The UNSF reflects SDG 16 (Peace, Justice, and Strong Institutions) throughout all the outcomes and activities outlined. The common goal is to "prevent, mitigate and reverse any (potential) negative effect or impact of the current conflict on the social and economic conditions in Libya, and on the capacity of state institutions while contributing to ongoing peacebuilding efforts" (*7*). This is done by establishing direct links between the political process and the ongoing developmental and humanitarian interventions in Libya. Therefore, both the peace-development nexus and peace-humanitarian nexus should be strengthened, allowing the UNSF to respond more quickly to any needs that may arise from political negotiations.

5. Way forward

There has been increasing consensus and action surrounding implementation of HDPNx activities in Libya. The Sabha Nexus Strategy is an example of the intentional progress made towards furthering the HDPNx. However, the effects of the crises, destruction of governance structures, weakening of state institutions and the COVID-19 pandemic have stalled this progress.

The following are proposed recommendations for advancing the HDPNx for health in Libya:

I. **Strengthen existing health coordination mechanisms.** The first priority is to fortify the existing health sector coordination structure at the national and sub-national levels. The HDPNx should be promoted within the Humanitarian Country Team, UNCT and Inter-Sector Working Group platforms. A strong coordination mechanism should be established with UNSMIL, to progress operationalization of humanitarian and development projects in fragile and conflict-affected areas in the country. Furthermore, to promote information consolidation and dissemination, regular participation of humanitarian and development partners in Health Sector Working Group meetings should be encouraged. A workable mechanism should be established to permit remote participation of Tunis-based donors and partners on a regular basis. It is recommended that a HDPNx for health strategy be developed to guide the establishment of a nexus coordination mechanism, in order to facilitate collaboration, communication, effective information management, as well as the harmonization of processes, funding/financing resources and instruments among health actors. The HDPNx for health strategy should be updated as the situation evolves.

II. **Conduct joint, comprehensive health system assessments.** Although many assessments have been conducted from the humanitarian perspective, with consideration of development needs, comprehensive health system assessments to advance the HDPNx in Libya are still limited. As is the case for the nexus coordination mechanism, the joint assessment can take many different forms, but it should ideally be conducted in an integrated manner by a coalition of nexus actors, using the same tools and common methodology. The joint assessment methodology used in the Sabha Nexus Strategy could serve as a pilot for future HDPNx-style health assessments. Consistent information sharing and joint assessments should be promoted to serve as a basis for joint planning.

III. **Define health sector development objectives and identify HDPNx for health collective outcomes.** To advance health-related HDPNx work in Libya, collective outcomes need to be jointly identified to drive planning and programming while bridging the spectrum between immediate assistance and long-term development. The collective outcomes should be based on the results of the joint assessment. Key entry points for health, such as strengthening the primary health care system and developing a health security plan, should be leveraged. It is important to consider the implementation of other SDGs, as progress towards the achievement of other targets will have an impact on overall health outcomes.

IV. **Shift towards multiyear strategic planning.** The current HRP is based on a one-year interval, which does not allow enough time for work at the nexus of humanitarian and development efforts. Multiyear strategic planning, as applied in other humanitarian settings, is needed to ensure both urgent and long-term development needs are addressed. Financing instruments for a longer funding period are also needed, as the funding of multiyear strategic plans is currently still based on annual funding allocations. This involves formulating, articulating, and establishing the plan for achieving collective outcomes, including making decisions on how to mobilize and

allocate resources accordingly. The operational plan should reflect strategic planning, leveraging potential entry points as a means to advance the HDPNx in Libya. Examples are strengthening primary health care, building on health information systems, advancing district health management, developing a health security plan, etc. All partners, including donors, UN agencies, national and international nongovernmental organizations, and health system representatives, should be included in this process to ensure cohesive and collaborative joint planning. Cross-cutting issues, such as gender equality and human rights, should be integrated into HDPNx programme planning, implementation, and monitoring and evaluation. Specifically, the development and implementation of a national health policy, and subsequently of a migration health strategy in line with that national health policy, with active participation of all health actors, should be supported. Advocacy for a National Development Plan should take place, with focus on integrating health within the plan.

V. **Bolster monitoring and evaluation mechanisms.** Regular monitoring should be undertaken to assess the nexus implementation process and its impact against the collective outcomes. Joint monitoring should be piloted, and third-party monitoring of subcontracted parties should be strengthened. Simultaneously, HDPNx for health focal points should be assigned for each health-related actor to facilitate communication and knowledge management. Systematic collection and archiving of HDPNx-related documents should be conducted. This includes the continuation and updating of the HDPNx for health country profile. Due to the dynamic nature of the emergency, the HDPNx for health profile should be updated every 6 to 12 months. Furthermore, increased technical support is needed for more efficient implementation of the severity scale – an agreed approach by the health sector for prioritizing interventions, both humanitarian and development, by geographic level based on a composite index methodology.

VI. **Create HDPNx-related resource and financing records.** To date, no ongoing HDPNx funding mechanisms and discussions surrounding an interagency multiyear framework have been agreed. One of the biggest obstacles to coherent planning in Libya is the absence of a centralized health sector-wide resource tracking mechanism. More precise breakdown of finances is needed in order to understand the current level of resources allocated to HDPNx for health activities and, in turn, to gauge the appropriate short-, medium- and long-term financing/resources required to further HDPNx efforts. Health finance can also be improved by supporting programmes that conduct public financial management. Advocacy should be conducted for the allocation of an adequate health budget within the national budget, which considers allocations for humanitarian and emergency response-related areas.

VII. **Mainstream conflict analysis and peacebuilding prioritization.** Closer coordination among humanitarian, development and peacebuilding actors can be achieved by ensuring health-related activities are more inclusive of and informed by peacebuilding activities in the country. The Health and Peace Initiative is a primary example of an initiative that can be used for defining interventions to advance the HDPNx agenda (*26*). Conflict-analysis is a potential starting point, in order to design and implement health interventions that are effectively "conflict-sensitive" (thus doing no harm) or at best, "peace-responsive" and contribute to peace (*25*). The development of a risk management strategy is needed to not only identify and assess risks, but also develop mitigating measures to address these risks. Once completed, the conflict analysis and risk management strategies can inform HDPNx programme design (*25*). The response to COVID-19 has opened up a possibility of cooperation across rival authorities and communities, both nationally and locally. This may lead to new opportunities for the health sector to use health to promote peace.

References

1. The New Way of Working - Libya Sabha Nexus Strategy (Draft). Tripoli: UN Programme Management Team; 2019.
2. Libya Humanitarian Response Plan 2020. Tripoli: UNOCHA; 2020 (https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/libya_hrp_2020_english_full_v1_0.pdf, accessed 5 October2020).
3. Libya Humanitarian Needs Overview 2020. Tripoli: UNOCHA; 2020 (https://www.humanitarianresponse.info/en/operations/libya/document/2020-libya-humanitarian-needs-overview-hrp, accessed 5 October 2020).
4. The Berlin Conference on Libya – Conference Conclusion (19 January 2020). Paris: French Ministry for Europe and Foreign Affairs; 2020 (https://www.diplomatie.gouv.fr/en/country-files/libya/news/2020/article/the-berlin-conference-on-libya-conference-conclusions-19-jan-2020, 5 October 2020).
5. Libya Situation. Geneva: WHO; 2020 (https://covid19.who.int/region/emro/country/ly, accessed 22 December 2020).
6. WHO Alarmed Over Rapidly Escalating Rates of COVID-19 in Libya. Tripoli: WHO; 2020 (https://reliefweb.int/report/libya/who-alarmed-over-rapidly-escalating-rates-covid-19-libya, accessed 5 October 2020).
7. United Nations Strategic Framework for Libya 2019–2020. Tripoli: United Nations; 2019.
8. Humanitarian Response Plan Prioritization – Direct and Indirect Contribution to COVID-19 Response (April-June 2020). Tripoli; UNOCHA; 2020.
9. Service Availability and Readiness Assessment of the Public Health Facilities in Libya. Tripoli: Libya Ministry of Health and WHO; 2017 (https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/service_availability_and_readiness_assessment_final_12-03-2018.pdf, accessed 5 October 2020).
10. Libya Health Emergencies and Humanitarian Update (June–July 2017). Tripoli: WHO; 2017 (https://www.who.int/hac/crises/lby/libya-health-situation-report-june-july2017.pdf?ua=1, 5 October 2020).
11. Well and Healthy Libya: National Health Policy, 2030 (Draft). Tripoli: The National Centre for Health Sector Reform.
12. Health Information System Strategy (2018–2022). Tripoli: Libya Ministry of Health and WHO; 2017 (http://www.seha.ly/wp-content/uploads/2017/12/Libyan_HealthInformationStrategyi.pdf, 5 October 2020).
13. Libya Health Information System – Assessment and Roadmap of Priority Actions. Tripoli: Libya Ministry of Health; 2017 (https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/libya_his_assessment_english.pdf, accessed 5 October 2020).
14. Libya. Tripoli; WHO; 2020 (https://www.who.int/countries/lby/en/, accessed 5 October 2020)
15. Trends in Health Financing and the Private Health Sector in the Middle East and North Africa. Rockville: Abt Associates Inc; 2018.
16. WHO Global Health Expenditure Database. Geneva: WHO; 2017 (https://apps.who.int/nha/database, accessed 5 October 2020).
17. Libya Health Sector Bulletin – June 2020. Tripoli: Libya Health Sector; 2020 (https://www.who.int/health-cluster/countries/libya/Libya-Health-Sector-Bulletin-June-2020.pdf?ua=1, accessed 5 October 2020).

18. UN in Libya. Tripoli: United Nations Support Mission in Libya; 2020 (https://unsmil.unmissions.org/un-libya, accessed 5 October 2020).
19. United Nations Support Mission in Libya. New York City: UN Department of Political and Peacebuilding Activities; 2020 (https://dppa.un.org/en/mission/unsmil, accessed 5 October 2020).
20. World Food Programme Libya Country Brief, August 2019. Tripoli: World Food Programme; 2019 (https://reliefweb.int/report/libya/wfp-libya-country-brief-august-2019, accessed 5 October 2020).
21. WHO Libya Annual Report 2019. Tripoli: WHO; 2019.
22. Impact of COVID-19 Prevention Measures on Humanitarian Operations for Health Sector in Libya. Tripoli; Libya Health Cluster; 2020 (https://www.humanitarianresponse.info/en/operations/libya/document/impact-covid-19-restrictive-measures-health-sector, accessed 5 October 2020).
23. Rapid Assessment – Municipality COVID-19 Preparedness (Baseline). Tunis: GIZ Libya Programme; 2020 (https://www.humanitarianresponse.info/en/operations/libya/document/rapid-assessment-municipality-covid-19-preparedness-libya-giz, 5 October 2020).
24. Health Assessment at Community Level (Muhallas). Tripoli: Libya Health Cluster; 2020 (https://www.humanitarianresponse.info/fr/operations/libya/document/community-health-assessment-libya-may-2020, 5 October 2020).
25. Improving Primary Health Care Provision in Libya. Bonn and Eschborn: GIZ; 2018 (https://www.giz.de/en/worldwide/75106.html, 5 October 2020).
26. Libya. New York City: UNOCHA; 2019 (https://fts.unocha.org/countries/127/summary/2019, accessed 5 October 2020).
27. Health and Peace in the WHO Eastern Mediterranean Region – Regional Strategic Framework on Health and Peace (Draft). Cairo: WHO Regional Office for the Eastern Mediterranean; 2020.
28. Health as Bridge for Peace (HBP). Geneva: WHO; 2020 (https://www.who.int/hac/techguidance/hbp/en/, accessed 5 October 2020).
29. Health and Peace initiative. Geneva: WHO; 2020 (https://www.who.int/initiatives/who-health-and-peace-initiative, accessed 20 December 2020).

THE HUMANITARIAN-DEVELOPMENT-PEACE NEXUS (HDPNX) is a new way of working that offers a framework for coherent, joined-up planning and implementation of shared priorities between humanitarian, development and peacebuilding actors in emergency settings. To advance the HDPNx in a given country, a shared foundational understanding of the current situation is needed. However, it can be challenging to find such a resource, perpetuating poor understanding, planning and operationalization. This is one of a series of country profiles that have been developed by WHO to address that need. Each profile provides an overview of health related nexus efforts in the country, and will be updated regularly.