

LIBYA

People in need
800 000

People targeted
200 000

Requirements
US\$ 42.61 million



Context

Years of under-investment, and management challenges compounded by additional demands brought by COVID-19 have put an immense strain on the health system in Libya. Health care services remain the most significant need, with many people – especially non-Libyans, migrants, and refugees – lacking sustained access to primary and secondary health care, including for chronic and infectious diseases, obstetric complications, and mental health conditions and disorders.

Libya's health system is fragile and fragmented. The health workforce lacks adequate capacity and is unevenly distributed across the country. There are chronic shortages of medicines, equipment, and supplies. Few public health facilities offer a standard package of essential health services. The COVID-19 pandemic has further disrupted access to health services affecting the continuity of care.

In 2021, reports indicated that up to 90% of primary health care centres were closed in some areas. One-third of all health facilities in the south and east of Libya were not functioning, and 73% in the south and 47% in the east were functioning only partially, mainly due to shortages of staff and medical supplies. Of the total number of health facilities assessed in 2021, 37% were reported to be either fully or partially damaged. The situation is even more critical in remote and hard-to-reach areas.

During 2021, many routine and elective services, including COVID-19 isolation centres, were suspended or, in some municipalities, restarted and then resuspended. The known number of COVID-19 facilities which includes 43 isolation centres, 31 hospitals, and five triage centres, are insufficient. Public health and social measures based on risk classification are lacking. There is no strategy to adapt pandemic and routine post-pandemic health care services based on lessons learned from the pandemic. This impedes longer-term health system resilience and progress toward universal health coverage.

Response strategy

WHO works daily with the national health authorities to support strategic planning, provide technical advice, strengthen disease surveillance, train health care staff, assess health needs, and provide medicines, equipment, and laboratory supplies to keep essential health services running. WHO also acts as the COVID-19 focal point/technical adviser for the United Nations in Libya and briefs the international diplomatic corps on the status of COVID-19 and the immediate needs, obstacles, and gaps. WHO works on Libya's behalf with other international mechanisms set up by WHO and partners to tackle the pandemic at the global level.

WHO's outbreak and crisis response involves advocating for and providing health service delivery and technical support, capacity building, training, and rehabilitation services. Response also involves working with health partners, facilitating outreach activities, conducting monitoring and supervision activities, and building health information systems. Areas of focus include:

- disease surveillance
- communicable and noncommunicable diseases
- mental health and psychosocial support, and gender-based violence
- primary health care and essential health services
- surgery, emergency medical teams, and referrals
- coordination and health information systems
- operational support and logistics
- provision of medicines, equipment, and emergency medical kits.

16 March 2021. A health care worker at Misrata Medical Centre in Misrata, Libya takes a nasal swab to test a patient for COVID-19. © WHO / Nada Harib

Country priorities

- Increase access to lifesaving and life-sustaining humanitarian health assistance, with an emphasis on the most vulnerable (including internally displaced persons, migrants, refugees, and returnees) and on improving the early detection of and response to disease outbreaks.
- Strengthen health system capacity to provide the essential package of health services and manage the health information system.
- Strengthen health and community resilience (including among internally displaced persons, migrants, and refugees) to absorb and respond to shocks, emphasizing protection to ensure equitable access to quality health services.

COVID-19 response

Libya's COVID-19 response is organized around the 10 pillars of its national preparedness and response plan. WHO's response to COVID-19 in Libya aims to:

- Promote more robust intra and inter-sectoral planning and coordination, and joint prioritization of critical gaps and needs with the Ministry of Health, National Centre for Disease Control, and health sector partners.
- Scale up demand generation and risk communication and community engagement activities through media engagement, capacity-building, and improved community awareness.
- Expand the Early Warning Alert and Response Network and enhance the capacity of Rapid Response Teams.
- Improve points of entry screening measures by building capacity and improving information dissemination.
- Enhance laboratory capacity with up-to-date guidance and the provision of supplies and equipment.

- Strengthen infection prevention and control and protection of the health workforce by updating and rolling out national infection prevention and control guidelines, provision of personal protective equipment and supplies, and dissemination of infection prevention and control best practices at the community level.
- Improve case management through the dissemination and rollout of updated national guidelines at isolation centres and fill gaps in medicines, medical equipment, and consumables.
- Strengthen the supply chain, especially for the distribution of COVID-19-related medicines and supplies.
- Sustain and scale up essential health services across the country, in addition to strengthening outreach services, especially in hard-to-reach areas.
- Support national efforts to increase COVID-19 vaccination coverage.

In March 2021, a patient was treated for leishmaniasis at the National Centre for Disease Control in Tawergha, Libya, while her brother and father look on. Cutaneous leishmaniasis is a major public health problem in Libya. The disease causes skin lesions, mainly ulcers, on exposed parts of the body. Without proper treatment, it can leave life-long scars and lead to serious disability or stigma. WHO is the sole provider of antileishmanial treatments in Libya. In addition to providing medicines, WHO has helped to train health workers in Tawergha on treating patients with leishmaniasis. © WHO / Nada Harib



Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.80	2.17	2.97
P2. Risk communication and community engagement	0.22	1.90	2.11
P3. Surveillance, case investigation, and contact tracing	1.15	1.97	3.12
P5. Diagnostics and testing	0.63	0.61	1.24
P6. Infection prevention and control	0.27	3.27	3.54
P7. Case management and therapeutics	0.92	1.69	2.61
P8. Operational support and logistics	0.05	4.07	4.12
P9. Essential health systems and services	1.78	5.28	7.06
P10. Vaccination	10.29	2.08	12.37
P11. Research, innovation, and evidence	1.18	2.29	3.46
Total	17.29	25.32	42.61

For more information

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A laboratory technician processes COVID-19 tests in the Molecular Diagnostics Centre in Misrata Medical Centre, Misrata, Libya. In response to COVID-19 in Libya, the Ministry of Health established and equipped a new isolation centre in Misrata. WHO supported the COVID-19 response in the country by providing technical guidance and delivering personal protective equipment and other COVID-19 supplies. © WHO / Nada Harib