



# *We are all responsible*

## Diplomacy on health in Libya

### Summary of Achievements

Jan.-Nov. 2021

**This report summarises achievements and lessons** on improving healthcare in Libya by *We Are All Responsible* in the period Jan-Nov 2021. The report reflects the collective work of the Libyan team, which includes Dr. Reida El Oakley, Dr. Idris Elkaied, and Dr. Amer Twati. This team models the unification of the health sector, as it represents the East, West, and South of the country, encompassing political and social divides. The Libyan team is supported by international advisors Dr. Dan Kaseje, Prof. David Wood, Mr. Andrew Cheatham, and Mr. Kyle Jensen.

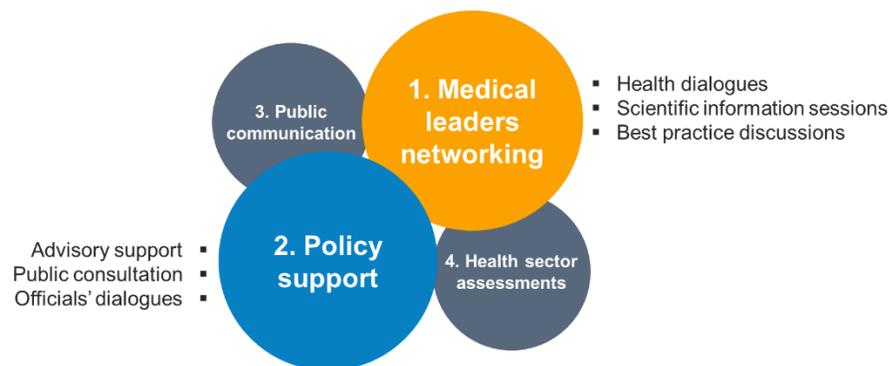
The team transitioned out of financial support from UNDP in February 2021. Since then, have continued working with our own resources, supplemented by a small financial contribution from the Center for Peace and Conflict Studies at Seton Hall University's School of Diplomacy. Importantly, it is one of the few national processes in Libya that is truly Libyan-led.

## Our goal and how we work

**Our goal is to support Libyan medical leaders**, both inside and outside government, to work together across geographic, political, and social divides on the critical health issues facing the country. In doing so, we hope to:

- enhance healthcare provision in the fight against COVID-19 and beyond.
- support integration of the national health system.
- support national reconciliation.

**We work by providing a networking space** for Libyan medical leaders from the country to meet, learn from each other, and plan together – through health dialogues, scientific information sessions, and best practice discussions. We also aim to support officials as they develop policies and programs critical to the health of Libyans – through advisory support, public consultations, and when necessary, officials' dialogues. The networking and policy support is supported by public communication on health issues, and health-sector assessments. To date, we have focused on COVID-19 (C-19) as an entry point to other critical healthcare issues facing Libyans, including primary healthcare and health sector financing.



- A network of over 350 Libyan medical leaders.
- Three national health dialogues
- 14 Scientific Information Sessions (9 post-UNDP funding)
- Four officials' dialogues
- Over 50 Media appearances in support of unity
- 1,400 participants in *the Best Homemade Mask* contest

## Achievements

**Contribution towards reconciliation in the health sector:** The project has created a space for Libyan medical leaders from across the country to work together, with over 350 engaged in our network across geographic, political, and social divides. This has been done through three national dialogues, 14 Scientific Information Sessions and Best Practice Discussions, and through ongoing exchange on WhatsApp groups and social media.

**Supporting progress of Libyan Political Agreement:** 'Health Diplomacy' was presented to the Libya Political Dialogue Forum on 6 November 2020, prior to the present agreement. This presentation was used to generate thinking on how progress could be made towards the unification of government services. The team was also deeply engaged with the electoral process, with one being nominated as a candidate for the Presidency. We also looked to generate public support for a political agreement, through 32 media appearances on health sector unity.

**Increased engagement between health officials and health professions:** Following the unification of the government, the team has worked to encourage health officials to engage with health professionals – in order to improve health policy and trust in the unified ministry. As a result:

- The 13<sup>th</sup> March Scientific Information Session included the participation of the newly appointed Minister of Health. This was the Minister's first public appearance in his new role, allowing for direct dialogue with 62 healthcare professionals from across the country.
- Some officials have actively participated in the Scientific Information Sessions.
- The Head of the NCDC agreed for the first time to hold an interview with a Libyan TV channel. Prior to this, officials refused to discuss C-19 publicly.

**Practical agreements on C-19, primary healthcare, and vaccines:** Before unification, the team piloted an officials' dialogue between Tripoli and AlBeida and subsequently ran three formal dialogues. Post-unification, it organised one *ad hoc* officials' dialogue on vaccines. These dialogues assisted the agreement of a National C-19 Strategy, in an agreement on where and how to pilot a new primary healthcare program, and on cooperation in acquiring and distributing vaccines.

**Significant policy impact:** Perhaps most importantly, the initiative has given a voice to Libyan healthcare professionals in health policymaking. Through its social media platforms, the networks have reviewed and lobbied on public policy initiatives in the health sector. As a result of its work:

- The Ministry of Education froze a decree to group all 19 medical schools under one in Benghazi and a second in Tripoli through discussions.
- The Ministry of Health reversed a decision to purchase a small private hospital in Benghazi for nearly 150 million dollars.

- Reform of health financing is essential to avoid strikes.
- Government agencies can clash over competencies.
- The health sector could split again without wide consultations.
- C-19 exposed a set of health sector weaknesses.
- There is potential to grow domestic PPE production.

## Lessons Learned

**Reform of health system financing and supplies:** It is important to revise financing for Libya's health system, including ensuring regular salary payments. There is also a strong need to empower hospital managers to resource their specific supply needs without relying primarily on the Medical Supply Organisation, which is not perceived to be transparent in its procurement process nor in the distribution of medical equipment and supplies within Libya. These reforms are necessary to stave off wider dissatisfaction and protest in the health sector. The healthcare strikes in early June 2021 clearly demonstrate the risk of not taking action to reform financing and supplies.

**Clarity over responsibilities for health sector governance:** Government agencies often clash over their roles and responsibilities, for example on C-19 vaccines. It is essential for C-19 and other health system inadequacies that government agencies meet and clearly define their respective competencies in a unified strategy. This is more pressing given the concerns that the national government is catering only to the needs of the West (see below).

**Urgent need for consultation on restructuring:** Unification of the health sector entails restructuring to end the duplication that existed when there were two administrations (in Tripoli and AlBeida). Importantly, the new government has committed to decentralisation of health services, with some departments to be led from Tripoli and some from AlBeida. This process will be a difficult one, as people may lose jobs and influence. There is also a risk that the restructuring will be rejected, and that the MoH could split again. Some Eastern network members are already expressing concern that they are being discriminated against. As such, it is essential that the MoH runs ongoing consultations as it plans for restructuring, to encourage understanding and support.

**Libya's health system is ill-prepared to address C-19:** The Libyan health system has been ill-prepared for C-19 and only managed to avert a crisis due to the dedication and creativity of healthcare professionals across the country. The key issues are (1) access to supplies (oxygen, and sampling and testing equipment); (2) a shortage of qualified medical staff; (3) poor coordination between those with a role in C-19 management; (4) insufficient PPE supplies for medical staff; and (5) insufficient protection for medical staff from threats and attack.

**Potential for national PPE production:** The homemade mask contest demonstrated that low-income families are able and ready to produce masks and other PPEs if the materials and sewing machines are made available. Furthermore, if funds are allocated for PPEs, factories around Libya would be willing to produce PPEs to meet the current demand.

# Activities conducted

## 1. Medical leaders networking

**Mobile networking:** The network is maintained through three WhatsApp groups – East, South, and West – to provide regular updates on C-19 and other health issues. In addition, it has established a set of health-related social media groups, for example on Facebook.

**Best Homemade Mask Contest:** On 11 January *We Are All Responsible* held a televised ceremony to present prizes for the best homemade masks. A total of 1,400 participants entered the competition, which was sponsored by the Merseen Electronic Company. The purpose of the event was to educate the public on how to make their own masks at home and to engage local capacities for the production of PPEs. The participants demonstrated that they could construct high-quality masks, indicating that local communities have the capacity and skill to produce masks and PPE.

**Scientific Information Sessions:** These sessions provide Libyan medical leaders with information on C-19 and other medical issues and are also open to the public. Within the timeframe of this report, the project has delivered nine sessions:

- 6<sup>th</sup> session - 16 January: Focused on international best practice in the treatment of C-19 patients in ICU units. 34 participants.
- 7<sup>th</sup> session - 20 February: Focused on the international C-19 vaccine production and distribution network, and potential access of Libya to vaccines. 17 participants.
- 8<sup>th</sup> session – 13 March: Focused on the progress of Libya in accessing and distributing vaccines and their distribution within Libya, and introduction to the new minister. 62 participants.
- 9<sup>th</sup> session – 24-25 April: Focused on vaccine availability for Libya, in terms of ease of access and distribution, healthcare workers' concerns, side effects, cost, and timeline. 26 participants.
- 10<sup>th</sup> session – 26 April: Focused on UNICEF's study of Libya's preparedness for receiving and distributing vaccines in regard to Cold chain infrastructure. 18 participants.
- 11<sup>th</sup> session – 22 May: Focused on cooperation mechanisms to work with international organisations. 9 participants.
- 12<sup>th</sup> session – 5 June: Focused on health system financing, healthcare professional salaries, and health care savings within Libya. 9 participants.
- 13<sup>th</sup> session – 17 July: Discussion of pediatric cardiac surgery capacities within Libya funding for activities to treat Libyan children with heart disease. 18 participants
- 14<sup>th</sup> session – 14 October: State of health education and how to ensure it meets the standards of the International Federation for Medical Education. 45 participants.

Each of these sessions is recorded and shared through an Arabic-language website (weareallresponsible.org).

**Best practice discussions:** The network also flagged that it would appreciate learning from Libyan best practices in managing C-19 and other health issues.

- 1<sup>st</sup> discussion – 9 January: focused on increasing understanding of the impact of C-19 on the Libyan healthcare system and providing recommendations for practical steps to mitigate these impacts. 20 participants.
- 2<sup>nd</sup> discussion – 23 January: Focused on the impact of C-19 on mental health and how to treat stress and phobias caused by the pandemic. 23 participants.

**Networking on the psychological effects of the C-19 pandemic and their management:** Between 23 and 29 January, the team communicated with psychoanalysts, Libyan representatives within the World Health Organisation (WHO), researchers, administrators, and epidemiologists to better understand how to support the population deal with the psychological effects of the C-19 pandemic.

**Competition of the *April Health Awareness Foundation*:** On 18 March, the team evaluated student health projects at Tripoli University, and explored the students' ideas regarding the Libyan health system.

## 2. Policy support

**Officials' dialogue on C-19:** On 24 January, the network organised a dialogue of six health policymakers relevant for C-19 from AlBeida and Tripoli, as well as from the NCDC. The session was focused on agreement of a national C-19 strategy and to explore potential 'cooperation projects.

**Officials' dialogue on primary healthcare:** On 11 February, the network organised a dialogue of seven health policymakers relevant for C-19 from AlBeida and Tripoli, as well as the EEAS Health Lead. The objectives of the session were to plan for a pilot Primary Healthcare project, including identification of potential target areas for piloting and delivery methods.

**Advisory support on vaccine coordination:** On January 7, 10, 27, and 28, the team engaged the representatives from the NCDC, the C-19 Advisory Committee, the EPI Committee, Primary Health Services, the MoH, and other authorities relevant for vaccine procurement and distribution, to enhance their working relationships.

**Ad hoc officials' dialogue on vaccination coordination:** This interaction resulted in the network identifying tensions between the Presidential Council's Advisory Group and the NCDC. As a result, the network organised a January session between these bodies to clear the air and identify joint working practices.

### 3. Public communication

**Regular media interviews:** In this reporting period, network members have held 20 media interviews in support of the national unity of the healthcare sector and on addressing C-19. Network members have appeared multiple times on Libya TV (Faten Allami), Al-Hadath (Basheer Mohamed) and Wtv (Ragda Ibrahim) presenting a united front across conflict divides:

- [Al-Hadath TV, January 9th.](#)
- [Wtv, January 11th.](#)
- [Wtv, January 15th.](#)
- [Libya TV, January 27th.](#)
- [Sputnik News, January 29th.](#)
- [Al-Hadath TV, January 30th.](#)
- [Al-Ghad TV, February 5<sup>th</sup>.](#)
- Wtv, February 6<sup>th</sup>.
- [Wtv, February 16th.](#)
- [Libya's Channel TV, March 3rd.](#)
- [Wtv, March 3rd.](#)
- [Libya's Channel TV, March 4th.](#)
- [Al-Hadath, March 14th.](#)
- LANA Channel, March 16<sup>th</sup>.
- [Wasat Channel, June 27th](#)
- [Libya's Channel TV, September 1st](#)
- [Al-Hadath, September 2nd](#)
- [Libya's Channel TV, October 6th](#)
- [Libya's Channel TV, October 7th](#)
- [Sky News Arabia, October 9th](#)

**Consistent messaging:** In these appearances, the following messages have been promoted: (1) the need for national unity on C-19; (2) that political leaders should work together to manage the crisis; and (3) that the public should take the crisis seriously and play a role. These media interviews have also been used to combat political misinformation related to C-19. This has led to one national media outlet launching a campaign on national unity for C-19.

#### 4. Health Sector assessments

No assessments were conducted in the reporting period

