EVIDENCE FOR HEALTH SURVEY

Perceptions of migrants and healthcare providers of health-seeking behaviour, access to health and disease epidemiology among migrants in Libya

February 2023

IOM UN MIGRATION

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Hay Al Kuwait, Tripoli (Libya)
Tel: +218 21 477 72 25
Email: libyapublicinfo@iom.int
Website: https://libya.iom.int

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HIGHLIGHTS

Factors of vulnerability and specific needs

Migrant health is strongly linked to social determinants of health, such as **employment**, **income**, **education** and **housing,** as well as to the **migratory journey** (e.g. exposure to violence, abuse or exploitation) and **situation in the country of origin** (e.g. war, environmental degradation). Moreover, migrants, particularly those migrating **irregularly**, are **frequently excluded** from national programmes for health promotion, disease prevention, treatment, and care, as well as financial health protection. In addition, they may face **excessive user fees**, struggle with **inadequate interpreting services,** encounter healthcare practitioners who have a **limited understanding** of their **cultural background** and be **stigmatized**. At the same time, migrants may possess a **limited level of health literacy**. Altogether these factors contribute to shaping the specific vulnerabilities and needs of migrants that may differ from the host community.

Migrants' experiences

65%

of migrants who were unsatisfied with the health services they received cited the **inadequate quality of care** and **service provided** (e.g. delays, shortage of medical supplies, discrimination, high or unfair prices, misdiagnoses) as the main two reasons.

Health and morbidity management

According to healthcare professionals surveyed by IOM Libya, the main challenges in health service delivery were related to a **shortage of medicines**, **equipment** and **supplies. Stigma** and **misconceptions** around mental health disorders were found to be hampering the management and provision of mental healthcare services particularly for the most vulnerable populations. Three quarters of both primary healthcare practitioners and administrators reported that these challenges **affect both Libyans** and **non-Libyans to the same extent**.

Healthcare worker training needs

56%

of health practitioners reported their desire to receive more **training specifically on migrants' specific needs and health conditions adequately**.

Barriers to migrants' access

2 in 5

migrants reported having experienced at least one barrier when they last sought healthcare services in Libya. The most commonly cited challenges faced by migrants were **financial** as well as related to a **lack of documentation**, the **fear of being arrested**, and **the inability of communicating in Arabic**. Language barrier was a challenge for half or more of migrants from Niger, Mali, Chad and Nigeria.

Hesitation to consult a doctor appeared **widespread** mainly because of the (perceived) delay in getting an appointment, the fear of being misdiagnosed or the possibility of being mistreated or discriminated at the hospital.

Economic cost of healthcare services

75%

of migrants reported having had to **pay out of their pocket for the cost** of their last medical visit in Libya.

Financial issues have systematically been identified as the most pressing obstacle migrants are facing in Libya, and increasingly so. The focus group discussions highlighted that economic difficulties may lead to **delayed presentation to hospital**, migrants **relying on alternate** and **cheaper means** of treatment that are not always commensurate to the severity of their symptoms (e.g. pharmacist, community elder or traditional remedies instead of a doctor, when needed) and **difficulty affording other needs**, such as food, rent and children's education.

BACKGROUND & OBJECTIVES

In 2022, IOM Libya used qualitative and quantitative tools to assess the health-seeking behaviour of migrants in the east, west and south of Libya as well as to understand the barriers they face in accessing healthcare.

IOM Libya interviewed 394 migrants and conducted focus group discussions with 93 migrants to better understand their experiences and knowledge of healthcare in Libya, as well as the barriers they face in accessing services. In addition, IOM Libya interviewed 164 healthcare practitioners and administrators to get their views related to migrants' health. The evidence produced through this survey will guide IOM and partners working on migrant health as well as the Ministry of Health (MoH) in the design and implementation of policies and strategies to ensure universal health coverage.

Structure

This report is divided into two sections. The first part details migrants' experiences of the healthcare system in Libya as well as their health-seeking behaviour and is based on the knowledge derived from individual surveys and focus group discussions with migrants as well as key informant interviews with healthcare workers. The second part is an assessment of the epidemiology of diseases (e.g. communicable and noncommunicable diseases, bloodborne diseases, maternal, child and mental health) based on key informant interviews with healthcare specialists.

Limitations

Migrants' feedback on the quality of healthcare obtained should be interpreted carefully since it may conflate technical abilities with adequate interpersonal skills, such as communication, the ability to maintain confidentiality and patient's dignity, for example, and may be more closely related to aspects such as "physical comfort and emotional support as well as respect for patient preferences". However, the use of key informant interviews who are healthcare professionals was a means to complement and contextualise findings derived from interviews and focus group discussions conducted with migrants on their assessment of healthcare services in Libya.

Results should also be interpreted cautiously given the struggling state of the Libyan public healthcare system, already impacted by a decade of conflict, and a lack of approved national health policy and strategy. Moreover, migrants were interviewed regardless of their legal status. However it should be noted that those in irregular situation may be unable or unwilling to access healthcare in Libya to a greater extent than those who possess legal documents because they fear or risk detention or penalties.

Definition of migrant:

IOM characterizes 'migrant' as an umbrella term, not defined under international law, reflecting the common lay understanding of a person who moved away from their place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. This report however only takes into consideration "international migrants" as defined by the United Nations Department of Economic and Social Affairs (UN DESA) as "any person who changes his or her country of usual residence" (UN DESA, Recommendations on Statistics of International Migration, Revision 1 (1998) para. 32).

Fig 1: Methodology

	MIGRANT SURVEY *(face-to-face)*	**FOCUS GROUP DISCUSSIONS** *(in-person)*	**KEY INFORMANT INTERVIEWS** *(in-person)*
WHO?	**394 migrants** *from 23 countries*	**93 migrants** *from 17 countries*	**164 healthcare workers** *(e.g. nurses, physicians, mental health specialists, obstetricians, paedetricians, administrators)*
WHERE?	**Tripoli** (Abusliem, Ain Zara, Hai Alandalus, Janzour, Suq Aljumaa), **Benghazi** and **Sebha**	**Tripoli, Benghazi and Sebha**	**Across Libya**
WHEN?	**26 Sep - 24 Oct 2022**	**10 - 18 Oct 2022**	**10 Jul - 27 Oct 2022**

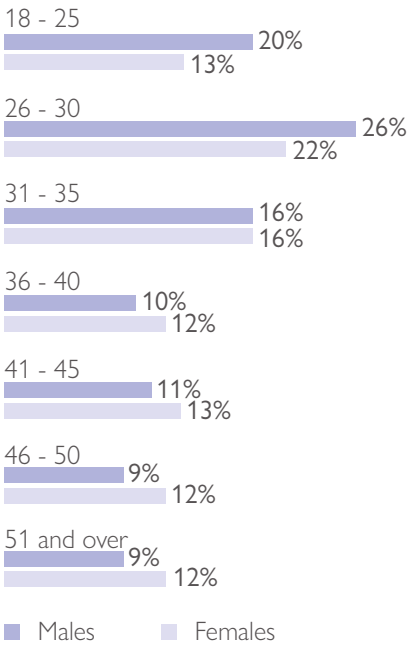
PROFILE OF MIGRANTS SURVEYED

Sex

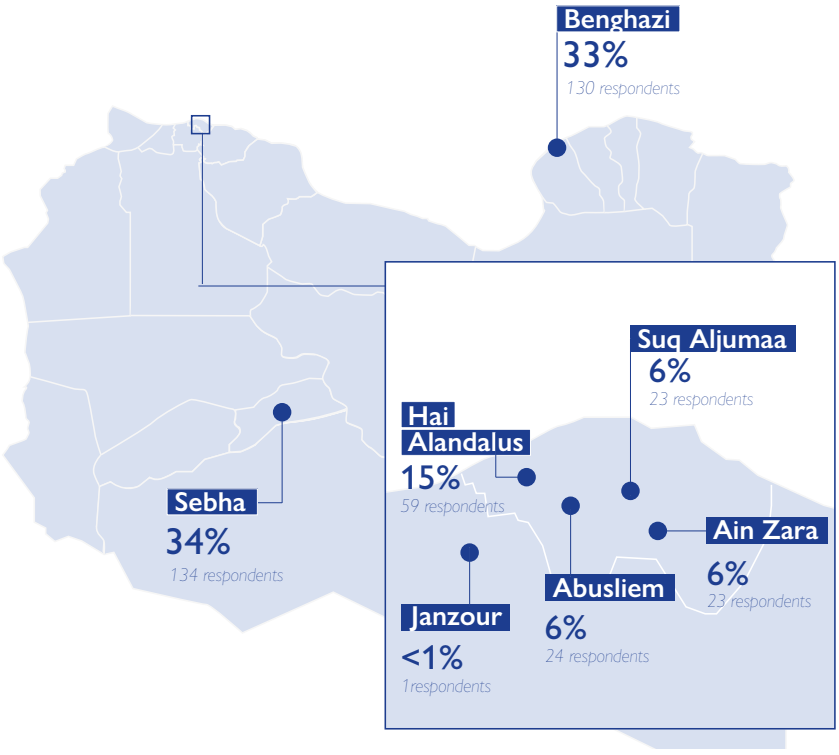
31% females

69% males

Age group

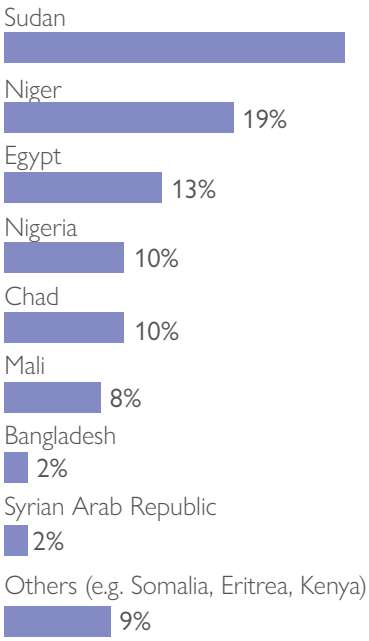


Number and proportion of respondents by municipality



This map is for illustration only. Names and boundaries on this map do not imply official endorsement or acceptance by IOM.

Nationality



Sickness history

86%

of migrants reported that they or someone in their household had been sick in the last year

Medical history

71%

of migrants reported having sought medical care (for themselves) in the last year

Number of respondents

394

migrants were interviewed individually by DTM Libya

Countries of origin

23

migrants interviewed were from 23 different countries of origin

COVID-19 vaccination mobile clinic in Tajoura. © Majdi EL NAKUA / IOM 2021

PART 1:

HEALTH-SEEKING BEHAVIOURS AND FACTORS AFFECTING ACCESS TO HEALTHCARE AMONG MIGRANTS

FINDINGS

Access to healthcare services

Migrants surveyed reported having visited health facilities last for a variety of reasons including to obtain medication (68%), to consult a health professional (50%) or to undergo laboratory tests (33%). A minority consulted for services such as surgery, delivery or pediatric care (3% or less) (Fig 2).

The majority of migrants (82%) mentioned having been able to receive medical services with ease when needed. In line with these findings, the majority of both healthcare practitioners (55%) and administrators (63%) surveyed believed that migrants generally have access to healthcare services in Libya.

Fig 2: Health services for which migrants last visited a health facility (n = 338) (multiple-choice question)

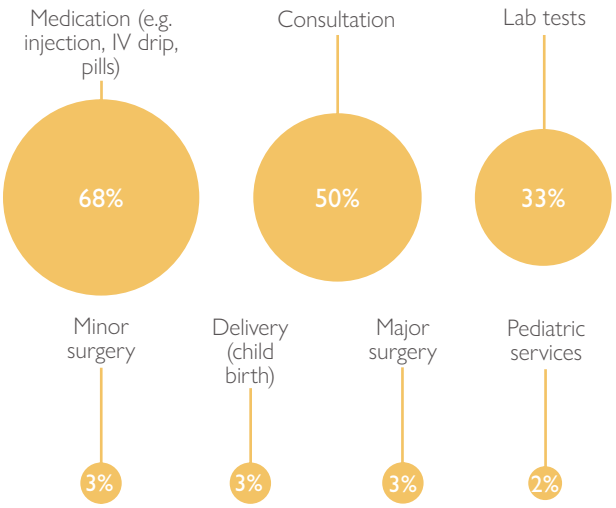
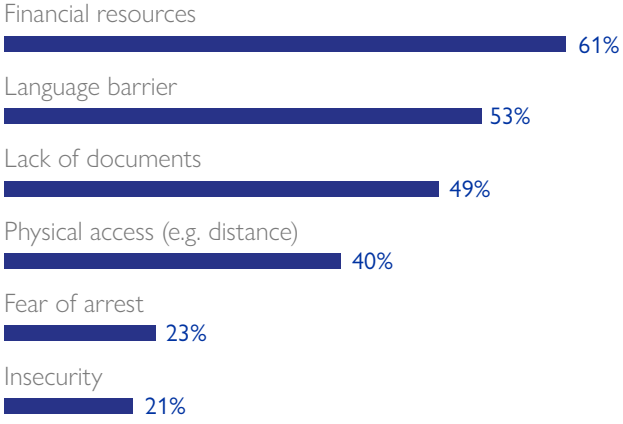


Fig 3: Barriers reported by migrants in accessing healthcare facilities in Libya (e.g. public and private hospitals, pharmacies) (n = 133)



Barriers to healthcare services

Two in five migrants (39%) mentioned having faced at least one barrier while accessing healthcare services in Libya. The most common obstacles cited by migrants were related to financial resources, issues communicating in Arabic and a lack of documentation (Fig 3). Echoing these findings, a quarter of both administrators and practitioners interviewed mentioned that migrants could "not always" access healthcare services in Libya. Moreover, 13 per cent of primary healthcare administrators and 33 per cent of practitioners believed that migrants have no access.

There was no difference in the proportion of male and female respondents (18%) who reported that it had been difficult to get treatment for themselves. However, a greater proportion of migrants mentioned it had been difficult to receive healthcare for female family members (29%) than males (11%), particularly for girls (under 18) (67%) (compared to boys (33%)). This finding is in line with UNFPA's information according to which women and girls are more likely to face challenges in accessing healthcare services due to a lack of documentation, which is required by many public healthcare facilities.

Documentation issues

It should be noted however that a lack of documentation and the fear of being arrested were commonly cited concerns among both male and female participants of the focus group discussions. Furthermore, issues with or a lack of documentation was an obstacle to accessing healthcare services for at least 40 per cent of respondents who were surveyed individually regardless of nationality (Fig 4). This percentage was also higher among male respondents (62%) than females (21%).

Several respondents from different nationalities also mentioned during the focus group discussions that because identification papers were required to obtain an ambulance they were unable or unwilling (out of fear of being arrested) to avail of this service.

Access to healthcare

39%

of migrants who obtained healthcare in Libya in the last year reported having faced at least one barrier

Economic factors

Many male and female migrants who participated in the focus group discussions highlighted that the fear of getting arrested as a result of lacking documentation also represented a barrier to obtaining (decent) employment, which can in turn impact one's financial ability to pay for their own and for their family's access to essential services, such as healthcare.

More than half of respondents - regardless of country of origin[1], except for Sudanese (47%) - reported that financial barriers was an obstacle to accessing healthcare. Overall, economic difficulties were one of the three most pressing difficulties the majority of migrants (62%) reported when surveyed as part of DTM Libya Round 44 of data collection. Moreover, financial concerns may lead to late presentation in hospital and migrants resorting to using treatments that are not commensurate to the severity of symptoms. For example, one migrant who participated in the focus group discussions explained that her son, who suffers from allergies, was diagnosed late because she delayed taking him to see a doctor because of the costs involved, and instead initially resorted to treating him with traditional medicines until his condition became critical.

Language skills

Unsurprisingly, language represented an issue to accessing healthcare services for a larger proportion of Nigerians, Malians, Chadians and Nigeriens than Egyptians and Sudanese.

[1] [2] Only including countries for which there was a sample of more than 10 respondents.

IOM mobile clinics provide life-saving healthcare services for hard-to-reach or vulnerable populations such as children, women, older people, injured and those with chronic health conditions.

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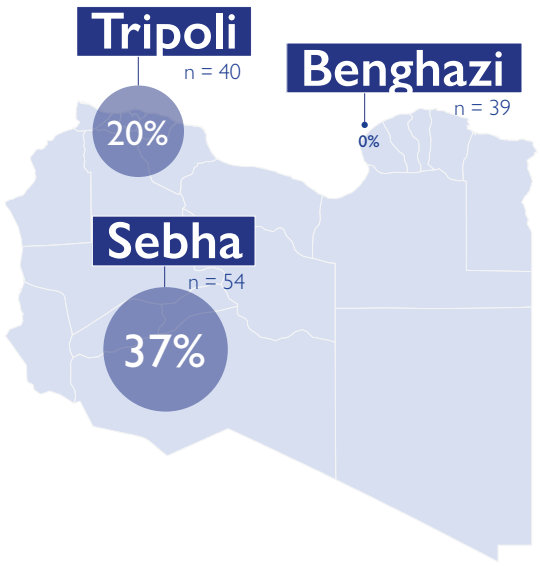
Security concerns

A larger proportion of migrants surveyed in Sebha (37%) and Tripoli (20%) mentioned that security had impeded their ability to access healthcare services compared to those in Benghazi (Fig 4). These findings are in line with the results of individual interviews conducted with migrants in July and August 2022 as part of Round 43 of DTM Libya data collection which highlighted that a greater proportion of migrants in the Tripoli area (38%) and in the municipality of Sebha (30%) reported that attacks or assaults were one of the main three obstacles they faced compared to those surveyed in Benghazi (4%) or across Libya (18%).

Fig 4: Percentage of migrants surveyed individually who reported that security was a barrier to accessing healthcare by location of survey



Types of medical facilities accessed

When last in need of medical attention, migrants reported having obtained medical care in different facilities (Fig 5). The largest proportion of respondents (39%) cited having visited a public hospital while fewer reported having been to a private hospital (28%) or a pharmacy (26%). A minority mentioned having accessed other types of service providers such as primary health care facilities (e.g. community health centres, medical clinics) (4%), having had a home visit (3%) or having been to a place of worship (e.g. mosque or church) (1%).

Half or more of migrants interviewed mentioned having a preference for public over private facilities for all types of medical assistance, including for COVID-19 cases (69%), emergency admission (68%), surgery and orthopedic treatments (63%), pediatric care (59%), mental health (57%), childbirth (54%) or general consultations (54%).

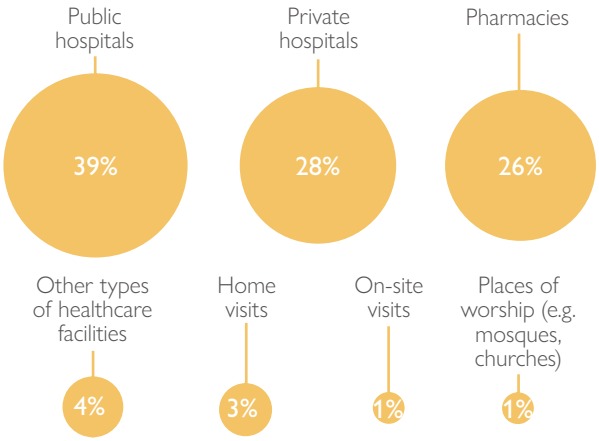
Hesitation to consult a doctor

The focus group discussions highlighted that hesitation to consult a doctor was widespread among migrants for a variety of reasons ranging from the inability to afford the associated cost, to the (perceived) delay in getting an appointment, the fear of being misdiagnosed or the possibility of being mistreated or discriminated against at the hospital.

Many migrants mentioned that they would first consult a traditional healer or a pharmacist to avoid the cost of a medical consultation and would only consult a doctor if they were forced to either because of the severity (or worsening) of the condition. For example, one female migrant in Benghazi from Chad explained that she consulted a pharmacist to get medicines for a 'blocked artery' to avoid the expensive cost of a check-up at a private clinic and the long delays at a public hospital. Hesitation to see a doctor appeared more prevalent among respondents from Chad, Eritrea, Egypt, Niger, Mali and Ethiopia than those from Syria, Sudan, Bangladesh and the Philippines.

Some respondents mentioned that they would consult international organizations despite knowing where to find hospitals because of a lack of financial resources.

Fig 5: Facility visited when migrants were last in need of medical attention (e.g. consultation, lab tests, surgery, child birth, medical prescription) (single answer) (n = 339)



Hesitation to consult in public and private facilities

"

Recently, I went to see a pharmacist to get medicines for a blocked artery to avoid the expensive cost of a visit at a private clinic, and the long delays in public hospitals.

Female migrant in Benghazi

Public healthcare services

Four in five migrants surveyed revealed that they or a family member had to pay out of their pocket the last time they obtained medical services. Respondents reported having paid an average of 48 LYD for a consultation with a healthcare professional, which is higher than the indicative price (set at 20 LYD). Overall, migrants reported having paid an average of 155 LYD for medications (e.g. injections, IV drip or pills), 464 LYD for laboratory tests, 695 LYD for a minor surgery, 845 LYD for delivery (child birth) and 4,580 LYD for a major surgery.

When asked to list the services provided free of charge at public hospitals, the responses of focus group discussion participants differed greatly. Some migrants reported that some tests and treatments (e.g. blood samples, scans) and some medicines (e.g. painkillers) may be available at no cost but many specified that the quality of care provided can be poor. Several other participants (both females and males, across nationalities and municipalities (Benghazi, Tripoli and Sebha)) claimed that there were no medical services offered for free for migrants in Libya. A situation many explained by the current lack of medical staff and medicines in public hospitals.

Female respondents (from Cameroon, Nigeria and the Philippines) in Benghazi, for example, claimed that "most foreigners are not aware of services offered free of charge in public hospitals because there is no medical staff able to tend to patients". A male respondent from Bangladesh in Benghazi reported that "there is nothing for free. Everything here in Libya has a fee. Some medicines are not available in hospitals, which means we are constrained to buy them from other places at a higher price". Moreover, those who mentioned having a preference for private clinics rather than public hospitals often cited the lack of equipment and staff as well as the long waiting times for patients in public institutions as the reason for this strong inclination.

These concerns echo the main issues highlighted by primary health care practitioners and administrators who were interviewed by IOM Libya. The majority of them considered that the stockout of medical supplies and resources was the main challenge to the provision of healthcare in Libya (Fig 6). The poor conditions of facilities as well as a shortage of medical staff were also identified by the majority of key informants interviewed. Three quarters of both primary healthcare practitioners and administrators reported that those challenges affect both Libyans and non-Libyans to the same extent.

According to the August 2022 Health Sector Bulletin, there is a chronic shortage and acute stockouts of medicines, equipment and supplies in the majority of primary health care centres in Libya. The report also noted a pressing need to better distribute healthcare workers as some facilities are understaffed while others are overstaffed.

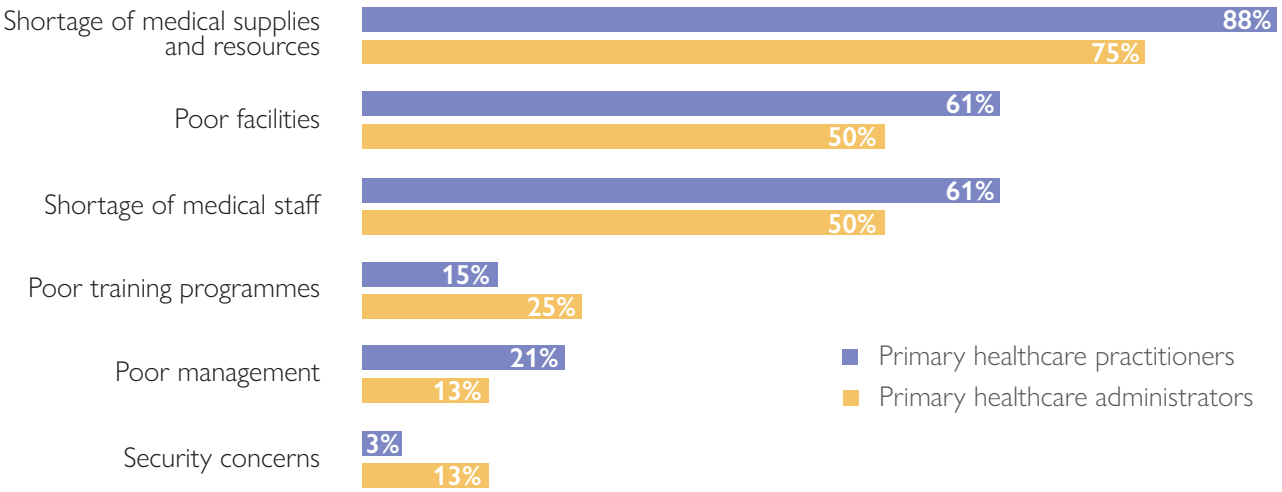
Medical care in public hospitals

"

Most foreigners are not aware of services offered free of charge in public hospitals, and the reason is that there is no medical staff able to tend to patients.

Migrant in Benghazi

Fig 6: Main challenges according to primary health care practitioners and administrators (multiple-choice question) (n = 41)



Treatment as non-Libyans

Findings from the focus group discussions highlighted that migrants' experiences of healthcare facilities varied widely. Some respondents, particularly those from Ethiopia, Eritrea, Niger, Egypt, Chad, Morocco and Sudan, mentioned that they were unsatisfied with the quality of healthcare they had received because of discrimination and the preferential treatment offered to Libyans.

For instance, some participants complained of delays before receiving medical attention, receiving poor quality medication or medical advice, being misdiagnosed, being overcharged (compared to Libyans), doctors not listening to the patient's symptoms, being ignored or not admitted by medical staff because they are not Libyan. The majority of health professionals consulted by IOM Libya (56% or more) believed that health practitioners are generally not adequately trained to understand the specific health needs of migrants, particularly for the management of noncommunicable and communicable diseases as well as maternal and child health.

A Knowledge Attitude and Practice (KAP) survey conducted by IOM Libya in 2022 found that one in five migrants feared that discrimination based on ethnic, racial or tribal grounds would limit their ability to access health facilities if infected with COVID-19. These findings are also in line with an OHCHR report according to which following the onset of the COVID-19 pandemic migrants have faced increased discrimination when accessing healthcare in Libya, and have, for example, been refused medical services or care on the basis of their migration status.

Moreover, a recent study conducted by IOM, Voluntas and Diwan Research showed that migrants were likely to be perceived negatively, particularly in the case of those who do not share cultural, religious or linguistic characteristics with the host culture.

Difference between private and public hospitals

"

When money is available, as is the case in private hospitals, everyone is treated equally. There is no difference between a Libyan or someone from any other country. But in public hospitals there is a distinction between Libyans and others.

Migrant from Bangladesh in Benghazi

Some participants (from Bangladesh, Syria, Sudan, Palestine) explained that they perceived a difference in the way they were treated in public hospitals compared to private facilities, where because everyone is a paying customer, there is no difference in the way patients, whether Libyan or not, are treated.

Average cost of a medical consultation

48 LYD

is the average cost migrants reported paying for a consultation with a healthcare professional. In comparison, the recently released indicative prices for medical services list a general practitioner visit should cost 20 LYD.

Average costs of medical services for migrants

464 LYD
for laboratory tests

846 LYD
for delivery (childbirth)

170 LYD
for pediatric (child health) services

155 LYD
for medication (e.g. injection, IV drip or pills)

695 LYD
for a minor surgery

4,580 LYD
for a major surgery

Social networks

Based on the focus group discussions, family and friends emerged as a key source of funding to pay for healthcare services when they are not free, and in case migrants cannot afford to pay for treatment themselves.

A minority of two per cent of respondents surveyed individually mentioned that their employer had paid the fees of their last medical consultation. This finding was corroborated by the results of the focus group discussions where fewer than a handful of migrants cited that their employer or their medical insurance had covered their medical expenses. Moreover, this information is also in line with data that was collected for a Knowledge Attitude and Practice (KAP) survey conducted by IOM Libya in 2022, which found that nearly no migrants (2%) reported benefiting from social security or safety nets.

In addition to being a source of financial support, many respondents from the focus group discussions revealed that social networks such as family members, peers from the same ethnic or cultural background as well as friends, including Libyans, were a major source of advice and influence in migrants' decision to consult a doctor or not. A total of 82 per cent of migrants surveyed individually stated that a family member of a friend had been the person who had most influenced their decision to seek medical care. A minority mentioned that it was their own decision (6%) or the decision of a community elder or leader (12%).

A handful of participants of the focus group discussions also mentioned that their preferred healthcare practitioner was a doctor who is a friend or relative, or someone with whom they had a good relationship.

Furthermore, social networks with Libyans appeared as a key factor in migrants' ability to access services on an equitable basis. Some migrants, particularly those from Sudan, Syria, Egypt and Morocco, also explained that Libyans supported them financially, helped them to facilitate the process of reaching healthcare facilities for those without all the necessary identification documents and were the only channel through which they could obtain an ambulance in case of need. Some participants also pointed out that Libyan friends may accompany them inside the healthcare facility to ensure they are looked after and have access to all the services needed.

COVID-19 vaccination mobile clinic in Tajoura. © Majdi EL NAKUA / IOM 2021

Policy dialogue on migration health and universal health coverage in Tunis. © Seif Eddine ABIDI / IOM 2022

PART 2:

ASSESSMENT OF EPIDEMIOLOGY OF SELECTED DISEASES AMONG MIGRANTS

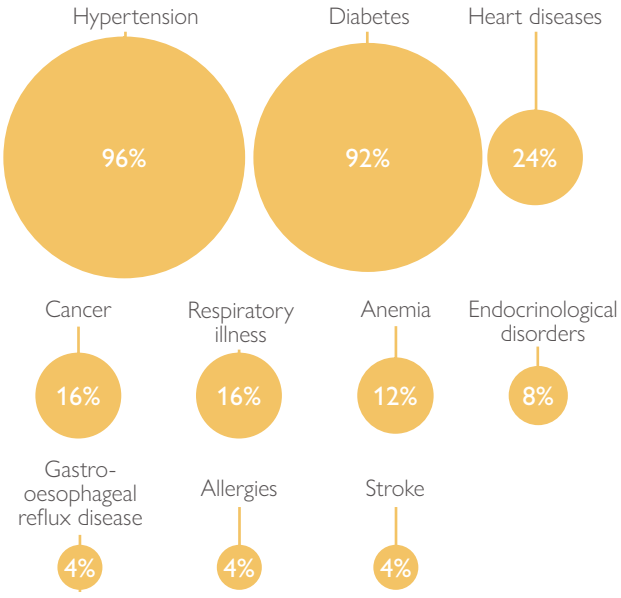
NONCOMMUNICABLE DISEASES

Common noncommunicable diseases in Libya

According to all health professionals consulted by IOM Libya for this survey (123 key informants) noncommunicable diseases, such as diabetes, hypertension and cardiac diseases are the most common morbidities in Libya among the (non-pregnant) adult population. A minority of key informants interviewed reported that cancer (16%), respiratory illnesses (e.g. asthma, chronic bronchitis), (16%), anemia (12%) and endocrinological disorders (8%) were also prominent noncommunicable diseases in Libya (Fig 7).

According to WHO, the prevalence and incidence of noncommunicable diseases in Libya has increased dramatically over the past 20 years and cardiovascular diseases, cancer and diabetes are the leading causes of deaths, along with road traffic injuries. According to the majority of health professionals consulted by IOM Libya (Fig 8) (64%) the prevalence of noncommunicable diseases in non-Libyans is similar to that of Libyans.

Fig 7: Most prominent noncommunicable disease in Libya according to healthcare professionals surveyed on the topic (multiple-choice question)



Challenges to managing communicable diseases

Based on interviews held with health professionals the main challenges to managing noncommunicable diseases in Libya were related to a shortage of medications and equipment (68%), inadequate medical services (52%), deficient awareness programmes (44%), substandard health infrastructure and facilities (32%) and insufficient training programmes (20%).

Fig 8: Demographics of key informants interviewed on noncommunicable diseases

A minority of key informants mentioned other challenges including the poor financial situation and lack of funding for healthcare in Libya (16%), weak drug compliance (i.e. patient's lack of knowledge of the medicine) (16%), inadequate health management and administration (16%), expensive medication and treatments (8%), unsatisfactory follow-up (8%) and weak communications skills (8%).

Over three quarters of respondents (78%) claimed that the challenges faced by healthcare workers in the management of noncommunicable diseases were similar in the case of Libyan and non-Libyan patients.

Healthcare staff training needs

According to the majority of health professionals consulted by IOM Libya (84%), health practitioners are generally not adequately trained to understand the health needs of migrants. A third of respondents cited insufficient knowledge (33%) and weak training programmes (33%) as barriers to understanding migrants' health needs. A minority also mentioned inappropriate communication skills (28%), language barrier (11%) and a lack of interest (6%).

Suggestions for improving migrants' access to care

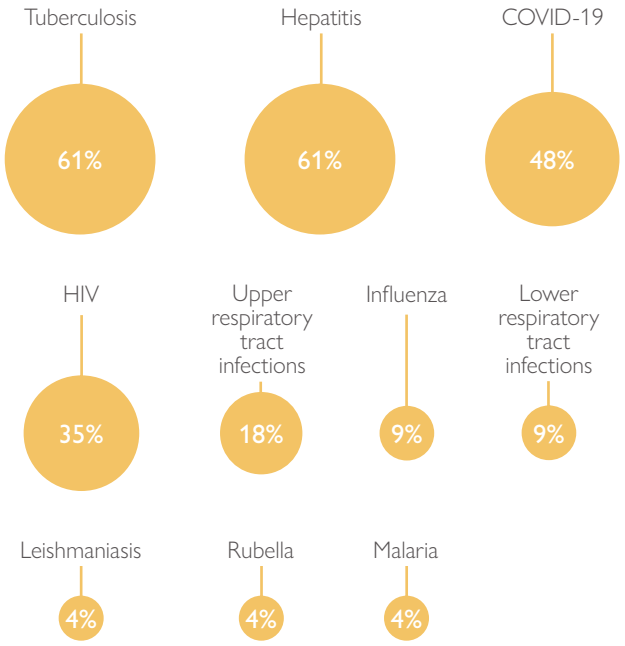
Over a third of health practitioners (36%) interviewed suggested that training for health staff (e.g. specifically on migrant health, as well as on soft skills, such as interpersonal and communication) would improve migrants' access to healthcare for the treatment of noncommunicable diseases. Around a fifth of key informants suggested the establishment of migrant-friendly health centres (23%) and health awareness programmes (23%) (e.g. among the host community on the benefits of migrants being able to access healthcare for both migrants and native population). Based on a 2018 Brookings assessment three quarters of healthcare providers had not received any training in the past three years despite having to address new challenges, including additional demand for mental health and psychosocial support, and more recently the COVID-19 pandemic.

COMMUNICABLE DISEASES

Types of common communicable diseases in Libya

According to health professionals consulted by IOM Libya, the most prominent communicable diseases in Libya are tuberculosis (61%), hepatitis (61%), COVID-19 (48%) and HIV (35%) (Fig 9).

Fig 9: Most prominent communicable disease in Libya according to healthcare professionals (multiple-choice question)



Challenges to managing communicable diseases

Based on interviews held with health professionals the main challenges to managing communicable diseases in Libya were related to the limited equipment or treatment facilities (77%) (Fig 10). Echoing these results, according to the 2022 Libya Public Health Situation Analysis report, only 15 per cent of communities have services for communicable diseases. Furthermore, according to the Health Resources and Services Availability Monitoring System (HeRAMS1) 2021 report, the majority of facilities assessed lacked services related to the diagnosis and treatment of communicable diseases such as leishmania, viral hepatitis, tuberculosis and COVID-19. Furthermore, the December 2022 Libya Health Sector bulletin highlighted that the lack of funds, equipment and staff were the main reasons for the partial functionality of 31 per cent of facilities. A total of 42 per cent were fully functioning and 20 per cent were not functioning (while the status of 92 facilities (7%) was not reported).

Fig 10: Challenges to managing communicable diseases (multiple-choice question) (top 5)

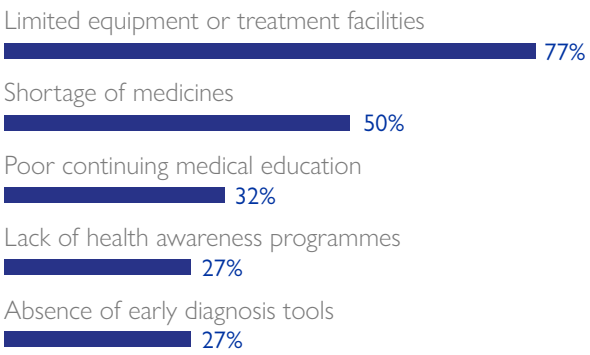
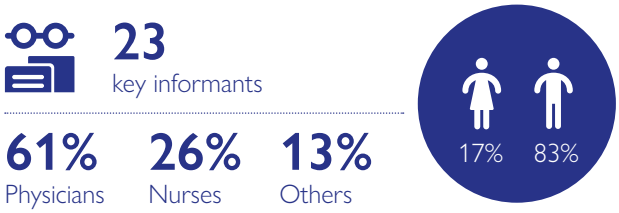


Fig 11: Demographics of key informants on communicable diseases



Key informants also noted that a stockout of medication (50%) was a key challenge. According to the 2022 Libya Public Health Situation Analysis report, a shortage of antiretroviral medicines to treat HIV has led to treatment interruptions and suboptimal formulations that are not guideline-compliant and likely to result in drug resistance, increased morbidity and earlier death among people living with HIV.

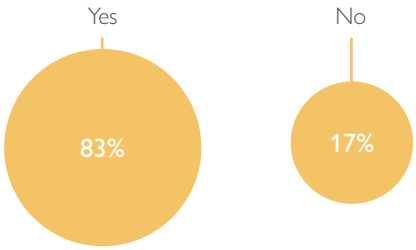
Healthcare professionals interviewed by IOM Libya also mentioned that the inadequacy of the continuing medical education (32%), a lack of health awareness programmes (27%) and the absence of early diagnosis tools (27%) were obstacles to the management of communicable diseases.

Perception of migrants

The majority of health professionals interviewed (83%) agreed with the perception that migrants spread communicable diseases (Fig 12). According to nearly two thirds of key informants (61%) there is a perception that migrants are spreading communicable diseases because there is a higher prevalence of tuberculosis among migrants than Libyans. A third of key informants explained that the sense that migrants spread communicable diseases was linked to deficiency in the migrant health certification (33%) and a minority cited migrants' housing settings, which are often

overcrowded (28%), or delayed presentation of patients in healthcare facilities (17%), which may be related to the limited access of some migrants to healthcare facilities, a lack of awareness, fear of diagnosis or treatment, preference for spiritual or native care, and lack of funds.

Fig 12: Perception among healthcare professionals that "migrants spread communicable diseases" (single answer)



Migrants are a highly heterogeneous group and some may be more vulnerable to specific diseases based on a set of factors, including migration patterns and journey, demographic profile, high-risk behaviour, patterns of disease in migrants' countries of origin, trauma history, disruption of health services, including to immunization, in the country of origin, and access to health services in the host country.

Healthcare staff training needs

According to the majority of healthcare professionals consulted by IOM Libya (83%), practitioners are generally not adequately trained to understand the health needs of migrants related to communicable diseases. In line with these results, according to the 2022 Libya Public Health Situation Analysis report there is a shortage of trained human resources and vaccination supervisors in influenza laboratories, and among the measles surveillance network.

Nearly half of key informants (47%) noted that the potential cultural differences between migrants and Libyans, mainly the language barrier (29%) was a challenge. Related to this, the inadequate interpersonal skills of medical professionals, such as weak communications abilities were mentioned by around a quarter of key informants (24%).

Nearly a third of respondents (30%) also pointed out that challenges linked to facilities were a major issue because of a lack of migrant-friendly health centres (12%), or poor facilities (18%). Corresponding to these findings, the 2022 Libya Public Health Situation Analysis report, found that multidrug-resistant tuberculosis treatment services are not fully operational in all regions of the country and that the tuberculosis and HIV coordination mechanism had not been operationalized. Moreover, there are acute shortages of medicines for patients with life-threatening diseases such as tuberculosis and HIV/AIDS.

83%

of health professionals surveyed on communicable diseases believed that health practitioners are inadequately trained to understand the health needs of migrants

Furthermore, a shortage of paramedical staff (18%) was highlighted as being an issue in the management of communicable diseases in Libya.

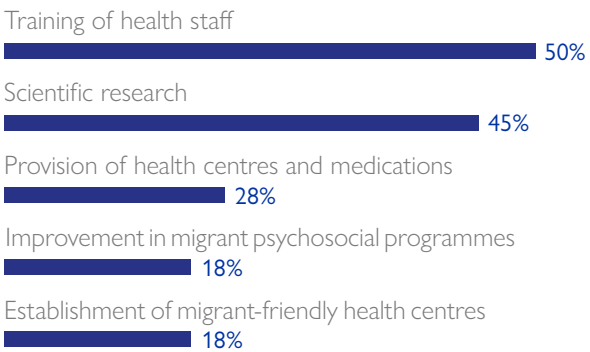
Suggestions for improving migrants' access to care

Half of health practitioners interviewed suggested that training for health staff (e.g. specifically on migrant health, as well as on soft skills, such as interpersonal and communication) would improve migrants' access to healthcare services for the treatment of communicable diseases (Fig 13).

Scientific research (e.g. to fill the gap in systematically collected data on the health of migrants) and the provision of health centres and medications was mentioned by 45 per cent and 28 per cent of key informants, respectively. According to the 2021 WHO Libya annual report, the COVID-19 pandemic delayed the implementation of the national strategy to eliminate measles and rubella and the country faced challenges in maintaining an uninterrupted supply of childhood vaccines.

Other suggestions mentioned by key informants included the improvement of migrant psychosocial programmes (18%) and the establishment of migrant-friendly health centres (18%).

Figure 13: Suggestion for improving migrants' access to healthcare for the treatment of communicable diseases in Libya



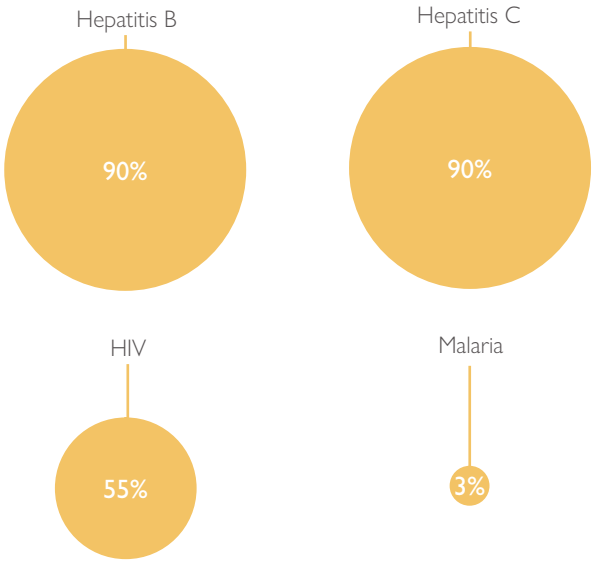
BLOODBORNE DISEASES

Types of common bloodborne diseases in Libya

According to the majority of health professionals consulted by IOM Libya the most prevalent bloodborne diseases in Libya are Hepatitis B (90%) and Hepatitis C (90%) followed by HIV (55%) and malaria (3%) (Fig 14).

Nearly three quarters of health professionals interviewed (72%) mentioned that the prevalence of bloodborne diseases in non-Libyans was equivalent to that of Libyans. Nearly a third (31%) claimed that some diseases, such as malaria are more prominent in certain migrant populations. This claim is corroborated by the fact that Libya is a malaria-free country and that most detected cases are imported from individuals coming from or having visited epidemic areas.

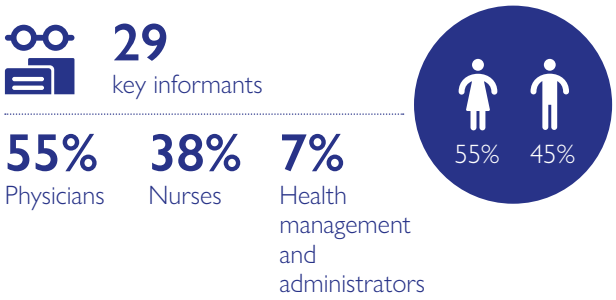
Fig 14: Most prominent bloodborne diseases in Libya according to healthcare professionals (multiple-choice question)



Challenges to managing bloodborne diseases

Based on interviews held with health professionals the main challenges to managing bloodborne diseases in Libya were related to a shortage of medication and supplies (69%), a lack of specialized centres (31%) and poor awareness and education (28%). A minority of key informants mentioned that a shortage of diagnostic tools (14%), denial of diseases or stigma around some bloodborne diseases (14%), the weak public health system (14%) and the absence of health insurance (14%) were significant hurdles to managing the treatment and prevention of bloodborne diseases in Libya.

Fig 15: Demographics of key informants on bloodborne diseases



According to the majority of health professionals consulted by IOM Libya (80%) the prevalence of bloodborne diseases in non-Libyans is similar to that among Libyans.

Healthcare staff training needs

More than half of health professionals consulted by IOM Libya (55%) noted that health practitioners are generally not adequately trained to understand the health needs of migrants for bloodborne diseases. However, the opinions of key informants varied. On the one hand, a quarter of respondents believed that medical staff are adequately trained in the management of bloodborne diseases while another quarter claimed that the training programmes available are inadequate. Overall, a minority (16%) also mentioned that staff demonstrate poor health knowledge related to bloodborne diseases.

Other weaknesses related to the management of bloodborne diseases cited by key informants included the instability in the country (13%), a shortage of equipment (13%), poor communication skills of staff (13%) and a lack of staff working directly with migrant communities.

Suggestions for improving migrants' access to care

More than half of key informants (54%) reported that health awareness programmes for migrants and the host community would be beneficial in improving migrants' access to better bloodborne disease care. Other measures suggested by a minority of healthcare professionals interviewed by IOM Libya included the training of medical staff (32%), the creation of migrant-friendly health facilities (18%), migrant screening programmes (14%), improvement in health services (14%), the provision of medicines (11%) and ensuring that migrants' basic needs are fulfilled (11%).

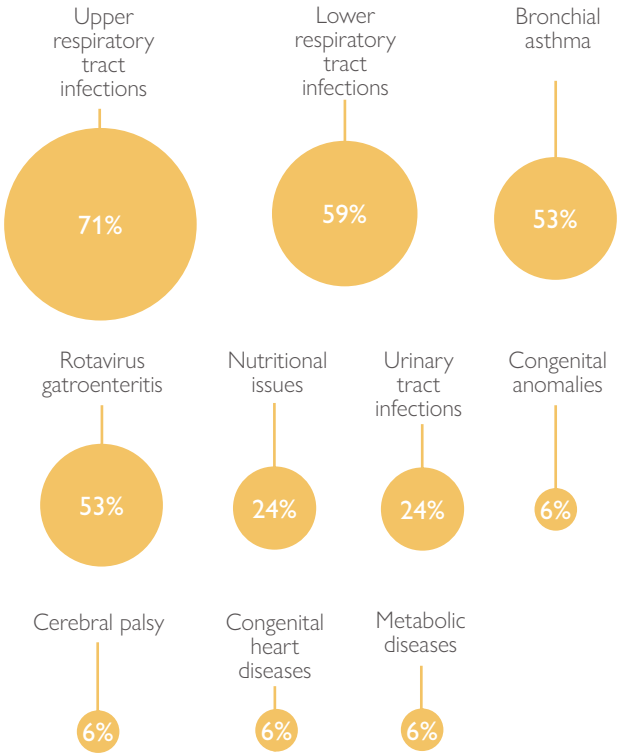
CHILD HEALTH

Types of common diseases affecting children in Libya

According to the majority of healthcare professionals consulted by IOM Libya children are most commonly affected by respiratory diseases, mainly upper respiratory tract infections (71%), lower respiratory tract diseases (59%) and bronchial asthma (53%) (Fig 16).

Pediatricians interviewed also mentioned that rotavirus gastroenteritis (53%), nutritional problems (24%) and urinary tract infections (24%) were common diseases affecting children in Libya.

Fig 16: Most prominent disease affecting children in Libya according to healthcare professionals (multiple-choice question)

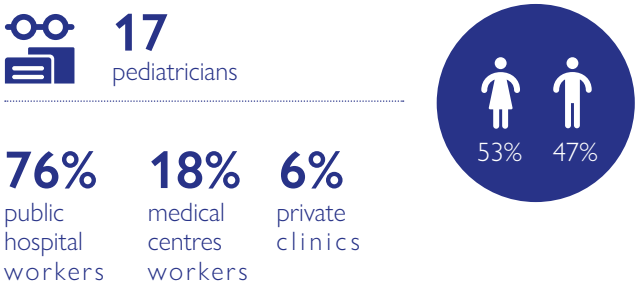


According to the majority of health professionals consulted by IOM Libya (77%) the prevalence of health problems among non-Libyan and Libyan children is similar.

Challenges to managing child health

Based on interviews held with health professionals the main challenges to managing diseases affecting children in Libya were related to the limited equipment or treatment facilities available (82%), the inadequacy of primary health services (41%) and a shortage in nursing staff (41%) (Fig 18).

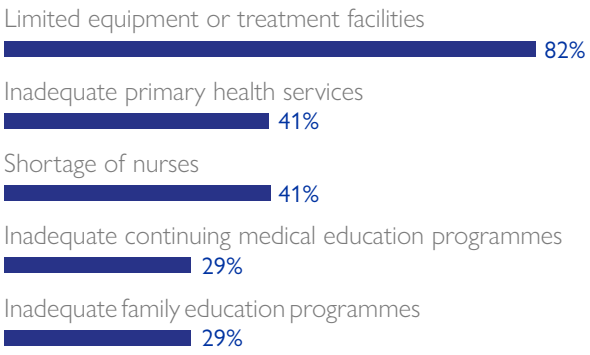
Fig 17: Demographics of key informants on child health



According to the 2022 Libya Public Health Situation Analysis report, only 20 per cent of communities have child health and emergency services and there are acute shortages of medicines for child cancer patients. Furthermore, according to the Health Resources and Services Availability Monitoring System (HeRAMS1) 2021 report most of the assessed primary healthcare facilities needed to strengthen their child health programmes.

A minority of key informants surveyed by IOM Libya identified a lack of continuing medical education (29%) and inadequate family education programmes as an issue. According to the majority of key informants (71%) the challenges experienced in the management of child health were similar between Libyans and non-Libyans. However, difficulties communicating were according to a majority of pediatricians (64%) a challenge to managing migrant child health.

Figure 18: Challenges to managing child health in Libya (multiple-choice question) (top 5)

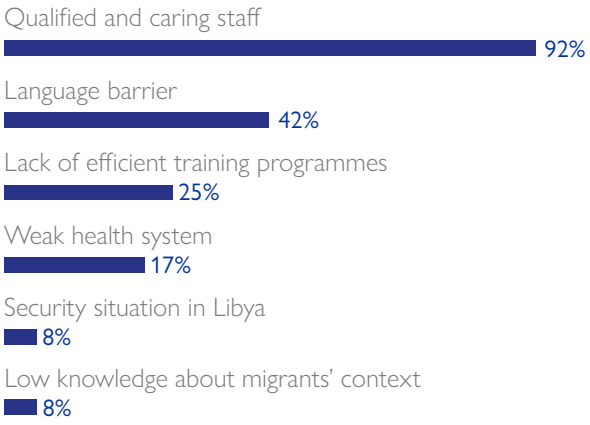


Assessment of healthcare staff working in child health

Around nine in ten key informants (92%) believed that healthcare professionals working in child health in Libya are generally qualified and caring (Fig 19). Two in five respondents (42%) identified that language barrier was a significant weakness in the ability of healthcare professionals to provide services to migrant children. The lack of efficient training programmes (25%) and weakness of the health system (17%) were other challenges identified by a minority of key informants.

Nearly three quarters of health professionals consulted by IOM Libya (71%) noted that health practitioners are generally not adequately trained to understand the specific needs related to migrant children's health.

Figure 19: Main strengths and weaknesses of healthcare staff working in child health



Improving access to child health care

More than half of pediatricians interviewed (53%) cited that issues with official documentation was a major issue for migrants in accessing child health services.

Based on DTM Libya Round 44 of data collection among migrants who had school-aged family members (8% of the overall migrant population) half reported that their children could not access school mainly because of a lack of official documentation (51%). Financial barriers (81%), problems related to social isolation and participation in the local community (40%) and language barrier (38%) were also commonly cited obstacles among migrants preventing them to enroll their children in school.

A third of pediatricians consulted by IOM Libya also identified that establishing migrant-friendly centres would help improve migrants' access to child healthcare services. A minority mentioned that improved medical staff training (27%) (e.g. including continuing medical education training as well as specific programmes on migrant health and migrant family needs) and health awareness (27%) (e.g. health education for host communities and migrants on the importance of integrating migrant children in national routine vaccination programmes, regular growth and nutrition assessments for newborn), as well as increasing the availability of translators (20%) and coverage of NGOs (20%) (e.g. to reach migrants at home, in detention centres and those are are unable to afford services) would be beneficial in improving migrants' access to child healthcare services.

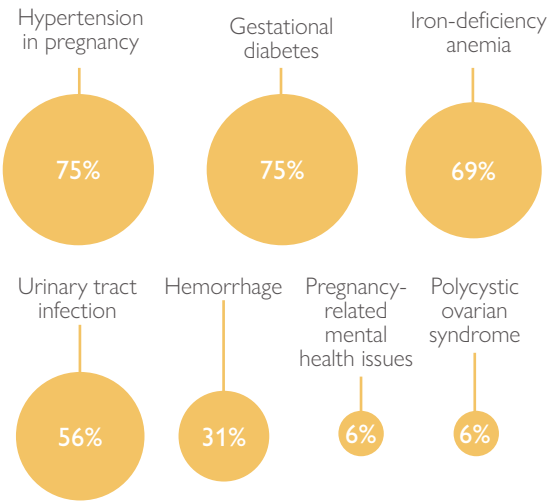
MATERNAL HEALTH

Types of common maternal health diseases and conditions

According to the majority of key informants the most prevalent maternal health issues were hypertension in pregnancy (75%), gestational diabetes (75%), iron-deficiency anemia (69%), urinary tract infections (56%) and severe bleeding (hemorrhage) (31%) (Fig 20). A minority mentioned that pregnancy-related mental health issues (6%) and polycystic ovarian syndrome (6%) were also common conditions.

Obstetricians interviewed mentioned that the prevalence of maternal health issues among non-Libyans and Libyans was generally similar. However, key informants identified a higher incidence of pelvic inflammatory disease and urinary tract infection among non-Libyans and a higher rate of gestational diabetes among Libyans.

Fig 20: Most prominent maternal health issues in Libya according to healthcare professionals (multiple-choice question)



Challenges to maternal health in Libya

According to the majority of key informants (69%) limited equipment and treatment facilities are the main challenges for the management of maternal health in Libya, followed by the low capacity of hospitals for admissions (44%) (Fig 23).

These findings are in line with the results of the 2021 Health Resources and Services Availability Monitoring System (HeRAMS1) report, according to which antenatal care services were fully available in fewer than half of facilities (48%) and not normally provided in nearly a third of facilities (31%). Moreover, the report highlighted that basic emergency obstetric care was classified as not normally being provided in 86 per cent of facilities.

Fig 21: Demographics of key informants on maternal health

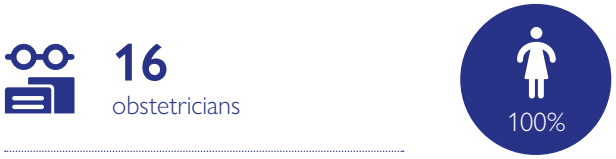
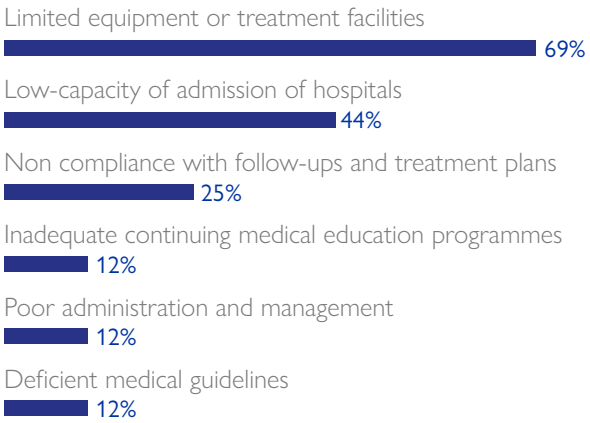


Figure 22: Challenges to maternal health in Libya (multiple-choice question) (top 6)



A quarter of obstetricians mentioned that women not complying with treatment plan and follow-ups was an obstacle to providing maternal healthcare. A minority of interviewed healthcare professionals mentioned the poor continuing education of medical staff (12%), poor administration and management (12%), deficient medical guidelines (12%), shortage of paramedical staff (12%) and financial constraints (12%).

As maternity care (after the birth) is typically the initial point of contact for female migrants with the health system, many of them are unable to receive adequate antenatal care or delivery, which raises the risk of mortality and morbidity.

Improving migrants' access to maternal health care

The majority of obstetricians interviewed (64%) cited that improving capacity building for medical care professionals (e.g. specifically on migrant health, migrant maternal needs) would help improve migrants' access to maternal health services. According to health professionals surveyed, 82 per cent of staff working in maternal health are insufficiently trained to recognise the specific health needs of migrants. A minority of key informants identified that pro-health awareness programmes (38%), improvement in health services provision (29%), the provision of translators (14%), (improved) access to official documentation (14%) and a specific mapping of services for the purpose of migrants (7%) would be beneficial in improving migrants' access.

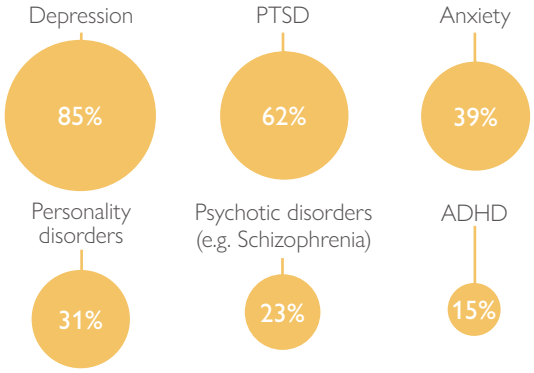
MENTAL HEALTH

Types of common mental health conditions in Libya

According to the majority of key informants the most prevalent mental health conditions affecting Libyans and non-Libyans were depressive disorders (85%), post-traumatic stress disorder (PTSD) (62%), anxiety (39%) and personality disorders (31%) (Fig 23). A minority mentioned that psychotic disorders (e.g. schizophrenia) (23%) and attention deficit hyperactivity disorder (ADHD) (15%) were also prevalent.

Although there are no official statistics on the number of individuals affected by mental health disorders in Libya, common mental health disorders, such as anxiety and depression are expected to double when populations are affected by conflict. The Libya Health Sector estimated that it is likely that one in seven Libyans are in need of mental health care for issues including depression, PTSD and anxiety. Moreover, some studies have shown that many migrants may be at a higher risk of conditions such as depression, anxiety, and post-traumatic stress disorder (PTSD) than the host population. At the same time, the sector noted that mental healthcare facilities are deemed to be acutely inadequate.

Fig 23: Most prevalent mental health issues in Libya according to healthcare professionals (multiple-choice question)



More than three in five mental health workers interviewed (62%) estimated that the prevalence of mental health disorders was similar among non-Libyans and Libyans.

Challenges in provision of mental healthcare

The majority of professionals working on mental healthcare interviewed identified stigma (90%) and community misconception and culture (80%) as two major challenges in the provision of mental healthcare. Moreover, two in five respondents mentioned that limited appropriate facilities (40%) and a shortage of specialized human resources (40%) were barriers to mental healthcare in Libya. A minority of

Fig 24: Demographics of key informants on mental health

key informants reported that a lack of interest and support by decision-makers (20%), unprofessional behaviour or impersonation of a professional holding a certificate of registration or license (10%), lack of availability of medicines (10%) and limited referral tools (10%) were impediments to the provision of mental healthcare in Libya.

The majority of key informants surveyed (62%) reported that mental health practitioners are not adequately trained to understand the health needs of migrants. More than half (56%) believed that this was related to a lack of mental healthcare training and a third informed that it might be linked to limited specialized staff. These findings are in line with a mental health and psychosocial support (MHPSS) assessment conducted in Libya in 2017, which highlighted that the field of mental health has been historically neglected and includes many longstanding problems that predate the start of the conflict in 2011, such as underdeveloped community and specialized services, shortage of qualified workforce, lack of facilities, social stigma towards people with mental illness and funding marginalization. However, a third of key informants interviewed by IOM Libya in 2022 perceived that coordination on mental healthcare had improved in recent years.

Improving migrants' access to mental health care

The majority of respondents (58%) mentioned that health awareness programmes promoting positive mental health behaviours and reducing stigma, would help improve migrants' access to mental health care facilities.

Around two in five key informants (42%) highlighted that establishing migrant-friendly health facilities would be beneficial. Other measures suggested by a minority of key informants included supporting migrants' adaptation to the country context (17%), building the capacity of mental healthcare professional teams (17%), as well as supporting INGOs (8%) and teams of psychosocial support (8%).

RECOMMENDATIONS

Based on this study, the Migration Health and Universal Health Coverage Policy Dialogue workshop organised with the Ministry of Health of Libya in 2022, IOM's experience in direct assistance and engagement with various entities of the Ministry of Health as well as public and private health facilities, IOM Libya recommends that:

1. The Libyan National Health Policy and Strategy should be aligned with the agreed global commitments to ensure universal health coverage meaning that all people can access quality essential health services without having to suffer financial hardship to pay for healthcare.

2. Legislative, policy, administrative and practical measures that directly or indirectly prohibit access to healthcare services to certain groups of the population should be reviewed (e.g. mandatory reporting of all cases of physical violence (including sexual violence) by clinicians in public and private healthcare facilities, which infringes on the rights of survivors and the "do no harm" principle).

3. Disease-specific health programs should be reviewed to ensure they include a whole-of-society approach. Innovative strategies to reach migrant populations at community level should be devised and implemented.

4. The capacity of healthcare workers on migrant-sensitive health services should be strengthened.

5. Strategies to enhance migrants' access to healthcare services should be developedand implemented (e.g. to overcome the lack of, or inability to obtain identity or civil documentation).

6. Work be conducted towards the issuance of health cards enabling migrants to access healthcare services in Libya.

7. Dedicated migrant health focal points should be recruited, trained and made available at all levels.

8. Government in coordination with partners should develop a health awareness and education strategy specifically designed to target the needs of migrants. The Government should also develop a campaign focused on dispelling myths related to migrants and health (e.g. migrants are spreading diseases).

This study was conducted jointly by the **Migration Health** unit and the **Displacement Tracking Matrix** (DTM) programme. DTM in Libya tracks and monitors population movements in order to collate, analyze and share information to support the humanitarian community with the needed demographic baselines to coordinate evidence-based interventions.

To consult all DTM reports, datasets, static and interactive maps and dashboards, please visit:

DTM LIBYA

dtm.iom.int/libya

DTMLibya@iom.int

@IOM_Libya

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