

A woman wearing a red hijab is smiling warmly at a young child. The child is wearing a colorful, striped long-sleeved shirt and is smiling back. They are in a clinical setting, likely a hospital or clinic, with medical equipment visible in the background.

How a Single (TB) Room Can Save Lives:

A day at the Tuberculosis clinic at the Community
Day Centre in Tripoli.

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Libya

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It's been more than 12 years since the revolution started in Libya, followed by years of conflict and instability for Libyan citizens and people on the move.

Today, an estimated 522,000 people in the country lack access to basic services and are in need for humanitarian assistance.

What makes TB a threat to humanity?

Worldwide, an estimated **10.6 million people** fell ill with TB, while a staggering **1.6 million people** have died because of TB in 2021 based on figures published by the World Health Organization (WHO).

In Libya, elderly citizens and marginalized communities including migrants, refugees and asylum seekers, are considered to be the most affected by this ongoing crisis.

Despite the availability of treatment **-free of charge-** at the National Centre for Disease Control (NCDC), vulnerable people struggle to access such lifesaving services due to:

- Language barrier.
- High transportation fees.
- Protection risks.



How does TB spread?

TB is a communicable disease, that is usually spread through coughing, especially in **overcrowded and poorly ventilated areas**, a combination of living conditions that depicts what refugees and migrants are facing in Libya.

Medical conditions that weaken the immune system and **malnutrition** are also considered to be major factors that contribute to the likelihood of TB infection.

A dedicated TB clinic

In order to help vulnerable people overcome this illness and gain access to TB services, the International Rescue Committee (IRC) has established a **dedicated TB clinic** at the Community Day Centre (CDC) in Tripoli, thanks to funding from the United Nations High Commissioner for Refugees (UNHCR) and in partnership with peer organization CESVI.

What's it like at the TB clinic?

Mohamed, the IRC's general practitioner and TB doctor, shares his experience working at the clinic and talks us through the procedure for suspected TB cases.



“Every day, patients arrive to the CDC and are examined by one of our health staff, and often referred to public hospitals or private clinics for further tests as needed to determine the cause of their illness and initiate treatment plans accordingly; if patients show symptoms of TB, they are immediately **transferred to the TB room waiting area** to minimize the risk of infection.”

“When a suspected TB case is identified, we start by taking their medical history with the **help of one of our interpreters**, who are an essential part of the examination process as they help us better communicate with the patient.”



Suspected TB cases are managed according to the TB guidelines set by the National Centre for Disease Control (NCDC).

Once a patient is diagnosed with TB, they are then registered in a data base under their UNHCR and NCDC numbers to avoid duplication and to ensure a smooth follow up of the treatment plan initiated by the NCDC.

“Most TB patients are unable to work during their treatment period, so our protection team also provides them with cash assistance for transportation, core-relief items and hygiene kits that are considered lifesaving for vulnerable people in this difficult period.”

Generally, a complete treatment plan for a TB case can **take from 6 months to a year** depending on the severity of each case, this long period of time imposes yet another challenge for doctors to ensure patients adhere to their treatment plan.

How is follow up done?

“I believe what makes the IRC’s approach in combating TB very successful is our ability to follow up with patients and ensure that they have full access to medicine and adequate nutritional support until they recover.”

The IRC have established a network of Community Outreach Volunteers (COVs) and Community health workers (CHWs) that are active in urban areas and are able to get in touch with patients in case they miss their appointments or expected treatment completion date.

“With this approach, we’ve managed to successfully follow up with patients in Tripoli, Misrata, Zintan and Sirt”

“His [Amin] condition was very bad, I lost hope, I was waiting to hear that I’ll lose my baby.”



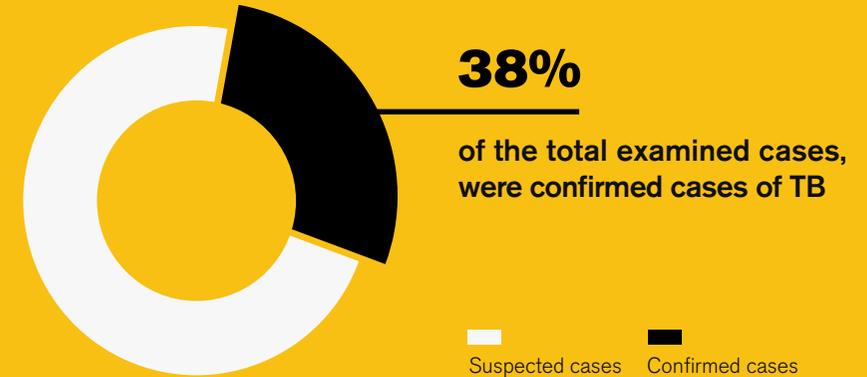
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Amin, an 18-month-old boy from Somalia, who was presented by his mother to the IRC at the Community Day Centre, almost a year ago with a severe fever and was diagnosed with TB by Dr. Mohamed.

After completing his treatment plan, Amin has now fully recovered from the disease and lives a healthy life.

TB in numbers

Over the past year, the IRC have managed to examine a total of **1,122 suspected TB cases**, out of which **430 cases were confirmed cases of TB** and referred to the NCDC for treatment.



Four actions to combat TB

- Raise awareness about TB among affected communities in order to ensure timely diagnosis and treatment.
- Doctors need to be active advocates for action on TB and keep an open eye for TB symptoms as they carry out their duties.
- Work closely with the Ministry of Health and other partners to ensure continuous availability and accessibility of treatment for vulnerable people
- Support the capacity building of general practitioners in all Primary Healthcare clinics to ensure early diagnosis and better disease control

How we help

Since 2016, the International Rescue Committee has been working with the Ministry of Health in Libya to address the protracted health crisis in the country; The IRC programs implement a systems strengthening approach –from the national to local community level– to support improvements in the quality, accessibility and availability of essential healthcare for all.

