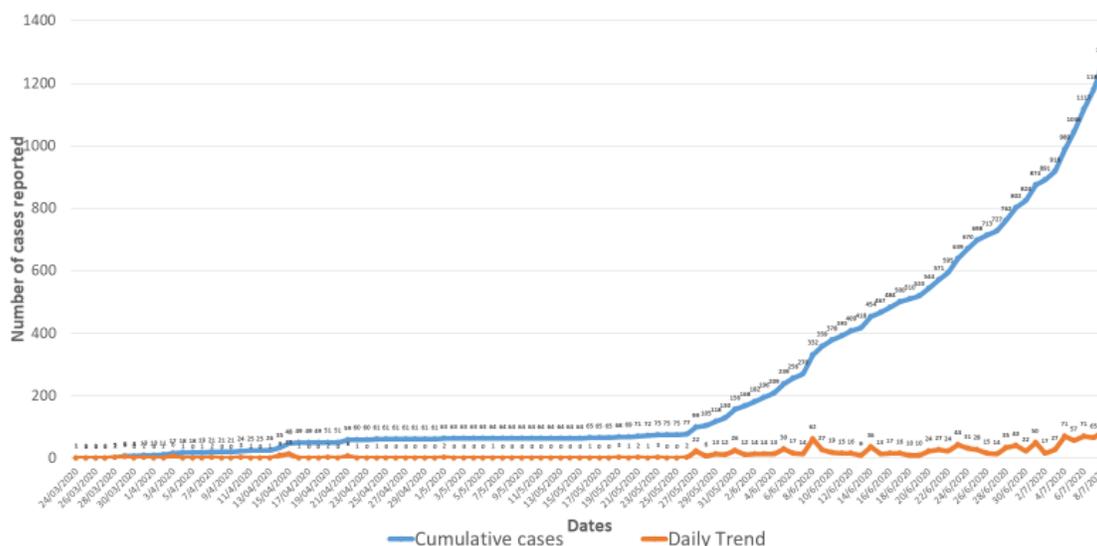


Libya Daily trend and cumulative confirmed cases of COVID-19, from 24 March to 08 July 2020



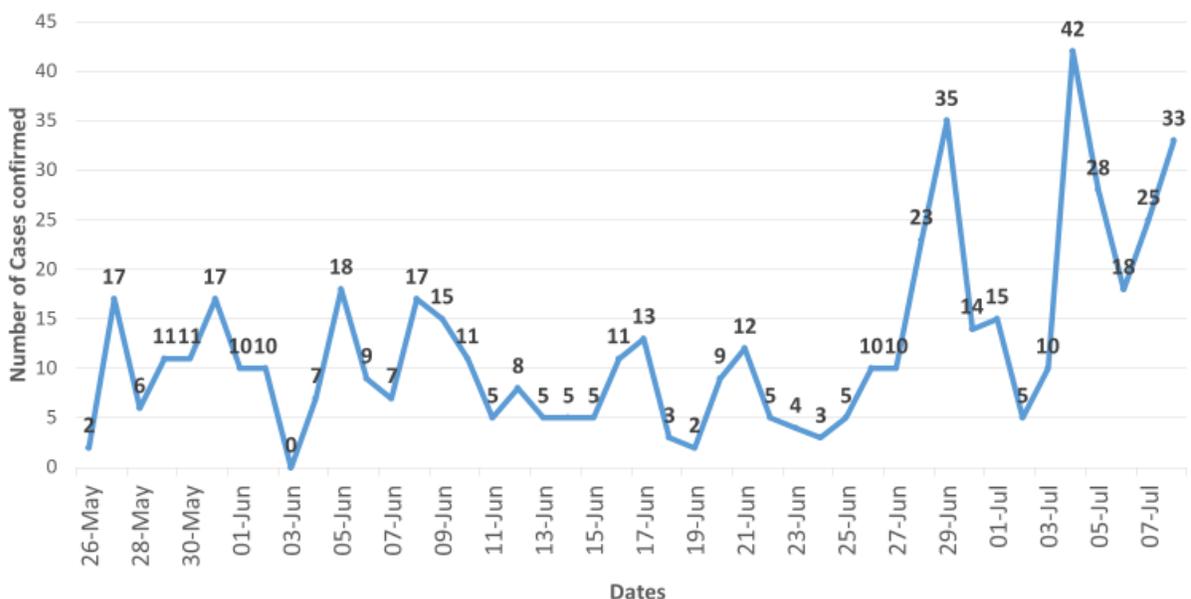
Distribution of COVID-19 confirmed cases per municipalities to 08 July 2020

CITY	New cases	cumulative cases	CITY	New cases	cumulative cases	CITY	New cases	cumulative cases
Sabha	33	465	Ashati	0	65	Tripoli	9	283
Misurata	1	77	Benghazi	5	40	Zliten	29	76
Jafara	0	6	Surman	0	16	Zawiya	0	4
Subrata	0	19	Gharyan	0	13	Zintan	0	3
Garabolli	0	6	khoms	0	6	Baniwaleed	0	6
Regdaleen	0	2	Ghadames	0	3	Ubari	0	30
Murzuq	0	12	Traghen	0	11	Albaida	0	10
Janzour	0	10	Gasser Kheer	0	1	Kabaw	0	5
Zwara	0	1	Igdabya	1	21	Albariga	0	1
Benjawad	0	10	Alghatron	0	2	Al-Abyar	0	10
Sokhna	0	5	Kikla	0	3	Tarhuna	0	4
Alshwerf	0	3	Ghat	0	1	Yefren	0	11
Arrhebat	0	1	Tajoura	0	2	Sert	0	2
Imselata	0	3	Riayna	6	7	Jufra	1	4
Al-Asabaa	1	1						
New cases	86							
Cumulative cases	1,268							

Highlights

- Under WHO’s transmission scenarios, Libya remains classified as “clusters of cases”. In the past two weeks, the number of people infected with COVID-19 has risen to 1268. Of this number, 926 people remain actively infected with COVID-19, 306 people have recovered and 36 people have died. The national case fatality rate is 2.84%.
- Thus far, a total of 37 549 specimens have been tested (21 244 in Tripoli, 11 114 in Benghazi, 2182 in Misurata, 2654 in Sabha, 312 in Zliten, 41 in Gharyan and 2 in Al-Jafra).
- The COVID-19 laboratory network has increased to 14 (spread across seven municipalities). This number includes two new laboratories in Al-Khadra Hospital and Al-Jafra.
- According to data from the National Centre for Disease Control (NCDC), the Sebha region (southern Libya) has been disproportionately hit by COVID-19, with 45% of the total number of cases in the country and a positivity rate of 22.5% (571 confirmed cases among 2536 samples tested). Sebha, the main city in the south, continues to register the highest numbers of cases of COVID-19 nationwide, although there are some discrepancies in the data reported by national and local authorities. Acute shortages of tests are hampering efforts to forecast the spread of the pandemic in the city. People are not complying with containment procedures: weddings and funerals are continuing to take place, and markets are still operating in some areas. Due to tribal conflicts, the security forces have failed to suspend these events or impose curfews. Moreover, because of the lack of transparency from the scientific authorities, people tend to think that the numbers being reported are exaggerated and they therefore disregard social distancing and other recommendations.

Sabha daily trend and cumulative confirmed cases of COVID-19, from 26 May to 08 July 2020



Collaboration with national authorities

- WHO has discussed COVID-19 testing requirements for UN staff with Dr Badruddin (head of the National Centre for Disease Control (NCDC)). All UN personnel must be tested on entry to Libya and again before

leaving the country. (Pre-departure testing is a requirement of the Tunisian Government, which stipulates that all UN staff entering Tunisia must present a recent negative COVID-19 test on arrival.) Approximately 400 tests will be needed to cover tests for UN staff over the next two months. The head of the NCDC has agreed that the UN may set aside 400 COVID-19 rapid tests from the 4300 that are due to arrive in Misrata on 19 July. The UN will replenish these 400 tests as soon as additional supplies reach the country and will provide enough tests to the NCDC to cover the testing of all UN personnel until the end of the year.

- The UN will also cover the salary of a laboratory technician for an initial six months to support COVID-19 testing of UN personnel. This technician will be assigned to work at the NCDC central laboratory.
- The sole manufacturer of COVID-19 tests (Cepheid) has informed WHO that no order has been placed for the 50 000 tests to be procured by the MoH. WHO has written to the head of the COVID-19 Scientific Committee to express its concern over these delays, given the already acute shortages of tests in the country. The Deputy Minister of Health and the head of the Scientific Committee have asked WHO to contact the supplier and arrange for the invoice to be sent for direct payment.
- In cooperation with the Ministry of Health and the Technical Advisory Committee of the Presidential Council, WHO participated in an assessment of the levels of readiness and preparedness undertaken at municipality level to contain COVID-19.

Response

Pillar 1: Coordination

- The national preparedness and response plan for COVID-19 has still not been endorsed by the national authorities. This has exacerbated the already fragmented response across the country. Only Tripoli and Benghazi have some capacity to respond, while other areas, especially in the south, continue to perform poorly due to lack of capacity and resources.
- WHO is disseminating daily updates showing new and cumulative figures for COVID-19.
- WHO has conducted a gap analysis on the COVID-19 in the southern region and prepared recommendations.

Pillar 2: Risk communication and community engagement (RCCE)

- WHO and partners (IRC, UNICEF, GIZ and IOM) have developed a separate COVID-19 RRCE action plan for the response across the south.
- WHO also participated in an online meeting on RCCE support. The outcome was a rapid action plan for Sebha and the creation of an RRCE working group for the southwest.
- WHO participated in the launch of a national awareness campaign for the southern region, led by the head of the NCDC.
- The RCCE working group is planning to conduct a behavioural assessment on COVID-19. The findings of the assessment will be used to identify the most strategic ways of disseminating messages on prevention and risk-reduction behaviours and prepare a communications plan accordingly.

Pillar 3: Surveillance, rapid response teams and case investigation

- WHO is continuing to follow up on all newly registered cases across the country.
- Between 30 June and 6 July 2020, 51 patients were admitted to isolation facilities in Tripoli. Of these patients, 21 required health care, seven required oxygen support and one was placed on a ventilator.

- WHO has developed guidance on mortality surveillance and is ready to train national staff on the classification of deaths (COVID or non-COVID).
- Because of lack of capacity, the national IHR focal point is no longer reporting cases of COVID-19 to WHO's regional office in EMRO.
- WHO is planning another round of training for rapid response teams and is waiting for a list of candidates from the NCDC.
- There are discrepancies in the number of cases detected in the south, making it difficult to ascertain the spread of the disease out of Sebha. The NCDC needs to urgently intervene so as to obtain accurate information on the situation in the south. Sebha remains the epicentre.
- The absence of policies and procedures on quarantine and contact tracing, and poor compliance with self-isolation at home, are hampering efforts to conduct effective contact tracing.

Pillar 4: Points of entry

- WHO is supporting training for health workers and RRTs at points of entry (POEs) on IHR core capacities, in preparation for the reopening of POEs.

Pillar 5: National laboratory

- WHO has discussed the acute shortages of GeneXpert cartridges, especially in the south and east, with the COVID-19 Scientific Committee.
- WHO has completed its forecast of lab supplies required (RT-PCR and GeneXpert cartridges) nationwide and has shared it with its regional office for review. The WHO country office has also asked the regional office to increase the quota of tests to be sent to Libya, given the critical situation in the country.
- WHO has also followed up on the 4300 cartridges procured by UNDP that are expected to arrive shortly. It has asked UNDP to set aside 400 tests for UN staff and send the remaining tests to the south as soon as they arrive in the country.
- WHO has also asked the NCDC to send any available stocks of tests in Tripoli to Sebha to cover the gap until new supplies arrive.

Pillar 6: Infection prevention and control

- A high number of health workers in Sebha have been infected with COVID-19. WHO is hiring IPC consultants in designated hospitals to train health care workers and support the implementation of IPC practices.

Pillar 7: Case management

- WHO is assessing oxygen supplies and needs across the country and will discuss next steps with stakeholders.
- WHO is following up closely on newly reported deaths in Sebha and providing advice and recommendations to the local health authorities.
- WHO will support the Scientific Committee's revision of the national COVID-19 case management protocol.

Pillar 8: Operational support and logistics

- Of the 1210 GeneXpert test kits ordered by WHO, 490 are expected to arrive shortly. Two GeneXpert machines are also in the final stages of procurement.

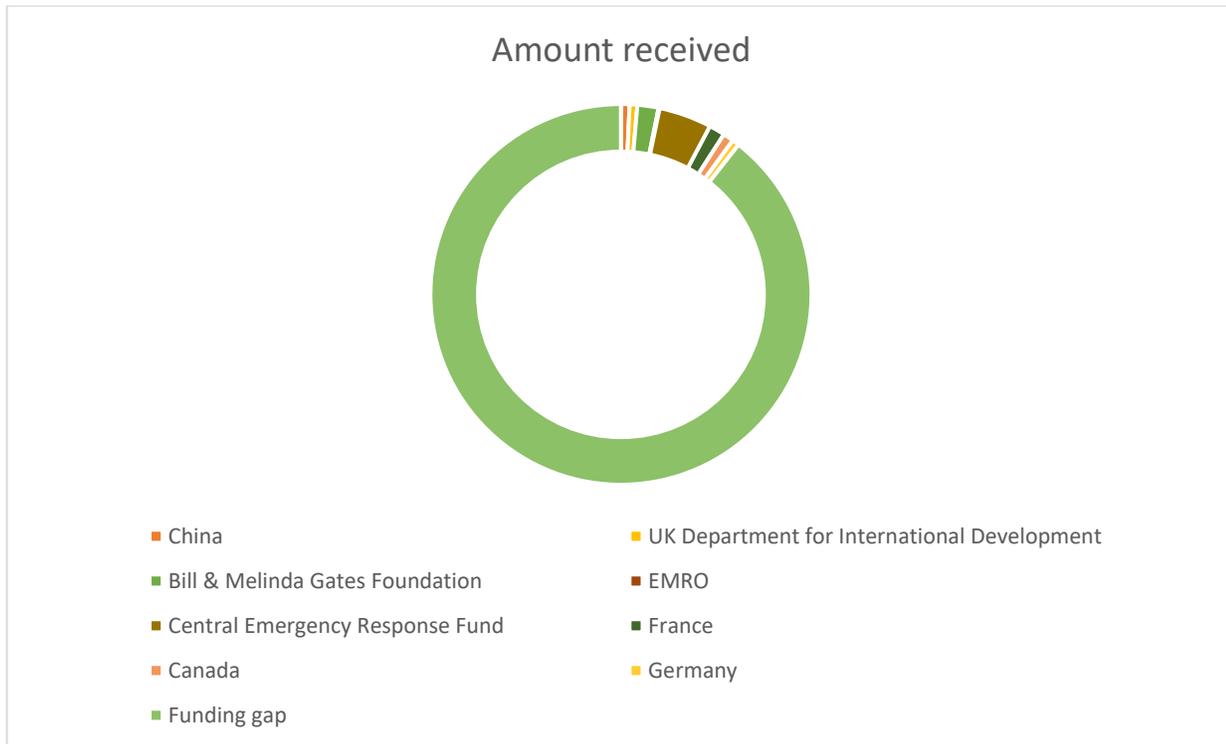
- All authorizations and clearances have been obtained for WHO COVID-19 supplies that will be airfreighted to Sharjah airport and from there sent to Al Braq in three rounds.
- WHO expects to receive a shipment in Benghazi shortly. The shipment contains 21 tons of health supplies, including COVID-19 supplies and standard health kits.

Pillar 9: Maintaining essential health services

- The critical vaccines recently ordered for Libya are scheduled to arrive some time in the next two months.
- WHO has provided inputs to the health sector plan of action for Tarhouna and other areas of displacement. The health sector is focusing its response on Al Jafara, Al Margeb, Misrata, Ejdabia, Benghazi, Al Jabal Al Gharbi, Al Jufra, and Sirt. The health sector has asked WHO to help secure access for supplies (medicines, consumables, and medical equipment) and medical teams to identify and meet critical needs in affected areas.

FUNDS RECEIVED BY WHO

WHO has requested USD 22 300 000 to support the response to COVID-19 in Libya. Thus far, it has received USD 2 362 300 in contributions and firm pledges. It has submitted funding proposals to the African Development Bank (USD 500 000), USAID (USD 925 550) and the EU (EUR 6 million each for WHO, UNICEF and IOM).



Donor	Amount received
China	162,500
UK Department for International Development	145,000
Bill & Melinda Gates Foundation	400,000
EMRO	20,000
Central Emergency Response Fund	1,000,000
France	300,000
Canada	200,000
Germany	134,800
Funding gap	19,937,700