

Distribution of COVID-19 confirmed cases per municipality to 21 July 2020

CITY	New cases	cumulative cases	CITY	New cases	cumulative cases	CITY	New cases	cumulative cases
Sabha	3	637	Ashati	6	124	Tripoli	38	601
Misurata	16	147	Benghazi	8	54	Zliten	10	163
Jafara	0	13	Surman	0	20	Zawiya	0	8
Subrata	0	27	Gharyan	0	15	Zintan	0	4
Garabolli	0	6	khoms	1	18	Baniwaleed	0	14
Regdaleen	0	2	Ghadames	0	3	Ubari	2	54
Murzuq	0	14	Traghen	0	26	Albaida	0	10
Janzour	2	23	Gasser Kheer	0	4	Kabaw	0	5
Zwara	0	5	Igdabya	0	21	Albariga	0	1
Benjawad	0	10	Alghatron	0	3	Al-Abyar	0	10
Sokhna	0	5	Kikla	0	3	Tarhuna	1	27
Alshwerf	0	3	Ghat	0	1	Yefren	0	11
Arrhebat	0	1	Tajoura	0	2	Sert	0	2
Imselata	1	8	Riayna	0	7	Al-Jofra	1	21
Al-Asabaa	0	9	Abugrain	0	6	Alnawahi Alarba	0	1
Temenhent	0	12	Semno	0	1	Rass Lanof	0	2
Al-Qawalish	0	6	Wadi Etba	0	1	Derj	0	2
Al-Jmail	0	1	Mezda	0	2	Alsedra	1	1
New cases				88				
Cumulative cases					2,176			

Highlights

- Under WHO's transmission scenarios, Libya remains classified as "clusters of cases". In the past two weeks, the number of reported people infected with COVID-19 has doubled and now stands at 2176. Of this number, 1634 people remain actively infected with COVID-19, 489 (22.47%) people have recovered, and 53 people have died. The national case fatality rate is 2.44%. The municipalities reporting a significant increase are Sebha, Tripoli, Zliten, Misrata, Ashshatti, Ubari, Traghen, Janzour and Khoms.
- Thus far, a total of 49 329 specimens have been tested. This number includes 28 355 in Tripoli, 11 627 in Benghazi, 4118 in Misrata and 3918 in Sebha.
- The COVID-19 laboratory network has expanded to 15, distributed across eight municipalities.
- In collaboration with the National Centre for Disease Control (NCDC), WHO is assisting local health authorities by providing hands-on training on COVID-19 prevention, infection control and case management to health care workers in health facilities and isolation centres.
- Across Libya, unemployment and mobility restrictions, as well as migrants' lack of access to livelihoods, have significantly increased food insecurity, reduced access to health services, and eroded the coping capacities of vulnerable segments of the population.
- There have been fresh population displacements from Tarhouna and Sirte to the eastern municipalities. The COVID-19 response capacity of these municipalities needs to be assessed and their emergency response capacity, including for COVID-19, needs to be strengthened.
- WHO and IOM are collaborating closely on the COVID-19 response with respect to surveillance at points of entry (POEs) and the case management of COVID-19 migrant patients.
- WHO COVID-19 and disease surveillance teams are following up with the NCDC to ensure that the disease surveillance system captures data on migrant and other non-Libyan segments of the population.
- In Sebha, COVID-19 cases are still increasing (744 confirmed cases), and the city continues to register the highest numbers of active cases (523) in the country. 194 people in Sebha have recovered and 27 have died. All the municipalities in the south have recorded positive cases, with the highest percentages in Sebha and Ashshatti. Poor living conditions are exacerbating the situation and hampering the response to the pandemic. Fuel shortages and daily electricity cuts of more than 18 hours are affecting the functioning of health facilities. Liquidity is another serious concern: many people have not been paid for several months. Armed robberies and tribal clashes are increasing, and there is poor coordination between the security and military forces and the health authorities in Sebha.

Collaboration with national authorities

- WHO is working closely with the COVID-19 scientific committee in Tripoli and has urged the committee to strengthen testing capacity throughout the country, especially in the south.
- WHO has requested an increase for Libya in the global quota for tests and is also trying to negotiate the best market price on behalf of the scientific committee.
- WHO is in the final stages of negotiating an agreement with the Ministry of Health (MoH) in Tripoli to deploy WHO-supported COVID-19 mobile teams to rural areas to support testing, tracking, tracing and patient referrals. It is also working with the MoH on a risk communications strategy.

Response

Pillar 1: Coordination

- WHO is disseminating daily and weekly updates and data analyses showing new and cumulative figures for COVID-19.
- The MoH plans to assess municipalities' levels of readiness and preparedness to contain COVID-19. It has shared all relevant information with WHO and other health partners and has solicited their feedback on the selection and coverage of specific municipalities.

Pillar 2: Risk communication and community engagement (RCCE)

- Sensitizing leaders and decision-makers to the imminent threat posed by COVID-19 is essential, since large segments of the population still do not believe in the existence of the disease. The WHO country office (WCO) is working with the WHO Regional Office for the Eastern Mediterranean (EMRO) to prepare a WHO-specific RCCE plan that will complement the existing plan developed by the RCCE working group for the south while avoiding duplication of efforts. It will identify groups (e.g., frontline health staff and community health workers) to be targeted for capacity building.
- WHO has met with NCDC representatives to review optimal ways of disseminating health promotion materials through TV, radio and other channels, and how to improve community engagement in risk communication activities.
- WHO has prepared COVID-19 awareness-raising materials to be disseminated in collaboration with UNICEF and other partners.

Pillar 3: Surveillance, rapid response teams and case investigation

- WHO is continuing to follow up on all newly registered cases across the country. It is planning another round of training for rapid response teams (RRTs) and is waiting for a list of candidates from the NCDC. A refresher training course for RRTs in seven municipalities in Al Gabal (Al Akdar region), financially supported by WHO, will take place in Al Baida on 21-22 July 2020.
- WHO, UNICEF and the NCDC are continuing extensive technical discussions on enhancing disease surveillance system across the country, including for measles and rubella. With the support of EMRO, the WCO has developed a detailed plan to strengthen Libya's early warning and response network (EWARN). The WCO will assess EWARN reporting sites and expand their number, based on standard selection criteria. To add migrants to the surveillance system, WHO, IOM and the NCDC have selected nine locations initially (six in the south (Ghatron, Ubari, Sebha, RassEjdeer, Zwara and Baniwaleed) and three in the east (Alkofra, Emsaed and Tobruk)). WHO has suggested that Marzuq and Ghat be added. Priority diseases and case definitions were selected and agreed.
- RRTs in the south lack logistic support. Moreover, their weak performance is an important factor in the delayed detection of cases in the region. In addition, some communities in the south are refusing to be tested for the disease.
- The WCO is discussing how to strengthen COVID-19 mortality surveillance with the scientific committee, based on WHO guidance already shared with the NCDC.

- The WCO's focal point for surveillance attends the NCDC's weekly meetings to discuss the pandemic response. Important points discussed over the past two weeks included contact sampling, a plan to reopen POEs, and country capacities related to IHR requirements.

Pillar 4: Points of entry

- The MoH is working towards a possible reopening of POEs in August 2020. WHO has advised the MoH that it supports the reopening of POEs provided the criteria for doing so are met (as set out in the COVID-19 operational plan).

Pillar 5: National laboratory

- In response to severe shortages of nasopharyngeal swabs in the south, the health authorities in Tripoli have sent a shipment of 20 000 swabs and viral transport media (VTM) to Sebha. WHO has also asked the NCDC to send any available stocks of tests in Tripoli to Sebha to cover gaps until new supplies arrive.
- WHO has recently received a shipment of 7200 swabs and VTMs from its hub in Dubai.
- Although the number of laboratories with capacity to diagnose COVID-19 has increased, WHO's forecasting of capacities across the country shows there are still significant gaps.
- The WCO has asked EMRO to increase the quota of tests to be sent to Libya, given the critical situation in the country. (The WCO has also asked the scientific committee to request an increase in the quota – see under "Collaboration with national authorities".)
- WHO facilitated the transportation of an RT-PCR machine (provided by the NCDC) to Al Baida Hospital.
- The WCO and EMRO are working with the health authorities to enrol 10 COVID-19 laboratories in an external quality assessment.

Pillar 6: Infection prevention and control (IPC)

- Due to the huge needs for personal protective equipment (PPE) and recent shortages in stocks nationwide, the MoH has asked health sector partners for their assistance and collaboration in helping secure and maintain an adequate supply of PPE.
- WHO is hiring consultants in designated hospitals, especially in the south and east, to train health care workers on IPC and support the implementation of IPC practices.
- Following the identification of a COVID-19 patient, Ubari general hospital suspended its work for 72 hours while it underwent thorough disinfection.
- In the south, 29 health care staff (seven doctors, 20 nurses and two medical students) and 13 migrant workers have tested positive for COVID-19, mainly due to poor IPC practices in health facilities.
- WHO's hub in Dubai has shipped 648 000 sets of gloves, 813 020 masks, 61 400 face shields, 19 600 gowns, 16 507 goggles and 10 320 coveralls to Libya in two separate consignments.
- WHO organized a two-day training workshop on IPC for PHC physicians in Tripoli.

Pillar 7: Case management

- A total of 64 health facilities with a combined capacity of 800 beds are engaged in the COVID-19 response. Most of these facilities are ready but require additional staff.
- Isolation and triage centres in the south need support in terms of maintenance/repair, PPE and medical supplies. WHO is supporting UNHCR's needs assessment of health facilities in the south.
 - In Ashshatti, the MoH is supporting two isolation centres and one triage centre:

- Brak Isolation Centre opened officially a month ago, but no patients have been admitted due to shortages of medical staff. All patients are being referred to Sebha Isolation Centre.
- Tamasan Isolation Centre is only 30% completed.
- The triage centre in Ashshatti opened three weeks ago but is still not functional 24/7.
- Sebha has one isolation and two triage centres:
 - Sebha Isolation Centre (total capacity 10 ICU beds and 100 patient beds) is receiving COVID-19 patients from the entire south. The MoH in Tripoli has deployed a 20-strong team of medical doctors, anaesthesia technicians and laboratory technicians to work in the centre.
 - The triage centre in Ashariyah, Al Thanawiyah has suspended services due to shortages of equipment.
 - The triage centre in Sebha Golden Polyclinic is providing 24/7 services.
- To address acute shortages of oxygen, WHO has placed orders for 134 oxygen concentrators.

Pillar 8: Operational support and logistics

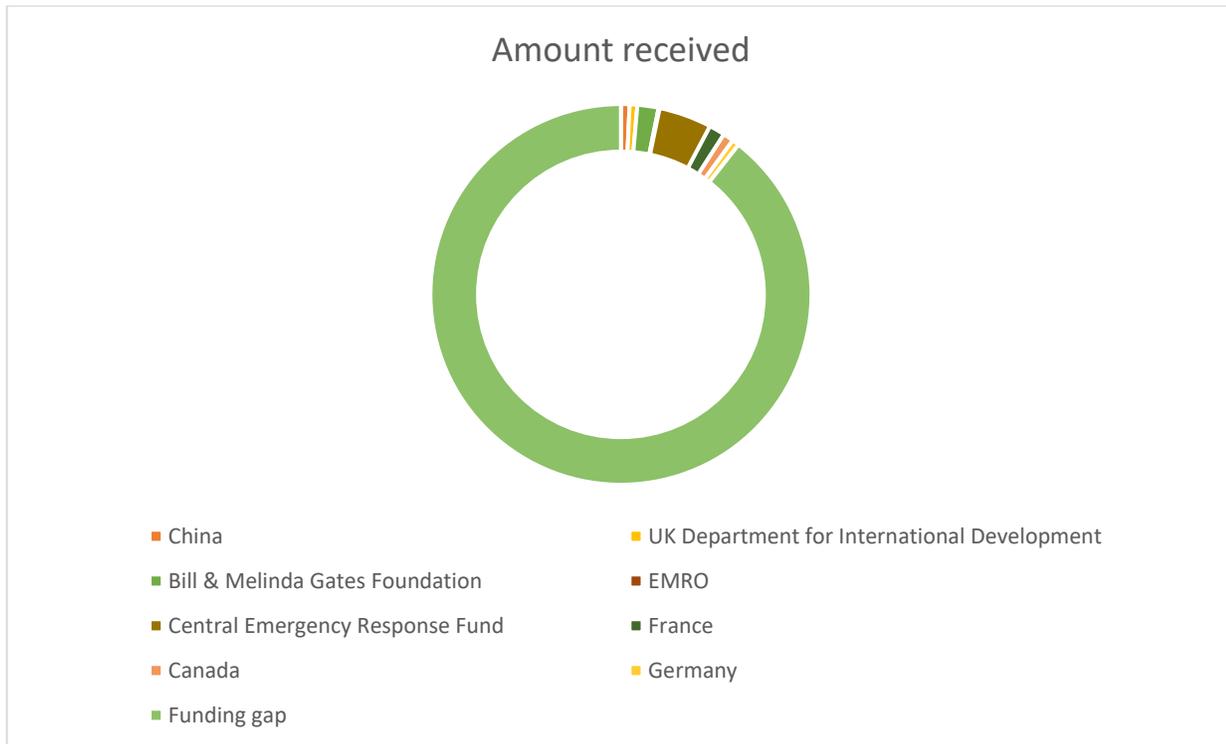
- Two shipments of PPE and laboratory supplies sent by WHO's hub in Dubai have arrived in Libya.

Pillar 9: Maintaining essential health services

- All critical vaccines (for which orders were recently placed following WHO's strong advocacy) have begun arriving in Libya. OPV, hexavalent and pentavalent vaccines arrived on 13 July 2020. The remaining vaccines (MMR, PCV, rotavirus) are scheduled to arrive on 15 August 2020.
- WHO, UNICEF and the NCDC are continuing extensive technical discussions on planning routine immunization services in and around Tripoli, followed by scale up to the rest of the country. A WHO-UNICEF joint report and work plan for the next six months were shared with the NCDC.
- WHO convened a meeting with EPI supervisors in Greater Tripoli (consisting of six municipalities) to obtain information on vaccination coverage during the first quarter of 2020.

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