

## Highlights

- Of the 64 confirmed cases, 3 patients have died, 28 have recovered and 33 are under follow-up. Most confirmed cases are in Tripoli (49 including 3 deaths) followed by Misrata (10), Benghazi (4) and Surman (1).
- Thus far, a total of 4155 samples have been tested (3005 in Tripoli and 1150 in Benghazi).
- The Government of National Accord (GNA) remains concerned by the continuing military activity around Tripoli. Attacks have disrupted hospitals' electricity supplies and damaged the only factory producing oxygen tanks. Al Khadra hospital in Tripoli – one of the facilities admitting COVID-19 patients - has recently come under attack three times. Mitiga airport in Tripoli has come under continuous shelling and there are reports of damages to civil aircraft earmarked for the repatriation of Libyans.
- In Benghazi (east Libya) an armed group opened fire inside the intensive care unit (ICU) in Al-Jalla hospital. Doctors and nurses were assaulted and life-saving medical equipment was damaged. All critically ill patients were transferred to Benghazi Medical Centre.
- On 12 May 2020, the Director-General of WHO and heads of other UN agencies (OOCHA, UNICEF, IOM, UNHCR, WFP and UNFPA) issued a [joint statement](#) expressing their alarm over the deteriorating situation in Libya and calling for a halt to the hostilities.

## Collaboration with national authorities

- On 13 May 2020, the WHO Representative (WR) held a teleconference with the Prime Minister (Mr Fayed Mustafa al-Sarraj), the Deputy Minister of Health (Mr Mohammed Haitham) and the head of the COVID-19 National Scientific Committee (Dr Khalifa Bakkoush). During the meeting, the Libyan authorities asked for WHO's support to:
  1. Help it establish links with experts in China, Spain and Italy.
  2. Strengthen training (including for laboratories, infection prevention and control and other areas).
  3. Obtain cartridges for recently procured GeneXpert machines.
  4. Learn more about case management best practice in other countries (Spain, Italy, China).
- WHO raised six issues:
  1. Absence of an endorsed COVID-19 national preparedness and response plan.
  2. Lack of approvals to expedite the importation of health supplies. Although the Libyan participants said there were no customs delays, WHO again reiterated its concern and asked the authorities to facilitate fast-track customs clearances for humanitarian health supplies.
  3. Delayed salary payments and lack of PPEs for health workers. The WR said that she had received information that health workers had not been paid since February. The Libyan authorities replied that all health staff involved in the COVID-19 response were receiving incentives and a 50% salary increase. Moreover, sufficient quantities of PPEs had been sent to all health facilities admitting COVID-19 patients.
  4. Vaccine shortages. WHO understood that no orders had been placed for vaccines and that supplies of some vaccines were likely to run out by mid-June. The Libyan authorities said Libya was the leading country in Africa with the highest national expenditures on vaccines, but that there were issues with global suppliers refusing to deliver vaccines.
  5. Global COVID-19 supply chain portal. WHO briefed the Libyan participants about the establishment of the portal and said it was ready to discuss this further with the MoH.
  6. Tensions between the MoH and National Centre for Disease Control (NCDC) on COVID-19 issues. WHO asked the Deputy Minister to facilitate discussions to resolve areas of differences. The Libyan participants countered that the MoH and NCDC had good levels of cooperation and worked closely together. Moreover, responsibility for all matters related to COVID-19 lay with the Scientific Committee (SC), and any issues had to be processed through the SC.

## Response

### Pillar 1: Coordination

- Who participated in a UNDP-led meeting of UN agencies to compile assessments carried out on the socio-economic impact of COVID-19.

### Pillar 2: Risk communication and community engagement (RCCE)

- The Prime Minister attended the opening of the COVID-19 Rapid Response Centre. 40 doctors and 20 consultants will respond to incoming calls. The centre will be linked to all 19 established isolation and hospitalization sites and will coordinate its work with 65 rapid response teams and almost 600 health

professionals. WHO will monitor to see if there is an overlap between this new centre and an earlier one established by the NCDC.

- The RCCE group has completed a behavioural risk assessment for COVID-19.

### **Pillar 3: Surveillance, rapid response teams and case investigation**

- According to the GNA (discussed during the teleconference with the WR on 13 May 2020), rapid response teams are experiencing difficulties reaching remote areas.
- WHO participated in the National Steering Committee meeting and recommended that the testing strategy be expanded to include patients with influenza-like illness or severe acute respiratory infection, as well as migrants in the south and prisoners in Libyan jails and detention centres. The NCDC has agreed to implement this recommendation and is revising its case definitions and expanding contact tracing to include second contacts.
- As there have been no COVID-19 cases reported in the south, the administration plans to conduct active surveillance in the municipalities that have not reported any suspected COVID-19 cases. The aim is to collect 300 specimens from high-risk and vulnerable groups such as migrants, IDPs, medical staff in ICUs and the emergency department in Sabha Medical Centre, private clinics and food sellers, in coordination with laboratories.
- Tests conducted on 25 migrants in Shohada Enasser detention centre in Zawiya municipality were all negative for COVID-19.

### **Pillar 4: Points of entry**

- The Tripoli authorities are concerned about the lack of dialogue with Egyptian authorities to enable PCR testing for Libyans inside Egypt (issue raised during the teleconference with the WR on 13 May 2020). WHO agreed to follow up with the Egyptian authorities on testing and isolation options for Libyans in Egypt prior to their repatriation to Libya.
- Approximately 2000 Libyan returnees have crossed Mosaed border from Egypt. The first batch has been released after 14 days quarantine in assigned hotels.
- Libya returnees from Egypt and Jordan who arrived in Benina airport (Benghazi) were also tested for COVID-19.
- Misrata airport has begun receiving returnees from Turkey, most of whom have laboratory negative result certificates (those without certificates are being tested at the airport). A total of 265 specimens taken from truck drivers returning from Tunisia all tested negative. The drivers were released after 14 days' quarantine.
- WHO supported the training of health care providers at points of entry on how to use thermal scanners and handle suspected COVID-19 cases.

### **Pillar 5: National laboratory**

- Libya has increased its laboratory capacity to test COVID-19 samples from two to six (three in Tripoli, two in Benghazi and one in Misrata).
- The NCDC is establishing three additional laboratories (two in Sebha and one in Zawiya). Laboratory staff will require additional training (to provided by or in Tripoli).
- 13 GeneXpert machines and a total of 3000 cartridges will also be distributed to NCDC laboratory branches.

- The NCDC has sent 11 200 PCR test kits to Tunisia, where they will be used to test Libyans before they are repatriated. Each person will be tested twice (before and after their 14-day quarantine period).
- WHO has sent 100 PCR kits (500 tests) and 24 000 viral transportation media with swabs to the NCDC laboratory.

### Pillar 6: Infection prevention and control

- WHO/EMRO has reviewed Libya’s national IPC guidelines and recommended adding a summary annex on special IPC precautions, including disinfectant for environmental cleaning and its preparations and concentrations. The guidelines have been approved by the national Technical Advisory Committee and endorsed by the office of the Prime Minister.

### Pillar 7: Case management

- On 13 May 2020 (during the teleconference with the WR), the GNA said that 600 isolation beds were ready in Tripoli and another 600 beds were being prepared in other parts of the country.
- The national case management guidelines for COVID-19 have been reviewed by the WCO and EMRO, approved by the Technical Advisory Committee and endorsed by the Office of the Prime Minister.
- WHO has conducted a simulation exercise on the triage and referral mechanisms between The triage clinic and the isolation centre in Sebha.

### Pillar 8: Operational support and logistics

- The Libyan authorities has been informed by WHO on the establishment of the global Supply Chain portal, providing the national authorities an opportunity to procure COVID-19 supplies.

### Pillar 9: Maintaining essential health services

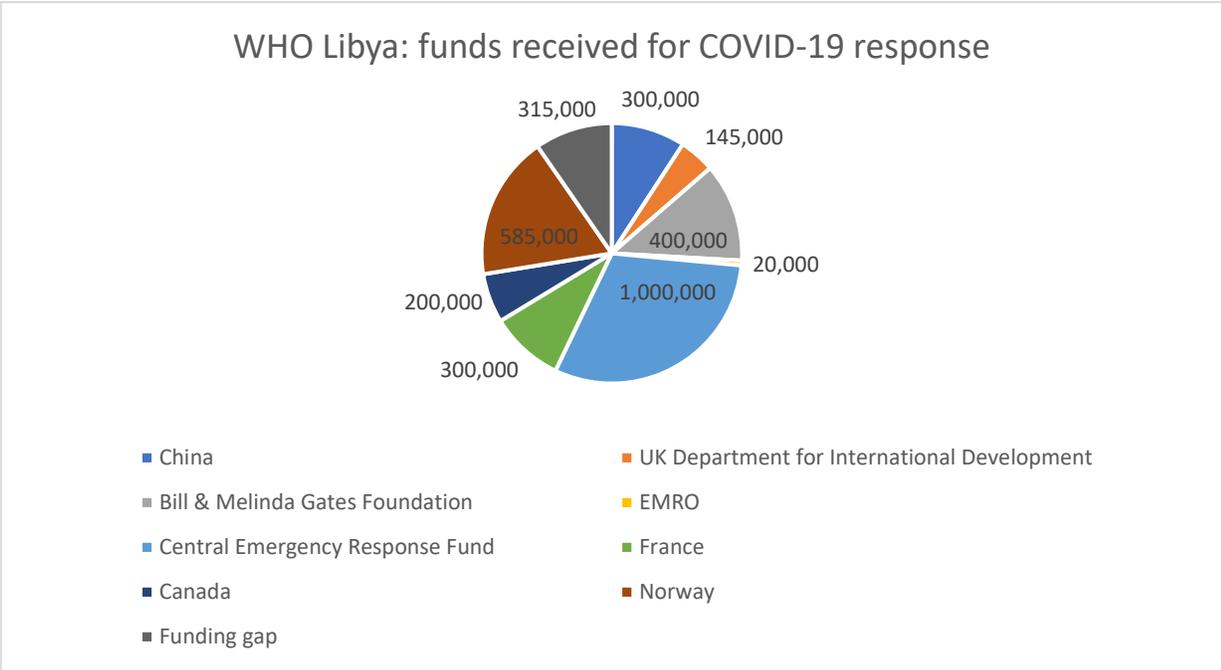
- UNFPA and UNICEF have completed the second draft of the “Essential Health Services” document, to which WHO has contributed inputs. The purpose of the document is to provide coordination and operational guidance on preparing a continuity plan for maintaining good quality, equitable essential health care services including sexual, reproductive, maternal, newborn, child, and adolescent health (RMNCAH) services during the pandemic.
- The EPI programme has resumed after four weeks of suspension of activities, with operational guidelines issued by the NCDC.
- During the teleconference with the WR on 13 May 2020, the GNA said it had serious concerns over the maintenance of essential health services. It recently held a technical meeting to explore how to strengthen this pillar.

## Training

- Thus far, WHO has supported, conducted, or facilitated COVID-19 training for over 1200 health workers. See Annex 1.

# FUNDS RECEIVED BY WHO

WHO has requested USD 3 265 000 to support the response to COVID-19 in Libya. Thus far, it has received USD 2 950 000 in contributions and firm pledges. It is preparing funding proposals for the African Development Bank (USD 500 000), USAID (USD 925 550) and the EU (EUR 6 million each for WHO, UNICEF and IOM).



## ANNEX 1 – TRAINING

TRAINING COURSES CONDUCTED, SUPPORTED OR FACILITATED BY WHO AS OF 13 MAY 2020				
N°	Training topic	Dates	Location	N° of staff trained
1	Risk communication	24-Feb-20	Tripoli	22
2	Rapid response teams	4-5 Mar 2020	Tripoli	17
3	Rapid response teams	11-12 Mar 2020	Benghazi	13
4	Case management & infection prevention & control (IPC)	14-15 Mar 2020	Tripoli	27
5	Scientific day on COVID-19 in cooperation with University of Tobruk	10-Mar-2020	Tobruk	73
6	COVID-19 case definition and IPC for health workers	14-Mar-2020	Tobruk	45
7	COVID-19 case definition, PPEs, and IPC for health workers	22-Mar-2020	Benghazi	45
8	COVID-19 case definition, PPEs, and IPC for health workers	23-Mar-2020	Albaida	39
9	COVID-19 case definition, PPEs, and IPC for health workers	24-Mar-2020	Dema	32
10	Education day on COVID-19 for police and security forces: mode of disease transmission, preventive measurements and personal hygiene	28-Mar-2020	Tobruk	130
11	Life-saving skills for CHWs in IDP settings	29-Mar-2020	Almarij	42
12	Education for COVID 19 + IPC	7-Mar-2020	Sabha	55
13	IPC During COVID 19	18-Mar-2020	Sabha	20
14	Education for COVID 19 + IPC	19-Mar-2020	Sabha	10
15	IPC During COVID 19 for medical doctors	25-Mar-2020	Sabha	44
16	Case management and ICU management for physicians	26-Mar-2020	Sabha	43
17	Optimum breastfeeding practices and safe motherhood with home precaution measures against COVID-19	30-Mar-2020	Tripoli	11
18	Optimum breastfeeding practices and safe motherhood with home precaution measures against COVID-19	31-Mar-2020	Tripoli	20
19	Training-of-trainers: rapid response teams	6-Apr-20	Tripoli	25
20	Case definition and IPC training workshop	4-Apr-20	Tobruk	34
21	COVID-19-oriented training activities	4-Apr-20	Briga	86
22	Case definition and home care for patients with suspected COVID-19 presenting with mild symptoms, and management of their contacts	4-Apr-20	Al-Wahat "Shkhira" (South-East)	99
23	Case definition and home care for patients with suspected COVID-19 presenting with mild symptoms, and management of their contacts (two groups)	4-Apr-20	Tobruk	42
24	Case definition and home care for patients with suspected COVID-19 presenting with mild symptoms, and management of their contacts (two groups)	4-Apr-20	Tobruk	38
25	Rapid response teams	29-30 Mar 20	Sebha	29
26	IPC for medical doctors	29-Mar-20	Sebha	17
27	Case management and ICU management for medical doctors	30-Mar-2020	Sebha	17
28	IPC for medical doctors	8-Apr-20	Sebha	15
29	Case management and ICU management for medical doctors	9-Apr-20	Sebha	15
30	IPC for medical doctors	16-Apr-20	Sebha	12
31	Case management and ICU management for medical doctors	18-Apr-20	Sebha	12
32	IPC for nurses and other medical staff + psychosocial support during COVID-19	19-Apr-20	Sebha	82
<b>TOTAL</b>				<b>1211</b>