



LIBYA

COVID-19 Flash Update No. 1

Last updated: 30 March 2020

This report is produced by OCHA Libya in collaboration with WHO Libya and humanitarian partners. The next report will be issued on or around 6 April 2020.

HIGHLIGHTS

- As of 29 March 2020, there has been eight confirmed cases of COVID-19 reported in Libya.
- Libya's COVID-19 Health Sector Plan has been developed, appealing for US \$12.5 million, targeting key hospitals and locations in all 22 districts, in six technical areas.
- The most urgent needs include isolation units, personal protective equipment, lab reagent detection kits and training of health care workers.
- Ongoing clashes and COVID-19 prevention measures are hampering humanitarian access, free movement of medical and humanitarian personnel and medical and humanitarian assistance across the country.

8 people confirmed COVID-19	112 suspected COVID-19 cases	125 people in quarantine	\$12.5M required for COVID-19 Health Sector Plan
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SITUATION

As of 29 March 2020, the Libyan National Centre for Disease Control (NCDC) has reported eight confirmed cases of COVID-19 reported in Libya. There is a total of 112 suspected cases, 120 cases have been tested and 125 people have been placed into quarantine. Of the confirmed cases, six have been identified in Misrata and two in Tripoli.

Libya is at high risk of the spread of COVID-19 given its growing levels of insecurity, political fragmentation, weak health system and high numbers of migrants, refugees and IDPs. Libya is in its ninth year of instability and conflict. The Libyan health system was already over-stretched, under-resourced and unlikely to be able to respond to the pandemic.

Both national authorities in the West and East have implemented curfews – 14:00 to 07:00 in the West and 15:00 to 07:00 in the East – in addition to other prevention measures limiting the movement between municipalities and regions. Friday prayers and gatherings at mosques have been suspended until further notice, as have all major events and gatherings. All shops have been closed, except for those selling food and pharmacies. Schools have also been closed. Restrictions of some public transportation have been imposed.

All air, land and sea borders are closed, with exemptions for certain people and services. Additional restrictions are also reportedly being put in place at the sub-national level by municipal authorities. Points of entry (PoEs) to screen travelers arriving from affected areas have been established at three airports (Mitiga, Misrata and Benina), four sea ports and land border entry points at Ras Ijdier, Wazen and Msaed. Each PoE is coordinating with the NCDC's International Health Control Office on the measures to be taken to detect suspected cases.

Humanitarian Impact and Access

The ongoing clashes, along with COVID-19 restriction measures, hamper humanitarian access and the free movement of medical and other humanitarian personnel, as well as humanitarian assistance across the country. For the month of March, humanitarian agencies have reported 164 access constraints related to COVID-19 (19 per cent of all reported access constraints). This was due to measures imposed by the authorities in Libya, such as curfews and limitations on movement, but also due to precautionary measures taken by humanitarian agencies to avoid transmission. For example, agencies have reported not being able to dispatch trucks to deliver assistance over long distances to the curfew conditions. Negotiations are ongoing with the relevant authorities to issue exemptions for humanitarian movements and activities so that assistance is delivered during this critical time.

This also includes humanitarian air flights, which UN agencies and INGOs rely on to move humanitarian personnel. There are ongoing efforts with relevant authorities in both the West and East to ensure that there is timely clearance of critical medical supplies, humanitarian assistance and humanitarian air flights.

A number of humanitarian partners, including UN agencies, INGOs and national NGOs have reported operational delays and disruptions due to preventive measures. Many programmes, included those under the 2020 Libya Humanitarian Response Plan (HRP) are either being suspended, delayed or reduced, or are being re-directed or adapted to complement activities in the COVID-19 Health Sector Response Plan. Partners are also reviewing assistance modalities to mitigate risk of transmission. For example, partners are revising how to undertake distribution of assistance, including identification of sites to channel traffic, avoid crowding and maintain social distancing, as well as ensuring staff have adequate personal protective equipment and any personnel who travelled during the past 14 days are not present at distribution points.

Existing organization helplines are being used to disseminate household-level COVID-19 prevention measures among callers. The Inter-Agency Common Feedback Mechanism, established in January 2020, is working with the Ministry of Health's National Centre for Disease Control to serve as a COVID-19 information channel. The call center is being used to provide information and official guidelines, raise awareness on the virus and how to protect from it, and hear back from people about any potential rise in needs.

Registration and refugee status determination appointments remain on hold. However, urgent registration or documentation issues or questions are being dealt with through the UNHCR's Registration Hotline. Remote registration and document verification for newborn babies is also being implemented. Refugees and asylum-seekers with expired registration certificates are, until further notice, being treated the same as those holding valid registration documents to continue to be able to access protection and assistance services.

Around 1,500 refugees and migrants remain in government-run detention centres (an unknown number remain in unofficial detention centres). Living in conditions of severe overcrowding, with insufficient access to sanitation facilities, food, or clean water, and where there are wide-spread reports of human rights violations, they are also at risk of the potential spread of COVID-19. While there has been recent efforts of the Directorate of Combatting Illegal Migration (DCIM) to reduce the number of migrants in detention, in light of the COVID-19 threat, the Humanitarian Country Team (HCT) continues to advocate for the further decongestion of detention centers to prevent the potential spread of COVID-19 in overcrowded facilities.

PREPAREDNESS AND RESPONSE

The focus of the HCT in Libya is to reinforce comprehensive, multi-sectoral preparedness and mitigation measures for a possible outbreak of COVID-19, while continuing, to the extent possible, principled programme delivery and provision of life-saving assistance across the country. WHO is the lead agency and is working to support the Ministry of Health (MoH) and NCDC in enhancing health preparedness and response to COVID-19, in accordance with international standards and guidelines.

A High-Level Task Force, led by the Prime Minister, has been established in Tripoli, as well as an Emergency Technical Group, led by the Minister of Health (MoH), both of which meet regularly to discuss identification and preparation of isolation sites, compliance with curfew, support to health facilities, monitoring and follow-up on health conditions on Libyans outside the country, and the development of concrete plans to allocate and channel funds to municipalities. In the East, interim MoH assigned two focal points for COVID-19 and established a scientific committee and Supreme Committee, comprised of representatives of line ministries and Medical Advisory Committee, to support COVID-19 prevention and response. In the South, WHO took the lead to coordinate preparedness and response efforts in close coordination with NCDC branch in Sebha, engaging with relevant stakeholders in municipalities in the south.

The national laboratory in Tripoli is ready to receive and test COVID-19 samples. Similar arrangements were made for Benghazi, with plans to expand to two other cities (Zwara and Misrata). Six Rapid Response Teams have been assigned for investigation, sample collection and response in the three regions of the country.

The COVID-19 Health Sector Plan, in coordination with national authorities, has been developed with the overall goal to reduce morbidity and mortality by interrupting human to human transmission resulting from COVID-19 among the populations of Libya by scaling up country preparedness and response operations. This also includes reducing secondary infection among close contact and health care workers.

The plan aims to ensure packaged support and assistance to district and municipality levels targeting key hospitals and locations in all 22 districts and 100 municipalities, through the six prioritized technical areas: enhance national surveillance and early warning; strengthen rapid response teams across the country; support international health control offices at points of entry; improve laboratory capacity; increase health information and communication; and support the establishment of isolation wards/departments in selected hospitals. The most urgent needs currently are isolation units, personal protective equipment, lab reagent detection kits and training of health care workers.

Currently, in addition to ongoing humanitarian operations that have been able to continue under the current restrictions, the response under the COVID-19 Health Sector Plan includes:

- Training and capacity building for health specialists and rapid response teams on COVID-19 prevention and response.
- Facilitation of the transportation of COVID-19 reagents to Benghazi to enable testing in the East.
- The procurement and distribution of critical supplies, including: 17,000 examination gloves, 15,000 sterile gloves, 3,000 sterile gowns, 15,000 gowns, 4,000 surgical masks, 10,000 aprons, 10,000 surgical caps and 150 hand disinfecting gels.
- Printing and distributing 100,000 information leaflets on prevention of COVID-19 that will be provided to beneficiaries during distributions, as well as 50,000 IEC materials (flyers and posters).
- Additional posters to raise awareness among the local communities by displaying these materials in pharmacies and grocery shops. This life-saving information is also being used through social media campaigns with local partner organizations on prevention and psychosocial support messages.
- Production of real and animated videos on COVID-19 prevention.
- Technical support to the NCDC and MoH on preparedness measures for detection, investigation, specimen collection and isolation as per WHO guidelines and last updates.
- The Common Feedback Mechanism is working with the NCDC to serve as a COVID-19 information channel, providing information and official guidelines, raising awareness on the virus and protection measures, and receiving calls from the community about any potential rise in needs.

FUNDING

Due to the pandemic, a COVID-19 Global Humanitarian Response Plan to address direct and indirect public health consequences on the population was developed, with inputs from FAO, IOM, UNDP, UNFPA, UN-Habitat, UNHCR, UNICEF, WFP and WHO. Libya is included in this global plan.

In Libya, the COVID-19 Health Sector Plan was developed, currently appealing US \$12.5 million. To support this response plan, around \$1.3 million has been made available or received for activities. Currently the Inter-Sector Coordination Group is working with sectors to identify activities, either in the 2020 Humanitarian Response Plan, or new activities that will complement a multi-sector COVID-19 response.

However, the 2020 HRP remained significantly under-funded (currently only two per cent funded), which will significantly hamper the humanitarian response to the broader Libya crisis, further compounding people's vulnerabilities and therefore risk to COVID-19. Sustaining funding for the Humanitarian Response Plan during the COVID-19 pandemic is vital to ensure that existing vulnerabilities are not exacerbated, and life-saving needs are addressed.

Nationally, funds for preparedness and response activities have been limited. To date, announcements to support the NCDC Preparedness and Response plan (requiring 10.5 million LYD) and a statement by the Prime Minister allocating 500 million LYD for COVID-19 response have been committed. Discussions are ongoing with health and other high-level authorities, including the Central Bank, to ensure timely release of all announced funds and immediate actions to pay Libyan health staff, many who have not received their salaries in several months.

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