HIGHLIGHTS

- As of 5 April 2020, there are 18 confirmed cases of COVID-19 reported in Libya, including one death.
- Immediate needs include the support to rapid response teams, personal protective equipment, laboratory diagnostic kits and other essential supplies, as well as the establishment and support to isolation sites and wards, training and capacity-building of health staff, health education and the distribution of awareness materials.
- Despite calls for a global ceasefire to focus on fighting COVID-19, clashes continue in Libya. The Libyan Humanitarian Country Team call on parties to the conflict in Libya to immediately cease fighting and redirect all efforts in preparing and responding to the COVID-19 pandemic.
- Facilitation of humanitarian assistance, for both ongoing programming and COVID-19 response interventions, is critical to ensure humanitarian organizations can continue to implement life-saving activities.

<table>
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<th>18</th>
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<td>people confirmed COVID-19</td>
<td>COVID-related deaths</td>
<td>samples tested</td>
<td>suspected cases in quarantine</td>
<td>Funding gap for COVID-19 Health Sector Plan</td>
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</tbody>
</table>

SITUATION OVERVIEW

As of 5 April 2020, the Libyan National Centre for Disease Control (NCDC) has reported 18 confirmed cases of COVID-19 reported in Libya. This includes Libya’s first COVID-related death of an 82-year-old woman. There are a total of 312 tests performed and 307 suspected cases in quarantine. Of the confirmed cases, the majority are in Misrata and Tripoli. WHO continues to work with the Ministry of Health (MoH), the NCDC and other authorities to ensure early identification of cases and their contacts, isolation of cases and quarantine of contacts.

Despite calls for a global ceasefire to focus on fighting COVID-19, clashes continue in Libya, particularly in and around Tripoli and near Sirt. The Humanitarian Country Team (HCT) in Libya supports the Secretary General’s call for a global ceasefire and continues to advocate and call on all parties to the conflict in Libya to immediately cease hostilities and redirect all efforts in preparing and responding to the COVID-19 pandemic.

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

Immediate needs include the support to rapid response teams, procurement and distribution of personal protective equipment, procurement of laboratory diagnostic kits and supplies for COVID-19, establishment and support to isolation sites and wards (within or outside hospitals), provision of training and capacity-building, distribution of awareness materials and health education.

A total of 305 isolation rooms and 542 quarantine and stabilization rooms have been identified across the country. But reports of community resistance to health centres being used to isolate and treat suspected cases continues, increasing the likelihood of security forces being used to maintain law and order. There is a need to build up PCR laboratory capacity across the country, particularly in the South, as currently tests need to be transferred to Tripoli. The NCDC reports that 217 health Rapid Response Teams are required across the country, with only 74 fully equipped teams available, and has requested support from health sector partners to enhance the capacity of additional teams. Providing surveillance at all Points of Entry (PoEs) in Libya remains a challenge, particularly in the South. The health sector continues to advocate with authorities on surveillance and mandatory testing for any returning Libyans. The NCDC continues production of awareness materials through media, social media and other platforms and publishes daily updates and video statements for the public.
Humanitarian Impact and Access

The ETS-managed Common Feedback Mechanism, which is supporting the NCDC by serving as a COVID-19 information channel, has so far received 4,239 COVID-related calls. From 29 March to 4 April, the call centre answered 580 calls regarding COVID-19. This is a reduction in the number of calls from the previous week. However, the percentage of calls that are reporting COVID-19 symptoms has increased rapidly, demonstrating people’s understanding of what symptoms are and who to address for help. All cases that reported COVID-19 symptoms were referred to the NCDC.

A joint market monitoring survey, conducted from 1 to 9 March 2020, stated that unofficial liquefied petroleum gas (LPG) as well as prices of essential items continue to fluctuate, with prices of hygiene items having increased by 6.2 per cent since February 2020. It should be noted that the survey was undertaken prior to the imposition of COVID-19 prevention measures. As Libya relies heavily on imports to meet the needs of its domestic market, the closure of land borders has already led to reports of doubled fruit and vegetable prices in some local markets. Suppliers are also expecting to see a severe shortage of produce across the country in the near future. This will place many vulnerable people at further risk of not being able to meet their needs or resort to desperate measures to cope with food shortages. This is particularly true for people engaged in the informal economy and day labourers who lost their access to revenue streams.

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. In March 2020, humanitarian agencies reported 164 access constraints related to COVID-19 (19 per cent of the total 851 access constraints reported for March).

The Humanitarian Country Team continues to advocate with authorities, including at the highest levels, for immediate and unrestricted humanitarian access for humanitarian personnel and assistance, for both ongoing humanitarian programming and COVID-19 response activities. This includes the removal of all restrictions and immediate importation of health supplies both for the COVID-19 response and other humanitarian assistance. Shortages of essential medicines and supplies add yet more strain on the health system and capacity of humanitarian agencies to respond to life-saving needs.

PREPAREDNESS AND RESPONSE

The focus of the HCT in Libya is to reinforce comprehensive, multi-sectoral preparedness and mitigation measures for the outbreak of COVID-19, while continuing, to the extent possible, the provision of life-saving humanitarian 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. The health sector’s assistance, led by WHO, is organized around the eight pillars of the COVID-19 health response plan.

Partners are also reviewing assistance modalities to mitigate risks of transmission. For example, partners are revising how to undertake distributions of assistance. This includes the identification of distribution sites to channel traffic, avoid crowding and maintain social distancing. It also includes ensuring that staff members have adequate personal protective equipment (PPE) and any personnel who travelled during the past 14 days are not present at distribution points.

HEALTH

As of 31 March 2020, almost 70 training and other capacity-building events are planned. WHO is leading the process to standardize the training package for Libya in coordination with the MoH, NCDC and health sector partners.

Pillar 1: Coordination
- The health sector has finalized its preparedness and response plan and is publishing regular updates on the evolving situation and activities being implemented.
- Regular ad hoc health sector meetings are being convened in Tripoli.
- Health sector participates in the Inter-Sector Coordination Group.
- Mapped all available resources and shared the information with the MoFA in Tripoli.
- Providing technical support to the MOH and NCDC on all eight pillars of the response.

Pillar 2: Risk communication and community engagement
- A risk communication and community engagement group has been established. An integrated communications strategy has been developed and forms the basis of an implementation plan being prepared that sets out the roles and responsibilities of each partner.
- Finalizing the Arabic version of guidance on Risk Communication for Health Care Facilities.
• Printed 100,000 health information leaflets to be distributed with food baskets. Printed additional 25,000 copies of the NCDC’s health information materials.
• Implementing awareness and educational activities across the country.
• Printing 50,000 IEC materials (flyers and posters) produced by the NCDC, including real and animated videos on COVID prevention.
• Mobilizing Libyan Women’s network for Peacebuilding to support communicating official messages from NCDC.
• Providing training to empower women and youth CSOs across Libya, including key messaging on COVID 19.

Pillar 3: Surveillance, rapid response teams and case investigation
• The health sector is supporting contact tracing and the development of the work plan for rapid response teams across the country.
• Continued procurement and distribution of essential medical supplies, including 100 gowns, 37,000 gloves (examination and sterile), 100 goggles, 9,200 masks (normal, surgical and N95), 420,000 aprons, 18,000 gowns (inc. sterile gowns), 10,000 surgical caps, 150 hand disinfecting gels and 30 gum boots.
• Working closely with the MOH, Ministry of the Interior to repurpose the Gathering and Departure Facility in Tripoli as part of COVID-19 preparedness.

Pillar 4: Points of entry
• Establishing health offices at two border crossing points (Tunis and Egypt) and five disembarkation points.

Pillar 5: National laboratory
• Delivered 1 set of PPE, 1 PCR diagnostic kit (100 tests) and has provided logistic support for the importation of an additional 3 PCR kits.
• Continues to meet with the authorities in Benghazi to facilitate the transportation of COVID-19 reagents between Tripoli and Benghazi.

Pillar 6: Infection prevention and control
• Supporting NCDC and MoH preparedness and providing WHO guidelines and updates.
• Coordinating with Directorate for Combatting Illegal Migration (DCIM) on disinfecting in detention centers.

Pillar 7: Case management
• Supporting data collection and mapping readiness and preparation at district and municipality levels. Three WHO hubs and 10 field coordinators are involved in this process.

Pillar 8: Operational support and logistics
• Health sector continues to advocate with authorities to remove all restrictions and allow importation of any health supplies related for COVID-19 response (medicines, consumables and equipment) and non-COVID health supplies.

EDUCATION

All schools across Libya remain closed as a preventative measure. Education sector partners are supporting the Ministry of Education to carry out distance learning, such as through TV and the internet.

EMERGENCY TELECOMMUNICATIONS

• The ETS-managed Common Feedback Mechanism has been asked by the Ministry of Health’s National Centre for Disease Control (NCDC) to serve as a COVID-19 information channel.
• In the last week (29 March – 4 April), the call centre answered 667 (87 unable to be answered) calls regarding COVID-19. The majority (554) requested information on COVID-19, while the rest wanted to confirm their symptoms. Of these, 16 had non-COVID-related symptoms, 94 had low-severity possibly COVID-related symptoms, and 3 had high-severity symptoms. All cases reporting COVID-related symptoms were referred to the NCDC. The total number of COVID-related calls thus far amount to 4,239.
FOOD SECURITY

- FSS partners continue undertake in-kind food distributions, in line with recommended mitigation measures. Awareness leaflets provided by the health sector will be distributed along with rations.
- Since 30 March, school feeding has continued through delivery of date bars to students and their families as take home rations instead of onsite school meals, reaching 18,379 school children and their families enrolled in the WFP School Feeding programme in Ghat, Alqatroun, Alsharguia and Alkufra.
- A mechanism is being put in place to address additional requests for support, which will include requests that meet eligibility and prioritization criteria.

PROTECTION (inc. Child Protection, GBV, Mine Action and Cash)

- The Protection Sector undertook a criticality exercise outlining the key protection activities that will continue during COVID-19.
- Protection partners have adopted mitigating measures to avoid transmission of the virus and alternative modalities for delivery of core services such as telephonic counseling for core psychosocial support and case management activities.
- Protection Sector partners identified activities that can effectively fall under the Health Sector’s strategy pillars, primarily through the Risk Communication and Community Engagement pillar and is utilizing existing protection community mobilizers and community networks to disseminate key messaging related to prevention and response to COVID-19.

SHELTER/NON-FOOD ITEMS (NFI)

- All Shelter/NFI actors are continuing with provision of NFIs in detention centres, disembarkation points, community centres and at household levels. Large scale distributions are being adapted to modalities that follow COVID-19 mitigation measures.

WATER, SANITATION AND HYGIENE (WASH)

- A WASH sector strategy to COVID-19 has been drafted, in line with the water authorities and NCDC’s COVID-19 plan.
- Assessed WASH needs at the GDF site. Improvement of WASH facilities and IPC services will be provided to GDF and other selected health centers.
- Needs assessments undertaken at four collective centers. 113 families (approx. 565 people) provided with hygiene supplies and disinfectants. Collective centers are being prioritized due to poor and crowded living conditions.
- Fumigation, disinfection, cleaning and sterilization completed in five detention centres (from 22 March – 2 April).

COMMON SERVICES (inc. Coordination and Logistics)

- Coordination at the sectoral, inter-sectoral and HCT level is regularly conducted. A COVID Operations Group has also been established to support operational planning.
- Logistics is monitoring the situation and its impact on the ground. Despite movement restrictions due to COVID-19 prevention measures and curfews, entry points remain operational. Ports in Tripoli, Benghazi, Misrata, and Khoms regularly receive cargo consignments. Airports in Benghazi, Tripoli and Misrata are open to government, MEDEVAC, cargo and humanitarian flights only. Land crossings with Egypt and Tunis remain closed except for commercial cargo. Inland transport has been affected negatively due to limited working hours and curfew restrictions.
- The air carrier operating for the UN Humanitarian Air Service (UNHAS) for Libya informed UNHAS on 2 April that, due to operational constraints caused by COVID-19, they would be terminating their contract. This has forced UNHAS to cancel all flights until further notice. A replacement aircraft has been identified and documentation submitted to
respective authorities. UNHAS is working with the International Civil Aviation Organization and WFP Aviation HQ to fast track clearance processes. The UNHAS service is of critical importance for humanitarian access and the continuation of humanitarian assistance across the country.

**FUNDING**

As of 5 April 2020, the COVID-19 Global Humanitarian Response Plan, which requests US $2 billion for the global response to COVID-19, and in which Libya is included, has received $401 million; 20 per cent of the requirement.

In Libya, the COVID-19 Health Sector Plan appeals for US $13.6 million. To support this response plan, around $2.7 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; $5.2 million has been received to date, 4.5 per cent of the requested $115 million. Without critical funding this 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.

In addition to the $500 million LYD previously announced by the Government of National Accord for the COVID-19 response, on 31 March 2020, the Government confirmed the allocation of an additional $75 million LYD for COVID-19 prevention and response to be directed to municipalities, local councils and steering committees. 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.

**For further information, please contact:** ochalibya2@un.org

Mr. Niels Scott, Head of Office, OCHA Libya, scott2@un.org

Ms. Jennifer Bose Ratka, Public Information Officer, OCHA Libya, bose.ratka@un.org

Ms. Samantha Orr, Humanitarian Affairs Officer, OCHA Libya, orrs@un.org