

# Health response to COVID-19 in Libya

## WHO update # 22

### Reporting period: 10 to 23 December 2020

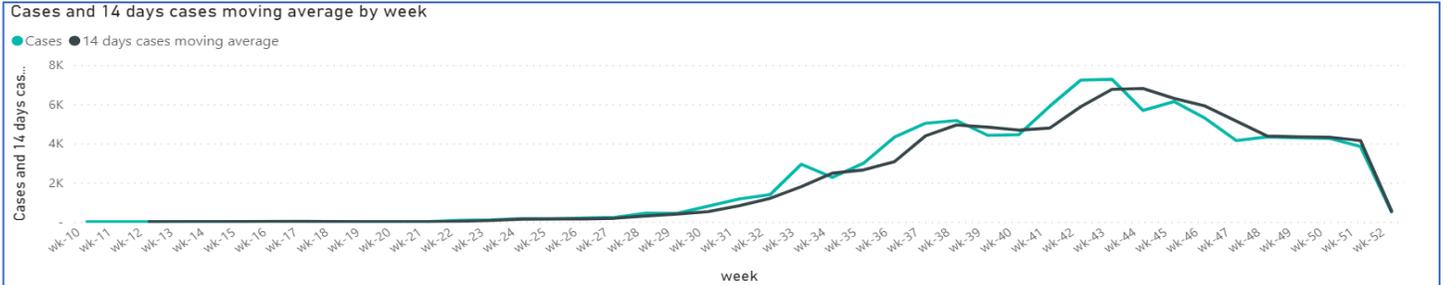


Figure 1: Weekly moving average for COVID-19 cases in Libya

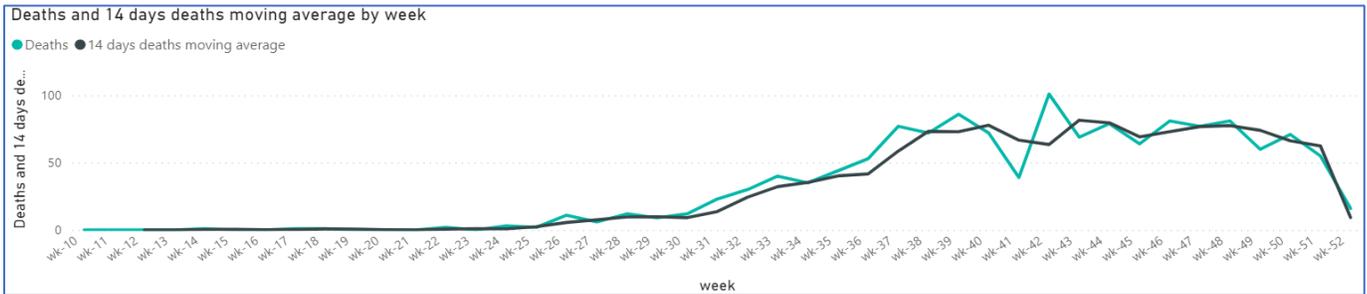


Figure 2: Weekly moving average for COVID-19 deaths in Libya

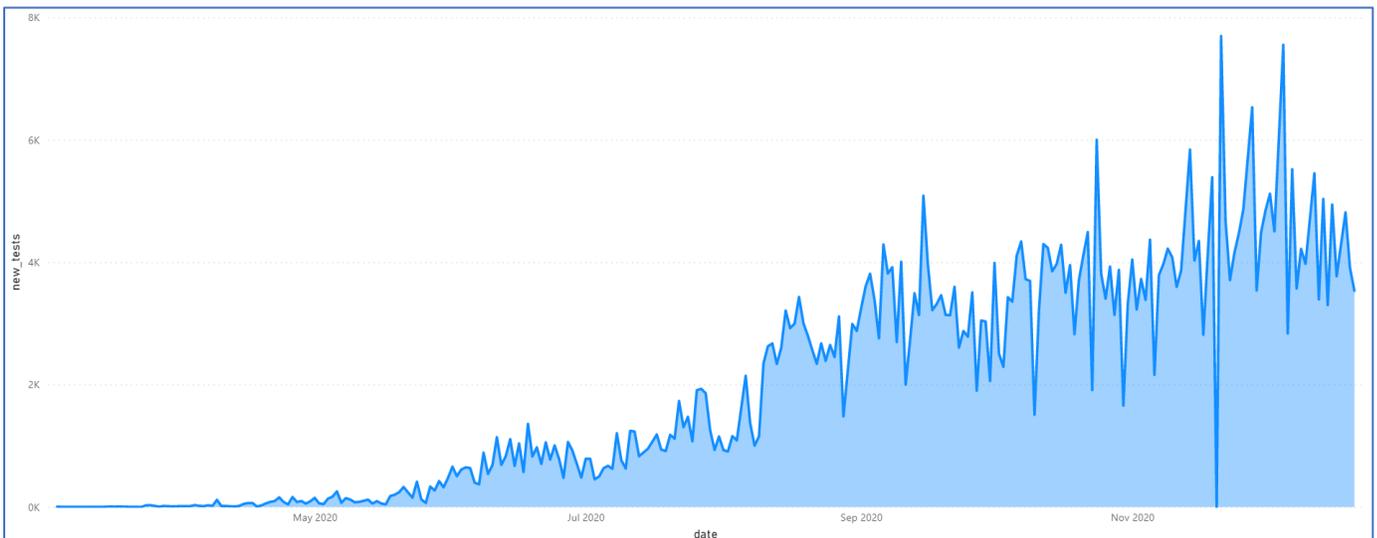


Figure 3: New laboratory tests conducted by month in Libya

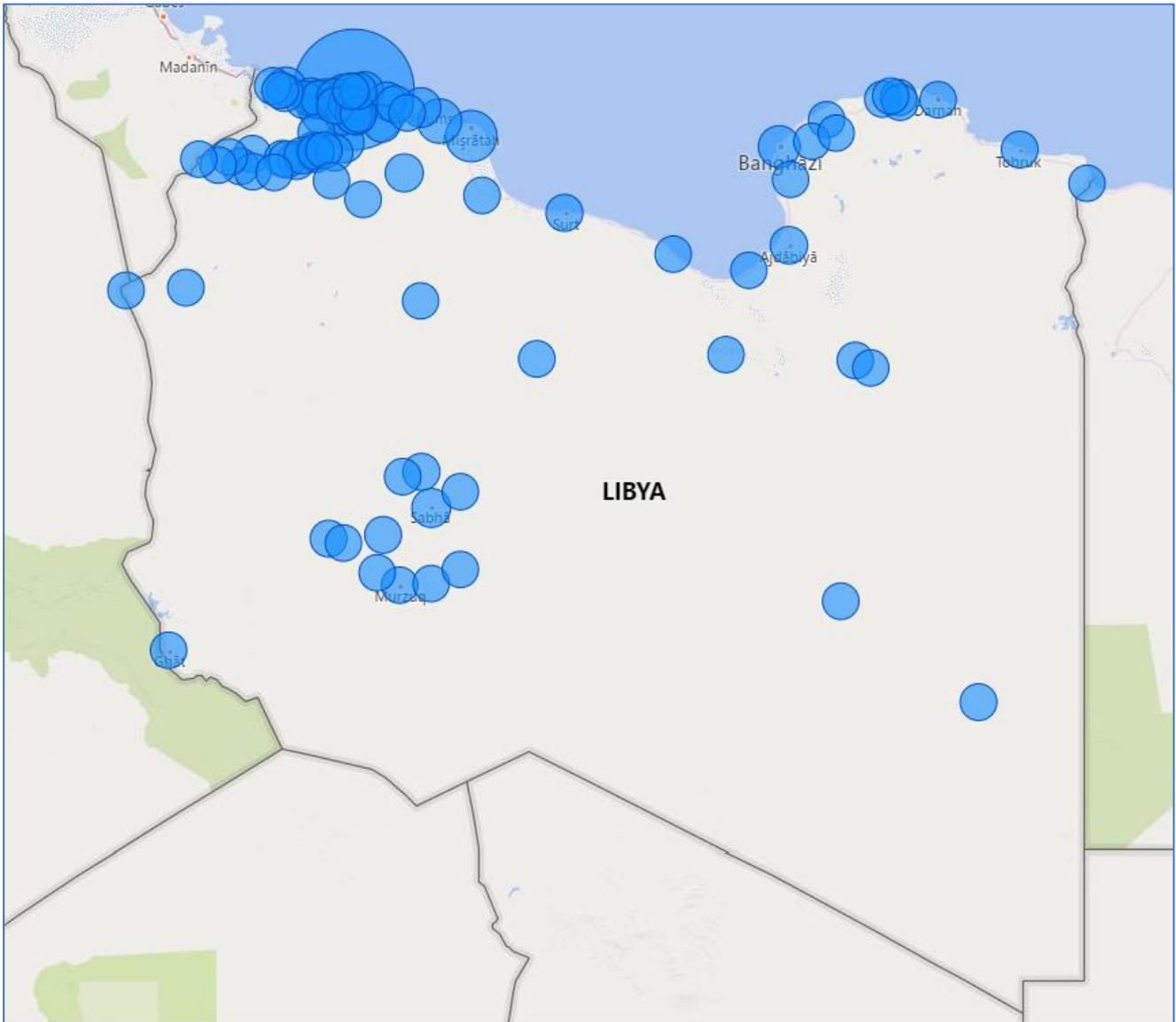


Figure 4: Cumulative COVID-19 cases in Libyan municipalities since the beginning of the pandemic (by latitude and longitude)

## Highlights

- As of 21 December 2020 (week 51), Libya occupied the 10th place in the list of the ten countries with the highest number of cases in the Eastern Mediterranean region. It occupied the 6th place among the top ten countries with the highest number of deaths in the region. The number of cases and deaths decreased compared to week 50.
- Libya has 1405 confirmed cases of COVID-19 per 100 000 population (the highest in the North African region, followed by Morocco), with 20 deaths per 100 000 population (second only to Tunisia in the region). A cumulative total of 95 708 cases has been reported since the first case of the disease was reported in the country on 24 March 2020.
- Of the cumulative number of cases, 28 247 people remain actively infected and 66 076 have recovered. During the reporting period, the cumulative number of deaths rose to 1385. The national case fatality rate

(CFR) of 1.4% remains well below the regional CFR of 2.2% but remains difficult to interpret given the low rates of testing and Libya's weak mortality surveillance system.

- The municipalities that have reported large numbers of confirmed **cases** include Tripoli (3874/100 000), Misrata (2061/100 000) and Jabal al Gharbi (1515/100 000). The much lower rates in Sebha (935/100 000) and Benghazi (367/100 000) reflect the low number of tests conducted (laboratories are not receiving samples due to the low number of notifications by rapid response teams (RRTs)).
- The municipalities that have reported large numbers of COVID-19 deaths include Al Kufra (76/100 000), Nalut (52/100 000) and Zwara (43/100 000), which has overtaken Azzawya (42/100 000) from the last situation update. The lower rates in Sebha (30/100 000) and Benghazi (9/100 000) are again a reflection of low levels of case notifications and testing.
- Over the past two weeks, testing has decreased (51 903 samples tested compared with 56 623 during the previous reporting period). The total number of specimens tested is 535 108 and the cumulative positivity rate is 17.9 %, much higher than the threshold of 5%. This calls for stricter public health and social measures and a rapid scale up of COVID-19 testing across the country, especially the south and east.
- Detailed daily COVID-19 analyses based on National Centre for Disease Control (NCDC) and WHO data are available at the [COVID19 Dynamic Infographic Dashboard of Libya](#) maintained by the Health Management and Information System team in the WHO country office in Libya.
- Tripoli and Benghazi mantikas (municipalities) remain classified as community transmission (CT1) with low incidence of locally acquired, widely dispersed cases detected in the past 14 days. Many of the cases are not linked to specific clusters. Transmission may be focused on certain population sub-groups.

## Response

### Pillar 1: Coordination

WHO:

- Continued providing technical guidance to national and regional COVID-19 committees and disseminating daily and weekly updates on the disease.
- Conducted joint visits (with a member of the national steering scientific committee) to several triage, isolation and health care centres in Sebha to assess gaps and needs. Action plans were drafted based on the findings of these visits.
- Met with representatives of the German Embassy and facilitated their visit to Benghazi Emergency Operations Centre, which is coordinating COVID-19 activities.
- Assessed the quality of oxygen manufactures in Benghazi and Sahat.
- Followed up daily on a COVID-19 outbreak in Massa retirement home (near Al Baida city). Of 85 samples tested, 35 were positive. The health authorities have imposed strict quarantine measures. WHO assessed IPC measures in the retirement home, donated PPE and reached out to other health partners to support the response.

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

WHO:

- Developed COVID-19 health promotion messages and posted them daily on the WCO's social media platforms.

- Met with UNICEF to review the RCCE work plan for COVID-19. WHO will share educational guidelines for different target groups (teachers, schoolchildren) with UNICEF.
- In cooperation with the NCDC, conducted an educational session on COVID-19 precautionary measures for 26 journalists during a national workshop on TB prevention.
- Designed posters and other visibility materials and distributed them to the Ministry of Labour to be displayed during a national workshop on Women & Violence during COVID-19. The workshop was attended by the WHO Representative and the Minister of Labour.
- Met with the Director of the NCDC's Tobacco Control Programme to discuss the organization of a national workshop and preparation of background materials on tobacco control activities in the context of COVID-19.
- Posted tweets and Facebook messages (in Arabic and English) about WHO's COVID-19 activities (available at <https://twitter.com/WHOLIBYA> and <https://www.facebook.com/WHOLIBYA/>).

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

WHO:

- Continued to follow up with the NCDC on daily registered COVID-19 cases and the epidemiological situation, and updated the [COVID19 Dynamic Infographic Dashboard for Libya](#).
- Shared WHO's updated COVID-19 case definitions with the NCDC.
- Provided feedback to the NCDC and submitted data for the COVID-19 monitoring and evaluation dashboard maintained by WHO's Regional Office for the Eastern Mediterranean (EMRO).
- Participated in online meetings with the NCDC and EMRO to discuss the evaluation and expansion of the disease Early Warning and Response network (EWARN).
- Supported three NCDC training workshops for 59 EWARN surveillance officers in south, west and central municipalities on the new EWARN reporting application, which includes COVID-19 as a priority disease.

### Pillar 4: Points of entry

- WHO coordinated with the COVID Advisory Committee in Tobruk and Emsaad to send five laboratory technicians from Tobruk and the Libyan-Egyptian border for training in Benghazi.

### Pillar 5: National laboratory

- WHO supported three training workshops in Tripoli from 12 December to 14 December for 70 laboratory technicians from 14 laboratories in west Libya. The workshops covered COVID-19 laboratory confirmation, biosafety and biosecurity. WHO is planning a similar workshop for laboratory technicians in the south.
- Laboratory capacity in the east and south is weak. In Al Baida (east Libya), the lack of automated DNA extraction machines is delaying the testing of samples. Al Mansura hospital (also in east Libya) has shortages of GeneXpert cartridges. There are shortages of sample collection kits required to test travellers.

### Pillar 6: Infection prevention and control (IPC)

WHO:

- Assessed IPC measures at health facilities in south, east and west Libya. The results of the assessment will be shared with the MoH, which will use them to prioritize needs and prepare action plans.
- Is supporting two training workshops on IPC and case management of COVID-19 for 100 physicians working in the isolation and triage centres in Sebha.

- Provided technical guidance to the NCDC on enhancing IPC measures for domestic and international flights.

### Pillar 7: Case management

- WHO organized or supported the following workshops:
  - A three-day training workshop for 20 physicians working in the isolation departments of public hospitals in Tripoli. Participants were trained on IPC and managing COVID-19 patients, including those who were critically ill.
  - A one-day workshop to update the nine-pillar COVID-19 national response plan, with a special focus on the case management and logistic/operational support pillars.
  - A two-day training workshop for 17 physicians working in Misrata Medical Centre on the case management of COVID-19 patients with mild to moderate respiratory symptoms.
- WHO conducted a rapid assessment of the isolation department in Tobruk medical centre. The centre has acute shortages of medicines such as heparin, azithromycin and dexamethasone.
- Severe shortages of oxygen were reported in Al Mansura, Al Bayda and Derna hospitals in east Libya. WHO facilitated the transportation of liquid oxygen from Tripoli to Benghazi to cover acute shortages across the east.
- Sebha isolation centre reopened on 21 December. At present, only one patient has been admitted.
- The MoH has closed the isolation department in Al-Maqrif Hospital in Ejdabia municipality (east Libya). COVID-19 patients are being referred to the isolation centre in Benghazi.

### Pillar 8: Operational support and logistics

- WHO distributed the following items:
  - PPE to Zliten Isolation Centre, Misrata Isolation Centre, Sebha University/Dental College, Benghazi Supreme Committee (for further distribution to facilities in the east) and Benina Airport.
  - 37 oxygen concentrators to PHC centres in Batta, Tolmaitha and Jardas, as well as the NCDC in Ejdabia, the Benghazi Supreme Committee and Benghazi RRTs.

### Pillar 9: Maintaining essential health services

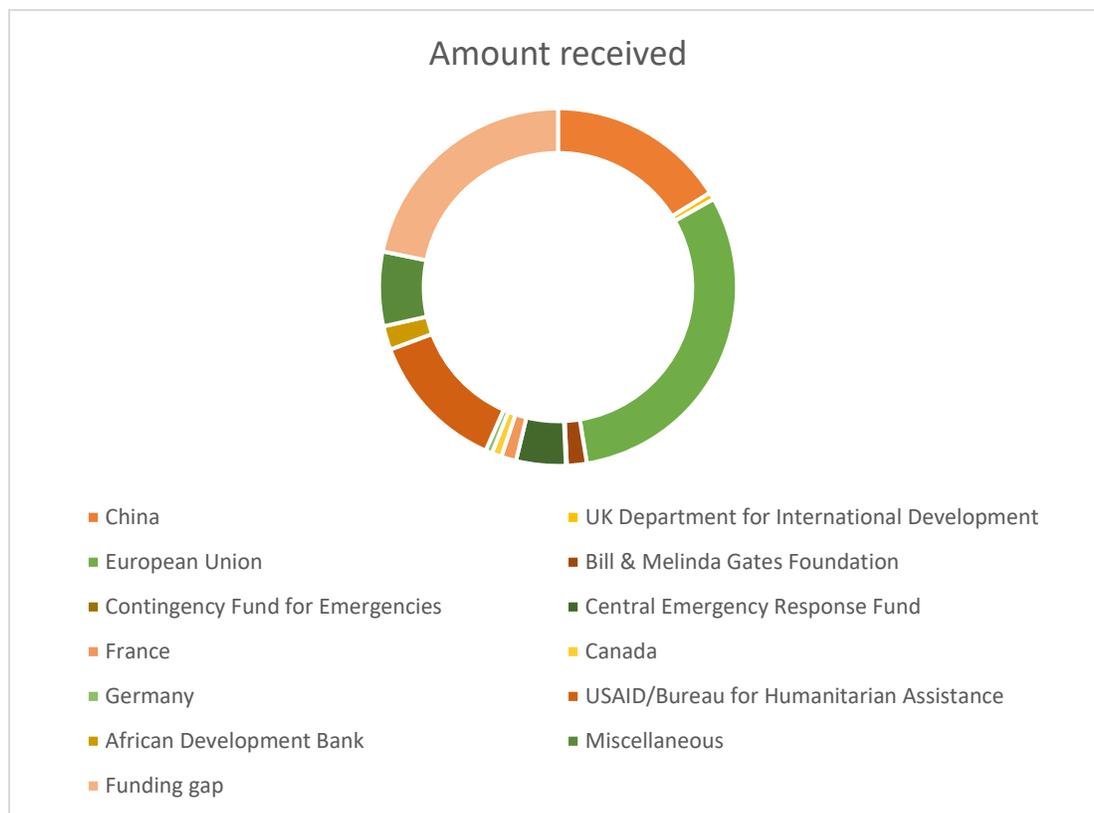
- A WHO mobile medical team is providing essential health services for internally displaced people (IDPs) in Al Baida. Services include basic surgery, paediatrics and dermatology.
- A total of 13 WHO emergency medical teams are providing health care services across the country. Between 8 and 22 December 2020, they provided 3150 gynaecology, internal medicine, paediatric and dermatology consultations.
- From 13-16 December 2020, WHO trained 87 PHC physicians in Sebha on the implementation of a package of minimum health services for PHC facilities.



*Laboratory technicians attend a training workshop on COVID-19 laboratory confirmation, biosafety and biosecurity.*

## 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 17 438 632 in contributions and firm pledges.



Donor	Amount received
China	3,602,133
UK Department for International Development	145,000
Bill & Melinda Gates Foundation	400,000
European Union*	6,825,939
Contingency Fund for Emergencies	20,000
Central Emergency Response Fund	1,000,000
France	300,760
Canada	200,000
Germany	134,800
USAID	2,830,000
African Development Bank	480,000
Miscellaneous	1,500,000
Funding gap	4,861,368