LIBYA: COVID-19
Situation Report No. 1*
As of 13 April 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 20 April 2020.
** This is the fourth update but the first Situation Report; previous updates were Flash Updates.*

HIGHLIGHTS

- As of 12 April 2020, there are 25 confirmed cases of COVID-19 reported in Libya, including one death.
- Several days of shelling has damaged a 400-bed hospital in Tripoli, previously identified as a potential COVID-19 facility.
- An attack on the Man-Made River project has cut off access to safe water for more than 2 million people in Greater Tripoli and the western region.
- Continuing attacks on hospitals and critical water infrastructure affect people's access to medical services and safe drinking water, exacerbating the threat of the pandemic.
- According to a recent assessment, 48 per cent of assessed cities reported food shortages and 86 per cent of assessed cities reported food price spikes.
- Immediate needs include support to rapid response teams, personal protective equipment, lab diagnostic kits and supplies, establishment and support to isolation sites, training, and education/awareness.

Displaced families receiving assistance in Tripoli adopting new distribution modalities to maintain social distancing and reduce risks of COVID-19 transmission. (Nasreddin Dekakni/OCHA)

25 people confirmed with COVID-19

1 COVID-related deaths

535 samples tested

$11M* funding gap for COVID-19 Health Sector Plan

SITUATION OVERVIEW

As of 12 April 2020, the Libyan National Centre for Disease Control (NCDC) reported 25 confirmed cases, including one COVID-related death, in Libya. A total of 535 tests have been performed. Of the confirmed cases, the majority are in Benghazi, 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.

Immediate needs include support to rapid response teams managed by NCDC, procurement and distribution of personal protective equipment (PPE), establishment of labs and procurement of lab diagnostic kits and supplies, establishment and support to isolation sites and wards (within or outside public hospitals), provision of training, health education and awareness materials.

Conflict continues to impact civilians and civilian infrastructure, increasing the risks of COVID-19 and hampering effects to fight the threat. In recent weeks, around 745 families (3,700 individuals) have been forced to flee their homes, particularly in Abusliem Municipality, and from the neighbourhoods of Salah Eddin and Al Hadba due to the deteriorating situation. The majority of those displaced moved to safer areas within Abusliem or to adjacent Hai Al Andalus, Tajoura, Suq, Al Jumaa and Janzour. Most displaced families are reportedly staying with host families and in rented accommodation. Priority needs in displacement locations include food and non-food items, water, sanitation, hygiene, and health assistance.

* Funding requirement has been updated to US$14.3 million, of which $3.3 million has been received, mostly through reprogramming.

On 6 April 2020, as a result of heavy shelling in Tripoli, the Al Khadra General Hospital was hit, injuring at least one health worker and damaging the fully functioning 400-bed medical facility. All patients were evacuated from the hospital with the exception of emergency cases. The hospital was one of the potential COVID-19 assigned health facilities. Since the beginning of the year, there has been at least eight recorded conflict-related incidents affecting field hospitals, health care workers, ambulances and medical supplies, killing at least four people and injuring 12 others.

On the same day, the water valves of the Man-Made River Project were shut down by an armed group in the southern region of Shwerif in Tripoli. Residents of the Greater Tripoli area and cities of the western region (particularly Tripoli, Tahouna, Bani Walid and Gharyan), home to more than 2 million people including 600,000 children, have been without water. These water cuts have coincided with power outages affecting many parts of western Libya and are likely to further result in disruptions to water flow in highly populated areas. Water systems in Libya have already been badly damaged as a result of the ongoing conflict. If Libya is to have any chance against COVID-19, the ongoing conflict and attacks on critical civilian infrastructure must come to an immediate halt.

Strong prevention measures (border closures, restricted movement, closures of schools, restaurants, etc.) remain in place, some of which have been extended. Furthermore, only two testing laboratories (Tripoli and Benghazi) are capable of COVID-19 diagnostics and none in the South, creating significant challenges in identifying the actual number of cases in the country. Information on designated locations and hospitals assigned to care for COVID-19 patients consistently changes, largely due to refusals from communities or armed groups in those areas to have health facilities used for COVID-19 treatment, as well as health workers' refusals to care for COVID-19 patients because of insufficient protection, supplies and equipment.

The MoH has recently issued a decree transferring the management and financing of health services to municipalities. However, health services were already limited in municipalities and while they are on the front lines of combatting the pandemic, they lack funding, capacity and equipment to respond. Furthermore, many points of entry, particularly land borders, are not fully secured and lack capacity and resources for testing and quarantining. With up to 90 per cent of public health care services closed in some areas and vaccination services severely disrupted, the maintenance of essential health care services has been added as a new (ninth) pillar to the COVID-19 Health Sector Response Plan.

The ETS-managed Common Feedback Mechanism, which is supporting the NCDC by serving as a COVID-19 information channel, has so far received more than 9,500 COVID-related calls. During 5 to 11 April, calls doubled from the previous week. The majority of callers requested information while others wanted to confirm their symptoms.

REACH conducted a Rapid Market Assessment in Libya to provide a brief city-level overview of market functionality, with a focus on shortages and price spikes for basic food and hygiene items. The information was gathered between 30 March and 1 April from key informants in 21 cities across Libya. According to the assessment, 48 per cent of assessed cities reported food shortages and 86 per cent of assessed cities reported food price spikes. Shortages of basic food items, such as eggs, vegetables and wheat products, were most frequently reported. Food prices spiked in the majority of assessed cities directly after COVID-19 prevention measures were implemented, with some locations reporting temporary price increases of 500-900 per cent. In some cities in the eastern and southern regions, authorities reportedly intervened to correct price hikes.

The ongoing clashes, along with COVID-19 restriction measures, continue to hamper humanitarian access and the free movement of medical and other humanitarian personnel, as well as humanitarian assistance across the country. Many requests for movements between cities and for release of items in customs require individual authorizations to be negotiated with multiple parties. 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.

FUNDING

In Libya, the requirement for COVID-19 Health Sector Plan stands at US $14.3 million, with around $3.3 million received as of 12 April (22 per cent of the funding requirement), mostly due to internal reprogramming. Currently, the Inter-Sector Coordination Group is working with sectors to identify activities, either within the 2020 Humanitarian Response Plan, or new activities that will complement a multi-sector COVID-19 response. The 2020 HRP remained significantly under-funded; $5.8 million has been received to date, 5 per cent of the requested $115 million. 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.

HUMANITARIAN RESPONSE

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 nine pillars of the COVID-19 health response plan. Across other sectors, ongoing humanitarian activities are either being re-directed to complement activities in the COVID-19 Health Sector Response Plan or response modalities are being adapted to conform to COVID-19 mitigation measures.

Health

Needs:

- Immediate needs include support to rapid response teams managed by NCDC, procurement and distribution of personal protective equipment (PPE), establishment of labs and procurement of lab diagnostic kits and supplies, establishment and support to isolation sites and wards (within or outside public hospitals), provision of training, health education and awareness materials.
- Up to 90 per cent of public health care services in some areas being closed or under resourced and with vaccination services severely disrupted, the maintenance of essential health care services has been added as a new (ninth) pillar to the COVID-19 Health Sector Response Plan.

Response:

Pillar 1: Coordination

- Provides necessary technical support and guidance to MoH and NCDC to develop and update national preparedness response, protocols and guidance materials aligned with 9 pillars of priority response.
- Mapped all available resources, including supplies in the pipeline or planned for procurement.
- Regular ad hoc health sector meetings are being convened in Tripoli in addition to regular updates on the situation and response.

Pillar 2: Risk communication and community engagement

- COVID-19 related information leaflets continue to be distributed by organizations when providing in-kind assistance and trainings
- Printed 100,000 health information leaflets to be distributed with food baskets. Printed additional 25,000 copies of the NCDC's health information materials.
- Printing 50,000 IEC materials (flyers and posters) produced by the NCDC, including real and animated videos on COVID prevention.
- Existing organization helplines are being used to disseminate household-level COVID-19 prevention measures, as well as provide a mechanism to report symptoms or provide counselling services.

Pillar 3: Surveillance, rapid response teams and case investigation

- The health sector is supporting contact tracing and is providing training and capacity-building for Rapid Response Teams and is developing a strategy for expanding support.
- WHO is to consider re-purposing/re-programming some of its currently supported ten emergency medical teams (five emergency hospital teams, five mobile medical teams) and ten field coordinators (a total of 53 doctors).
- Continued procurement and distribution of essential medical supplies. To date 18,100 gowns, 37,050 gloves (examination and sterile), 100 goggles, 9,200 masks (normal, surgical and N95), 20,000 aprons, 18,100 gowns (inc. sterile gowns), 10,000 surgical caps, 150 hand disinfecting gels and 30 gum boots have been provided.
- Around 70 training and other capacity-building events have been conducted or planned for April. WHO is leading the process to standardize the training package for Libya in coordination with the MoH, NCDC and health sector partners.

Pillar 4: Points of entry

- Establishing health offices at two border crossing points (Tunis and Egypt), further two are in planning and five disembarkation points.
- Development and sharing of core tools/guidelines related to PoE programming, creation of tools and facilitating capacity-building for partners.

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.
- Supporting NCDC on the immediate procurement of test systems and lab reagents for testing, in accordance with an agreed three-phase approach in order to reach all parts of the country.

Pillar 6: Infection prevention and control

- Supporting NCDC and MoH preparedness and providing WHO guidelines and updates.
- Five detention centres have been fumigated and migrants provided with hygiene kits and health education materials.

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

- This week authorization was received for five WHO shipments, and five more in progress. Approval to release another six shipments is pending with the Libyan Food and Drug Administration.

Pillar 9: Essential health services maintained

- 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.

Gaps & Constraints:

- Information on designated locations and hospitals assigned to care for COVID patients regularly changes.
- Surveillance needs to be strengthened in the South, at all points of entry and in detention centres.
- Only 74 Rapid Response Team are available of the 217 teams that are required.
- While high-level advocacy has resulted in the release of critical funds for the national COVID-19 preparedness and response plan and back pay has been released for health workers, adequate financial resources to combat the pandemic continues to be a challenge.

Education

Needs:

- All schools across Libya remain closed until the end of May as a preventative measure, impacting on children's learning.

Response:

- Ministry of Education (MoE) has started the distance learning through TV, particularly for Chemistry, Math, English, and Biology. Education sector partners are coordinating with MoE to support with distance learning classes, and support students and teachers with necessary technical and material supplies.
- Around 70 per cent of the total beneficiaries has been reached under the school feeding providing. The programme plans to reach more than 18,300 school children and their families through take-home-ration with an initial supply of one box of date bars per student.

Gaps & Constraints:

- While distance learning is being implemented through TV and internet this is only for limited grades.

Emergency Telecommunications

Response:

- 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 (5-11 April), the call centre answered 3,665 calls (1,645 were unable to be answered) regarding COVID-19. The majority (3,041) requested information while the remaining wanted to confirm their symptoms.
- Of these, 498 had non-COVID-related symptoms, 143 had low-severity possibly COVID-related symptoms, and 10 had high-severity symptoms. All cases reported that had symptoms that could be COVID-19 were referred to the NCDC.
- The number of calls increased greatly this week from last week, more than doubling to 9,549.
- Continues coordination with other sectors and partners to update the knowledge modules (FAQ and service mapping) for the call centre.

Constraints:

- Most calls come in the afternoon after the curfew has started, thus the operators are working from home.
- More funding is needed to augment human capacity and resources in terms of laptops, etc to ensure that the operators stay safe and are able to work.
- The CFM urgent requires more funding to raise capacity to be able to handle the call volume effectively and to ensure the needs of the population are being met.

Food Security

Needs:

- According to the recent assessment, 48 per cent of assessed cities reported food shortages and 86 per cent of assessed cities reported food price spikes. Some locations reported temporary price increases reaching 500-900 per cent.
- Shortages of basic food items, such as eggs, vegetables and wheat products were frequently reported.
- Food Security partners have received a number of requests for food assistance from the Ministry of Social Affairs and mayors of several municipalities, which will increase the caseload for emergency food assistance.

Response:

- Initiated a Libya Conflict Sensitivity Forum to understand potential impacts on its beneficiaries as well as the general population.
- Mobile VAM (mVAM) rapid assessments have been initiated and data collection is ongoing. This will complement data also being gathered on the prices of basic commodities in various areas.

Gaps & Constraints:

- Access constraints, trucks being blocked by the authorities or militias while moving food supplies from city to city and the need for specific authorizations to move during curfew are presenting challenges in continuing food deliveries.
- The risk of trucks being targeted (bombing, shelling) or taken by force is expected to increase as food prices spike.
- Lack of confirmed funding is impacting the ability to respond to the needs of IDPs, host communities and migrants.

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

Response:

- Regularly conducting key informant interviews to monitor access to information, services and identify any protection concerns or other needs. Data collection will initially start in Tripoli before expanding to other urban localities.
- 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 are utilizing existing protection community mobilizers and community networks to disseminate key messaging related to prevention and response to COVID-19.

Gaps & Constraints:

- Social cohesion is already breaking down, widespread rumours and discrimination has already been reported. Stigma and misinformation will increase the likelihood of potentially infected people from seeking care immediately and motivate them to hide the sick people and/or evade treatment themselves to avoid discrimination.

Shelter

Needs:

- Shelter partners have received multiple requests for assistance in shelter and non-food items.
- Requests for hygiene kits is currently high and may stretch supplies but coordination is ongoing with the WASH sector to ensure assistance continues.

Response:

- Distributed non-food items (NFIs), including mattresses, hygiene kits, solar lamps, blankets, electric heaters and cloths to 156 families (780 people) in Tripoli.

- Provided to 2,993 people in seven detention centres in the East, providing hygiene kits, mattresses, blankets and cloths.
- Provided 2,250 sqm of sanitary cloths to Abu Sitta TB hospital in Tripoli to be used as bed sheets.

Gaps & Constraints:

- Some interventions planned in April, were temporarily put on hold due to the movement restrictions and the reduced suppliers' and contractors' ability to provide services, such as households shelter solutions and communal infrastructure works and upgrades.

Water, Sanitation and Hygiene

Needs:

- More than 2 million people, including around 600,000 children have been impacted by water cuts in the Greater Tripoli area and cities of the western region.

Response:

- Fumigation, disinfection, cleaning and sterilization has been conducted in detention centres in Abusliem, Suq Al Khums and Hamedya benefiting 202 people.
- Septic tanks have been cleaned in Zliten and Abusliem detention centres benefiting 133 people.
- Personal protection equipment, cleaning and disinfectant products, as well as female hygiene materials have been provided to 924 people in Hay Alakhwakh collective centre, Dawa'ah IDP camp, Nadi Al Itihad collective centre and AlHasan/Hussain Quranic school.
- Installation of a new water pump in Abu Madi Quranic school will provide safe drinking water for 70 people (including 33 children).

Gaps & Constraints:

- Continued attacks on water infrastructure result in increased disruptions to water supplies and further overburden deteriorating systems.
- Curfews, clashes and insecurity complicate ongoing distributions.

Common Services (inc. Coordination and Logistics)

Response:

- Coordination at the sectoral, inter-sectoral and HCT level is regularly conducted. A COVID Operations Group has also been established to support operational planning.
- The ISCG is conducting a prioritization of activities to identify those activities contributing to the COVID-19 Health Sector Response Plan, those prioritized to respond to indirect impacts and the required funding to meeting needs in the immediate and longer term.
- A shipping line announced that starting the in the second week of April, a cargo vessel will run on a weekly basis from Port Sfax in Tunisia to Port Tripoli in Libya through Malta for commercial cargo. Similarly, a local shipping company in Egypt announced a similar plan for cargo movement from Port Damietta to Libya exclusively for commercial cargo.

Gaps & Constraints:

- The UN Humanitarian Air Service (UNHAS) is waiting for clearance to position the replacement aircraft from the Tunisian authorities in order to recommence humanitarian air flights into Libya.

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