HEALTH SECTOR BULLETIN

April 2020

ibya
Emergency type: complex emergency
Reporting period: 01.04.2020 to 30.04.2020

<table>
<thead>
<tr>
<th>Total population</th>
<th>People affected</th>
<th>People in need</th>
<th>People in acute need</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.7 million</td>
<td>1.8 million</td>
<td>900,000</td>
<td>300,000</td>
</tr>
<tr>
<td>IDP</td>
<td>Returnees</td>
<td>Non-displaced</td>
<td>Migrants</td>
</tr>
<tr>
<td>216,000</td>
<td>74,000</td>
<td>278,000</td>
<td>276,000</td>
</tr>
<tr>
<td>Target Health Sector</td>
<td>People in need</td>
<td>Required (US$ m)</td>
<td>Funded (US$ m)</td>
</tr>
<tr>
<td>203,137</td>
<td>525,992</td>
<td>30</td>
<td>1.3</td>
</tr>
</tbody>
</table>

KEY ISSUES

- 8 attacks on health care in April 2020.
- Besiegement of Tarhouna and impact on health services availability.
- The work of 80-90% of PHC facilities across the country are impacted by COVID-19 situation.
- Military activities and shifting lines of conflict disrupt essential health service provision.
- Pending requirement to update and finalize COVID-19 national preparedness and response plan.
- Impact of COVID-19 on delayed implementation of health sector projects.
- Increasing need for continuous technical support, advise and expertise to the national authorities for COVID-19 response.
- Limited COVID-19 capabilities (only in Tripoli and Benghazi).
- Allocation of national resources to establish COVID-19 isolation/hospitalization sites in non-public health facilities. Parallel system.
- Absence of the system to report and reflect on the levels of national funding and response in unified manner.
- Decentralized response at a municipality level.

2020 PMR (Periodic Monitoring Report) related indicators (March):

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of medical procedures provided (including outpatient consultations, referrals, mental health, trauma consultations, deliveries, physical rehabilitation)</td>
<td>19,557</td>
</tr>
<tr>
<td>Number of public health facilities supported with health services and commodities</td>
<td>104</td>
</tr>
<tr>
<td>Number of mobile medical teams/clinics (including EMT)</td>
<td>53</td>
</tr>
<tr>
<td>Number of health service providers and CHW trained through capacity building and refresher training</td>
<td>939</td>
</tr>
<tr>
<td>Number of attacks on health care reported</td>
<td>3</td>
</tr>
<tr>
<td>Percentage of EWARN sentinel sites submitting reports in a timely manner</td>
<td>75%</td>
</tr>
<tr>
<td>Percentage of disease outbreaks responded to within 72 hours of identification</td>
<td>70%</td>
</tr>
<tr>
<td>Number of reporting organizations</td>
<td>12</td>
</tr>
<tr>
<td>Percentage of reached districts</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of reached municipalities</td>
<td>48%</td>
</tr>
<tr>
<td>Percentage of reached municipalities in areas of severity scale higher than 3</td>
<td>42%</td>
</tr>
</tbody>
</table>
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April 2020

SITUATION OVERVIEW

29 April, Weryemma polyclinic in Tajura municipality was hit as a result of shelling. This polyclinic was fully functional and was providing Essential Reproductive, maternal, newborn and child health services to an average of 60 beneficiaries per day. Health services are suspended.

28 April, Tarek Al-Matar field hospital operated by Field Medicine and Support Center FMSC in Tripoli was hit. The attack caused a material damage to the building used by the medical team of the field hospital and one ambulance was damaged.

23 April, disappearance of two doctors, one nurse, and one hospital staff over the period of 2 weeks from Sirt hospital. There are allegations that all of them were arrested by one of the armed groups in the area.

21 April, two fields hospitals (1 and 2) operated by Field Medicine and Support Center (FMSC) in Wadi Al Rabie were shelled.

17 April, as a result of continuous military activities around Tripoli city, Royal private hospital (40 beds) located in Trek Al Shok was shelled. Severe damage was sustained (Internal department, intensive care unit). The building was largely damaged.

13 April, due to the heavy clashes in the west of Tripoli area on April 13, 2020, the services of public health facilities, including Sabratha hospital, Surman hospital, the Oncology Hospital and Al- Ajaylat Hospital were suspended for an indefinite time. All previously functioning primary health care centers and private clinics stopped their services as well. Three ambulances, four transport cars were seized by armed people from Sabratha hospital.

12 April, as a result of continuous military activities around Misrata city, a member of the rescue and emergency (paramedic) team was killed as result of an air strike that hit the MoH ambulance.

7 April, as a result of continuous military activities around Tripoli city, and for the next day, Al-Khadra hospital in Abu Salim is subject to indiscriminate shelling which caused damage to the hospital building, broken windows of maternity and the intensive care department, and private cars for the medical teams, and the hospital visitors.

6 April, as a result of continuous military activities around Tripoli city, the premises of Al Khadra general hospital were hit.

Several instances were reported on militarization of health facilities in GNA controlled areas leading to the attacks on health care.

Situation in and around Tarhouna municipality deteriorated. The city remained basically besieged. Situation with the displacement in Garabulli municipality was of high concern. Cities of Sabratha and Sorman were affected during the latest military clashes.

Advocacy:

Statement. UNSMIL, Expresses Grave Concerns over the Deteriorating Humanitarian Situation in Tripoli and its Surroundings, and in Tarhouna
Statement by Mr. Yacoub El Hillo, Humanitarian Coordinator for Libya, on the disruption of water and electricity supply, https://reliefweb.int/report/libya/statement-mr-yacoub-el-hillo-humanitarian-coordinator-libya-disruption-water-and


Continuous efforts by WHO to release health supplies (value of 1.5 million USD) of different organizations being held in seaports and airports or in pipeline (pending the clearances and approvals from national authorities) were in place.

Continuous efforts by the DSRSG-RC-HC with senior LNA authorities to expedite clearance of all humanitarian supplies, curfew exemption for aid workers, and facilitation of safe and free transportation of COVID-19 supplies.

Constant actions by WHO to raise, inquire and follow up on the levels and volumes of national funding and procurement for COVID-19 response, including requirements for the authorities to evaluate long term consequences of COVID-19 impact on population, economy, provision of social services.

The most important advocacy goal was to appeal to the authorities to release available national resources for COVID-19 response, including payment of salaries of health workers.

Numerous calls by WHO to the authorities to review and update the COVID-19 national preparedness and response plan.

Continuous follow up by the DSRSG/RC-HC and WHO on the needs and gaps with COVID-19 planning and response across the south of the country.

Health sector updates are being provided during the regular Ambassadors’ briefings.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

Gaps and weaknesses of health sector response (based on 4W March analysis)

Strategic objective 1: Increase access to lifesaving and life-sustaining humanitarian health assistance, with an emphasis on the most vulnerable and on improving the early detection of and response to disease outbreaks.
Provide a minimum package of integrated health services at primary and secondary levels (integrated services cover emergency and trauma care, management of Communicable and Non-Communicable Diseases, Maternal, Neonatal and Child Health (MNCH), Mental Health and Psychosocial Support (MHPSS) and clinical rehabilitation).

- Health sector does not have service delivery coverage in the following districts: Al Jabal Al Akhdar, Aljifara, Almarj, Derna, Nalut, Tobruk, Ubari and Sirt. No service provision was registered in terms of support with outpatient consultations, referrals, trauma/injury related, mental health and disability related consultations, vaginal and caesarian support.
- Number of outpatient support is at minimum in Azzawya, Murzuq, Sebha, Wadi Ashshati, and Zwara.
- No trauma response is provided in Al Jabal Al Akhdar, Aljifara, Almarj, Derna, Ejdabia, Ghat, Nalut, Sirt, Tobruk, Ubari, Wadi Ashshati.
- Referral system should be enhanced in Al Jabal Al Akhdar, Aljifara, Almarj, Derna, Ejdabia, Ghat, Murzuq, Nalut, Sirt, Tobruk, Ubari and Wadi Ashati. No referral services are available in these districts.
- Mental health consultations are not provided in most of districts (with the exception of Al Jabal Al Gharbi, Misrata, Sebha, Benghazi, Sebha, Tripoli and Zwara).
- Disability support is only focused on Misrata, Sebha, Sirt and Tripoli.
- Reproductive Health services are not being reported (with 2 supported vaginal deliveries only).

Provide continuous and interrupted immunization services to children

- There is no data available or shared by the authorities for coverage by Hexa and/or MMR.

Expand the reporting capacity of the early warning system and support health authorities to carryout timely response to disease outbreaks

- There is a need to scale up and increase not only the number of new sentinel in different districts but make sure the current ones (126) are all active while 82% provide regular reports.

Strategic objective 2: Strengthen health system capacity to provide the minimum health service package and manage the health information system.

Coordinate the humanitarian health response

- There are no reported assessments by any organizations.

Provide health facilities with essential medicines, medical supplies and equipment

- There are only 61 PHC facilities which were assisted with no support in the following districts: Al Jabal Al Gharbi, Aljufra, Almarj, Azzawiya, Murzuz, Nalut, Ubari and Zwara.
- 43 hospitals received assistance while hospitals in Aljufra, Alkifra, Azzawaya, Ghat did not receive support.
- Response with assistance with medical equipment is nonexistent or not being reported properly.
- Standard health kits were not provided Aljufra, Alkifra, Almarj.

Increase access to health services by establishing functional health facilities and mobile medical teams (including EMT)

- Mobile medical teams should be introduced in Al Jabal Al Akhdar, Aljifara, Aljufra, Almarj, Derna, Ejdabia, Ghat, Nalut, Sirt, Tobruk, Ubari, Wadi Ashshati.
- Minimum response is in place with rehabilitation/refurbishment of health facilities. No facilities were supported.
It is essential to receive a standard list of camps and settlements in order to evaluate the impact and coverage of these locations by mobile medical teams and fixed health clinics.

Not clear the reason of covering only 1 disembarkation point in Tripoli if there are other remaining functioning similar points.

Only 3 formal detention centers are reported to be covered. The number of detention centers is higher than 3. There is a need to clarify this point.

Health sector does not reach any public health facilities (PHC centers and hospitals) with different types of support (services and supplies) in Azzawya (0), and Aljfara (1), Aljufra (1), Ghat (1), Murzuq (1), Ubari (1).

**Strategic objective 3: Strengthen health and community (including IDP, migrants and refugees) resilience to absorb and respond to shocks with an emphasis on protection to ensure equitable access to quality health care services.**

- Capacity building events covered 939 health service providers with coverage only in Al Jabal Al Akhdar, Almargeb, Almarj, Benghazi, Derna, Sebha, Tobruk, and Tripoli.
- The highest number of covered health workers by trainings is in Tripoli (229) and Tobruk (248).
- No training courses targeting community health workers were reported.
- No health workers were trained on CMR (clinical management of rape).

**Situation across municipalities:**

- In certain areas 90% of earlier functioning PHC centers remain closed due to COVID-19 (Azawia, Sabratha, Sorman, Al Ajilat, Regdalin, Ajmail, Zliten).
- All PHC closed in Ejdabyia, except one which work from 9 am to 1 pm, otherwise all were closed. The only hospital stopped working. All medical staff escaped from work because of absent PPE.
- All facilities in Ajdabyia, Al-Wahat, Alberiga, Ras Lanouf report lack of PPE.
- More than 80% of PHC centers are closed in Gharian, Yefren, Jado, Asabai, Zentan, Riaina, Nalut, Gadamis areas.
- 50% of Al Kufra PHC centers were closed.
- Amriya municipality requests assistance with all kinds of health supplies.
- Zawiya municipality indicate key gaps in PPE, training, testing equipment, supportive treatment medical equipment for isolation sites, beds, etc.

Health personnel from most of the facilities lack knowledge of case management with a number of health facilities stopping their services due to the contact tracing of confirmed COVID-19 patients (e.g. Zawiya technical hospital’ departments were closed down with the exception of emergency services as one patient later confirmed with COVID-19 was treated in the hospital).

Al Kufra: It is essential to ensure and convince the local authorities to shut down “the south gate”, the border with Sudan and Chad, while illegal immigration still continues.

Misrata: 25 out 27 PHC centers are working. Misrata medical center only provide emergency related services. There is an overall shortage of PPE and disinfecting materials.

Tarhouna municipality: Health sector organizations were requested to consider supplies with lifesaving, life-sustaining health supplies (including standard health kits) to Tarhouna. WHO delivered 6 trauma and 3 surgical kits.

Western region of Libya (Zwara, Azzawiya, etc.): more than 90% of PHC centers remain closed, except for vaccination related services. Hospitals only accept emergency patients. Situation is of concerns if further support is not received with PPE. Field visits indicate absence of any knowledge among the potential staff of assigned isolation sites to manage and cope with infection control prevention and COVID-19 suspected or confirmed cases

Al Kufra and Tazerbo municipalities: request support for COVID-19 with a number of essential supplies.
Ejdabia municipality: The situation with MCH services is of serious concern (in Al Morharif rural hospital with reported 25-30 deliveries per day). Over the period of the last 3 weeks WHO received information about:

- One maternal mortality case (c-cesarean, reported neglect, ICU submission and follow up death)
- Absenteeism of doctors and medical personnel
- Conflict between the hospital administration and medical personnel
- Delays in payment of salaries
- 50% deductions from salaries
- Lack of training and lack of experience, knowledge, competence among nurses, midwives and new medical personnel
- Most of incubators and newborn ventilators are out of the order
- Lack of privacy of hospitalized women
- 4 different mortality cases registered over one month in ICU.
- One newborn mortality case (pregnant woman, reported neglect).

UNICEF and UNFPA are informed accordingly.

Al Shati: Absence of any preparedness activities despite decisions to establish isolation site in the area. There are massive gaps to be addressed in terms of supplies, capacities, capabilities. There is a growing tension among the local community for being neglected.

HEALTH SECTOR ACTION/RESPONSE

Health sector response (based on 4W March analysis):

- 12 health sector organizations are operational (4 UN agencies: UNFPA, IOM, UNHCR, WHO; 7 INGOs: IRC, GIZ, IMC, PUI, TdH, HI and CEFA. A separate feedback is received from AICS)
- 22 (100%) out of 22 districts were reached by health sector partners.
- Most of health sector assistance was provided in 48 (48%) of 100 municipalities.
- 20 (42%) of 48 reached municipalities were ranked as higher than 3 severity scale.
  - 7,260 (95%) of medical procedures (HRP funded) took place in areas higher than 3.
  - 5,834 (51%) of medical procedures (non HRP funded) and 5,536 (49%) of medical procedures (non HRP funded) took place in areas ranked as 3.
  - 718 (100%) of medical procedures (non HRP funded) took place in areas ranked less than 3.
- A total of 19,757 medical procedures (including 17,486 outpatient consultations, 405 referrals and 1,562 trauma related consultations,148 mental health consultations, 154 disability related consultations, 2 vaginal deliveries attended by a skilled attendant) were provided by health sector organizations.
- The gender breakdown of patients who received medical procedures: 51% - men, 49% - women. 19% of services were for children younger than 18 years old while 81% of services to adult population (older than 18%).
- 4% of all medical procedures were provided in severity scale less than 3 while 61% in areas ranked as 3 and 35% in areas ranked less than 3.
- 4% of all mobile medical teams were provided in severity scale less than 3 while 83% in areas ranked as 3 and 13% in areas ranked less than 3.
- 22 health facilities and community center provide MHPSS services.
- 53 mobile medical teams/clinics are deployed across the country.
- 65 health facilities (including detention centers, collective centers, and community centers) are supported by mobile medical teams/clinics across the country.
- 82% of EWARN sentinel sites report in a timely manner with 79% of disease outbreaks responded to within 72 hours of identification.
There are 126 EWARN sentinel sites across the country with the highest concentration of them in Al Margeb, Benghazi, Eljdabia, Misrata, and Zwara.

61 public PHC centers received support with health services and commodities.

43 public secondary health facilities received support with health services and commodities.

A total of 104 public health facilities supported with health services and commodities.

No public health facilities received support with physical rehabilitation/refurbished.

A total of 142 standard health kits were distributed. The majority of kits were distributed to Tripoli, Benghazi, Misrata and Sebha. Districts as Ghat, Aljafra, Ejdabia, Ubari, Murzug, Al Jabal Al Akhdar, Derna, Sirt receive 1or kits which is not sufficient to address the essential needs.

Health sector partners cover 10 IDP camps in Benghazi, Misrata and Tripoli.

3 official detention centers in Al Jabal Al Akhdar, Benghazi are covered by fixed health points and/or mobile medical teams.

1 disembarkation point in Tripoli is covered by fixed health point and/or mobile medical team.

104 public health facilities (PHC centers and hospitals) are supported some kind of assistance including services and supplies.

A total of 939 health service providers were trained.

3 flash updates on attack on health care was produced.

COVID-19

Immediate needs across the country: support to rapid response teams managed by NCDC, procurement and distribution of PPE, procurement of lab diagnostic kits and supplies for COVID, establishment and support to the isolation sites/wards (within or outside of hospitals), provision of training, health education/awareness materials.

Overview: As of 30 April, 61 confirmed cases of COVID-19 are reported in Libya. Until present, a total of 1802 samples were tested for COVID-19. 2 COVID-19 related mortality cases were registered.

COVID-19 health sector funding requirement:

<table>
<thead>
<tr>
<th>Estimated funding requirements</th>
<th>TOTAL (USD)</th>
<th>Funding Available (USD)</th>
<th>Funding Gap (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO</td>
<td>3,265,000</td>
<td>1,499,579</td>
<td>1,765,421</td>
</tr>
<tr>
<td>UNFPA</td>
<td>1,215,800</td>
<td>0</td>
<td>1,215,800</td>
</tr>
<tr>
<td>UNICEF</td>
<td>1,827,000</td>
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<td>1,827,000</td>
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<tr>
<td>UNHCR</td>
<td>600,000</td>
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<td>0</td>
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<tr>
<td>IOM</td>
<td>2,440,000</td>
<td>376,300</td>
<td>2,063,700</td>
</tr>
<tr>
<td>UN Habitat</td>
<td>260,000</td>
<td>0</td>
<td>260,000</td>
</tr>
<tr>
<td>TDH</td>
<td>555,000</td>
<td>0</td>
<td>555,000</td>
</tr>
<tr>
<td>IMC</td>
<td>2,724,000</td>
<td>724,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Emergenza Sorrisi/Naduk</td>
<td>697,000</td>
<td>45,000</td>
<td>652,000</td>
</tr>
<tr>
<td>HI</td>
<td>350,000</td>
<td>350,000</td>
<td>0</td>
</tr>
<tr>
<td>IRC</td>
<td>450,000</td>
<td>450,000</td>
<td>0</td>
</tr>
<tr>
<td>PUI</td>
<td>430,000</td>
<td>430,000</td>
<td>0</td>
</tr>
<tr>
<td>UN Women</td>
<td>60,000</td>
<td>60,000</td>
<td>0</td>
</tr>
<tr>
<td>Emergency Telecom Sector (Common Feedback Mechanism)</td>
<td>120,000</td>
<td>0</td>
<td>120,000</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>14,993,800</strong></td>
<td><strong>4,534,879</strong></td>
<td><strong>10,458,921</strong></td>
</tr>
</tbody>
</table>

Note: Most of the current health sector organizations re-program and re-orient currently available funds to COVID-19 tailored operations as the result of bilateral agreements with donors. There are remaining areas of prioritized response which should be funded and paid attention (including surveillance, rapid response mechanism, laboratory, infection control and prevention, case management).
Pillar 1: Country-level coordination

Working closely with the COVID-19 Scientific Committee established by the Presidential’ Council developing key recommendations in Tripoli and COVID-19 Consultation Medical Committee set up in Benghazi. Both committees are tasked formulate policies and strategies along all 9 pillars of response. WHO is engaged with informing Supreme Council of the State in Tripoli.

Full-time representation of the health sector in the activities of the Emergency Technical Committee led by the Minister of Health and chaired by NCDC in Tripoli, close follow up and engagement with the Supreme Committee in Benghazi.

Updating and informing the progress reached by the Health Military Committee (led by the Deputy Minister of Health) in Tripoli to set up multiple isolation/hospitalization sites with ICU capacity.

Participating in MoH led and organized respective technical meetings under each Pillar (in April: risk communication; points of entry, essential services, IPC, case management; to be continued in May: laboratory; supply and logistic; surveillance and coordination).

National health sector coordination meeting was conducted in Tripoli on 23 April.

To measure the impact of COVID-19, the health sector in Libya carried out a rapid survey among its partners between 15-22 April 2020, using online survey.

- 75% of organizations switched to teleworking modality.
- 53% of organizations continued with provision of essential health services.
- 61% of organizations indicated funding concerns related to the implementation of the preventive measures.
- 63% of organizations reported that movement related restrictions by the authorities affected in certain way the health services delivery.
- 72% of organizations indicated a strong interest to receive regular COVID-19 operational updates, 44% requested support with technical guidance.
- The most affected types of regular health sector response include: capacity building activities (56% of organization reported), followed by physical rehabilitation activities and referral related services (44%),
- 73% of organizations continue support of public PHCs with services and commodities.
- 50% of organizations continue to provide outpatients consultations and operation of mobile medical teams.

Health sector Libya web site was fully activated and updated providing full-time access to all updates circulated through the health sector email list. The link is: [https://www.humanitarianresponse.info/en/operations/libya/health](https://www.humanitarianresponse.info/en/operations/libya/health)

COVID-19 technical team in WHO Libya was established to facilitate a better dialogue, technical support, preparedness and operational response against each of 9 pillars.

WHO provided NCDC with detailed technical feedback on earlier developed COVID-19 national preparedness and response plan.

Health sector, jointly with the INGO Forum, developed and proposed the following key operational asks for the attention of the DSRSG, OCHA and HCT.
- OCHA – to ensure representation of inter-sector planning and response at the existing high level (inter-ministerial) task forces in Tripoli and Benghazi with the main goal to align international response with national one.
- OCHA – to initiate and consider civil military cooperation options with different armed groups
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- OCHA – to propose best inter-agency and inter-sector global and regional supply chain practices and capacity support to the national authorities to effectively and efficiently utilize announced 500 million LYD package of assistance
- Authorities – to provide exemptions from imposed curfews for staff of organizations working to support the national efforts (for mobile medical teams for contact tracing and follow up, but also for non-medical teams providing essential services) especially in those geographical areas with confirmed cases. If no immediate solution is found, medical agencies will have to step out from the plan.
- Authorities – to include representatives of international organizations into the structure of COVID-19 emergency committees established
- Authorities – to remove all restrictions and allow importation of any health supplies related to COVID-19 response (medicines, consumables and equipment) and non COVID-19, as shortages of essential medicines impact put more strain on the health system and capacity of humanitarian agencies, and thus have repercussions of the ability to respond to COVID-19 pandemic.
- Authorities – to facilitate a process of issuing visas for international staff and technical experts to get engaged with COVID preparedness and response. If no immediate solution is found, medical agencies will have to step out from the plan.
- Authorities – to develop and update the lists of needs (of different ministries) for COVID-19 preparedness and response and communicate regularly to the international community through OCHA

Daily COVID-19 technical meetings (virtual) take place in Tripoli between NCDC, engaged UN agencies and INGOs for development of strategic guidance and identification of operational solutions.

Regular COVID-19 (twice a week) operational updates are produced by the health sector for Libya.

Pillar 2: Risk communication and community engagement

The following web sites provide regular updates on the levels of national response, including various COVID-19 specific education and awareness materials (NCDC published daily updates and video statements for population of Libya):

https://www.facebook.com/NCDC.LY/
https://ncdc.org.ly/Ar/

Risk Communication and Community Engagement Working Group is led by UNICEF. Regular meetings were conducted. Strategy and action plan are finalized. Behavior assessment is being launched. The minutes are available: RCCE WG google drive. Assessments and endorsed EIC materials are also available to all partners. Organizations are requested to document key audio-visual and print media activities/materials in this folder. UNICEF maintains the RCCE checklist containing details of types of response by different Pillar 2 participating organizations.

A separate RCCE Pillar 2 technical meeting was conducted between UNICEF, MoH and Scientific Committee.

WHO printed 28,000 copies of 8 different types of awareness materials in Arabic language and distributed across the country.

Emergency Telecom Sector (Common Feedback Mechanism): The CFM was requested by the Ministry of Health’s National Centre for Disease Control (NCDC) to serve as a COVID-19 information and monitoring channel. The call centre is now being used to provide information and official guidelines, raise awareness and the virus and how to protect from it, hear back from people about any potential rise in needs and critically, refer cases to the NCDC for follow up.

WHO finalized translation of the Arabic version of the guidance on Risk Communication for Health Care Facility.
WHO provided technical comments to the NCDC Tripoli operating this online platform: https://covid19.ly to ensure timely reflection of samples tested in Benghazi lab.

GIZ supports municipality emergency groups in 16 covered municipalities; support to NCDC to train MEGs through the NCDC digital training course (internet connectivity and coordination with MEGs); printed 9,000 posters; support NCDC hotline by expanding the hotline teams (this is in planning phase with NCDC).

UN Women conducted a rapid response survey of up to 300 women respondents across Libya. It mobilized its Libyan Women’s network for Peacebuilding where it will be communicating the NCDC messages.

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

The following online platform were created and supported by NCDC:

The main objective remained to support NCDC to strengthen the efficiency of surveillance and early detection of COVID-19 cases (to detect a larger number of asymptomatic cases (PCR confirmed) to enhance the control plan and early and effective tracing of COVID19, contacts, which will lead to a rapid containment of the epidemic). The necessary measures were recommended and agreed upon.

As part of IHR regulations, WHO followed up with NCDC on the requirement to regularly share the line list of suspected and confirmed COVID-19 patients. WHO advocated to reach the agreement between Tripoli and Benghazi NCDC to regularly exchange the complete line list of tested people.

One of the key priorities of the response was to support national efforts in enhancing and strengthening rapid response teams with providing the necessary HR support and supplies for better contact tracing.

WHO continuously addressed the situation with testing in the southern parts of the country, or any groups of vulnerable population (IDPs, refugees, migrants, etc.)

Daily technical discussions on case investigation, surveillance and RRT, including laboratory: contact tracing of confirmed cases, sample collection and testing are in place.

WHO was considering to re-purpose/re-program some of its currently supported 10 emergency medical teams (5 emergency hospital teams, 5 mobile medical teams) and 10 field coordinators (a total of 53 doctors).

GIZ, through implementing partner IMC, provided PPE and training RRTs in 8 municipalities.

The NCDC proposed plan to support RRTs across the country was reviewed. There are available 74 RRTs while 217 are required with the gaps of 143 RRT. IMC, IRC, MSF-F, IOM expressed their readiness to support with 26 teams. List of municipalities with RRT gaps is to be completed by WHO and shared to partners for their support.

WHO followed up on the situation with the prisoners in Kwefyeh prison (a total of 2,500 prisoners) with regard of a reported COVID-19 outbreak.

**Pillar 4: Points of entry**
Technical committee on PoE was activated. The first meeting was conducted on 15 April with participation of NCDC team, Ministry of Interior, WHO, IOM and health sector coordinator. The second meeting was carried out on 30 April.

The concept note on PoE, the PoE assessment template and checklist are developed by IOM and available upon request.

Continuous follow up on national plans’ policy and procedures to repatriate Libyans from abroad.

Raising concerns over immediate findings of rapid needs assessment of three border crossing points in Al Toum (Libya/Niger), Ghadames (Libya/Algeria) and Ghat (Libya/Algeria) which revealed absence of any conditions to speak of any meaningful border control. No clarity with authorities on the actual number of formal and informal border crossing points. No feedback on control over movements across areas controlled by armed groups or military forces.

WHO developed a training package/material/guide on Points of Entry and shared with NCDC.

WHO strongly recommends Libyan authorities to impose full control over all border crossing points, mandatory testing for anyone returning, including Libyans who need to be repatriated.

Health sector requested the logistic sector to update and share any information on all border crossing points across the country. IOM is looking already into this segment with possible engagement of their DTM.

IOM procured IOM donated two sets of 24 different types of medical equipment, furniture and medical supplies to NCDC for setting up health posts at two Points of Entries (POEs). The donation will support the screening of travelers at Ras Aljadeer border with Tunisia and Misurata airport.

**Pillar 5: National laboratory**

Daily follow up on the needs and requirements for test kits, reagents and lab equipment in Tripoli and Benghazi.

Monitoring and reporting of assistance received using the national resources or bilateral Member States’ support, including:

- Donation from the African Union with the support of Jack Ma Foundation: A total of 208 PCR kits (48 tests/per kit) were received by NCDC Tripoli, of which 115 kits were delivered to Tunis for laboratory testing of Libyans to be repatriated. The remaining amount with the lab is 93 PCR kits. A total of 10,000 swabs/VTM were received by NCDC Tripoli, of which 5,600 were delivered to Tunis and 4,400 remaining in the current stock of NCDC lab.

- MoH Tripoli announced about availability of the lab supplies for 100,000 PCR tests and 200,000 rapid diagnostic tests (exact quantity of kits is to be confirmed), 50,000 swabs, 3 new PCR machines. The shipments began to reach Libya.

- MoH Tripoli delivered a shipment of lab supplies to the NCDC which included 207 PCR test kits and 7,000 swabs.

- The MoH Tripoli announced on the arrival of air cargo of COVID19 supplies shipment from Belgium, including 25,000 rapid diagnostic tests and 5,000 PPEs (scrubs).

WHO recommended the MoH Tripoli, in coordination with the NCDC, to plan to strengthen laboratory capacity of Sabha, Al-Zawiya, Misurata, in addition to a number of other cities and regions, with the required accreditation of the labs by the NCDC and provision of new PCR equipment to minimize the current dependence from Tripoli based laboratory. A three level approach was developed with consideration of procurement and installation of Gene Expert machines.
WHO delivered to Benghazi (to reach to the south as well): 150 Nasopharyngeal swabs with VTMs; 5,000 examination gloves, 4,000 sterile gloves, 800 sterile gowns, 1,000 surgical masks, 3,000 aprons, 3,000 surgical caps, 20 hand disinfectants (5L).

Of the WHO stocks that have arrived in Benghazi, 25,000 swabs and 200 PCR kits will be given to the laboratory in Benghazi. The remaining 25,000 swabs and 100 PCR kits will be sent to Tripoli. (Tripoli will receive the greater share of the donation from the Jack Ma and Alibaba Foundations, which has just arrived.)

UNDP indicated its readiness to purchase 54,000 tests kits for Gene Expert machines requested by NCDC.

**Pillar 6: Infection prevention and control**

Monitoring and reporting of assistance received using the national resources or bilateral Member States’ support, including:

- The MoH delivered another shipment of PPE to NCDC Tripoli, including one thousand pieces of protective suits, one thousand pieces of protective goggles, face masks.
- 100,000 face masks, 1,000 sets of protective equipment and 1,100 sets of protective shields as part of African Union donation.
- Release of 56 40’ feet containers in Tripoli with supplies earlier procured by the MoH. Details were not made available despite numerous attempts and contacts.

WHO distributed locally procured PEP as follows:

<table>
<thead>
<tr>
<th>No</th>
<th>Item</th>
<th>Available</th>
<th>NCDC</th>
<th>East</th>
<th>South</th>
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<td>Examination gloves</td>
<td>17,000</td>
<td>4,000</td>
<td>3,000</td>
<td>2,000</td>
<td>8,000</td>
</tr>
<tr>
<td>2</td>
<td>Sterile Gloves</td>
<td>15,000</td>
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<td>1,500</td>
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</tr>
<tr>
<td>3</td>
<td>Sterile Gown</td>
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<td>500</td>
<td>300</td>
<td>1,200</td>
</tr>
<tr>
<td>4</td>
<td>Gown</td>
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<td>5,000</td>
<td>1,500</td>
<td>500</td>
<td>8,000</td>
</tr>
<tr>
<td>5</td>
<td>Surgical Mask</td>
<td>4,000</td>
<td>2,000</td>
<td>600</td>
<td>400</td>
<td>1,000</td>
</tr>
<tr>
<td>6</td>
<td>Aprons</td>
<td>10,000</td>
<td>4,000</td>
<td>2,000</td>
<td>1,000</td>
<td>3,000</td>
</tr>
<tr>
<td>7</td>
<td>Surgical Cap</td>
<td>10,000</td>
<td>4,000</td>
<td>2,000</td>
<td>1,000</td>
<td>3,000</td>
</tr>
<tr>
<td>8</td>
<td>Hand Disinfectant 5L</td>
<td>150</td>
<td>30</td>
<td>10</td>
<td>10</td>
<td>70</td>
</tr>
</tbody>
</table>

IMC provided the following support to NCDC, 8 health facilities and 2 Directorates of Health:

<table>
<thead>
<tr>
<th>No</th>
<th>Item</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
<td>2</td>
<td>Gloves</td>
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<tr>
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<td>Face Mask</td>
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<tr>
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<td>7</td>
<td>Heavy-duty gloves</td>
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<td>Hand Sanitizer 500 ml</td>
<td>152</td>
</tr>
<tr>
<td>9</td>
<td>Head Cover</td>
<td>600</td>
</tr>
<tr>
<td>10</td>
<td>Shoe cover</td>
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<tr>
<td>11</td>
<td>Empty spray bottle 500 ml</td>
<td>500</td>
</tr>
<tr>
<td>12</td>
<td>Alcohol gel 51</td>
<td>46</td>
</tr>
</tbody>
</table>

WHO’s hub in Dubai is dispatching 20 000 surgical masks, 50 000 examination gloves, as well as laboratory, trauma and noncommunicable disease kits to support both COVID-19 and the ongoing health emergency in Libya.
WHO works with the Regional Office to have a comprehensive assessment and provide necessary support. There is no designated country IPC focal person. The designated treatment and so-called adapted facilities have poor IPC measures and guidelines (however, guidelines have been issued).

As part of the training package, WHO developed a draft of IPC (Infection Prevention and Control) guidelines.

IOM provided personal protective equipment (PPE) including surgical facemasks, disposable gowns, disposable gloves, and medical alcohol for infection to Qatroun, Zware municipalities. 200 PPE sets were donated to NCDC. Another 100 PPE sets were donated to Al-Dahmani polyclinic Health Complex in Tripoli.

**Pillar 7: Case management**

Close follow up on MoH activities to continue rehabilitation of selected sites for COVID-19 isolation and hospitalization. A regular update is available at this link: [https://www.facebook.com/Ministry.of.Health.Ly/](https://www.facebook.com/Ministry.of.Health.Ly/)

List of health facilities for isolation and hospitalization in GNA and LNA controlled areas is available.
- 19 facilities are listed for the hospitalization of mild to moderate symptomatic COVID-19 patients in GNA areas.
- 18 facilities are listed for the hospitalization of severe symptomatic COVID-19 patients in GNA areas.
- 4 facilities are defined for triage purposes in GNA areas.
- 16 facilities are listed for treatment and management of COVID-19 patients in LNA areas.

Until present, the authorities are being requested to provide an understanding of their plans and capabilities to assign relevant health and non-health HR to all reported isolation sites with ICU capabilities. At this stage, ad hoc information is about some volunteers being used in readymade isolation sites while most remain non-staffed being equipped with furniture and equipment.

WHO concluded that the current distribution of isolation and hospitalization sites showed huge gaps in geographical coverage; absence of clarity of referral mechanisms; absence of clarity of exact locations and functions of these isolation sites.

WHO recommended all health sector partners to use and apply the WHO hospital checklist for any of the COVID-19 assigned facilities. To note, most of the announced isolation sites have been opened on the premises of non-health infrastructures.

WHO raised concerns over hospitalization criteria as not being followed as a mandatory compliance as only 2 out of current 41 confirmed patients were hospitalized while the rest were put on home isolation, increasing the risks of further community transmission.

In April the following hospitals were used for hospitalization of COVID-19 patients: Mitiga hospital, Al Khadra general hospital, Misrata medical center, Benghazi chest hospital.

WHO provided MoH with the technical feedback to ensure that case management is integrated with the earlier developed COVID-19 national preparedness and response plan developed by NCDC.

WHO provided the guideline on SARI treatment center manual, guide and resource material for hospital readiness and hospital readiness checklist. In addition, WHO has also reviewed and provided feedback national case management guideline.
REACH plans to roll out a rapid Health Facility Assessment (RaHFA) designed to better understand health facility assessment in Libya and inform actors about the readiness of targeted health facilities to respond to a COVID-19 outbreak.

UNHCR conducted a joint assessment mission with Az Zawiya municipality to the allocated COVID-19 isolation facility site by crisis committee of Az Zawiya. The identified needs were prefabs, generators and mechanical ventilators. Health needs for COVID-19 response were identified including generator and tents for triage. UNHCR donated one ambulance to be used by COVID-19 isolation facility in Sebha. UNHCR donated 15 rolls of sanitary cloth to the Abu Sitta Chest and Respiratory Medical Hospital in Tripoli.

GDF facility in Tripoli: A joint UNHCR/WHO/UNICEF/IOM mission visited the site jointly with the representatives of the ministries. The MoH proposes to use the GDF as a quarantine facility for those in contact with highly suspected or confirmed cases of COVID-19. Final decision is pending.

UNDP updated to focus on Greater Tripoli (different Municipalities), Bani Walid (West); Sabha, Kufra, Ubari and Ghat (South); Benghazi, Ajdabiya, Derna (East). UNDP is identifying main hospitals with the mayors and do more preventive work through its Stabilization/Resilience programme rehabilitating or constructing quarantine/isolation rooms/facilities as well as respiratory facilities (providing oxygen).

**Pillar 8: Operational support and logistics**

WHO continues working with the authorities to apply COVID-19 Essential Supplies Forecasting Tool (ESFT) to better help to identify the gap between needs and current availability of essential supplies at national level in the context of COVID-19. The tool is attached.

WHO organized a technical briefing with the EMRO for the MoH and NCDC expert staff on COVID-19 modeling and forecasting tool.

WHO received the necessary curfew exemption letter for its transportation companies to continue the delivery of health supplies.

**Pillar 9: Essential health services maintained**

Following WHO request UNICEF and UNFPA were assigned with Pillar lead while health sector coordinator remains leading in continuation of coordination of all lifesaving and life-sustaining HRP and non HRP related assistance across the country. The first joint MoH/Pillar led agencies meeting took place on 30 April in Tripoli.

UNFPA conducted a group meeting on pillar 9 to strategically plan and coordinate on the maintenance of Essential Health Services in Libya, critically review and finalize proposed objectives, key activities (concept note developed), identify the minimum package to maintaining essential health services. UNICEF and IMC provided preliminary inputs.

Health sector should work closely with the GBV sub-sector working group on impact of COVID-19 on levels of domestic violence and related stigmatization.

Bi-weekly operational update of health sector response covering 1-15 April across the country was produced and distributed separately.
The 4W health sector for April is being finalized and the analysis of gaps and levels of response is under the preparation. The snapshot of Q1 2020 HRP key achievements reported through 4Ws was prepared.

WHO develops a distribution plan for almost 900 standard health kits cleared by customs and released by the authorities.

UNHCR donated two ambulances to Janzour municipality and the Libyan Red Crescent in AzZawyia with the view of supporting the Libyan health sector targeting facilities most in need during the COVID-19 pandemic. UNHCR donated medical supplies to main secondary healthcare facilities in Tripoli, including COVID-19 referral points, to support life-saving healthcare for 3,000 patients. Health needs for COVID-19 response were identified. And the first shipment of 200 mattresses and 200 hygiene kits was delivered. This will support to have more bed space in the allocated facilities for COVID-19 in Al-Magasba, Al-Zarrog and Grara clinic.

An estimated 176,000 women and children will benefit from the approximately 122 tonnes of lifesaving and essential medicines and supplies that have arrived in Libya; the supplies are essential to the implementation of an integrated Maternal Child Health programme. They will ensure that quality primary health and lifesaving Maternal, New-born & Child Health Care and Nutrition services are strengthened to avoid preventable morbidity and mortality among vulnerable populations, especially women and children. To this end, UNICEF in consultation with the Ministry of Health identified the most vulnerable and in need health facilities across the country, including those in the municipalities affected by the migration flows. An estimated 176,000 women and children accessing 34 health facilities located in 26 municipalities will benefit through direct support from UNICEF.

UNICEF has distributed 10 Interagency Emergency Health Kits (IEHK) sets with lifesaving and essential supplies and medicines to different hospitals to ensure the availability of the emergency and PHC services and minimize the indirect impact of COVID-19. The supplies are expected to serve 100,000 population for a period of three months and were mainly distributed to the main targeted municipalities, including Tripoli, Zwara, Sorma, Gherian, Zletin and Alkhomis.

WHO maintains the updated list of capacity building events on COVID-19.

<table>
<thead>
<tr>
<th>Training date</th>
<th>Location</th>
<th>Supported by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/4/2020</td>
<td>Aljala Maternity Hospital</td>
<td>IMC</td>
</tr>
<tr>
<td>2/4/2020</td>
<td>Aljala Maternity Hospital</td>
<td>IMC</td>
</tr>
<tr>
<td>5/4/2020</td>
<td>Al-bawanis; Om-Alaraneb; Edri Alshati</td>
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</tr>
<tr>
<td>5/4/2020</td>
<td>Al-Garabouli</td>
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<td>Nalut</td>
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<td>7/4/2020</td>
<td>Janzur; Misulata; Alzawia</td>
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</tr>
<tr>
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</tr>
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</tr>
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</tr>
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<tr>
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</table>

WHO follows up with the Libyan health authorities in Tripoli to earlier raised issues related to COVID-19 measures for health providers on the pregnancy and childbirth care among suspected and confirmed Covid cases. Authorities report that the work capacity in all institutions have been reduced to 10% as precautionary COVID-19 measures.

UNICEF and WHO concluded a meeting with NCDC and MoH and agreed to resume routine immunization services. Earlier WHO provided technical advice to the national health authorities following the announcement of the one-month suspension of immunization services.

Handicap International in Libya has adapted its operating procedures and modalities of intervention to ensure continuity of care and support for the most vulnerable persons in need of specialized services in physical and functional rehabilitation as well as mental health and psychosocial support. Since April, HI is providing the following services and welcomes referrals from any organization: Remote Rehab and PSS case management (by phone) to persons with physical disabilities and their caregivers, and to persons with psychosocial distress/mental health disorders; Psychosocial First Aid to Covid-19 suspected/confirmed patients and their family with high levels of distress, and to health providers and first humanitarian responders involved in Covid-19 response with high levels of distress. Referrals can be made directly to HI focal points in Tripoli (Husamaldin Abukhabta at h.abukhabta@hi.org),
Misrata (Mona Alshreef at m.alshreef@hi.org), and Benghazi (Zainab Basiuni at z.basiuni@hi.org), or by sharing HI hotline number in Tripoli (092 307 2273), Misrata (092 307 2276), and Benghazi (094 424 3979).

**UPDATES FROM PARTNERS**

**UNFPA**, in partnership with IOM and the Directorate of Human Resources/ MOH and separately through International Medical Corps (IMC) & NCDC delivered training to a total of 285 local stakeholders and health workers on COVID-19 prevention and response, with a focus on reproductive health. In the West, some health workers from al-Khadra Hospital, Tripoli Medical Centre, Central Hospital, Mitiga Hospital, al-Jalaa Hospital, fashloum and Alqadessiya PHC benefitted from the program, in addition to 32 frontline health workers in Sebha and Brak ALshati also were reached. Increasing the availability and accessibility of sexual reproductive health services during COVID19 pandemic by scaling up support to maternity departments in public hospitals. UNFPA supported Al Jala hospital with 5 RH 11B kits consisting of medical supplies and lifesaving medications for 375 C-sections. Similar provision of PPEs to Aljala hospital and 3 PHC in Tripoli and Sebha in collaboration IMC.

**GIZ Libya Programme: Supporting the Libyan COVID-19 Response Plan**

In cooperation with Libyan Ministries, including the Ministry of Health, the running projects of the GIZ Libya Programme and their partners collaboratively implemented activities at municipality and PHC level to support the implementation of the Libyan COVID-19 Preparedness and Response Plan.

At municipality level, three webinar trainings were facilitated, targeting the recently formed Municipality Emergency Committees in GIZ’s 16 partner municipalities. The webinars were conducted by NCDC through Dr. Alia Shiboub and her team as part of the Back to Zero campaign. In total, 175 participants joined the webinars, which covered general information about COVID-19 transmission, prevention and control as well as related measures that can be taken by the municipalities. A video recording of one of the webinars webinar can be accessed on the GIZ Libya Programme Facebook page. Furthermore, GIZ is supporting its partner municipalities in the procurement of PPE for health facilities and supports the production of protection masks and clothing in seven women development and training centres. GIZ is also supporting the national COVID-19 information hotline through facilitating additional training sessions for the hotline personnel. Further activities supported by GIZ include the provision of psychosocial support to the youth and the engagement of the community and CSOs in COVID-19 related activities. GIZ also printed 9,000 official posters designed by NCDC and distributed these across the 16 municipalities to raise awareness and provide secured information.

At PHC level, GIZ is supporting ten primary health care centres in eight municipalities in their COVID-19 response through International Medical Corps (IMC). This consists of procurement of supplies as well as trainings in COVID-19 case detection, IPC and the maintenance of essential health services. IMC, furthermore, provided trainings for Rapid Response Teams in eight municipalities. In total, 140 health workers, including 57 women, were trained in April.

**The HALO Trust** has been conducting the following activities to date in support of the national COVID-19 response: In Misrata, HALO is providing logistics support to the local branch of the National Centre for Disease Control (NCDC) and the Libyan Medical Student Association (LMSA) in an awareness-raising campaign for 4,000 local businesses. In Sirte, HALO is distributing COVID-19 hygiene promotion leaflets as part of our ongoing explosive
PUI has been present in the region of Al Kufrah since August 2019. Since then, PUI has been implementing the following activities:

- Primary health care support through Mobile Health teams supporting 8 different health facilities through consultations, medicine supply as well as technical training.
- Community Based Activities: Since the first case of COVID-19 was identified in Libya, in collaboration with LRC, PUI has contracted and trained 14 Community Health Workers and has started an awareness raising campaign in the city of Al Jawf and is looking into the possibility of extending this activity to Rabyanah and Tazirbu.
- Awareness and training sessions for medical staff who are part of the regional committee dealing with suspected cases:
  - Trainings on Covid-19 social stigma and preventative measures were carried out for 33 health workers on the 13th and 14th April. An additional 16 will receive this training in the month of May.
  - Training on Stress Management as well as Triage and use of PPE will also be conducted during the month of May to the same health workers that received the social stigma and preventative measures training.
- Distribution of Hygiene Kits: PUI will distribute 500 Hygiene kits to 500 vulnerable families in relation to COVID-19 activities in the Al Kufrah region. This distribution will take place by the second week of May.
- Also related to our Covid-19 response, PUI provided a 2-month stock of cleaning material to the DHS in Al Jawf city on the 8th April which was distributed to the different health facilities in the area in order to improve their IPC capacities. PUI will make a second donation in June.

IMC medical team provided 1423 OPD consultations, 10 mental health consultation and 3017 awareness sessions to beneficiaries with special focus on COVID-19 and ensuring social distance and infection control measures in the community. IMC Team has trained 509 health workers (239 males, 270 females) in COVID-19 preparedness and response, the response focused on case definition, screening, triage, patient flow, infection prevention and control and donation of PPEs to ensure reduction of transmission at the level of health care workers. IMC teams has supported 25 PHC clinics to ensure essential health services are provided during the quarantine period. IMC target population were migrants, refugees, IDPs and local host communities in Tripoli, Misrata, Sabha and support to health facilities in Garabouli, Janzur, Alaraneb targeting NCDC’s RRTs and PHC health workers. Under AICS-EUTF: As part of COVID-19 response the project was adjusted to support Janzur and Zuwaran municipalities. The project supported rapid response team of NCDC with: 5 doctors, 1 nurse to cover both municipalities. Capacity building and training for COVID-19 and donations of PPEs has been provided to Zuwaran and Janzor hospital health workers and the municipalities rapid response teams. Under GIZ: 3 new sites had been launched: Sidi Khalifa PHCC at Nalut, Western Gawasim PHCC at Zintan, and Tamanhent PHCC at Bawani. The capacity building and trainings, and donations of PPEs in response to COVID-19 had been successfully done by IMC’s GIZ to 8 municipalities: Nalut, Janzur, Garabouli, Misullata, Zawia, Bawani, Alshati and Om-Alaraneb targeting NCDC’s RRTs and PHC health workers. Under UNFPA: COVID-19 emergency response and GBV response during COVID-19: 4 trainings were conducted for Fashlom, Alqadisia, Aljadeed, Brak Alshati PHCCs. PPEs donation for Aljalaa hospital for women and childbirth, Alqadisia PHCC, Aljadeed PHCC, Fashlom PHCC, Brak Alshati PHCC, were
successfully completed and done. IMC team started working in the targeted health care centers in Tripoli: Fashloom and Alqadesia PHC centers.

**IOM** medical teams provided 1741 medical consultations to migrants and IDPs, including responding to emergency cases, referral to secondary and tertiary health care facilities, conducted regular medical visits and follow ups in different locations all over Libya (Dahr Aljabal DC, Tariq Al-Sikka DC, Al-Sabaa DC, Shouhada Alnasr DC, Abu Issa DC, Ganfouda DC, Tokra DC, Kufra DC, Souq Alkhouns, Alawaineya and 17 Feb PHC centers). 916 medical consultations were provided using mobile clinics targeted urban locations in Tripoli including Surbana Shelter (Hai Alandalus), Sudanese Shelter (Souq Aljumaa) and Abousalmal Shelter Janzour Area. IOM established the Migrant Resource and Response Mechanism (MRRM) program which has been strategically positioned along the migratory route in Zwara, Sabha, Qatroun, Tripoli, Hay Alandalus Office and Bani Waleed where IOM doctor provided a total of 1433 medical consultations to migrants living in urban areas as well as vulnerable cases from the host community. IOM MHD gynecologist and obstetrician provided antenatal follow ups to 17 pregnant ladies in the first second and third trimester of pregnancy and supplements were provided. IOM medical doctors responded to 64 emergencies medical and surgical cases were referred to secondary and tertiary health care facilities. IOM MHD Psychiatrist provided medical consultations to 20 migrants. IOM medical team responded to rescue at sea operations where 395 migrants were rescued, triage was conducted at disembarkation point at which 6 medical consultation were provided. IOM medical teams conducted hygiene promotion campaigns and awareness sessions on COVID-19 where flyers were also distributed to staff working and migrants in different disembarkation points and detention centers (Tripoli main port, Alhmedeya DP, Alqasreya DP, Zwara DP, Shouhada Alnasr DC, Abu Issa DC, Dahr Aljabal DC, Zwara DC, Tariq Alsikka DC, POE assessment and awareness session at Rasjdeer border).

**INFORMATION SOURCES:**

The health sector Libya web page was reactivated: [https://www.humanitarianresponse.info/en/operations/libya/health](https://www.humanitarianresponse.info/en/operations/libya/health)

[https://www.who.int/health-cluster/countries/libya/en/](https://www.who.int/health-cluster/countries/libya/en/)


EWARN: [https://ncdc.org.ly/Ar/](https://ncdc.org.ly/Ar/)

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