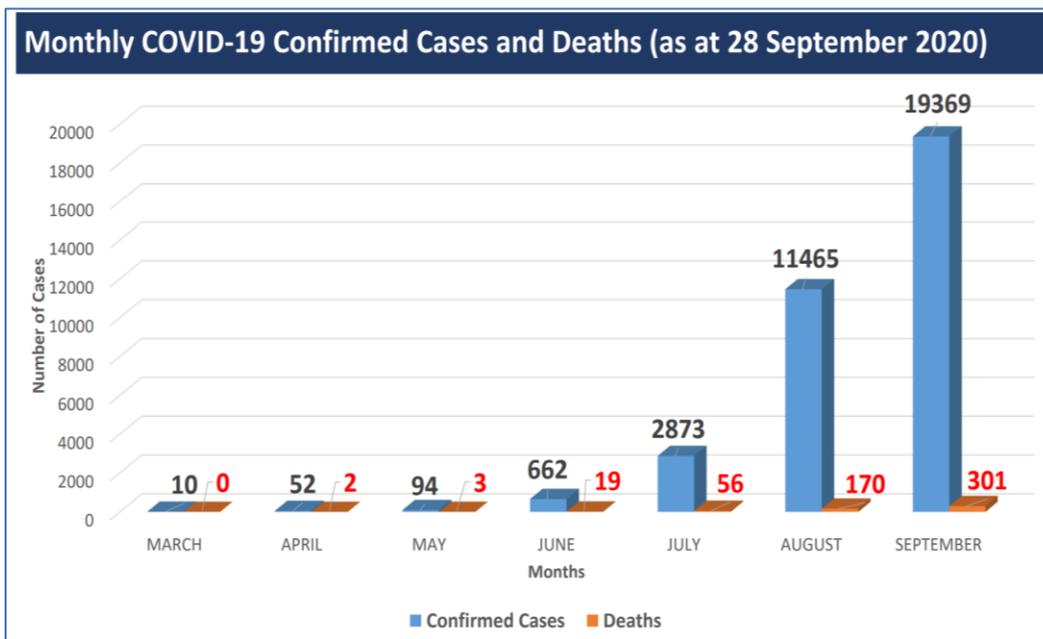


Week 40:  
Data: 1 Day



## Highlights

- Libya is one of seven countries in the Eastern Mediterranean region that are witnessing a steady increase in the number of cases of COVID-19<sup>1</sup>.
- Under WHO's transmission scenarios, Libya remains classified as "community transmission". Since the first case of COVID-19 was reported in Libya on 24 March 2020, a total of 34 525 people have been infected with the virus. Of this number, 14 613 people remain actively infected, 19 361 people have recovered, and 551 people have died. The national case fatality rate (CFR) is 1.6%. The municipalities reporting large numbers of confirmed cases over the past two weeks include Tripoli (15 569), Misrata (3215), Janzour (1197), Zliten (1934) and Benghazi (1108). Janzour municipality has observed the highest increase in the number of cases.
- Libya's CFR is likely underestimated due to the absence of a mortality surveillance system in the country. The number of known deaths (551) includes only confirmed COVID-19 patients who report to health facilities. The real number of deaths (from undiagnosed infections in communities) is unknown. However, Libya has 80.19 deaths per 1 million population, which is higher than the rates reported in neighbouring countries (57.79 deaths per million in Egypt, 20.81 deaths per million in Tunisia and 39.36 deaths per million in Algeria).
- Thus far, a total of 229 253 specimens have been tested. This number includes 160 979 in Tripoli, 22 833 in Misrata, 17 451 in Benghazi, 9248 in Sebha and 8721 in Zliten.
- Following WHO's repeated advocacy with the national authorities, the clearance process for humanitarian and COVID-19 supplies is going more smoothly. The customs authorities have cleared WHO supplies held in ports in Misrata and Benghazi.
- The customs authorities have also cleared a large shipment of oxygen concentrators that arrived in Misrata on 4 September. The supplies have been transferred from customs to WHO warehouses and are pending distribution.
- On 18 September 2020, Libya signed two key documents (the Confirmation of Intent to Participate and the Commitment Agreement) to secure its participation in COVAX, a WHO initiative that will allow countries to purchase an agreed number of COVID-19 vaccines at a guaranteed price.
- Libya has expressed keen interest in procuring the new, high-quality COVID-19 antigen rapid tests that will be made available to low- and middle-income countries following agreements with manufacturers negotiated by the Access to COVID-19 Tools (ACT) Accelerator. ACT is a ground-breaking global collaboration to accelerate the development and production of, and equitable access to, COVID-19 tests, treatments and vaccines. It was launched by WHO, the European Commission, France and the Bill & Melinda Gates Foundation in April 2020, in response to a call from G20 leaders the previous month.

## Response

### Pillar 1: Coordination

WHO:

- Continued to disseminate daily and weekly updates on COVID-19.
- Participated in a meeting convened by the Supreme Committee to Combat COVID-19<sup>2</sup> on 21 September 2020. The meeting was attended by international humanitarian organizations that are actively involved in the

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<sup>1</sup> The other countries are Iraq, Jordan, Lebanon, Morocco, occupied Palestinian territories and Tunisia.

<sup>2</sup> The Supreme Committee has been established by the Libyan National Army, which controls the eastern part of the country.

COVID-19 response in the east<sup>3</sup>. The meeting was chaired by the Libyan National Army's Chief of Staff and its Ministers of Health, Interior and Foreign Affairs. Participants discussed the evolving COVID-19 situation and how to coordinate the humanitarian community's response.

- With UNDP, co-facilitated the second COVID-19 policymakers' discussion on 24 September 2020. Participants (mainly managers of health care facilities in the east, south and west) reviewed the initial findings of an evaluation of the COVID-19 response across the country and discussed how to improve cooperation and enhance the efficiency and effectiveness of the national response. The meeting provided a format for future cooperation between the three regions of Libya.
- Streamlined its daily and weekly epidemiological updates to align them with the administrative classifications used by UNOCHA.
- Visited Benghazi Medical Centre and the Central Pharmacy warehouse to assess stock levels and needs and discuss the support to be provided by WHO.

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

On 29 September 2020, WHO launched an RCCE campaign targeting staff and students at the University of Omar Al Mukhtar in Bayda. The campaign will focus on the importance of public health measures such as social distancing and mask wearing to help stem the spread of the disease.

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

WHO:

- Continued to follow up with the National Centre for Disease Control (NCDC) on daily registered COVID-19 cases and epidemiological situation updates.
- Supported a two-day training workshop for rapid response teams (RRTs) organized by the NCDC in Tripoli from 27-28 September 2020. A total of 32 participants from 11 rapid response teams in Abusleem, Soug Aljumaa, Sedi AlSaeh, Gasser ben Gasheer, Hay Al-Andalus, Ain Zara Janzour, Al-Zahra and Al-Aziziya attended the workshop.
- Supported a second two-day training workshop (from 30 September to 1 October 2020) in Zliten for rapid response teams. A total of 50 participants from Misrata, Zliten, Alkoms, Gasser Alakhiar, Baniwaleed, Mesalata and Tarhouna municipalities, as well as representatives from the Ministry of Health's surveillance department, attended the workshop.
- Discussed COVID-19 surveillance with the NCDC, which has requested WHO's support to establish mortality surveillance in isolation centres.
- Launched its online EWARN application for surveillance officers across the country. The app includes COVID-19 reporting.
- Sent all rapid response teams information on how to register for online COVID-19 training on topics including active case finding and contact tracing, engaging communities, occupational health and safety, and data management and dissemination.

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<sup>3</sup> Libyan Red Crescent, Handicap International, Norwegian Refugee Council, International Medical Corps, Agency for Technical Cooperation and Development, Premiere Urgence International, INTERSOS, the International Committee of the Red Cross, WHO, the International Organization for Migration, UNICEF, and the United Nations Office for the Coordination of Humanitarian Affairs.

#### Pillar 4: Points of entry

- Land border crossing points with Chad, Egypt and Sudan are open without controls, and trade flows are continuing without health safety precautions. The national border health emergency plan, which foresees health checks at the borders, has not been activated.
- Health precautionary measures are being implemented for ships that dock at seaports around the city of Ajdabiya.
- The Civil Aviation authorities have given permission for Benina Airport to reopen, with appropriate protocols in place for COVID-19.

#### Pillar 5: National laboratory

- A total of 25 laboratories now have capacity to conduct COVID-19 tests. WHO has distributed 12 100 cartridges to all laboratories that are equipped with GeneXpert machines.
- WHO and IOM trained five laboratory technicians in Al Baida hospital on PCR laboratory techniques and RT-PCR testing.

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

- WHO and UNICEF are co-leading the IPC working group, which aims to support national efforts to implement IPC measures. During the reporting period, the group met twice to discuss the implementation of national IPC guidelines and how to address IPC gaps.
- RRTs in Ashhati municipality (south Libya) suspended their work on 21 September 2020 due to shortages of personal protective equipment.

#### Pillar 7: Case management

WHO:

- Conducted a two-day training course in Shahhat Hospital (from 26-27 September 2020) on managing COVID-19 patients. Eighteen doctors working in isolation units in Al Baida, Shahhat, Al Marj and Al Abiar attended the course, which was facilitated by trainers from Benghazi Medical Centre.
- Visited Shahhat Isolation department to assess the situation. Of the 30 confirmed COVID-19 patients admitted thus far, seven have been treated and discharged, ten are actively infected but in a stable condition and 13 have been quarantined at home.
- Donated six pulse oximeters to Al Baida primary health care (PHC) centre and Al Goba municipality RRT.
- Completed its distribution plan for 134 oxygen concentrators.

#### Pillar 8: Operational support and logistics

WHO has requested another 25 000 GeneXpert cartridges through the Global Supply Portal.

#### Pillar 9: Maintaining essential health services

WHO:

- Carried out a rapid assessment of the impact of COVID-19 on the availability of essential health services in PHC centres and hospitals in Tripoli. The main findings were:
  - Out of 92 PHC facilities in Tripoli that were functioning before the outbreak, only 54 are still functioning. The other 38 facilities are closed as a result of the impact of COVID-19.

- Closures are due mainly to shortages of PPE and IPC protocols, as well as delays releasing and/or cuts to staff salaries.
- Vaccination services are available in only 34 of the centres that remain open (a 63% decrease compared to pre-pandemic levels).
- Only one of Tripoli's 14 hospitals (Alrazi mental health hospital) has temporarily suspended its services because of COVID-19 infections among staff and patients. However, the hospital is due to re-open on 4 October 2020.
- Continued to support WHO Emergency Medical Teams (EMTs) based in PHC centres that are providing health care centres to IDPs and host communities in the east. Between 16 and 30 September 2020, the EMTs provided around 3600 consultations for gynaecology, internal medicine, paediatrics and dermatology.
- Shared details of its new online training course on PHC services in the context of COVID-19 with health sector partners and other stakeholders. The training focuses on maintaining the delivery of essential health services by improving IPC measures to protect health-care workers and strengthening the role of PHC centres in COVID-19, thereby decreasing the burden on secondary and tertiary health care facilities.

## 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 2 362 300 in contributions and firm pledges. It has submitted funding proposals to the African Development Bank (USD 500 000), USAID (USD 2.8 million) and the EU (EUR 6 million each for WHO and UNICEF and EUR 8 million for IOM). All three donors have accepted the proposals submitted and are preparing the agreements for signature by WHO.



Donor	Amount received
China	162,500
UK Department for International Development	145,000
Bill & Melinda Gates Foundation	400,000
EMRO	20,000
Central Emergency Response Fund	1,000,000
France	300,000
Canada	200,000
Germany	134,800
Funding gap	19,937,700