

LIBYA

Health Response to COVID-19

WHO update # 25. Reporting period: 1-31 March 2021



877,579

Cumulative samples tested

158,957

Cumulative confirmed cases

2,667

Cumulative deaths

147,147

Cumulative recovered cases

129,091

Samples tested this month

24,830

Confirmed cases this month

457

Deaths this month

26,031

Recovered cases this month

HIGHLIGHTS

- On 10 March 2021, the Libyan House of Representatives voted to endorse the new Government of National Unity's (GNU) proposed cabinet headed by Prime Minister Abdulhamid AlDabaiba. The cabinet includes two Deputy Prime Ministers and 35 ministers, of whom six are Ministers of State from different cities and regions of Libya.
- A new Minister of Health, Mr Ali Al-Zinati, has been appointed. On 21 March 2021, the WHO Representative (WR) met the Minister for initial discussions on WHO's work in Libya, including its support to help the country tackle COVID-19.
- Disease surveillance experts from WHO's regional office for the Eastern Mediterranean (EMRO) are currently visiting Libya to train national staff on the disease Early Warning and Response Network (EWARN) and interview key informants across the country. The mission will last from 25 March to 9 April 2021.
- The COVAX Facility has allocated an initial number of 292 800 doses of AstraZeneca vaccine to Libya. No information is available as to when the first shipment of vaccines (57 600 doses) will arrive. The Libyan National Regulatory Authority has approved four vaccines (AstraZeneca, Pfizer, Moderna and J&J/Janssen) for use in the country. All four vaccines have been endorsed by WHO.

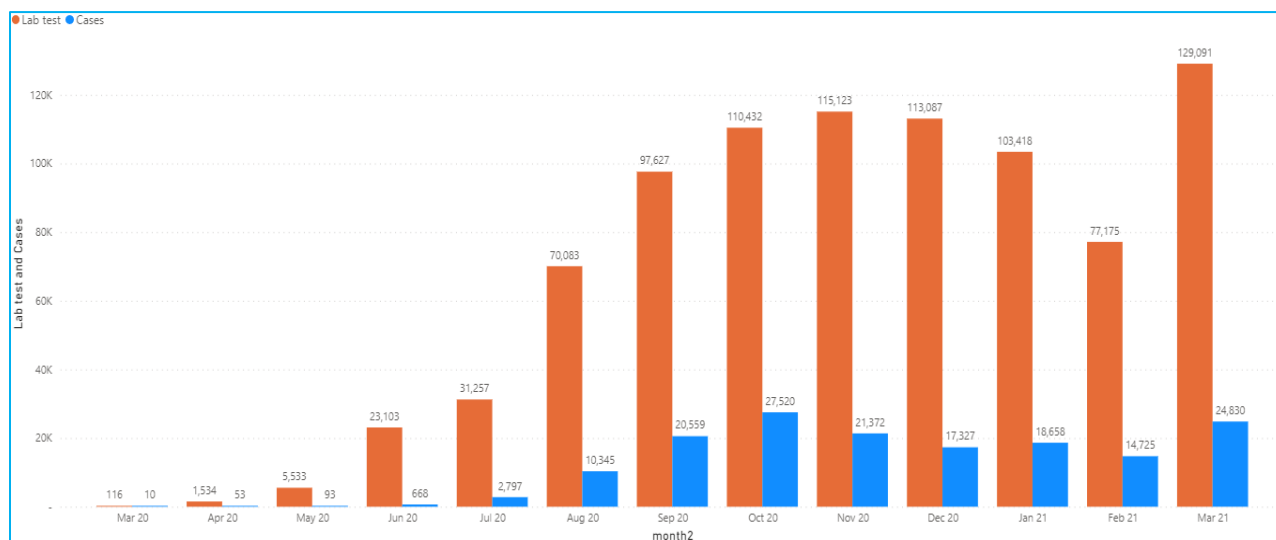


Figure: Number of COVID-19 laboratory tests performed vs confirmed positive cases per epi-month 2020-2021 calendars.
Source: NCDC data team.

EPIDEMIOLOGICAL HIGHLIGHTS

- Libya remains classified as community transmission with a verified circulation of variant of concern (VOC) 202012/01 (B.1.1.7, UK variant) and a non-verified presence of VOC 202012/02 (B.1.351, South African variant).
- Of the total number of 129 091 tests conducted in Libya in March 2021, 24 830 (19.2%) were confirmed positive for SARS-CoV-2 (COVID-19). The positivity rate remains the same as for February, but 51 916 more lab tests were conducted compared with the previous month (a 67% increase). The monthly trends seem promising but weekly analyses show significant fluctuations and most of the testing remains Tripoli-centric (93% of the total number of tests conducted nationwide).
- The national positivity rate of 19.2% cannot be generalized to regions. Weekly positivity rates in the east region remained in the range of 25-31% while in the south they ranged between 30-50%. There are deficiencies in surveillance for all municipalities, especially in the south and west.
- WHO has encouraged national and local authorities to continue strengthening public health and social measures. These include infection prevention and control (IPC), disease control, epidemiological surveillance in high-risk groups, strategic testing (especially in the south and west), and systematic sequencing of SARS-CoV-2 if and when feasible.

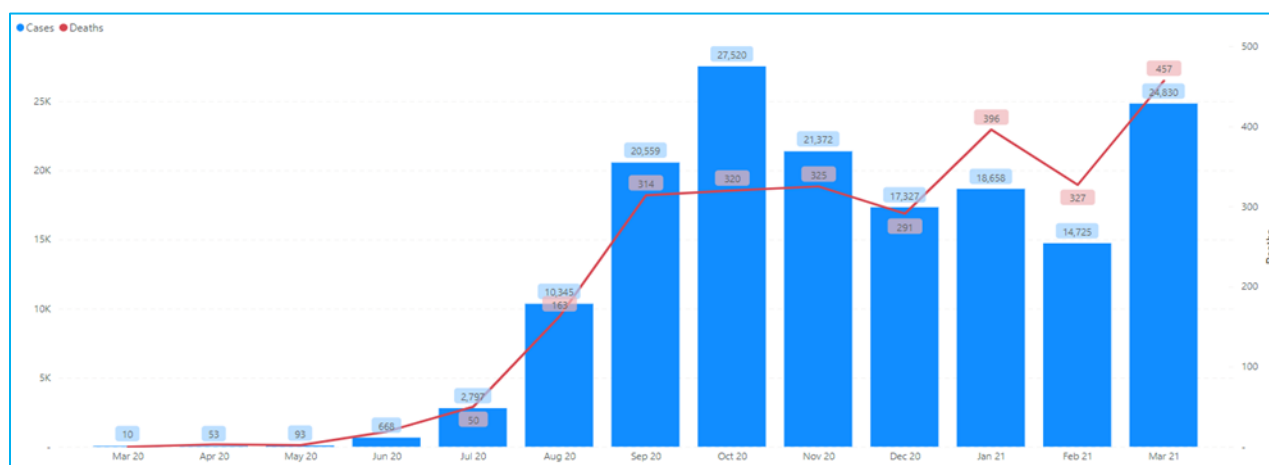


Figure: Histogram showing COVID-19 cases and deaths for epi month March 2021 as compared to previous months. Source: NCDC data team

WHO LIBYA RESPONSE TO COVID-19

The WHO country office (WCO) works daily with health authorities in the east and west to support strategic planning, provide technical advice, issue daily epidemiological bulletins, strengthen disease surveillance, train health care staff, assess health needs, and provide medicines, equipment, and laboratory supplies to keep essential health care services running. WHO also acts as the COVID-19 focal point/technical adviser for the UN in Libya and briefs the international diplomatic corps on the status of COVID-19 and the main needs, obstacles, and gaps.

As the lead agency of the health sector in Libya, WHO identifies gaps in the response and helps to fill them. It highlights serious health issues and works across the political divide to resolve them.

At the global level, the WCO works on Libya's behalf with other international mechanisms set up by WHO and partners to tackle the pandemic. These include the COVID-19 Supply Chain System (to obtain COVID-19 supplies for Libya at the best possible price), the Access to COVID-19 Tools (ACT) Accelerator (which aims to speed up the development and production of COVID-19 tests, treatments, and vaccines, and ensure their equitable access) and the COVAX Facility (which aims to ensure that all people everywhere have access to COVID-19 vaccines once they become available). The COVAX Facility is one of the four pillars of the ACT Accelerator.

For all the above issues, WHO closely works with the following entities in Libya:

- Ministry of Health
- National Centre for Disease Control (NCDC)
- National Immunization Technical Advisory Group (NITAG)
- COVID-19 National Coordination Committee (NCC)
- COVID-19 Scientific Advisory Committee
- COVID-19 Supreme Committee (east Libya)

Libya's COVID-19 response is organized around the 10 pillars of its national preparedness and response plan.

KEY PRIORITIES & RESPONSE ACTIVITIES

Pillar 1: Coordination, planning, financing and monitoring

- The WR met Mr Ali Al-Zinati, the newly appointed Minister of Health, to brief him on WHO's emergency health operations in Libya, its collaboration with the MoH and the NCDC, and the status of COVID-19 in the country (including the support provided by WHO, the current epidemiological situation for COVID-19, and the status of COVID-19 vaccines).
- From 11 February to 13 March 2021, the WR and colleagues visited east Libya to assess the status of health care facilities and meet with officials including the newly appointed Deputy Prime Minister in the east and the head of the COVID-19 Scientific Committee.
- WHO led the revision of the 2021 health sector COVID-19 preparedness and response plan for Libya. Health sector partners include IOM, UNHCR, UNICEF, UNFPA, UN-Habitat, IMC, HI, TDH, MSF-Holland, MSF-France, Emergenza Sorrisi-Naduk, IRC, PUI and UN Women.



Pillar 2: Risk communication, community engagement and infodemic management

WHO:

- Launched a series of workshops on COVID-19 vaccination for health educators and journalists, in close cooperation with the NCDC, UNICEF and MOH.
- Conducted a one-day workshop on COVID-19 risk communication, vaccine demand and uptake and infodemic management for journalists and NCDC communications professionals in seven municipalities in Tripoli. Key advocacy messages were shared with participants.
- Advised the NCDC communications team on key vaccination messages to be included in COVID-19 vaccination cards and disseminated through telecommunication companies.
- Delivered 43 200 packs of community engagement materials to 70 community health volunteers from six municipalities in Tripoli. Each pack contains four flyers, four masks and a bottle of hand sanitiser.
- Advised the University of Tobruk on the implementation of recommended IPC measures, and agreed to support the printing of COVID-19 awareness posters for colleges.
- Developed COVID-19 health promotion messages and posted them on the WCO's social media platforms in Arabic and English (available at <https://twitter.com/WHOLIBYA> and <https://www.facebook.com/WHOLIBYA/>).



Pillar 3: Surveillance, epidemiological investigation, contact tracing and adjustment of public health and social measures (PHSM)

WHO:

- Coordinated the NCDC's exercise to review the COVID-19 transmission classification for Libya. The classification will form the basis for adjusting public health and social measures across individual municipalities.
- Coordinated the evaluation of EWARN being conducted by a WHO team from EMRO. The team will train national staff on EWARN methodology and conduct key informant interviews with EWARN partners and managers of communicable disease programmes. Subsequently, the trained national staff will assess EWARN in 30 health facilities across Libya.



- Coordinated the transport of COVID-19 samples for genomic sequencing for VOCs including the UK, South Africa and Brazil strains. The samples will be shipped to a WHO reference laboratory in Rotterdam, the Netherlands, as soon as flights have been confirmed.
- Discussed the need to regularly perform genomic sequencing of COVID-19 samples. Ideally, a minimum of 15 SARS-CoV-2 PCR-positive sentinel specimens per week with a Ct value of ≤ 30 should be sent for genomic sequencing to [WHO COVID-19 Reference Laboratories](#).

Pillar 4: Points of entry, international travel and transport, and mass gatherings



- WHO met with IOM to discuss joint efforts to maintain compliance with the International Health Regulations and improve reporting at points of entry (POEs). According to IOM, only eight of Libya's POEs are functional (Al Toum, Sarra, Emsaed, Wazin, Ras Ajdir, Tripoli Airport, Misrata Airport and Benghazi Airport). Three are partially operational (Tripoli, Misrata and Benghazi seaports) and the remaining three are closed (Al Abraq Airport, Deb deb crossing point in Ghadames and Essayen Ghat crossing point). Only six PoEs are reporting data regularly.

Pillar 5: Laboratories and diagnostics



WHO:

- Trained 65 laboratory personnel in the south on the theoretical and practical components of conducting SARS-CoV-2 antigen-based rapid diagnostic tests (Ag-RDTs).
- Distributed Ag-RDTs to the east and south (5000 to Tobruk, 5000 to Albayda and Shahat Chest Hospital and 2000 to Benghazi). WHO has earmarked an additional 15 000 Ag-RDTs for distribution to COVID-19 laboratories in the south.
- Advocated with laboratory managers and staff for the importance of planning, setting policy and establishing technical guidance for using Ag-RDTs. See Annex 1 for details.

Pillar 6: Infection prevention and control, and protection of health workforce



WHO:

- With UNICEF, co-facilitated an IPC working group meeting to agree on basic items to be included in hygiene kits for communities and schoolchildren. WHO presented a matrix showing the distribution of all PPE across the country and discussed the recommended IPC measures for the forthcoming national vaccination campaign.
- Coordinated the delivery of IPC supplies to Tobruk health service directorate and Tobruk isolation department.
- Trained nine IPC officers (three from each region) on IPC measures and reporting. These officers will subsequently work with major isolation centres across the country to support the capacity building of health workers and the implementation of IPC protocols in each centre.

Pillar 7: Case management, clinical operations, and therapeutics



WHO:

- Updated the database of key performance indicators related to COVID-19 isolation centres and case management facilities (see also interactive [COVID-19 health facilities Libya map](#)).
- Visited the isolation centre in Mitiga and the triage centre at the University of Tripoli. Although the centres have good procedures for managing the rapid identification, diagnosis and treatment of COVID-19 patients and maintaining essential support services, they require significant support in terms of human resources (including

occupational health and mental health and psychosocial support for health workers) and surveillance and information management.

- Completed the procurement of a 20 000 litre capacity oxygen tank for Ajdabiya isolation centre and an oxygen plant for Sirt.

Pillar 8: Operational support and logistics, and supply chains

- WHO distributed 16 tons of COVID-19 supplies including PPE, laboratory consumables and kits and equipment to Sabha Medical Centre, Tobruk Health Services Directorate, Tobruk isolation centre and the Emsaed COVID-19 committee. Additional supplies were sent to WHO warehouses in Benghazi and Sebha.



Pillar 9: Strengthening essential health services and systems

- WHO conducted the following workshops:
 - A two-day workshop on “Quality of Health Services in Extreme Adversity” in Al Jala Hospital in Benghazi. A total of 25 managers from different municipalities attended the training.
 - Two five-day training courses in Tripoli on the mhGAP-Intervention Guide. The courses were organized in coordination with the MoH/ Primary Health Care Institute.
 - A training course in Benghazi on multi drug-resistant tuberculosis. 20 physicians attended the course.
- WHO finalized a comprehensive questionnaire to assess the quality and availability of EPI services in health care facilities. EPI supervisors and WHO field coordinators will use the questionnaire to assess services in 30 vaccination centres across the country.

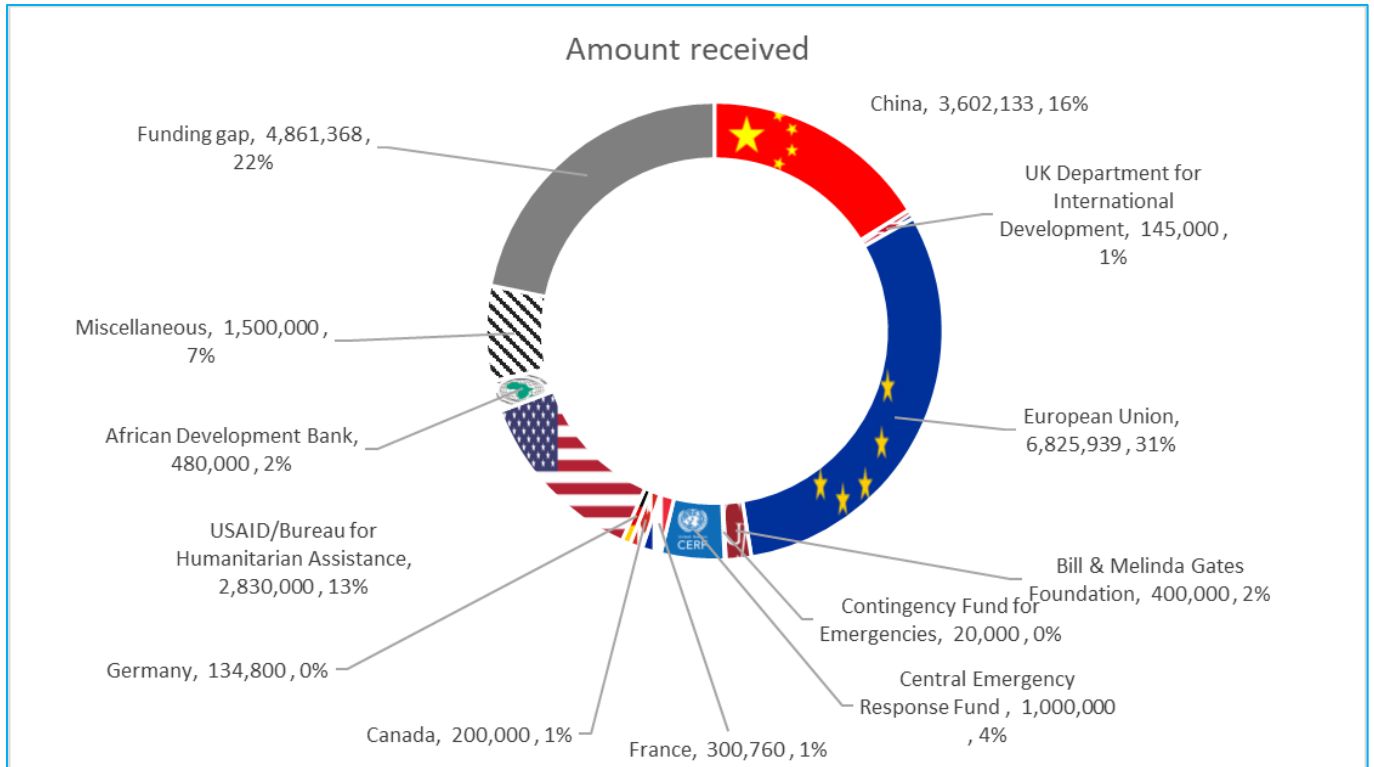


Pillar 10: COVID-19 vaccination

- The GNU has endorsed the national deployment and vaccination plan.
- The Libyan National Regulatory Authority has approved four vaccines (AstraZeneca, Pfizer, Moderna and J&J/Janssen) for use in the country. All four vaccines have been endorsed by WHO.
- The COVAX Facility has allocated an initial number of 292 800 doses of AstraZeneca vaccine for Libya. No information is available as to when the first shipment of vaccines (57 600 doses) will arrive.
- WHO is participating in the newly-established national steering committee for the COVID-19 vaccination campaign. The 24-strong committee includes representatives from the MoH, NCDC, WHO, IOM and UNICEF. It will take the lead on all operational aspects of the campaign.
- Preparations to launch the campaign are underway:
 - According to UNICEF, the inventory of the national cold chain has been completed in 426 of Libya’s 700 vaccination sites.
 - The NCDC has launched electronic pre-registration for vaccination for those above 18 years of age. As of 31 March 2021, a total of 361 900 people had registered.
 - 107 field supervisors to be assigned to 430 vaccination centres across the country have been trained on implementing the vaccination campaign. Cascade training of another 3000 staff in vaccination centres is ongoing.
 - 190 physicians have been trained on vaccine safety monitoring and responding to adverse events following immunization.
 - 1100 copies of the vaccination field implementation guide have been printed and disseminated and daily immunization coverage reporting tools have been finalized. The COVID-19 vaccine technical field guide ([COVID19 technical field implementation guide](#)) has been released.



FUNDING RECEIVED IN 2020



In 2020, WHO requested USD 22 300 000 to support the response to COVID-19 in Libya. At the end of the year, it had received USD 17 438 632.

FUNDING REQUESTED FOR 2021

Pillar N°	Pillar title	Amount (USD)
1	Leadership, coordination, planning, and monitoring	1,143,475
2.	Risk communication and community engagement	1,425,000
3.	Surveillance, case investigation and contact tracing	1,606,655
4.	Travel, trade, and points of entry	577,000
5.	Diagnostics and testing	3,005,200
6.	Infection prevention and control	1,223,200
7.	Case management and therapeutics	3,808,220
8.	Operational support and logistics	3,592,654
9.	Essential health systems and services	1,941,091
10.	Vaccination	1,840,000
	TOTAL	20,162,495*

*(excluding staff costs in Category 1)

For further information, please contact:

Ms Elizabeth Hoff, WHO Representative for Libya, WHO Libya, hoffe@who.int

Dr Jorge Martinez, WHO Emergencies Team Lead, WHO Libya, martinezj@who.int

Mr. Azret Kalmykov, Health Cluster Coordinator, WHO Libya, kalmykova@who.int

For more information, please visit www.who.int | www.reliefweb.int | www.humanitarianresponse.info

Annex 1: Implementing antigen-based rapid diagnostic test (Ag-RDT) sampling in Libya.

The number of laboratory-confirmed cases of COVID-19 is continuing to rise throughout Libya. The corresponding increase in the number of PCR tests to be conducted has stretched laboratory capacities to the limit. The country simply does not have enough testing capacity to keep pace with the spread of the virus, creating the need for a faster approach. In January 2021, the National Centre for Disease Control (NCDC) requested WHO's support to provide 1000 antigen-based rapid diagnostic tests (Ag-RDTs) in Libya, even though this approach had not been endorsed in the national strategy and plan of action.

WHO's recommendations for testing for COVID-19

WHO recommends that, wherever possible, suspected cases with active SARS-CoV-2 infection be tested using molecular nucleic acid amplification test (NAAT) methods, such as rRT-PCR, which detect the presence of viral RNA in patient samples.

During the COVID-19 pandemic, countries have had to rapidly launch and scale up laboratory testing capacity, which has presented many challenges. While an essential part of the testing response to COVID-19, NAATs typically require well-resourced laboratory facilities, multiple reagents, sample referral systems and skilled personnel. Many settings lack the sophisticated infrastructure required to provide widespread molecular testing for COVID-19, particularly in low- and middle-income countries. Long transport distances for referral and slow turnaround times can limit the clinical and public health impact of molecular testing for COVID-19, where timely detection is critical. Supply shortages of essential and compatible reagents are further complicating the scale-up of molecular testing for COVID-19 in certain settings. The high cost of molecular testing also limits the testing coverage that can be achieved within countries' diagnostic funding envelopes. Similarly, access and price remain substantial barriers to point-of-care molecular testing in many settings.

Rapid diagnostic tests (RDTs) are easy-to-use, rapid tests that can be used at or near the point of care, without the need for laboratory infrastructure or expensive equipment. There are two types of SARS-CoV-2 RDTs: antigen (Ag) tests that directly detect the SARS-CoV-2 virus antigen(s), and antibody (Ab) tests that detect one or more types of antibodies produced by the host immune response against the virus. Antigen-detecting RDTs Ag-RDTs directly detect SARS-CoV-2 antigens, most often nucleocapsid, produced by the replicating virus in respiratory secretions. Therefore, like molecular testing, Ag-RDTs are useful for detecting active COVID-19 infection. For more information, see WHO's [implementation guide on using Ag-RDTs to detect SARS-CoV-2 antigens](#).

The WHO country office has endorsed the use of Ag-RDTs in Libya in the following circumstances:

- In areas where PCR testing is not available OR it is available but it takes several days to obtain test results, OR where people are required to travel long distances to be tested in specialized NCDC laboratories.
- When COVID-19 laboratories are closed because of infrastructure and HR issues (e.g., prolonged power cuts, staff who are absent with COVID-19, stockouts of reagents and consumables, etc.).
- Contact tracing by rapid response teams is inadequate and many asymptomatic contacts of cases are either not tested (because of lengthy procedures related to laboratory testing) or have to wait more than three days to obtain test results.
- Outbreak investigation
- Monitoring trends in disease transmission essential workers and health workers.

Current situation in Libya

In January 2021, Libya started using Ag-RDTs in NCDC laboratories and hospitals. However, some of the tests being used have not been approved by WHO. Moreover, laboratories are not using a standard algorithm that sets out the steps to follow and the minimum performance criteria for Ag-RDTs. Some hospitals and isolation centres are using the algorithms supplied by individual manufacturers.

WHO has procured 80 000 WHO-approved Ag-RDTs and, at the request of the NCDC, has trained laboratory personnel in east Libya on the use of these new tests. Training courses in south Libya will take place in April 2021. No date has been set yet for courses in west Libya.

Proposed action by MOH

- Revise the national testing strategy to include the use of Ag-RDTs in specific circumstances and as per WHO recommendations.
- Develop guidance and implementation manuals on when and how to use Ag-RDTs.
- Review COVID-19 testing capacities and country readiness to implement Ag-RDTs.
- Establish a national diagnostics committee.
- Establish mechanisms to report the use of Ag-RDTs along with current PCR tests.

Proposed action by WHO

- In collaboration with the MoH, complete Ag-RDT training courses for laboratory personnel in west and south Libya.
- Advocate for the development of national algorithms and guidelines based on global WHO norms.
- Conduct COVID-19 mass screening in vulnerable populations such as IDPs, migrants and refugees (including those in detention centres). (MOH and WHO).