LIBYA
Health Response to COVID-19
WHO update # 27. Reporting period: 1-31 May 2021

<table>
<thead>
<tr>
<th>Case Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative samples tested</td>
<td>1,049,387</td>
</tr>
<tr>
<td>Cumulative confirmed cases</td>
<td>186,072</td>
</tr>
<tr>
<td>Cumulative deaths</td>
<td>3,127</td>
</tr>
<tr>
<td>Cumulative recovered cases</td>
<td>172,117</td>
</tr>
<tr>
<td>Samples tested this month</td>
<td>71,762</td>
</tr>
<tr>
<td>Confirmed cases this month</td>
<td>8,564</td>
</tr>
<tr>
<td>Deaths this month</td>
<td>98</td>
</tr>
<tr>
<td>Recovered cases this month</td>
<td>8,926</td>
</tr>
</tbody>
</table>

HIGHLIGHTS

- In May 2021, Libya recorded the lowest number of COVID-19 deaths since the first case was reported in the country in March 2020. No deaths from COVID-19 were reported on 19 May 2021. The monthly mortality rate dropped to 1.4 per 100,000 cases and the case fatality rate decreased to 1.1%. In the absence of age-specific data on COVID-19 deaths and case management indicators, it is not known whether this decrease is due to a higher number of infections in younger people or better treatment for COVID-19 patients in isolation centres.
- There was a 23% decrease in overall national testing compared with April 2021. The number of tests conducted dropped by 50% compared with March 2021. This may be partly attributed to Ramadan and Eid.
- On 19 May 2021, the second shipment of COVID-19 vaccines procured through the COVAX Facility arrived at Mitiga International Airport in Tripoli. This second batch (comprising 117,600 doses) is earmarked for priority groups including health care workers, people above 60 years of age and those between 18 and 60 years of age who have comorbidities.
- The Government of National Unity (GNU) has announced the launch of a COVID-19 vaccination campaign in reform and rehabilitation institutions and prisons.
- On 26 May 2021, a team of representatives from UN agencies, NGOs and donors visited Sebha Municipality for discussions on a range of topics including COVID-19, education and security. This was the first UN mission to the south in more than two years. Municipal representatives asked for more oxygen for COVID-19 patients and greater capacity to conduct PCR tests. (All parts of Libya are facing acute shortages of oxygen.)
**EPIDEMIOLOGICAL HIGHLIGHTS**

- Libya remains classified under community transmission with a verified circulation of two variants of concern (B.1.1.7 and B.1.351) in the country.
- In May 2021, the number of new COVID-19 deaths (98) decreased by 72% compared with the previous month (a 74%, 61% and 63% decrease in the west, east and south, respectively). The monthly mortality rate dropped to 1.4 per 100 000 cases and the case fatality rate decreased to 1.1%. In the absence of age-specific data for COVID-19 deaths and lack of case management indicators, it is unknown whether this decrease is due to more infections in younger people or better treatment for COVID-19 patients in isolation centres.
- 28 COVID-19 laboratories (out of a total of 32) conducted 71,762 laboratory tests in May. There was a 23% decrease in overall national testing compared with April 2021 (24% and 52% decrease in the west and east, respectively, and 13% increase in the south), and a 50% decrease compared with March 2021. The decrease may be partly attributed to Ramadan and Eid.
- Of the total number of 1,049,387 tests conducted in Libya since the beginning of the response, 186,072 (17.7%) were confirmed positive for SARS-CoV-2 (COVID-19).
- The national positivity rate for May 2021 dropped from 18.7% to 12%. This is attributable to the overall decrease in cases in all three regions of the country. The positivity rates in the west, east and south were 10.9%, 34.2% and 13.2%, respectively.
- The overall number of new cases decreased by 51% compared with the previous month (a decrease of 54% and 77% in the west and south, respectively, and a 39% increase in the east). This may be attributed to Ramadan and Eid: fewer patients requested tests, rapid response teams had shorter working hours, and fewer people were travelling across the country. There were no reported shortages of tests or laboratory reagents from any COVID-19 laboratories.
- The number of cases is directly proportional to the number of laboratory tests conducted. However, case numbers in May 2021 dropped much more than the decrease in the number of laboratory tests.
WHO LIBYA RESPONSE TO COVID-19

The WHO country office (WCO) works daily with the national health authorities 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 with the following entities in Libya:

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

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

WHO continued to disseminate daily, weekly, bi-weekly and monthly COVID-19 epidemiological and operational updates and assessments.

Pillar 2: Risk communication, community engagement and infodemic management

WHO:
- Designed health education materials and distributed them to health workers during a vaccination campaign at Kuwaifya Tuberculosis hospital in Benghazi.
- Supported the preparation of social media messages on COVID-19 precautions during Eid.
- 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)

- A consultant who recently visited Libya to assess event-based surveillance (EBS) briefed the WCO on the status of EBS implementation in Libya. The EBS guidelines have been completed, five notification alerts have been selected, and technical working group members have been identified, in consultation with the NCDC. The consultant is producing monthly reports on EBS.
- Daily COVID-19 epidemiological updates can be found at the COVID-19 Libya dashboard.

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

WHO met with Libya’s focal point for the International Health Regulations (HR) to review points of entry and agree on five priority activities to be implemented in 2021. WHO has submitted IHR data to its regional office in Cairo (EMRO) on behalf of the IHR focal point in Libya.

Pillar 5: Laboratories and diagnostics

WHO:
- Coordinated with WHO’s External Quality Assurance Programme (EQAP) on the participation of Libyan national COVID-19 laboratories in the 2021 EQAP survey, and supported the transportation of quality control panels to targeted laboratories in all three regions of Libya.
- Distributed:
  - 20,000 nasal swabs with viral transport medium (VTM) and 10,000 RT-PCR tests to the NCDC Central Public Health Laboratory
  - 26,400 nasal swabs with VTM to NCDC branches in Zwara, Zliten and Zwara
  - Antigen-based rapid diagnostic tests (RDTs) to the Central Public Health Laboratory and Misrata Medical Centre (west Libya)
  - Antigen-based RDTs, PCR tests and extraction kits to Benghazi Medical Centre, Al Kwefia Chest Hospital and the health authorities in the east, and Um al Araneb Hospital, Al Shwareef Rural Hospital and Tasawah Rural Hospital in the south.
  - Eleven extraction machines to Al Bayda Central Hospital.
Pillar 6: Infection prevention and control, and protection of health workforce

WHO:
- Organized a bi-weekly meeting with IPC officers in isolation departments and triage centres to follow up on the implementation of IPC measures. WHO reviewed weekly reports and PPE monthly consumption rates for each centre.
- Provided 4000 N95 masks to the NCDC Central Public Health Laboratory and 2000 N95 masks to the NCDC’s branch in Zwara to support five rapid response teams in Aljmail, Zolton, Regdalin, Zwara and Alejelat.

Pillar 7: Case management, clinical operations, and therapeutics

- A 10 000-litre oxygen tank destined for Ejdabiya COVID-19 Isolation Centre arrived in Misrata seaport and will be delivered shortly.
- WHO distributed 10 oxygen concentrators to Misrata Medical Centre (west Libya), ventilator accessories and high-flow nasal cannulas to Benghazi Medical Centre (east Libya) and oxygen equipment with infrared thermometers to Um al Araneb Hospital, Al Shwareef Rural Hospital and Tasawah Rural Hospital in the south.

Pillar 8: Operational support and logistics, and supply chains

See pillars 5, 6 and 7. In May 2021, WHO distributed COVID and non-COVID supplies worth USD 555 000 to 25 health facilities across all three regions of Libya.

Pillar 9: Strengthening essential health services and systems

- Eighteen Emergency Medical Teams are supporting essential health care services in 24 health facilities. In May 2021, they conducted 22 232 consultations and carried out 212 surgical procedures.
- Following an increase in cases of acute flaccid paralysis (AFP) in Aljabal Alakhdar region, WHO and EMRO are planning to conduct supervisory field visits in areas with low and high AFP surveillance performance indicators.
- WHO participated in a webinar on digital solutions for NCDs. The webinar featured the launch of a package developed by WHO entitled “WHOOPEN: WHO Package of Essential Noncommunicable Disease Interventions”.

Pillar 10: COVID-19 vaccination

- Thus far, Libya has received 575 200 doses of vaccine:
  - 175 200 AstraZeneca
  - 250 000 Sputnik V
  - 150 000 Sinovac
- As of 31 May 2021, Libya had administered 240 091 doses of vaccine (3.05 doses administered per 100 population). By the end of the month, approximately 5000 people per day were being vaccinated. Thus far, 791 301 people have registered for vaccination.
- A total of 1 374 200 people (20% of the population) have been prioritized for vaccination. They include 408 000 people above 60 years of age, 207 000 health care workers and 759 200 people between 18 and 60 years old with comorbidities.
- EMRO’s dashboard tracks vaccination coverage in Libya and all other countries in the Eastern Mediterranean region.
Six vaccines (Pfizer, J&J, AstraZeneca, Moderna, Sputnik V and Sinovac) have been granted emergency approval by the Libyan National Regulatory Authority. The Libyan authorities are in the process of procuring Pfizer vaccine. WHO has not yet given emergency approval for the use of Sinovac and Sputnik V vaccines.

No severe life-threatening adverse events following immunization (AEFIs) have been reported since the rollout of the campaign on 10 April 2021. Most symptoms reported range from general fatigue, headache, low-grade fever, and pain at the injection site. AEFI notifications are made through a dedicated hotline and case investigation is handled by physicians.

The NCDC has not received an operational budget for the vaccination campaign and is struggling to keep services going. It has not yet published daily or weekly updates or coverage reports on COVID-19 vaccination.

Although vaccination outside the registration system has been observed in some vaccination centres, no statistics are available. The NCDC has informed WHO that this has been done to minimize wastage and has confirmed that those vaccinated outside the system will be duly registered.

Many vaccination centres still lack the freezers required to store the Sputnik V vaccine at -18°C.

COVID-19 vaccination for migrants and refugees has not started. The national vaccination plan is being revised to include these population groups (the national authorities will cover all costs). Approximately 61,900 migrants and refugees will be given priority for vaccination.
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**

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

*(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 Emergency 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