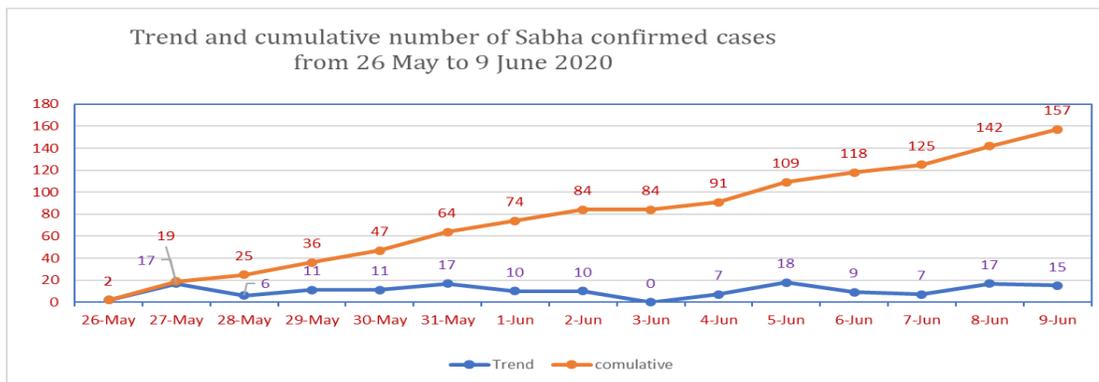


Highlights

- There has been an eight-fold increase in confirmed cases in Sebha municipality (south Libya). The municipality has 12 districts including Sebha city, a major hub on the migration route from Africa to Europe.



- Of the 359 confirmed cases for the whole of Libya, 5 patients have died, 58 have recovered and 296 are under follow-up. The highest number of cases comes from Sebha (157), followed by Tripoli (105), Misrata (19) and Benghazi (6), with 13 other locations making up the remaining 62 cases.
- Thus far, a total of 14 627 samples have been tested (8947 in Tripoli, 4139 in Benghazi, 713 in Misrata, 824 in Sebha and 4 in Zliten).

Collaboration with national authorities

- On 3 June 2020, the WHO Representative and Health Sector Coordinator met with Dr Badereddin Annajar (head of the National Centre for Disease Control (NCDC)) to discuss COVID-19 testing procedures for UN staff returning to Libya from Tunisia. Dr Badereddin agreed to revise the procedure to allow UN staff to be tested on their arrival in Libya instead of at the point of departure in Tunisia. UN staff who test positive will undergo a two-week quarantine inside the UN compound.
- Dr Badereddin said that one of the most serious obstacles to the COVID-19 response was the fragmented governance in Libya and the lack of cooperation between competing governance structures.
- WHO also raised the issue of critical shortages of vaccines in Libya (a joint WHO-UNICEF statement in this regard was issued on 18 May 2020). The WR informed Dr Badereddin that WHO's recent assessment of PHC facilities and vaccination centres across the country found that vaccine supplies would be depleted by mid-June 2020. WHO had been informed that vaccine procurement orders for 2020 had been prepared but not signed by the Central Bank of Libya (CBL). The WR informed Dr Badereddin of her plans to meet with the head of the CBL to discuss this issue and identify solutions to overcome procurement bottlenecks.
- The WR and other senior UN officials subsequently met Mr Elkaber, the head of the CBL, on 8 June 2020. Following this meeting, at his request, WHO submitted a prioritized list of recommended vaccines together with information on the age group targeted and the number of doses required for each vaccine.

Response

Pillar 1: Coordination

- With support from WHO, the local authorities in Sebha are developing a budgeted operational plan for COVID-19 and engaging all partners in this process.

Pillar 2: Risk communication and community engagement (RCCE)

- The RCCE working group for the south met on 5 June 2020 and developed an action plan. Messages and materials in local languages have been printed and disseminated.
- RCCE responsibilities have been divided among IOM (awareness/raising sessions, leaflet distribution and rapid assessments), UNICEF (distribution of soap and awareness on handwashing) and WHO (IPC training for health workers and RRTs).

Pillar 3: Surveillance, rapid response teams and case investigation

- WHO has disseminated case definition and investigation protocols to public and private health workers in the south. 29 rapid response team members in Sebha who were trained in March have been deployed.
- WHO is coordinating surveillance activities with the NCDC using Go Data online training (a data collection platform that focuses on patient data and contact tracing).

Pillar 4: Points of entry

- The border with Algeria has been closed and the border with Niger is open only for commercial vehicles. Sebha airport is closed.

Pillar 5: National laboratory

- The NCDC laboratory in Sebha is conducting COVID-19 tests using two GeneXpert machines (one donated by WHO and one received from the NCDC in Tripoli). Two real-time PCR machines are available in Sebha (one in the NCDC branch and the other in Sebha Medical Centre) but they are not yet functioning. WHO is assessing the availability of COVID-19 cartridges to support testing and is coordinating additional supplies to replenish stocks that have been depleted due to the high number of tests conducted over the past two weeks.

Pillar 6: Infection prevention and control

- 44 doctors and 82 nurses/paramedics in Sebha have been trained on IPC. However, WHO's assessment of IPC measures in Sebha showed that major improvements were needed and greater engagement with the public on hand hygiene and respiratory etiquette, was required. WHO will support public awareness campaigns on public health measures, including physical distancing, frequent handwashing and other IPC measures.
- WHO will also support the development of a plan to manage and monitor health workers exposed to patients with COVID-19 and raise their awareness of the need to restrict their movements to a minimum.

Pillar 7: Case management

- Sebha has two triage centres and one isolation facility with 10 ICU beds and 100 standard beds. The MoH has sent a mobile isolation centre.
- Currently, patients in Sebha are being quarantined at home following their assessment by medical teams in triage centres. These teams are also conducting contact tracing. WHO has conducted a simulation exercise to test the triage and referral mechanisms between the triage centres and isolation facility.
- 31 patients (including 2 migrants) are currently hospitalized in COVID-19 isolation centres (25 in Tripoli, 3 in Sebha, 2 in Benghazi and 1 in Zliten). The youngest patient is five months of age. One patient is pregnant (due date end June).
- Among the hospitalized patients, 1 is in critical condition, 1 in severe condition and 1 in moderate condition. The remaining 28 patients have mild cases of the disease.

Pillar 8: Operational support and logistics

- Following the surge in cases in Sebha, WHO has dispatched PPE to the area and placed another order for PPE with EMRO.
- A consignment of PPE and lab reagents (sent by WHO's logistics hub in Dubai) is expected to arrive in Benghazi on 13 June 2020.

Pillar 9: Maintaining essential health services

- WHO is distributing noncommunicable disease kits and emergency health kits to primary and secondary health care facilities to support the continuity of essential health care services.
- WHO has also distributed blood bags (for blood donations) to selected health care centres and PPE to PHC facilities providing vaccination services.

Training

- WHO has supported or conducted COVID-19 training for more than 1200 health workers on case definition, rapid response, IPC and other topics.

FUNDS RECEIVED BY WHO

WHO has requested USD 3 265 000 to support the response to COVID-19 in Libya. Thus far, it has received USD 2 950 000 in contributions and firm pledges. It has submitted funding proposals to the African Development Bank (USD 500 000), USAID (USD 925 550) and the EU (EUR 6 million each for WHO, UNICEF and IOM).

