Overview: As of 14 May, 64 confirmed cases of COVID-19 are reported in Libya. Until present, a total of 3483 samples were tested for COVID-19. 3 COVID-19 related mortality cases were registered. Most confirmed cases are in Tripoli (49 including 3 deaths) followed by Misrata (10), Benghazi (4) and Surman (1).

Security situation:

Mitiga airport in Tripoli was shelled continuously with reports of damage of civil aircrafts planned for repatriation of Libyans.


Following the reported emergency needs as a result of fighting around Al Watiya base, WHO delivered 2 trauma kits to each of three hospitals where dozens of dead and injured people were brought, Al Zental hospital, Al Rujban hospital, Al Riyaina hospital.


As part of the emergency response following the conflict around Tarhouna area, WHO delivered 5 NCD kits, 3 trauma kits, 1 surgical kit, 1 cholera and 2 IEHK kits to Bani-Waleed hospital. Additional 6 NCD kits, 3 trauma kits, 1 surgical kit, 5 IEHK and 1 cholera kits were delivered to Tarhouna hospital.

10 May, armed group opened fire inside the intensive care unit in Al-Jalla hospital in Benghazi. Indiscriminate shooting. Panic between health workers. Doctors and nurses were assaulted. Medical equipment in ICU ward was damaged, including 7 respirators, monitors, ultrasound machine and other life-saving devices. Transferring all urgent cases to Benghazi Medical Center.

11 May – A joint statement was issued by the Foreign Ministries of France, Greece, UAE, Egypt and Cyprus on the situation in Libya.

12 May - Turkish Foreign Ministry has severely criticized the joint declaration by Greece, Egypt, France, the Greek Cyprus and the United Arab Emirates (UAE) accusing Ankara of undertaking “illegal” activities in Eastern Mediterranean.


14 May – As a result of continuous military activities around Tripoli city, the building (dermatology department, ENT department) of the Tripoli central hospital was hit by shrapnel of the ongoing shelling of the area close and around the hospital. The hospital (925 beds and more than 5,000 staff) is one of the city's main and largest health facilities, including the oldest trauma center. The shelling caused infrastructural damage to few hospital’ buildings. No casualties were reported.

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.

Funding situation (COVID-19)

<table>
<thead>
<tr>
<th>Estimated funding requirements (by organizations)</th>
<th>TOTAL (USD)</th>
<th>Funding Available (USD)</th>
<th>Funding Gap (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td>Amount 1</td>
<td>Amount 2</td>
<td>Amount 3</td>
</tr>
<tr>
<td>----------------------------------</td>
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<tr>
<td>WHO</td>
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<tr>
<td>UN Women</td>
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<td>0</td>
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<tr>
<td>Emergency Telecom Sector (Common Feedback Mechanism)</td>
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<td><strong>6,045,850</strong></td>
<td><strong>8,947,950</strong></td>
</tr>
</tbody>
</table>

UNSMIL is working on two proposals: UNSMIL Gender/UN Women COVID-19 and Women Peace and Security in Libya and UNSMIL/UNDP Support for COVID-19 Response Plan.

**Key advocacy asks:**

1. Absence of national COVID-19 response plan
2. Facilitation of approvals for importation of health supplies
3. Release of salaries and provision of PPE to health workers
4. Address vaccine shortages
5. Activation of global COVID-19 Supply Chain Portal
6. Enhanced coordination between NCDC and WHO

**Pillar 1: Country-level coordination**

For all coordination related issues, please contact WHO: BONIFACIO, Raul bonifacior@who.int and Azret Kalmykov, kalmykova@who.int

**National authorities’ update:**

The national COVID-19 Emergency Committee reviewed previous recommendations and updated the present ones.

The COVID-19 Scientific Advisory Committee follows up on measures to ensure strict adherence to all earlier announced ban related procedures with no space for its interpretation or non-compliance at a municipality level.

NCDC announced development of the strategy to enhance health educational levels on COVID-19 with Ministry of Education. NCDC is in discussions with the Ministry of Education on the required steps, conditions and alternatives to continue educational year.

MoH launched an online survey to assess levels of satisfaction by health workers on COVID-19 preparedness and response measures.

**Health sector response:**

WHO conducted a VTC with the Chairman of the Presidential Council of Libya and Prime Minister of the Government of National Accord of Libya, Fayez Mustafa al-Sarraj.

WHO followed up with the MoH on the issue of updated earlier developed NCDC COVID-19 preparedness and response place. The revised plan with technical comments received from WHO Regional Office was shared with the MoH.

As part of the discussion and agreement reached during the inter-sector coordination group meeting and the process led by OCHA Libya, there is a need to report response based on the COVID-19 Health sector PRP and the 8 pillars. As the standard regular monthly 4W doesn’t take the 8 pillars into consideration, there was a need to create a simple online tool that could be updated regularly as activities are completed. Some of the COVID-19 response is also expected to also be captured in the regular 4W but only for those HRP activities that are COVID-19 related (based on the HRP Prioritization exercise document) and using the normal sector (not pillar) approach. The information from the Kobo tool will be “downloaded” weekly. Kobo tool for COVID-19 response activities (https://ee.humanitarianresponse.info/x/#4rEv17v).

The United Nations Framework for the Immediate Socio-Economic Response to COVID-19 was launched by the DSG. The framework sets how the UNS will implement socio-economic support in response of COVID-19, under the leadership of the RC, the technical lead by UNDP and the integrated response of the UNCT. A first meeting was called among all agencies at a technical level to look into the framework and in particular to share socio-economic assessments underway or planned and identify agencies focal points to map responses under way or planned along the five streams set by the framework: health services, social protection and basic services, economic response and recovery, macroeconomic response and social cohesion and community resilience.

Peaceful Change Initiative (PCI) continues peacebuilding responses to COVID-19 in Libya; shared an overview of the locations in which they operate and are in a strategic position to support and coordinate with humanitarian and public health interventions. A rapid assessment of municipal-level responses to COVID-19 in Libya conducted by PCI’s Social Peace Partnerships (SPPs) across 14 locations was carried out. PCI is currently finalising our local level analysis framework/reporting template.


**Pillar 2: Risk communication and community engagement**

For all RCCE related issues, please contact UNICEF: Mohammad Younus myounus@unicef.org

**National authorities’ update**

Fayez Mustafa al-Sarraj, the Chairman of the Presidential Council of Libya and Prime Minister of the Government of National Accord of Libya, participated in the opening of the Rapid Response Centre 1448. 40 doctors and 20 consultants are part of the center to respond and assist in all incoming calls. The center will coordinate its work with 65 rapid response teams in different municipalities and the network of almost 600 health professionals. The center will be linked to all 19 currently established isolation and hospitalization sites.

There was a reported overlap of roles and responsibilities between NCDC and with latest opened rapid response center (1448 telephone call) by MoH through the support of the telecommunication company.

NCDC developed additional materials on health education and awareness for dental health practitioners.

NCDC developed awareness materials for repatriated Libyans.

**Health sector response:**

As pillar lead, UNICEF requested inputs of biweekly updates from RCCE WG members. Each agency/organization complete the agreed template by providing their respective inputs. The deadline for next biweekly update is 12th May, 2020. Once submitted by the group will be reviewed by the co-lead prior to submission. The updating should on the platform RCCE WG DOC 2020 (password: COVID2019) to avoid delays and reflect the inputs appropriately.
RCCE Working Group biweekly meeting took place.

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

For all laboratory related issues, please contact WHO: OSMAN, Rmadhan osmanr@who.int

National authorities’ update:

Selected health sector organizations took part in NCDC led technical committee meetings in Tripoli. A focus was made on situation with isolation cases and isolation sites. Only 1 case remained hospitalized while the rest of confirmed cases on home isolation. There is no isolation site ready for asymptomatic or mild COVID-19 patients. Of concern, situation with a likely increase of non-COVID-19 mortality cases due to the absence of the required health HR in hospitals and dialysis centers.

Continuous inquiries from different government structures on COVID-19 cases (suspected and confirmed) with neglect of issues of privacy and confidentiality.

NCDC agreed with WHO recommendation to enhance the case definition including fever, respiratory symptoms’ cases; issuing a circular on case definition to all doctors on mandatory reporting and laboratory testing; identification of triage centers as surveillance reporting sites in each municipality with links to the RRTs; identification of focal point in five centers in Tripoli for organization of care for elderly, orphans and handicapped; conducting a comprehensive survey, especially in Tripoli, Misurata, Benghazi.

Health sector response:

WHO participated in the National Steering Committee advocating in improving the strategy of testing with inclusion of ILI/SARI, ethical discussion on using convalescent plasma therapy.

Following WHO advise the NCDC agreed on a plan to increase the rate of detection and testing through expanding the case definition of suspected cases; expanding the contact tracing to include close contacts and the second contacts; conduct PCR test for health workers at ICU and emergence departments, migrants at DCs, IDPs, and prisons; enhanced coordination between surveillance and laboratory to increase detection and testing rate.

WHO advised NCDC on EPI modeling practical tool to conduct epidemiological projection, supplies and HR. The Regional Office is ready to validate the results afterwards.

WHO follows up with NCDC on a low number of reported cases. The following reasons are provided: lack of knowledge by local doctors on case definition; low number of functional health facilities; shortages of swabs for lab testing; sample transportation challenges; etc.

WHO continuously remind the health authorities to ensure continuity of disease surveillance work across the country along 125 EWARN sites and 100% timely submission of weekly reports. The last EWARN Bulletin was issued at the end of February.

**Pillar 4: Point of entry**

For all Point of Entry issues, please contact IOM: SYED Arif Hussain AHSYED@iom.int

National authorities’ update:

Repatriated Libyans from Turkey through Misrata airport include the ones who were tested twice during the quarantine period, both negative, with the requirement to fill in the information card and follow up at a municipality level.

More than 2,000 Libyans re-entered from Egypt. Rapid tests are reported to be done and people organized in quarantine sites.
Returnees from Egypt via Benina airport (Benghazi) are reported to be tested by PCR.

The NCDC Tripoli expressed concerns about lack of coordination with the authorities in Egypt on testing returning Libyans.

Health sector response:

Pillar 5: National laboratory
For all laboratory related issues, please contact WHO: OSMAN, Rmadhan osmanr@who.int

National authorities’ update:

Two labs are engaged. Out of total of 2,820 tests (2,308 tests were done in Tripoli and 512 in Benghazi). Provided PCR machines to Zawiya and Misrata are not yet operational.

The NCDC branch in Sabha received one PCR procured and delivered by Sabha Medical Center administration. In addition, earlier announced donation of one PCR for Sabha by NCDC Tripoli took place. A request was made to WHO from Sabha to support with diagnostic kits and relevant training for lab personnel. Joint WHO/NCDC Tripoli visit to Sabha is pending to activate the lab in Sabha. It is essential to remind all organizations interested in PCR procurement that additional prerequisites are necessary to be in place prior to activation of the lab, including trained personnel, other types of lab equipment, consumables and reagents.

One plane (Netherlands) delivered MoH procured 15 Gene Expert machines for diagnostic purposes.

In order to cover repatriated Libyans health authorities delivered the required PCR lab reagent and diagnostic kits to Tunisia, including: viral transportation medium (VTM) - 11,200 tubes with swabs; viral extraction reagent for 11,520 tests and COVID-19 tests kits - 11,200 tests. There is agreement with Pasteur institute in Tunis to conduct lab tests for Libyan returnees two times per person before and after 14 days quarantine.

Health sector response:

The MoH and COVID-19 Scientific Committee were briefed by WHO on pillar 5 “national laboratory” update during a technical coordination meeting in Tripoli. WHO operates based on specific plan of action on COVID-19 to support public health laboratories, highlighting: the distribution of totaling 30 geneXpert machines, trained laboratory staff to conduct the test, biosafety of the laboratory, continuity of supplies, ensuring the regular use of the machines not only for COVID but for MDR, HIV. WHO requested clarification from the MoH on the guideline on use of Rapid Diagnostic Test (RDT).

Pillar 6: Infection prevention and control
For all IPC related issues, please contact WHO: HASHEM, Mohamed hashemm@who.int

National authorities’ update:

The MoH Tripoli disseminated a final version of the national IPC guideline.

Health sector response:

WHO provided comments from the Regional Office to the draft of national guidelines in infection prevention and control.

Pillar 7: Case management
For all case management related issues, please contact WHO: HASHEM, Mohamed hashemm@who.int

National authorities’ update:

NCDC developed a manual on ICU response.
NCDC developed a manual on COVID-19 management and treatment.

The MoH Tripoli disseminated a final version of the national case management for COVID-19 guideline.

A simulation exercise on triage and the referral mechanism between the established triage clinic and the isolation center in Sabha was carried out.

Health sector response:

WHO provided the MoH technical advice during a separate coordination meeting on WHO progress on pillar 7, to review the status of home care management, strict implementation isolation measures and IPC, PPE supplies and dissemination of guidelines to the health facilities.

WHO shared with the NCDC the guidelines on the cause of death COVID-19.

Pillar 8: Operational support and logistics

For all OSL issues, please contact WHO: OSMAN, Rmadhan osmanr@who.int

Health sector response:

WHO coordinated with GDF on GeneXpert machines specifications, allocations, procurement and delivery and the WHO DXB Hub on PPE and VTM to deliver shipment to Libya

The biggest constraint is the transportation aspect. Obtaining some form of agreement from Libyan authorities to allow unrestricted movements of medical commodities into and through the airports to facilitate a transparent, equitable response is paramount. The last charter to Libya couldn’t obtain clearance with no indication of reasons. Several countries like Afghanistan and Syria have waived the green light process and/or reduced approvals to import to one day - this is essential when moving large volumes of goods - all parties have to agree in advance on items and quantities and the process - without changing the process during the response.

Two planes delivered MoH procured COVID-19 health supplies from Turkey to Tripoli, including mainly PPE items.

The global COVID-19 Supply Portal was launched. UNCT should appoint a Supply Coordinator in the system. The COVID-19 Portal Supply Coordinator in each country is a newly created role that is responsible for validating and prioritizing national supply requests that are submitted through the COVID-19 Supply Portal. To do this, Supply Coordinator/s must ensure that requests are in line with a coordinated national approach for procurement of critical items. Supply Chain Coordinator/s also act as the national focal point for follow-up on supply requests to the COVID-19 Supply Chain System Control Tower. Discussions take place between WHO, UNICEF and WFP.

Pillar 9: Essential health services maintained

For all essential health services related issues, please contact UNFPA: Mohammad Ghaznavi ghaznavi@unfpa.org and UNICEF: Ahmed Ejaeidi ejaeidi@unicef.org

UNFPA/UNICEF as Pillar leads collect the requested information (found here) to map assistance to the potentially supported health facilities by health sector organizations. In parallel, there is a dialogue with the Health Information Center to establish a weekly reporting for operational health facilities and the services provided.

UNFPA led action developed a draft of the guideline on maintaining essential services. This document is prepared to provide generic coordination and operational guidance to Libya in preparing and continuity plan for maintaining good quality and equitable essential health services including sexual, reproductive, maternal newborn, child, and adolescent health (RMNCAH) services during the COVID19 pandemic.
UNDP: Awareness stickers were distributed in the busy areas around the city (Sabha and Brak Ashati); protection and sterilizing materials were delivered to the municipality (Tripoli center); Disinfection and sterilizing materials were delivered to the municipality that included: Chlorine 20 lt, Hand wash 5 lt, hygene gel 30 pc, gloves 500pc, masks 500pc, Sterile clothes 30pc (Esbea); sterile clothes (60 pieces) were delivered to the municipality (Sabratha).

WHO completed in May 34 dispatches (64 tons) targeting 33 health facilities delivering 32 NCD kits, 19 trauma kits, 549 IEHK kits, 6 cholera kits, medicines for acute respiratory infections, and laboratory supplies (Over the past few months, WHO has dispatched over 136 tons of essential health kits to 45 hospitals and health facilities throughout Libya. Items distributed include enough emergency health kits and noncommunicable disease kits to treat almost 650 000 people for 3 months, trauma kits to treat over 4000 wounded patients, surgical kits to treat 850 patients and diarrhoeal disease kits containing enough medicines and supplies to treat up to 7000 people. WHO has also dispatched laboratory supplies and medicines to treat acute respiratory infections. http://www.emro.who.int/lby/libya-news/who-supplies-address-urgent-health-needs-in-libya.html)

MSF Holland continued COVID-19 psychosocial activities for patients of MOH Zawit Al-Dahmani polyclinic/triage center. MSF tent was setup to be used for the activities and help with the flow and be under strict IPC measures. Team comprises mental health counselor and MD, who conduct the activities. Almost 600 health care workers were trained through MSF-H support (main hospitals in Tripoli, main polyclinic complexes, primary health care, dialysis and dental services). MSF-H continues TB related support in Abusetta hospital and collaboration with the national TB program.

IRC continued to provide assisted people with primary healthcare services and conducting outpatient consultations in 8 locations (4 locations in Tripoli and 4 in Misrata). A major challenge faced has been the curfew imposed by municipality authorities which has limited IRC access to facilities and detention centers. The IRC has prioritized continuity of essential services at the PHCs including care of patients with NCDs as well as supporting the MoH to address the impact of COVID-19 pandemic:

- Sooq Al-Jooma to reorganize patient flows, initiate triage and scale up awareness among healthcare workers. Implementing triage system at the targeted health facilities.
- Arada Polyclinic by providing tents and chairs for the outside triage area at Arada Health facility.
- Supported COVID-19 prevention and control orientation to health facilities staff on weekly basis by IRC mentors at the targeted health facilities.
- Installed TV screens at four health facilities for health awareness message to the people accessing these health facilities.
- Conducted training courses for RRT members, IPC, etc.
- Participated in regular COVID-19 coordination and review meetings chaired by NCDC. to ensure harmonized approach to the response.

PUI Medical Health Team (MHT) continued to provide daily consultations for detainees in the Ganfouda detention center and in the urban settings in greater Benghazi. Provided awareness sessions on the preventive measures for detainees, returnees, IDPs and vulnerable Libyans. Developed and printed awareness material for the supported health facilities and MoH. Organising virtual training (presentation on the virus, preventive measures, social stigmatisation, proper and rational use of PPE and stress management) to health care workers. In Al Kufrah, daily consultations provided in 7 PHC centres, including awareness sessions, trainings. Identified and training a number of community health workers in partnership with LRC.

WHO coordinated with the EPI administrator and strategy developed by the MoH is to resume immunization activities in selected health facilities post to avoid crowd and maintain social distancing. A decision on resumption of vaccination was reached but without parallel steps to provide PPE and training to immunization workers. Of alarming concern is the fact that the immunization services resumption is still challenged by unavailability of PPEs for immunization staff at the vaccination centers and reported stock outs of some essential vaccines with varying magnitude in different municipalities. WHO informed MoH that:

- NITAG should be part of making the strategy in the context of COVID 19, VPD surveillance and vaccine stock availability.
There are only 4 out of the 51 identified municipalities by surveillance with local transmission. Municipalities without reported COVID-19 or transmission should ensure vaccination activities keeping in view of physical distancing and IPC measures, including these 4 municipalities.

Vaccination strategy should be mainly at the health facility-no outreach or mobile strategy to protect the health care providers.

Polio, measles, diphtheria and yellow fever must be prioritized.

Physical distancing and IPC measures should be strictly adhered.

Health workers should be protected with PPE and or vaccinated with influenza vaccine.

Implement effective communication strategies to allay concerns of the community: Clear message at the health facilities: timing and vaccines to be delivered.

Design strategies for catch up vaccination after decline of outbreak.

Following a series of large explosions at an Ammunition Storage Area (ASA) near Misrata Airport, reports of large amounts of ammunition "kick-outs" were received. UMAS disseminated information that these kick-outs were extremely dangerous and have been found up to 1 km from the explosion site. Items are expected to be found even further away. Any item should immediately be reported to the authorities or specialized entities. UNMAS partners HALO Trust and Free Fields Foundation (3F) are working closely together with the Libyan Mine Action Centre on an emergency response, including inspection of the ASA, contamination survey and clearance, and risk education messaging via mass media. Contacts: LibMAC (091 88 08 236), 3F (092 47 53 909 or 021 73 15 052), HALO Trust (092 44 05 317).

Situation with TB services remains of concern. Data suggests that there has been a serious worsening of TB burden. In 2017 foreign/non born Libyan citizens accounted for 15% of the TB cases while this figure increased up to 26% in 2018 and 36% in 2019. The number of TB cases registered increased from 1,118 in 2016 to 1,357 in 2017, 1,991 in 2018 and 2,209 in 2019. As of May 2020, there are 28 MDR-TB-cases (16 – Libyan and 12 – non-Libyan). As of May 2020, there had been six deaths from MDR-TB due to lack of appropriate treatment. 367% migrants were being treated for TB. 136 TB cases among migrants finished their treatment. 18 patients discontinued their treatment. 70% of registered cases are reported from one Hay Andalus municipality which is illustrative of absence of real coverage with TB detection.

WHO informed the MoH about the request of the Regional Office to conduct a rapid assessment of the country situation with regard to current status of provision of RMNCAH services. A questionnaire was designed to gather the mentioned information from all 22 countries including Libya.

Training events:

WHO received a request from the Ministry of Planning on a joint project to support a series of training courses on COVID-19.

IOM trained some 350 health and non-health workers during April.

IMC supported 23 training events for 500 health workers during April.

MSF-H support 15 training events for 250 health and non-health workers during April.

MSF-F supported 14 training events for 220 health and non-health workers during April.