

## Health Sector, Situation Report, COVID-19, (15-31 May), Libya

**Overview:** As of 30 May, 130 confirmed cases of COVID-19 are reported in Libya. Until present, a total of 6,668 samples were tested for COVID-19. A total of 5 COVID-19 mortality cases were registered in the country.

Confirmed cases are in Tripoli, Misurata, Benghazi, AlJfara, Zilten, Surman, Yefren, Azzawiya, Sabha, Alshatti. Among confirmed cases are those who returned from Turkey and Tunisia.

### Security/political situation:

22 May, Clashes between two armed groups reportedly took a place inside Albrayga hospital in Ejdabia district. Indiscriminate shooting took place inside the hospital. As a result, one hospital staff, and two patients were reported injured. A woman broke her leg while she tried to escape through the hospital windows. The director of the hospital was assaulted. A separate flash update was issued.

25 May, UNSMIL condemns the use of Improvised Explosive Devices against the civilians in Ain Zara and Salahudin in Tripoli, Tripoli, 25 May 2020 - The United Nations Support Mission in Libya (UNSMIL) is extremely concerned about reports that residents of the Ain Zara and Salahuddin areas of Tripoli have been killed or wounded by Improvised Explosive Devices placed in/near their homes. <https://unsmil.unmissions.org/unsmil-condemns-use-improvised-explosive-devices-against-civilians-ain-zara-and-salahudin-tripoli>

28 May, IOM statement, IOM Deplores Killing of 30 Trafficked Migrants in Libya, <https://www.iom.int/news/iom-deplores-killing-30-trafficked-migrants-libya>

28 May, a doctor working with Tajoura field hospital (affiliated to the Field Medicine and Support Center (FMSC) was killed as result of the shelling targeting the area.

29 May, Statement by Yacoub El Hillo, Humanitarian Coordinator for Libya, on the killing of migrants southwest of Tripoli.

<https://unsmil.unmissions.org/statement-yacoub-el-hillo-humanitarian-coordinator-libya-killing-migrants-southwest-tripoli>

**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)

Estimated funding requirements (by organizations)	TOTAL (USD)	Funding Available (USD)	Funding Gap (USD)
WHO	3,265,000	3,010,550	254,450
UNFPA	1,215,800	0	1,215,800
UNICEF	1,827,000	0	1,827,000
UNHCR	600,000	600,000	0
IOM	2,440,000	376,300	2,063,700
UN Habitat	260,000	0	260,000
TDH	555,000	0	555,000
IMC	2,724,000	724,000	2,000,000
Emergenza Sorrisi/Naduk	697,000	45,000	652,000
HI	350,000	350,000	0
IRC	450,000	450,000	0
PUI	430,000	430,000	0
UN Women	60,000	60,000	0
Emergency Telecom Sector	120,000	0	120,000
<b>TOTAL:</b>	<b>14,993,800</b>	<b>6,045,850</b>	<b>8,947,950</b>

*Situation in the south:*

The health system is nearly collapsed and characterized as following:

- Shortage of medical staff, medical supplies, medicines and equipment as chronic problems and increased with COVID 19 pandemic.
- 75% of the health facilities are not functioning due to shortage of staff, maintenance and repair and some due to accessibility which is affected by the security situation.
- Only 2 municipalities prepared isolation centers with bed capacity that cannot cover the expected need in case of spread of COVID-19.
- Weak disease surveillance should be supported through establishment, incentivizing and training the required number of rapid response teams.
- The repatriated Libyans need to be quarantined in each municipality and this need support in terms of food and NFIs.
- Shortage of fuel and recurrent shutdown of electricity are affecting the provision of health services. Generators are not the solution. Solar panels are needed in many health facilities especially the ones engaged in vaccination.
- Impact of COVID-19 on migrants' health and overall needs must be further assessed as many lost their daily income.
- Political and military situation affected negatively the health situation.

On 26 May NCDC confirmed the first two cases of COVID-19 in Sabha municipality. Both were moved to the isolated center in Sabha. One patient passed away. On 28 May another 17 confirmed cases were detected (via Genexpert) in Sabha. On 29 May another 13 cases were announced (11 - Sabha municipality, 2 - Mahrogha in Ashshatti). Two patients were hospitalized, in a stable condition. A team of 6 doctors and 8 nurses works in the isolation center in Sabha while the other cases are stable and isolated at home and followed up by doctors.

Immediate observations on the situation.

- Initial absenteeism by local doctors and nurses at the isolation center
  - Need to activate rapid response teams, contact tracing and testing of samples
  - Possible community transmission as a funeral of the family member of the 2 confirmed cases took place
  - Lack of medical supplies for earlier established ICU in the isolation center
  - Lack of governance to enforce a full lockdown
  - Shortages of medicines, PPE and disagreements on distribution of earlier received supplies
  - Shortage of medical personnel
  - Political and security concerns
  - Initial panic
  - Need to provide food and NFI to people on self-isolation.
- The authorities announced full curfew, lockdown and another set of measures for the period of the next 2 weeks.
  - NCDC Tripoli conducted emergency meetings to address all issues revealed during this confirmation.
  - WHO Tripoli is in close contact with its team on the ground in Sabha and Ashshati.
  - Contact tracing is in place for identified locations by RRTs in Sabha and Ashshati.
  - There is an organized follow up on self-isolated cases at their private residences (3 doctors are involved).
  - Brak hospital received a significant support while other health facilities lack it. Brak hospital has a group of 10 doctors who came from Tripoli and more than 30 nurses.
  - For the deployment of medical teams, MoH Tripoli and MoH Albaida allocated 10,000 LD per month for doctors who will work in isolation centers.
  - More on response is reflected under Pillar 8.

### **Pillar 1: Country-level coordination**

For all coordination related issues, please contact WHO: BONIFACIO, Raul [bonifacio@who.int](mailto:bonifacio@who.int) and Azret Kalmykov, [kalmykova@who.int](mailto:kalmykova@who.int)

*National authorities' update:*

The national preparedness and response plan is not ready.

Tripoli authorities announced the release of 1 billion LYD, including:

- 89,750,000 LYD to the Ministry of Local Affairs

- 117,500,00 LYD to the Ministry of Interior
- 135,000,000 LYD to the Ministry of Education
- 180,000,000 LYD to the Ministry of Health
- 21,000,000 LYD to the Ministry of Social Affairs
- 30,000,000 LYD to the Ministry of Youth and Sports
- 10,000,000 LYD to each of the Ministries of Tourism and Culture
- 271,750,000 LYD to the Ministry of Water and Sanitation
- 135,000,000 LYD to the Ministry of Transport

Key health administrators in the East met with the LNA Prime Minister and discussed the current situation, including lack of medicines, supplies and medical equipment. Health facilities do not receive the expected planned funding support (disbursed from the Central Bank of Libya) which will cause disruption of essential health services and already forcing public health workers to join private sector.

NCDC reportedly received 15 million LYD by now to support surveillance and rapid response teams.

#### *Health sector response:*

Health sector was informed about a switch of the frequency of COVID-19 health sector updates from twice a week to weekly, and now bi-weekly. Organizations were requested their inputs for this next COVID-19 bi-weekly operational update covering 15-31 May. The feedback was received from UNFPA, UNDP,

The MoH highlights the critical need to strengthen mother and child health care work in the country. This includes support to blood bank services as presently there is shortage of blood for emergency obstetric care across the country. There is an urgent need to increase the number of mobile teams focusing on MCNH operating in the south.

On forecasting models, there is yet not progress reached at the level of national authorities to coordinate with each other.

OCHA requested that all COVID related activities get reported through the link (<https://ee.humanitarianresponse.info/x/#4rEv17vj>). A dashboard will be issued. The Global HRP on COVID-19 includes Libya. This means there is a need to report response based on the COVID-19 Health sector PRP and the 8 pillars. 8 pillars are not exclusively health but include other sectors too. The information from the Kobo tool will be “downloaded” weekly. Reem Nashashibi (nashashibi@un.org) in OCHA is a focal point. The first draft was prepared and required significant improvement.

OCHA Libya produced COVID-19 Situation Report No.5 (27 May 2020).

WHO Libya produced COVID-19 Situation Report #7 (14-27 May 2020).

UN Country Team works on the exercise of mapping the programmatic interventions delivered under UNSF (Strategic Framework) / HRP (Humanitarian Response Plan) and newly against the 5 Pillars of UN Framework for Immediate Socio-Economic Response to COVID19 (UNSEF). For more details please contact Task Force focal points: gozde.avci@undp.org and mercedes.sanroman@undp.org.

The Socio-Economic Framework Task Force is established to coordinate socio-economic assessments, advance a joint analysis and an integrated socio-economic response to COVID19. The Task Force will continue collaborating with all UN Agencies and with PMT, OCHA and WHO to coordinate socio-economic response with UNSF, Health Emergency Response and HRP respectively.

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

For all RCCE related issues, please contact UNICEF: Mohammad Younus [myounus@unicef.org](mailto:myounus@unicef.org)

#### *National authorities' update*

NCDC developed a new form of daily reports to general population (available on its Facebook page).

NCDC continues to produce new health awareness materials, including during Eid Al-Fitr.

MoH announced the official launch of “Speetar” telemedicine online platform, allowing registered health workers to provide support and assistance to patients through a specially developed application.

<https://www.facebook.com/142941636350354/posts/583944312250082/>

*Health sector response:*

RCCE WG meeting with MoH was supposed to take place on 28 May but postponed. Agenda includes: Progress made by the RCCE WG; Update from RCCE - WG members on ongoing activities and future plan (brief update by relevant agencies/organization); Update RCCE from MoH, Capacity building on RCCE at national and sub-national level; and Behavior’ assessment. The Behavior Assessment questionnaire and concept note were endorsed by the MoH. All working group materials are at this link: [RCCE WG DOC 2020](#) (Password: COVID2019).

PUI reports about sensitization sessions on prevention measures (door to door through the partnership with LCR volunteers in Al-Kufra; in IDP’s camps in Benghazi (11 HCW / 167 people individually sensitized though 129 sessions); in detention centers Ganfouda and Ajdabya DCs (247 people individually sensitized); distribution of IEC materials for HCW and public.

IOM is supporting sensitization sessions in all its operation areas through medical and non-medical teams.

IOM is in the process of translating the earlier developed materials in to six languages (French, English, Arabic, Hausa, Sawaili, Tigrin etc).

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

For all laboratory related issues, please contact WHO: OSMAN, Rmadhan [osmanr@who.int](mailto:osmanr@who.int)

*National authorities’ update:*

NCDC introduced and carried out an active monitoring program across the first four districts in Libya to increase a detection rate. Some 2,200 tests were taken and being tested.

NCDC and the National Committee for Biosafety and Bioethics raised deep concerns about the breach of confidentiality and anonymity for some of the confirmed COVID-19 patients. Necessary steps will be undertaken to prevent such situations in the future.

Regular line list was shared by NCDC with WHO Regional Office.

*Health sector response:*

WHO continues technical discussions with NCDC as COVID-19 was included into EWARN forms to facilitate notification and data collection. There are overall concerns that weekly EWARN bulletins were stopped to be produced and number of sentinel sites continues to be decreasing (70% in March, 50% in April).

WHO and NCDC work closely to increase the detection rate. WHO recommended to include risk and vulnerable groups.

WHO works with NCDC to organize sensitization virtual workshop led by the Regional Office on the use of Go.Data field data collection platform (focusing on case data (including lab, hospitalization and other variables though case investigation form) and contact data (including contact follow-up) - <https://openwho.org/courses/godata-en/>

PUI teams supported the surveillance campaign held by the advisory committee in Benghazi among vulnerable groups (IDP’s camps, Ganfouda and Ajdabya Detention Centers). Finally around 600 samples were taken.

**Pillar 4: Point of entry**

For all Point of Entry issues, please contact IOM: SYED Arif Hussain [AHSYED@iom.int](mailto:AHSYED@iom.int)

*National authorities' update:*

Benghazi airport continued to accept new passengers returning from abroad (Egypt, Turkey) to Libya. The necessary testing and quarantine follow up procedures are reported to be in place. An estimated of 700 people among the ones returned completed their 14 days quarantine in Benghazi identified hotels.

The authorities in Tripoli announced that almost 2,000 Libyans returned from Tunis border-crossing point over the period of 8 days. NCDC teams were on the ground.

The cities of Ghat and Ghademes announced the closure of their administrative borders.

*Health sector response:*

IOM supported the NCDC/MOH at the point of entry (POE) at Wazen in establishing health post/clinic at the POE, all the needed equipment and supplies were provided. This is in addition to earlier supporting the establishment of such clinics at Ras Aljadir POE and at Misrata airport. IOM also conducted site assessment of the three POE – Misrata airport, Ras Aljadir border and Wazen border through joint visits of IOM medical and engineering team for fixing prefabricated structures for temporary stationing the suspected cases at POEs, before conducting any tests or referrals. IOM also supports the NCDC team at Misrata airport with doctor and nurse for screening of incoming travelers and would also support Wazen and Ras Aljadir with trained human resources.

**Pillar 5: National laboratory**

For all laboratory related issues, please contact WHO: OSMAN, Rmadhan [osmanr@who.int](mailto:osmanr@who.int)

*National authorities' update:*

Location of the GeneXpert machines – The MoH is critical to the fact that these have not been installed in hospitals where suspected cases go to be tested. Distribution of earlier procured by MoH Genexpert machines continues reaching Tripoli central hospital, NCDC, National Veterinary Center, National biotech research center.

NCDC branch in Misrata was reported to be activated for COVID-19 testing.

Sabha NCDC lab started testing suspected cases specimens using GeneXpert machine after the laboratory staff passed the required professional tests.

*Health sector response:*

**Pillar 6: Infection prevention and control**

For all IPC related issues, please contact WHO: HASHEM, Mohamed [hashemm@who.int](mailto:hashemm@who.int)

*National authorities' update:*

NCDC launched a series of COVID-19 adapted training courses, including for dentists.

*Health sector response:*

WASH sector shared the following information:

- 675 people benefitted through fumigation and disinfection activities in Al Nasr Azzawiya DC, Zliten DC, Tarik Al Sikka DC.
- 315 migrants provided with hygiene items in Tarik Al Sikka DC and 1,201 hygiene items provided to IDPs in Gharabouli, AlKhums, Zawiya, Al Rahma IDP centre, Islamic Dawa building and Al Sarraj IDP centre.
- 2,241 people had been provided with safe drinking water through provision of Aquatabs in Garagarash areas.
- 156 h/kits provided to people in Al Wershafana area.
- 155 people benefitted through Suq Al Khums by cleaning of septic tanks.

Major challenges: Increased curfew timings limiting partners for WASH services provision, availability and transportation of PPEs, disinfectants etc. in local and regional markets becoming more challenging.

PUI: Ensuring IPC measures established in health facilities where MHT intervenes (continuous activity in AKF and BGZ).

### **Pillar 7: Case management**

For all case management related issues, please contact WHO: HASHEM, Mohamed [hashemm@who.int](mailto:hashemm@who.int)

*National authorities' update:*

*Health sector response:*

REACH team is in contact with the MoH on the way forward to conduct planned "Rapid Health Facilities Assessment" aiming to provide information about health facilities' capacity to respond to COVID-19.

WHO shared with the MoH the inquiry from its Regional Office to provide the following information:

*Current figure/capacity of COVID-19 critical care in a country*

- # of ventilators (separate figure needed for mechanical ventilators (requires intubation) and non-invasive ventilators (does not require intubation). If difficult to collect the separate figures, collect only mechanical ventilators)
- % of ventilators occupancy (separate figure needed for % occupancy of mechanical ventilators and non-invasive ventilators. If difficult to collect the separate figures, collect only % occupancy of mechanical ventilators)
- # of doctors who are trained in infectious diseases or critical/ICU care
- Current national treatment protocol for mild/moderate/severe/critical patients with COVID-19
- Mortality/Survival rate of COVID-19 patients who have been admitted to ICU/critical care unit (How many have been admitted to ICU and how many deceased/ recovered among them)
- Mortality/Survival rate of COVID-19 patients who have been on ventilators (How many have been on ventilators and how many deceased/recovered among them. If possible, separate figure needed for mechanical ventilators and non-invasive ventilators. If difficult, collect only for those being on mechanical ventilators)
- % of ICU admissions among all tested positives for COVID-19
- Breakdown of comorbidities among ICU admitted COVID-19 patients

*Enhancing critical care capacities*

- Identify at least 2 key clinicians per country who are intensivists or specialized in critical/ICU care (to serve as a window to cascade down the WHO training in COVID-19 critical care at national and sub-national clinicians)
- Identify at least 1 co-medical and 1 nurse per country who are specialized in critical/ICU care (to serve as a window to cascade down the WHO training in COVID-19 critical care at national and sub-national co-medicals and nurses)
- Currently below two training packages are planned to be conducted based on the needs and request of the country, address the country's interest in conducting them. If any other types of clinical management training is needed, specify what type of training would be of their interest.

PUI: Training on mild case management made by zoom the advisory committee in Benghazi.

### **Pillar 8: Operational support and logistics**

For all OSL issues, please contact WHO: OSMAN, Rmadhan [osmanr@who.int](mailto:osmanr@who.int)

*National authorities' update:*

Authorities in the East informed about the donation of personal protective equipment from the Government of China delivered by a plane.

Two planes from Turkey delivered shipment of PPE to Tripoli.

Two planes from Netherlands delivered shipment of PPE, laboratory equipment (PCR and Genexpert) to Tripoli.

The second consignment on behalf of the Jack Ma Foundation and Alibaba Foundation reached Libya facilitated by WFP. The shipment contained:

Items	Boxes
D2 - Disposable sampling kits	3
D3 - Sample Collection Kit	1
D4 - Single Use Specimen Container	1
D1 - Nucleic Acid Isolation	2
V2 - Bi-Level PAP Device Ventilator	2
T1 + T2 – Thermometer + Thermometer	1
M1 - KN 95 Face Masks	5
M4 - Medical Isolation Face Mask	3
M3 - Medical Isolation Face Mask	3
M5 - Disposable Medical Face Mask	20
G5 + G6 - Medical Gloves	5
F1 - Medical Isolation Face Mask	4
G1 - Protective Glasses	1
S1 - Protective Suit	52
T3 - Thermal Image Camera	1
N95	11
N95	1
<b>Total</b>	<b>116 boxes</b>

In response to the confirmed cases in Sabha, the Ministry of Health sent a shipment from Tripoli containing medicines, PPE, supplies, equipment, Genexpert supplies. Medical teams specializing in emergency medicine and intensive care were deployed.

*Health sector response:*

Following the recent launch of the Global COVID-19 Portal which will facilitate and expedite the procurement of COVID-19 supplies for countries, the following was agreed upon:

- UNICEF to take the lead as Procurement Coordinator with the following provisions: Full support from and cooperation with WHO and the Health Sector, but all others concerned stakeholders; There will be need to have a dedicated resource person from WHO to support UNICEF; “Double hatting” by UNICEF should not come at the detriment of UNICEF’s own requirements/priorities; Each concerned agency to designate a fully authorized Procurement Focal Point to work with UNICEF; Pooling of resources by all especially with regard to knowledge and information.
- The Chair and members of the Health Cluster are expected to play a key role as “clearing house” for checking, vetting and quality controlling requests coming from different agencies/partners/stakeholders and, inter alia, confirm that the requests are not duplicative and are in line with the national procurement plan and/or the Health Sector procurement plan as the case may be.
- A letter from the Resident Coordinator will be sent to the GNA (Prime Minister with a copy to the Acting Minister of Health, Minister of Finance, Director of the NCDC and others concerned). The letter will introduce the COVID-19 Portal, how it functions and the access it has to the global market of the standard COVID-19 supplies etc. The letter will also invite the GNA to consider using the Portal.

WHO works to find logistical solution to bring into the country the following supplies, containing PPE, lab reagents and emergency health kits.

	Quantity
Surgical Masks	20,000
Goggles	300
Gloves	50,000
Gowns	2,000

N95/FFP2 Respirator	2,000
Face Shield	1,000
Thermometer	200
Viral Transport Media pk of 125	4
	Quantity
SARBECOV E-Gene screening test kit	100
MODULARDX COVID-19 RdRP	20
	Quantity
Kit, Trauma A	30
Kit, Trauma B	30
NCD Kit (1a) medicines only	5
NCD Kit (1c) renewable	5
NCD Kit (1d) supply for equipment	5
NCD Kit (1e) equipment	5

In response to the confirmed cases in Sabha, WHO and IOM dispatched a joint shipment of the following PPE from its current stock in Tripoli:

Description	UoM	WHO qty	IOM qty	Total
Examination gloves	each	9,000	8000	17000
Surgical Mask	each	0	8000	8000
Surgical Gloves	each	10,000	0	10000
Surgical Gown	each	8,000	0	8000
Surgical Cap	each	2,000	0	2000
Apron	each	3,000	0	3000
Antiseptic Liquid Soap	each	50	0	50

WHO dispatched IEHK supplementary kit to Sabha isolation centre, nasopharyngeal swabs with VTM to RRTs Ashshatti.

PUI submitted a procurement request through COVID-19 Portal.

### **Pillar 9: Essential health services maintained**

For all essential health services related issues, please contact UNFPA: Mohammad Ghaznavi [ghaznavi@unfpa.org](mailto:ghaznavi@unfpa.org) and UNICEF: Ahmed Ejaeidi [aejaeidi@unicef.org](mailto:aejaeidi@unicef.org)

#### *National authorities' update:*

The national health authorities began to establish oncology treatment center at Tripoli Central Hospital.

#### *Health sector response:*

WHO reviews the draft developed by the Regional Office on “maintaining essential health services in the COVID-19 context: Implementing the WHO operational guidance”.

18 May, Joint WHO/UNICEF press release, Over quarter of a million children in Libya are at risk from vaccine-preventable diseases, <http://www.emro.who.int/lby/libya-news/over-quarter-of-a-million-children-in-libya-are-at-risk-from-vaccine-preventable-diseases.html>

Health sector released 4W overview of health sector response for Libya covering April 2020 and response and gaps in health sector coverage for April 2020 (based on 4W analysis).

The report on community level health sector assessment in Libya was released. The purpose of this assessment was to find out the health situation of selected 100 communities (out of total of 667) in any of 100 municipalities across Libya, describe the main health conditions, demographic characteristics, water, electricity, pesticides, (EPI) routine immunization services, communicable diseases, medical evacuation, water borne disease, most common diseases, causes of death, most needed drugs, availability of health facilities, availability of HR, and availability of health services provided.

WHO coordinated with MoH TCO and WHO EMRO alert multisystem inflammatory disorder in children and adolescents with COVID-19.

WHO developed questionnaire on assessment of availability of vaccines in the health facilities during the last three months and began data collection through the network of WHO field coordinators.

WHO follows up on the reported EPI vaccine shortage with NCDC and MoH.

Technical discussions are carried out to revitalize the MHPSS sub-sector working group. Protection sector, health sector, HI, IMC, IOM are working on the way forward.

Health sector provided requested feedback to MSNA (multi-sector needs assessment) 2020 on health-related questions. Vaccination questions were tailored and revised as per Libya' context following inputs from WHO and UNICEF.

The national authorities in Tripoli take a decision to allocate additional funding support to the municipalities hosting IDPs, providing shelters and assistance. A special focus will be made to support housing projects.

UNFPA deployed mobile medical teams in 2 PHCs in Tripoli (al-Qadessya, Fashloum), and 1 PHC in Sebha (Aljadeed) through implementing partner IMC, to secure provision of SRH prevention and response services (ANC, PNC, Family Planning, STI, HIV testing and counselling and GBV medical case management whenever possible and safe). These services will be utilized by migrants, IDPs and host community with referrals of cases to the nearest higher-level health facilities. The mobile teams secured provision of SRH essential health services to 86 women and girls.

UNFPA in partnership Ministry of Health / Human Resources Directorate delivered training 25 doctors, nurses, midwives on COVID-19 prevention and response, with a focus on reproductive health. In addition to that, 15 ICU doctors and nurses on COVID-19 case management and usage of mechanical ventilator. these trainings are supplementing a total number of 361 trained healthcare health workers, targeted from 6 different hospitals, 2 PHC in Tripoli, and 3 PHC in Sebha and Brak Al-Shati. Similarly, development of IEC/BCC material package to support MOH on public awareness raising through dissemination of key SRH related information and the prevention, precaution guidelines and measures during COVID-19 pandemic.

UNDP:

- Story published on UNDP website and UNDP Global and Regional websites: <https://www.ly.undp.org/content/libya/en/home/stories/A-Libyan-entrepreneurs-online-platform-delivers-supplies-during-the-COVID-19-lockdown-and-the-ongoing-conflict.html>
- Press release on Resilience 3: <https://www.ly.undp.org/content/libya/en/home/presscenter/pressreleases/2018/The-European-Union-increases-funds-to-EUR-18-million-for-UNDP-Resilience-programme-in-Libya-targeting-20-new-municipalities.html>
- Blog on Accelerator Lab: <https://www.ly.undp.org/content/libya/en/home/blog/Is-technological-innovation-the-key-to-improve-Solid-Waste-Management-An-ingredient-that-the-Accelerator-Lab-in-Libya-is-testing.html>
- New UNDP Libya page on COVID-19: <https://www.ly.undp.org/content/libya/en/home/coronavirus.html>
- Video on Sirt response to COVID-19 in health center supported by SFL: <https://youtu.be/cg35uRloSWg>

IOM medical team continued providing medical services in several detention centers (Dahr Aljabal DC, Tariq Al-Sikka DC, Al-Sabaa DC, Shouhada Alnasr DC, Abu Issa DC, Ganfouda DC, Tokra DC, Kufra DC, Souq AL Khamees DC, Zwara DC); and benefitted with a total of 871 medical consultation (male 703, female 168), while 23 migrants referred to hospitals for secondary/tertiary care. IOM conducted fumigation in all official detentions center, beside arranging health awareness sessions benefitting 1112 migrants. IOM also supported continuation of health services at four Primary Health Care Centers, namely Alawaineya, 17 Feb PHC, Shouhada Abduljalel PHC, Alsiraj PHC with medicines/supplies and human resources, providif services to 297 Internally Displaced People (IDPs)/host community members. Through its Migrant Resource and Response Mechanism (MRRM), IOM provided medical services 552 migrants (414 Males and 138 Female) in urban areas of Zwara, Sabha, Qatroun, Tripoli and Bani Waleed, while another 18 migrants referred to secondary and tertiary health care hospitals. IOM medical team also conducted health awareness sessions and distributed IEC materials on COVID-2019. IOM's outreach mobile medical teams provided medical services in urban locations in Tripoli at Surbana Shelter, (Hai Al-Andalus), Sudanese Shelter (Souq Al-Jumai) and Abdulsalam Shelter (Janzour Area),

Janzour and Tojura urban locations, with 384 medical consultation (males 290, female 94) and 12 referral for secondary/tertiary care. IOM medical team screened 382 migrants that were rescued at sea at disembarkation points (Tripoli main port 73, Misrata sea port 98, Abusitta DP 211 migrants), and 25 migrants are provided medical services.

### ***Reported killing of 30 migrants in Mezda:***

A tragic event occurred on Wednesday, 27 May, in Mezda, near the city of Gharyan, south of Tripoli. According to the report of the Ministry of the Interior, 30 migrants – 26 Bangladeshi and 4 believed of African origin – were killed in a shooting that took place in a smuggling/trafficking warehouse in Mezda. IMC sources tell us that up to 200 migrants were held in this structure when the incident happened. IOM staff has identified 28 bodies that are in Mezda hospital. The area however is unsafe and very difficult to reach and therefore verifying exactly what unfolded and how is very difficult. During the incident, 11 Bangladeshi nationals suffered injuries, some of them severe. IOM ensured the hospitalization of all the injured who were brought to a private hospital in Tripoli (4 cases) and to government hospital (7 cases) in Tripoli. Among the 7 cases at the public hospital, 2 are stable and may be released. IOM is following up on all of them and we are in close contact with the Embassy of Bangladesh. The IOM protection team is aiming to conduct an assessment of those in Tripoli and the teams will provide appropriate assistance including food, NFIs, clothing, shelter (once discharged), MHPSS and continuing medical attention. Assessments will be conducted with care because the victims are deeply traumatized following the event. IOM have been informed that the warehouse where migrants were held is now empty and the remaining migrants have been relocated by the traffickers. There is no indication of their whereabouts. This information is very concerning. There is no any information about any arrests having been made. This tragedy has only confirmed IOM longstanding concerns about migrants kept and held by criminal networks in Libya for the purpose of being sold or for ransom in structures where human rights violations are widespread and criminals act with impunity. IOM's [press release](#) on this tragedy was published.

MSF-H responded to the immediate needs after reported shooting that resulted in a murder of 30 migrants involving a trafficker in Libya. MSF provided Mezda general hospital with surgical kits, dressing materials, IV Fluids, gloves, syringes and body bags.

### **Selected points on conflict shaping the COVID-19 response in Libya:**

Overall concern is that international political and diplomatic attention on Libya may be reduced as a result of the pandemic. Three key drivers/factors (political, military and economic) of peace and conflict must be considered:

#### *Political:*

- Little progress on international mediation efforts: Efforts (military, political, economic affairs) to build on the Berlin process have made limited progress
- Increased polarization between national actors
- Moves to shift political authority in the East

#### *Military:*

- Significant intensification in fighting
- International military involvement
- Shifts in control of some areas and changes to combat capacity as a result of international support to GNA and LNA forces.

#### *Economic:*

- Competition over national economic resources
- Unlawful disruptions to water and energy supplies
- A continuously increasing economic cost of the oil blockade and humanitarian preparations for COVID-19.
- Different governance structures - differing responses to the COVID-19 pandemic.
- National authorities may attempt to use COVID-19 assistance as leverage to encourage local areas to align with them. The different responses at the national levels complicated national and municipal level relations.
  - Allocation of funds to municipalities across the country by the GNA received mixed responses by municipal authorities.

- In response to lacking support from national authorities, municipalities imposed their own local regulations and taken autonomous steps to prepare for an outbreak, such as establishing local COVID-19 crisis committees.
- Both parties to the conflict attempt to make political use of the COVID-19 pandemic.
- National polarization will be increasing as both the GNA and LNA have separately and introduced different measures to prevent and respond to COVID-19.
- Ongoing polarisation added rising fears on COVID-19, including instances of xenophobia against non-Libyans. Inter- and intra- communal tensions
- A shortage of accurate information and the dissemination of misinformation about COVID-19 is an emerging issue.
- Absence of local governances led to communities' resistance to establish COVID-19 facilities.
- Local authorities' and community leaders' management ("tribal approach") of the COVID-19 situation may also impact local peace and conflict dynamics.
- "Shrinking" space for humanitarian support situation and access to basic services – polarizing views on the humanitarian needs across the country.

### **Conflict sensitivity opportunities:**

National and public attention on COVID-19 should allow cooperation across rival authorities and communities at the national and local levels.

- Shifting primary national attention from the political and military conflict in Libya towards an urgent public health crisis may, if managed effectively, provide an opportunity to build trust between rival national institutions and demonstrate the need to resolve political differences constructively.
- Capitalising on improved technical cooperation around health to achieve national peace dividends will depend on national political leaders to be willing to engage constructively with their rivals and a recognition that military solutions are not viable. This may appear unlikely, but the opportunity should be seized if it appears to happen.
- At the local level, the COVID-19 response could be used to bring different communal groups together and strengthen mechanisms of cooperation.
- Using a cooperative COVID-19 response to reduce tensions between neighbouring communities at the local level may be more feasible than at the national level.