

## WHO Libya biweekly operational update 16-31 May 2020

### General developments: political & security situation

The security situation in Libya witnessed a significant change in dynamics and tempo of the armed groups in terms of territorial gains or losses.

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>

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>

### OPERATIONAL UPDATES

#### COVID-19 response

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.

#### *Pillar 1: Coordination*

- Working with the MoH to identify gaps in pillar 7 (case management) and upgrade the national clinical management plan.
- Provided the health perspective for the UN framework for the socio-economic response to COVID-19.
- Circulated to the MoH an alert and recommended to include in the surveillance the Multisystem Inflammatory Disorder in Children and Adolescents observed with COVID-19.
- Produced health sector COVID-19 operational update, 15-31 May
- Coordinated WHO and IOM response to the outbreak of COVID-19 cases in Sabha and Alshati municipalities.
- WHO Tripoli is in close contact with its team on the ground in Sabha and Ashshati (following the first confirmed cases) being fully engaged in the response.
  - Daily regular meetings with Sabha crisis, south consultancy committee and the local health authorities in Sabha and Ashshatti. Daily communication with NCDC Sabha providing the needed technical support. Constant dialogue with the mayor of Sabha municipality and the head of the health services administration to plan

continuation of the provision of the medical services through the PHCs. Coordination with MSO Fezzan administration on distribution of the supplies. Daily contact with the medical team of the isolation center and the respiratory clinic and provision of the technical advice. Supported the medical team of volunteers following up on home isolation patients (technical support, guidelines and medicines). Coordinated with the medical team deployed by the MoH Tripoli. Regular contacts with the DG of Sabha Golden polyclinic which will be transformed as the triage center in Sabha (provision of the required technical support and guidelines). Communicated with the mayors of the municipalities in the south, DGs of the hospitals and the heads of health services administrations in each municipality to provide the needed technical support and advices to prevent the transmission of the infection to the municipalities adjacent to Sabha. In contact with the RRTs to overcome faced challenges. Coordination with IOM and IMC focal points and LRC Sabha.

- Continued to provide technical support to the COVID 19 advisory committee in the municipalities: Tobruk, Musaed, and Bir Bir Al Ashhab.
- Attended the meeting of COVID advisory committee and follow up on the implementation of the preparation and response micro plan and situation of the quarantine in the three municipalities, where the returnees from Egypt have been isolated.
- Facilitated and organized a meeting between MTI and Tobruk Medical Center to enhance cooperation and exchange experiences on COVID 19.
- Facilitated the 2<sup>nd</sup> Video Conference (VC) meetings between COVID-19 team members in Al Bayda with MTI when a French expert presents very useful videos about artificial respiration and intubation procedures. During this educational VC, the experts highlighted the importance of using visualizing laryngoscope and CPAP masks which are currently not available in the hospital.
- Developed COVID-19 covering IPC, RCCE and Lab capacity building activities June-Dec 2020 Workplan.
- Prepared Libya related inputs to the document on Regional Role of Primary Health Care in COVID-19.

#### *Pillar 2: Risk communication and community engagement (RCCE)*

- Reached out to journalists, other media representatives and telecom companies to explore how to strengthen risk communications and health information messages for COVID-19 (for example, by means of text messages sent to mobile phones).
- Continued to work in awareness sessions about COVID 19, mode of transmission and general prevention precautions, answer to public questions and listen to their concern through Zoom in Tobruk

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

- Continued technical discussions with the NCDC over the inclusion of COVID-19 into disease surveillance forms to facilitate notification and data collection.
- Continued technical discussion with the NCDC to enter national inputs into the CoMO model to project the spread of COVID-19 and using their own data in estimating expected population that may become infected, hospitalized, critical and to be ventilated need to be fed into the models and a modeler from EMRO needs to support validation of the inputs.
- Submitted, on behalf of the Benghazi School of Public Health, a research proposal on sero-epidemiology and genomic sequencing to EMRO for technical support and collaboration.
- Continued to provide technical support to the COVID 19 team in Al Bayda municipality.

#### *Pillar 4: Points of entry*

- Participated in a TC with EMRO on the subject of PoE' related measures.

#### *Pillar 5: National laboratory*

- Coordinated with NCDC Tripoli to send one of WHO earlier donated Genexpert machines to Tobruk.

#### *Pillar 6: Infection prevention and control*

Nothing to report

#### *Pillar 7: Case management*

- Coordinated the transfer of one confirmed COVID-19 patient from his home in Sabha to hospital for further clinical management.
- Circulated the updated case management guidelines to the MoH and implementing agencies

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

- Works to find logistical solution to bring into the country the following supplies, containing PPE, lab reagents and emergency health kits: 20,000 surgical masks, 300 goggles, 50,000 gloves, 2,000 gowns, 2,000 N95 respirators, 1,000 face shields, 200 thermometers, 4 packs of VTM, 100 SARBECOV E-Gene screening test kit, 20 MODULARDX COVID-19 RdRP, 60 trauma kits, 5 complete NCD kits.
- 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 for the RRTs in Sabha and Wadi Ashshatti:

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

- Dispatched IEHK supplementary kit to Sabha isolation centre, 200 nasopharyngeal swabs with VTM to RRTs Ashshatti.
- In coordination with MSO Fezzan dispatched NCD drugs, paracetamol, Ascorbic acid, Zinc sulphate and ferrum sulphate to the COVID 19 patients on home isolation.
- Provided 100 nasopharyngeal swabs with transport media to enable PCR testing for returnees from Egypt, Tunis and Turkey who have been isolated in Al Bayda. Distributed 1,000 VTM to Al Bayda general hospital.
- Proposed procurement plan to procure Biosafety Cabinets to be used in newly assigned COVID19 testing labs. The proposal still pending at management level.
- Distributed 13,000 VTMs to Medical Committee in Benghazi.

#### *Pillar 9: Maintaining essential health services*

- Following the joint WHO/UNICEF statement on vaccine shortages in Libya completed a quick survey to assess the availability of vaccines in health care facilities between 1 March and 18 May 2020.
- MoH and UN partners (WHO and UNICEF) participated in the global Webinar on How Immunization Professionals Can Address Infection Prevention and Control (IPC) During COVID-19.
- Shared with EPI/NCDC WHO Framework for Decision-making: Implementation of Mass Vaccination Campaigns in the Context of COVID-19 Pandemic, interim guidance published on Friday 22nd May, technical support for implementation will be provide as needed.
- Circulated the draft on maintaining essential health services operational guidelines to the MoH.
- Convened meeting with PHC managers to provide operational guidance on preparing a continuity plan for maintaining essential health care services during the COVID 19 pandemic in Al Baida.

#### **Leadership**

- Followed up with MOFA, MOH and NCDC regarding the WHA.

- Briefed Ms Laila Bugaighis (Representing Libyan MOH at the Assembly from the Libyan Mission in Geneva) on the agenda and key issues to be addressed of importance to Libya. Have had two TCs with Ms Bugaighis and MOH after the WHA on issues for follow up.
- Prepared talking points for the SRSR-Political, UNSMIL.
- Conducted technical meeting with NCDC with the view to strengthen disease surveillance.
- Participated in the first session of the training workshop on the GSM and the KPIs.
- Conducted TC with Director of Libya Red Crescent with the view to establish a partnership agreement.
- Presented the case of Libya at WHO/EMRO/Lancet Commission Webinar: COVID-19 pandemic and peace.
- Reviewed donor proposals (EU, Italy and Russia) and reports(USAID and Germany).

## Coordination

- Reviewed and finalized the list of health sector related questions for MSNA (multi-sector needs assessment).
- Finalized 4W health sector 2020 HRP update, including analysis of gaps and response.
- 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.
- Completed health assessment at a community level. A full report is produced.
- Technical discussions with UNSMIL and UNDP on the joint project proposal on health diplomacy.
- Produced health sector bulletin for May 2020.
- Follow up on the health response (IOM and MSF-H) to the victims of shooting in Mezda town which resulting in killing of 30 migrants and injuring another 11.

## HEALTH OPERATIONS

### *Sub-office Benghazi*

- Supported training of 10 PHC doctors from Derna municipality on mental health, management of diabetes and extend program of immunization as part of implementation Essential Health Service package in PHC. This training was implemented in collaboration with Directorate of PHC and facilitated by University consultants.
- Participated in quick assessment of vaccine availability in fifteen municipalities in the East region of Libya. Current vaccines supply in all the municipalities surveyed will be sufficient until mid-June 2020. Vaccination activities was suspended in Al Bayda municipality due to COVID 19 in mid-March and resumed end of May.
- Completed draft of the final report for USAID-OFDA project on “ Improving access to essential and life-saving healthcare to Libya’s displaced population and vulnerable host communities in targeted areas in Libya”.
- Submitted the country fourth round of the Tripartite Country AMR Self-Assessment Survey.
- Followed up with the NCDC reporting to GLASS,
- Arabic translation and post WHO activity on WHO official pages on social media and follow up the comments and inbox.
- Emergency Medical Teams supported 14 health facilities providing primary and secondary health care services across the country with 618 surgical interventions and 1,427 specialized consultations

No	Team	Specialties	Duty station	Major surgery	Minor surgery	Consultation
1	Alzintan EHT	Orthopedic Chest & TB	Alzintan GH	8	5	98
2	Tarhouna EHT	Anesthesia, Orthopedic, Neuro Surgery, Vascular Surgery, Burns surgery	Tarhouna GH	152	59	188
3	Misrata EHT	Anaesthesia Orthopedic General Surgery Vascular Surgery	Misrata medical Center	251	103	75

4	Al Jofra EHT	Anesthesia General Surgery	Houn Al Afia GH	22	18	87
5	Benghazi MMT	Pediatric Cardiology Gynecology GP	Al Majori PC Tawergha IDPs Camps Sidi Khalifa polyclinic			483
6	Ejdabia MMT	Pediatric Internal medicine Dermatology GP	Tawergha IDPs clinic Abu Shaala PHC Ejdabia Diabetic center			187
7	Tarhouna MMT	Endocrinology Gastroenterologist Gynecology Dermatology	Tarhouna PC Suk Alahad PHC Al khdra polyclinic			224 Dermatology only
8	Sabha EHT	Anesthesia	Sabha Medical Center	38		
9	Ghat EHT	Pediatric , GP, Gynecology	Berket PHC			1400
10	Leishmania MMT	Dermatology	Tawergha GH NCDC Misrata			85
<b>TOTAL:</b>				<b>480</b>	<b>185</b>	<b>2827</b>

### ***Sub-office Sabha***

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 respond 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, contract 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.
- 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.
- 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

### **Tuberculosis and EOC**

- Facilitated provision of the assessment through the network of field coordinators on availability of vaccine at a municipality level, including functional vaccination health facilities.
- Followed up on the situation reported produced by the field coordinators on situation in their respective coverage areas.
- Coordinated delivery of urgent medical supplies to AlJmail Hospital as a rapid response to influx of wounded cases to the hospital due to clashes at the surrounding areas.
- Identified training centers and NGOs capable to provide training courses in Libya.

### **Primary Health Care**

- Prepared concept note for USD 3m project on PHC and RH which is being submitted by HQ to Russian Federation.
- Reviewed and prepared responses to DfID queries on delivery chain mapping (DCM), due diligence assessment (DDA), Safeguarding and contribution agreement related to the newly approved MHPSS project.
- Finalized the final project report for DfID funded humanitarian project on “Provision of Emergency Lifesaving Health Services for People Affected by Tripoli Clashes”.
- Followed with technical and logistic colleagues on the delivery of lab supplies and the distribution of all remaining medicines and medical supplies which were procured with the support of ECHO, DfID funded projects.
- Monitored the remaining balances under the activity and salary workplans of ECHO and DfID funded projects.
- Provided inputs for the final report of DFID-69139 project; Provision of Emergency Life-saving Health Services for People Affected by Tripoli Clashes
- Convened meeting with MoH-ICO to set an action plan regarding the implementation of telemedicine (mobile health program) focused on awareness and promotion of diabetes and hypertension disease and complication prevention.
- Prepared and provided distribution plan of a variety of medical supplies (blood bags, antileishmanial and anti-scabies treatment) to primary, secondary and specialized health care facilities in Tripoli and surrounding districts.
- Convened teleconference meeting with mHealth team of WHO HQ on regard to the implementation process of telemedicine program in Libya and provided updates on the progress made with Libya MoH.
- Prepared training plans and activities under the France project entitled “Support critical preparedness, readiness and response actions for COVID-19 in Libya”.

### **Disease surveillance:**

- Followed up with responsible technical unit in EMRO to further support NCDC to enhance EWARN performance indicators, production of weekly epidemiological bulletin and upgrading EWARN platform.
- Followed up with IHR national focal point and surveillance administration on rift valley fever outbreaks among animals in Al Kufra, Al Shatti and Ubari to strengthen surveillance to rapid detection of human cases.

### **EPI/AFP/ Measles surveillance program**

- Consolidated POL/EPI capacity building activities June-Dec 2020 Workplan.
- Drafting zero draft template for proposing capacity building activities June-Dec 2020 and mapped potential WHO national implementing partners to implement capacity building activities.
- Collecting updates and coordinated AFP surveillance activities for Epi week 21. 1 case notified from Toubrk, specimen collected, stored and standby for shipment to Tripoli.
- Led quick survey on vaccine availability with the support of emergency medical field teams and Regional Office staff.

**Logistic:**

In response to the conflict in the western part of the country dispatched 1 full NCD kit and 1 trauma kit (A and B) to Aljmail hospital.

In addition, WHO delivered:

HF	Benzylbenzoate 25% application 1L	Apo-Fluconazole- 50 mg	Apo-Fluconazole-150 mg
Tripoli Health Services	9991 Bottles		
Tripoli NCDC		560 bottles	13990 Pieces
HF	Blood bags single 450 ml with 16G needle (CPDA)	Blood bags double 450 ml with 16G needle (CPDA)	Blood bags triple 450 ml with 16G needle (CPDA)
Tripoli University Hospital	65 box	50 box	50 box
Tripoli Central Blood Bank	90 box	67 box	90 box
Misurata Medical Center	45 box	25 box	35 box

- Dispatched IEHK Basic Unit to Al Gatroun health services administration.
- Dispatched 20,000 insulin syringes and oral hypoglycemic drugs to Sabha Diabetic center.
- Dispatched lab reagents to Samno Hospital and Um Al Araneb rural hospital.

**Procurement:**

Raised the following procurement plan (the supplies expected delivery date (EDD) is July):

SR	Category	Description	UOM	1st PR	2nd PR
1	diagnostic	Oxygen concentrator ++	Each	650	0
2	diagnostic	Patient ventilator ++	Each	8	0
3	diagnostic	Pulse oximeter ++	Each	300	0
4	diagnostic	Automated test - Cepheid	Each	800	0
5	PPE	Face shield	Each	70,500	87,000
6	PPE	Gloves, Examination	Each	200,000	190,000
7	PPE	Goggles	Each	9,000	8,000
8	PPE	Gowns	Each	19,600	19,000
9	PPE	Mask, Medical	Each	400,000	350,000
10	PPE	Mask, N95 Respirator	Each	50,000	100,000

**KEY GAPS & CHALLENGES**

- Receiving approvals for importation of health supplies.

**RESPONSE PRIORITIES**

- Launching a series of WHO funded training courses.
- Enhancement WHO response across the south (coordination, technical advise, health supplies, capacity building, etc.)