LIBYA: COVID-19

Situation Report No. 5

As of 27 May 2020

This report is produced by OCHA Libya in collaboration with WHO Libya and humanitarian partners. The next report will be issued on or around 8 June 2020.

HIGHLIGHTS

- As of 26 May 2020, there are 75 confirmed cases of COVID-19 reported in Libya, including three deaths.
- In May, 1,009 incidents of access constraints have been reported, 67 per cent were directly or indirectly related to COVID-19.
- Priority health response activities include support for health rapid response teams, personal protective equipment, lab diagnostic kits and supplies, establishment and support to isolation sites, as well as capacity building and education/awareness raising.

Source: IOM Libya

75 people confirmed with COVID-19

3 COVID-related deaths

5,154 samples tested

$8.9M funding gap for COVID-19 Health Sector Plan

SITUATION OVERVIEW

As of 26 May 2020, the Libyan National Centre for Disease Control (NCDC) reported 75 confirmed cases, including three COVID-related deaths, in Libya. A total of 40 people have recovered and 32 remain under observation. A total of 5,154 tests have been performed. Cases are mostly in Tripoli (52) and Misrata (10), and Benghazi (4), with other cases reported in Jafara, Zliten, Surman, Yefren and Azzawiya.

Testing capacity continues to slowly increase. Laboratory capacity to test COVID-19 samples has increased from two to six laboratories (three in Tripoli, two in Benghazi and one in Misrata) and the NCDC is establishing three additional laboratories (two in Sebha and one in Zawiya). The Government of National Accord (GNA) has reported that 600 isolation beds are ready in Tripoli and another 600 beds were being prepared in other parts of the country.

Health authorities have also agreed to expand the testing strategy to include patients with influenza-like illness or severe acute respiratory infection, as well as migrants in the South and people in Libyan jails and detention centres. The NCDC is revising its case definitions and expanding contact tracing. Furthermore, while there have been no reported people with COVID-19 in the South, the authorities plan to collect 300 specimens from high-risk and vulnerable groups such as migrants, internally displaced persons (IDPs), medical staff working in intensive care and emergency and food sellers.

A COVID-19 Rapid Response Centre has been established in Tripoli, which will be staffed by 40 doctors and 20 consultants to respond to incoming calls. The centre will be linked to all 19 established isolation and hospitalization sites and will coordinate its work with 65 Rapid Response Teams and almost 600 health professionals. It is unclear at this stage if there is any overlap between this new centre and an earlier one established by the NCDC.

Repatriations of Libyans from abroad continues in both the West and the East. Approximately 2,000 Libyan have returned through the land border with Egypt. Other repatriations are being conducted from Egypt and Jordan through Benina airport (Benghazi) and from Turkey and Tunisia through Misrata airport (Misrata). However, the majority of people recently identified with COVID-19 have been Libyans recently repatriated from abroad, with seven of the last eight reported cases being recently repatriated Libyans (six from Turkey and one from Tunisia). This reinforces the importance of testing and isolation procedures.

On 18 May, WHO and UNICEF released a statement highlighting that a quarter of a million children under 1 years old are at risk of suffering from preventable diseases due to critical vaccine shortages. For the past two months, access to routine immunization services has been disrupted as a result of the COVID-19 and due to lengthy government approval processes. This leads to an increased risk of a resurgence of measles and polio outbreaks across the country. Children in hard-to-reach and conflict-affected areas are at particular risk because they may have already missed some vaccination doses, as are migrant, refugee or internally displaced children who may not have received their basic vaccination doses in their country of origin or may have missed the required doses in Libya. Libya's Expanded Programme on Immunization (EPI) was disrupted due to vaccine stock outs in 2019 and with global supply chain constraints arising from the pandemic, the country is likely to face an extended stock out for a second year running.

Recent assessments conducted during the last two weeks by specialized actors, as well as data from protection needs assessments and various protection partner hotline calls suggest that there is generally information available and a good level of community understanding of the COVID pandemic and the preventive measures. However, there is less knowledge on where to seek assistance in case of symptoms. Facebook and other social media platforms remain the main sources of information for most people.

In a recent Mixed Migration Centre survey, cash continues to be the most requested extra form of assistance particularly for migrants and refugees. According to their survey, 63 per cent of migrants and refugees surveyed noted the need for cash, with 47 per cent reporting basic needs in food, water and shelter, and 25 per cent reporting the need for sanitary items. The need for cash may be linked to the impact of wage reductions, which has particularly impacted migrants and refugees and their ability to pay housing rent. Furthermore, there are continued concerns in accessing health services, due to fear of arrest and discrimination as barriers to access healthcare. Of the migrants and refugees surveyed in Sabha and in Tripoli, only 22 per cent and 35 per cent, respectively, noted that they would be able to access healthcare if they had coronavirus symptoms today.

The impact of COVID-19 has affected global transportation, the availability and prices of supplies and air travel. This, in addition to local movement restrictions and curfews, has made maintaining and ramping up the humanitarian response in Libya all the more challenging. For the month of April, humanitarian partners reported a total of 1,009 incidents of access constraints. This marks an increase of about 158 incidents – 18.5 per cent – compared to March 2020. The increase can be attributed to the worsening situation of the COVID-19 outbreak at the global level and its impacts across Libya. It can also be attributed to a more robust access monitoring system that has been put in place in Libya.

Of all reported access constraints in April, 67 per cent were directly or indirectly related to COVID-19. A commonly reported incidents were in relation to limited flights into the country which significantly limited staff rotations and transport of humanitarian supplies, in addition to movement restrictions and curfews in the country which limited movements (particularly between municipalities) or required the negotiation of specific permissions to enable the continuation of operations.

FUNDING

Of the US $130 million required to respond to humanitarian needs, which includes the 2020 Libyan Humanitarian Response Plan (HRP) and COVID-19 Health Sector Plan, $21.8 million has been received, 16.8 per cent of the total requirement. However, $30.8 million, in addition to the $15m for the COVID-19 Health Sector Plan is urgently required for critical HRP activities until the end of June.

HUMANITARIAN RESPONSE

Health

Needs:

- Up to 90 per cent of public health care services in some areas are closed or under resourced.

Response:

Pillar 1: Coordination

- Provides necessary technical support and guidance to MoH and NCDC to develop and update national preparedness response, protocols and guidance materials aligned with nine pillars of priority response.
- WHO continues to follow up with authorities on an endorsed COVID-19 National Preparedness and Response Plan.

Pillar 2: Risk communication and community engagement

- Completed a behavioural risk assessment for COVID-19.
- Existing organization helplines are being used to disseminate household-level COVID-19 prevention measures, as well as provide a mechanism to report symptoms or provide counselling services.

Pillar 3: Surveillance, rapid response teams and case investigation

- The health sector partners continue training and capacity-building for Rapid Response Teams and other health care workers.
- Continue to remind the health authorities to maintain disease surveillance across the 125 EWARN sites.
- More than 3,120 health and non-health workers have received COVID-related training.
- Supported the training of health care providers at points of entry on how to use thermal scanners and handle suspected COVID-19 cases.

Pillar 4: Points of entry

- Two mobile clinics (Ras Jdier road border point and Misrata airport) have been handed over the authorities, with plans to hand over four more mobile clinics.

Pillar 5: National laboratory

- Laboratory capacity has increased from two to six (three in Tripoli, two in Benghazi and one in Misrata) and the NCDC is establishing three additional laboratories (two in Sebha and one in Zawiya).
- Providing technical support to help set up testing capacity in Sebha (southern Libya).
- Sent 100 PCR kits (500 tests) and 24 000 viral transportation media with swabs to the NCDC laboratory.

Pillar 6: Infection prevention and control *(see also WASH update)*

- Continued procurement and distribution of essential PPE. To date, 19,800 gowns, 108,900 gloves (examination and sterile), 100 goggles, 82,000 masks (normal, surgical and N95), 20,100 aprons, 10,600 surgical caps, 330 hand disinfecting gels and 310 gum boots have been provided.
- Reviewed Libya's national IPC guidelines and has developed an annex on special IPC precautions, including disinfectant for environmental cleaning and its preparations and concentrations.

Pillar 7: Case management

- National case management guidelines have been reviewed and endorsed by the Government.
- Conducted a simulation exercise on the triage and referral mechanisms between The triage clinic and the isolation centre in Sebha
- Supporting establishing/refurbishing isolation sites across the country to support a move away from home isolation to mandatory institutional isolation.

Pillar 8: Operational support and logistics

- Nothing new to report.

Pillar 9: Essential health services maintained

- 64 tons of medical supplies were distributed to 33 health facilities delivering 32 non-communicable disease kits, 19 trauma kits, 549 inter-agency emergency health kits, 6 cholera kits, medicines for acute respiratory infections and laboratory supplies.
- Health partners continued to provide primary healthcare services and outpatient consultations.
- Completed the second draft of the "Essential Health Services" document, which will provide coordination and operational guidance on preparing a continuity plan for maintaining essential health care services, including sexual, reproductive, maternal, newborn, child, and adolescent health services.
- The immunization programme has resumed after a four-week suspension, with operational guidelines issued by the NCDC.

Gaps & Constraints:

- Health authorities are reporting that many Rapid Response Teams are experiencing in reaching remote areas.
- Surveillance needs to be strengthened in the South, at all points of entry and in detention centres.
- While funds for the national COVID-19 preparedness and response plan and back pay has been released for health workers, adequate financial resources to combat the pandemic continues to be a challenge.

Education

Needs:

- 1.3 million students across country are impacted as schools have remained closed.

Response:

- The Ministry of Education (MoE) will open schools for grade 9 and grade 12 from 6 June.
- Distance learning has continued through TV with the support from Education partners.
- Smartboard and projector was provided to the MoE to enable video recording of lessons.
- With support from Education partner, a private sector company is recording lessons taught by Libyan teachers which are then broadcast on national TV.
- MoE has been provided with 56 laptops for distance education.

Gaps & Constraints:

- While distance learning is being implemented through TV and internet there is a gap in monitoring.
- Power cut for longer hours, poor network connection, and lack of access to internet connection has affected the distance learning sessions.

Emergency Telecommunications

Response:

- From 11-22 May, the Common Feedback Mechanism call centre has received 925 calls, of which 789 calls were answered. Of answered calls, 38 per cent were female and 62 per cent were male.
- Most calls (95 per cent) were COVID-19 related calls, such as requesting information or reporting symptoms. Other calls were from people requesting information or assistance in relation to cash, food or shelter assistance.
- To date around 17,000 calls have been received.

Constraints:

- Urgent funding required to increase capacity to handle call volumes.

Food Security

Needs:

- In March and April, FSS partners received requests from local municipalities for a total of 90,000 individuals.
- Continued support to food security inside the country is essential so that this health crisis does not worsen to include a food crisis.

Response:

- Commodity e-voucher for monthly unconditional food assistance continues.

Gaps & Constraints:

- COVID-19 access constrains and armed clashes have delayed planned distributions.
- Many areas are reporting food availability problems. In addition, border closures, import restrictions, and movement of food supplies is disrupted in addition to impacts from the ongoing conflicts.
- Lack of confirmed funding is impacting the ability to respond to the needs of IDPs, host communities and migrants.

Protection (inc. Child Protection, GBV, Mine Action and Cash)

Needs:

- Women-headed households face increased financial challenges, as well as concerns for health, safety and wellbeing.
- Many displaced people, both IDPs and migrants/refugees live in abandoned buildings with inadequate facilities and safety hazards and no access to essential services.
- Partners reported observing increasing signs of distress in children, expressed through lack of appetite and sadness. This may be linked to the need to interact with peers and prolonged time at home, in addition to the ongoing conflict.

Response:

- Child Protection partners using remote modalities (telephonic programming) reported parents have shown less willingness to receive calls, so interventions are more focused on WhatsApp calls and other remote modalities.
- Vulnerability assessments for 76 migrants (42 females, 34 males) and 25 outreach visits for vulnerable migrants were conducted.
- Monitoring of individual migrant cases in urban settings were conducted for 120 refugee/asylum-seekers.
- Online and remote psychosocial support activities benefited people 210 individuals, with an additional 52 children reached with specialize psychosocial support.
- Awareness raising and key protection messaging, including general protection, GBV and child protection messaging reached 923 individuals.
- Community mobilizers from the migrant community and civil society organizations were trained on safe referrals, protection principles and GBV.
- Online and remote outreach campaigns on child protection reached 402 individuals and 84 children receiving case management support.
- Radio Explosive Ordnance Risk Education campaign continues, along with TV coverage.
- Facebook campaign on COVID-19 launched on 12 May, reaching 3,751 individuals.

Gaps & Constraints:

- Group activities at women and girl's safe spaces have remained suspended in light of COVID-19 preventions measures but one-on-one support services continue.
- Humanitarian access remains a challenge due to COVID-19 prevention measures and conflict, including for persons of concern, unaccompanied children, as well as to detention centres.

Shelter

Needs:

- Shelter partners continue to receive multiple requests for assistance in shelter and non-food items.

Response:

- Around 6,353 people, including IDPs, host populations, migrants and refugees received hygiene kits and/or other non-food items, including clothing, mattresses, jerry cans and purification tablets.
- 1,800 people in detention centres received hygiene kits and/or mattresses, clothing and other non-food items.
- 995 people received handwashing kits which include soaps, bucket and wipes.

Gaps & Constraints:

- Some SNFI partners faced difficulties in dispatching NFI supplies due to movement restrictions and fuel shortages delaying distributions.

Water, Sanitation and Hygiene

Needs:

- Due to power outages in many parts of the western region, people had been unable to get continued supply of water through pumping from boreholes.

Response:

- WASH partners continue with fumigation and disinfection activities in detention centres

Gaps & Constraints:

- Increased curfew timings limiting partners for WASH services provision, availability and transportation of PPEs, disinfectants etc in local and off-shore market becoming more challenging.

Common Services (inc. Coordination and Logistics)

Response:

- The Inter-Sector Coordination Group identified $30.8 million (additional to $14.3m for COVID-19 Health Sector Plan) required for critical HRP activities to address direct and indirect impacts of COVID-19 in the next three months.
- To understand demand from humanitarian partners in Libya for common logistics services a Gaps and Needs Exercise is underway. So far 7 interviews have been conducted and will conclude after the Eid holidays. Following interviews recommendations will be put forward for strengthening logistics support.

Gaps & Constraints:

- The UN Humanitarian Air Service (UNHAS) is waiting for clearance to position the replacement aircraft from the Tunisian authorities in order to recommence humanitarian air flights into Libya.

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