



COVID-19 and civil war in Libya: the current situation

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A novel coronavirus was reported in December 2019 as the cause of pneumonia in Wuhan, a city in China's Hubei Province. It spread exponentially, leading to an outbreak throughout China, followed by a worldwide pandemic declared by the World Health Organization (WHO) on 11 March 2020 [1]. As of 12 May 2020, more than four million confirmed cases of COVID-19 have been identified by WHO, including more than 285,000 deaths in more than 180 countries worldwide [2].

In Libya, the first official confirmed case of coronavirus was identified in a man in his seventies, which was recorded by the National Center for Disease Control (NCDC) of Libya on 24 March 2020 [3]. The first death was recorded officially on 3 April 2020, of an 85-year-old woman who died after transfer from a hospital in Tripoli for dialysis on 2 April 2020 [4].

Libya is poorly equipped to manage and control any pandemic due to the anarchy and loss of central control since 2011. Furthermore, Libyan health-care infrastructure continues to deteriorate due to civil war, inadequate human and financial support, and inadequate health facilities. According to the Service Availability and Readiness Assessment (SARA-2017), conducted by the World Health Organization and Ministry of Health of Libya, 17 out of 97 hospitals are closed, and most hospitals operate at the low performance. Only 40% of hospitals' inpatient beds are adequately functioning with an overall bed capacity of 15 per 10,000, which is lower than the required target of 25 per 10,000. Another concern is the lack of trained nurses. Moreover, Libya scored an average of 47% regarding the readiness of health emergency services according to SARA-2017 [5]. These high levels of risks and shortage of health-care supplies will impair the ability of the health system to respond adequately to this outbreak, making the Libyan population vulnerable to COVID-19.

Another major concern in Libya is the limited public knowledge and awareness of COVID-19 along with social and cultural norms of gathering, which can facilitate its transmission through Libya. Moreover, the poverty and civil war crisis have caused many people to leave their homes to find a new place, which can increase the financial and social burden and the risk of transmission of

COVID-19 [6]. Another concern is the Libyan financial crisis and economic fragility. Libya is not producing food or products and relies mainly on imports from other countries. Therefore, closing borders and companies for a long duration can affect the financial status of Libyan people and their nutritional status.

As of 12 May 2020, there were 64 confirmed cases of COVID-19 in Libya. The low number of reported cases is due to fewer tests being conducted in Libya, with a daily capacity mean of less than 50 tests reserved for suspected cases that are reported to the NCDC of Libya. Also, the absence of local laboratories in other cities can delay diagnosis and treatment. Consequently, the infection can spread quickly without rapid testing to detect early cases for rapid control and quarantine.

These high levels of risks and shortage of health-care supplies will impair the ability of the health system to respond to this outbreak. Therefore, we encourage the support of health-care workers by providing adequate training and personal protective equipment, increasing the capacity of diagnostic tools and supplies, establishing isolation sites, and increasing local awareness among the Libyan population.

Libya still has an ongoing civil war despite the calls for a ceasefire to prevent a humanitarian crisis. We firmly encourage provincial forces to come together to address the hazard presented by COVID-19 in Libya to save lives and prevent catastrophic events.

Author contributions

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References

- [1] Organization, W.H. WHO director-general's opening remarks at the media briefing on COVID-19-11. Mar 2020. Available from: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19—11-march-2020>,2020.
- [2] Dong E, Du H, Gardner L. An interactive web-based dashboard to track COVID-19 in real time. *Lancet Infect Dis.* 2020 [accessed 2020 May 11];20(5):533–534. .
- [3] Elhadi M, Momen AA, Ali Senussi Abdulhadi OM. A COVID-19 case in Libya acquired in Saudi Arabia. *Travel Med Infect Dis.* 2020;101705. DOI:10.1016/j.tmaid.2020.101705
- [4] National centre for disease control - Libya report. (2020. [cited 2020 May 11]. Available from: <https://covid19.ly/>
- [5] Organization, W.H. Health emergencies and humanitarian response update. 2017. cited 2020 Apr 1]. Available from: <https://www.who.int/hac/crises/lby/sitreps/en/>
- [6] Zarocostas J. Libya: war and migration strain a broken health system. *Lancet.* 2018;391(10123):824–825.