ICMPD
International Centre for
Migration Policy Development

BRIEFING NOTE

Libya and COVID-19: How the pandemic has affected migrants, refugees and internally displaced persons

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EXECUTIVE SUMMARY

This briefing note aims to explore the direct and indirect social, health, economic and political consequences of the COVID-19 pandemic on vulnerable populations in Libya, including migrants, refugees and internally displaced people, as well as Libyans Living Abroad. The brief discusses the reactive and preventative measures taken by the Libyan national authorities as well as the international community to mitigate the spread of the virus and assist vulnerable populations. Libya's COVID-19 response is facing challenges, including among other a lack of funding; the political and military context; and a limited capabilities to effectively respond to the crisis. Finally, several concrete short-term and medium-term recommendations are presented.

1/ CONTEXT AND RATIONALE

General overview of the pandemic and country context

The current COVID-19 pandemic has overwhelmed the most technologically advanced healthcare systems worldwide. It has threatened the global economy and led – in some cases - to the adoption of restrictive policy options as many states have struggled to secure the compliance of their populations in the enforcement of prevention and social distancing measures. Libya, whose healthcare system has continously deteriorated over the past nine years, is particularly at risk of a severe COVID-19 outbreak. The spread of the virus would not only have devastating public health implications, it would also affect the country's economy and exacerbate pre-existing social rifts as a result of the ongoing civil war. Amid this already difficult context of resource scarcity and supply shortages, the COVID-19 pandemic also brought to light pre-existing institutional cracks that negatively affect vulnerable populations such as migrants, refugees and internally displaced persons.

Libya's first case of COVID-19 was identified on March 24th of 2020. As of the 9th of June, according to Libya's National Centre for Disease Control (NCDC), 270 cases of COVID-19 have been identified across the country, of which five have died and 41 have recovered[1]. Official statistics are however unlikely to be truly reflective of the number of cases, which were likely highly underreported. Monitoring the outbreak in Libya was particularly difficult: At the time of writing, fewer than 10,000 total tests had been conducted and only four laboratories for testing were available in the country (two in Tripoli, one in Benghazi and one in Sebha)[2]. Several of the confirmed cases constituted a community spread, which might imply that the number of cases was likely higher than what is conveyed through official channels.

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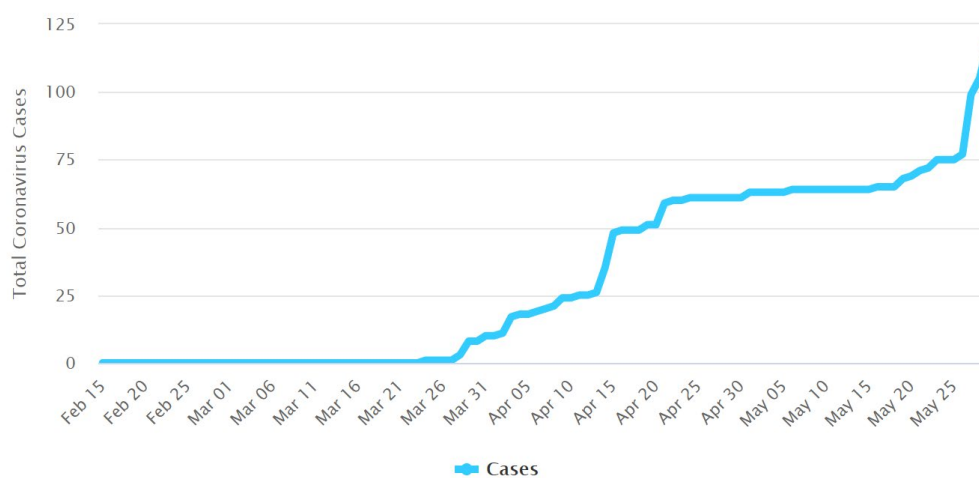
1 National Centre for Disease Control, *Libya's COVID Dashboard,* June 2020 (https://ncdc.org.ly/Ar/libyan-covid-19-dashboard/)
2 OCHA, *LIBYA: COVID-19 Situation Report No. 4,* May 2020 (https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/covid-19_situation_report_no.4_libya_12may2020.pdf)

The risk of further spread of COVID-19 is exacerbated by the contemporary landscape in the country. Libya features two competing governments – the Government of National Accord (GNA) in Tripoli, which was established in December 2015 as part of a UN-mediated dialogue process[3], and a rival unrecognized government in Eastern Libya backed by the Libyan Arab Armed Forces (LAAF) under the leadership of Field Marshall Khalifa Haftar and the Tobruk Parliament, recognized by the Libyan Political Agreement. On April 4th of 2019, Haftar launched an offensive on Libya's capital, Tripoli, to oust the GNA. Despite multiple calls for a humanitarian ceasefire since then, hostilities have continued. Growing levels of insecurity and political fragmentation therefore compound the inability of an already feeble health and surveillance infrastructure to effectively respond to the pandemic.

Libya hosts various vulnerable populations, including in Western Libya and particularly those based in Tripoli, the capital. They have faced several constraints in their ability to take precautionary measures against the virus owing to the ongoing war. Between 1 January and 31 March 2020, the United Nations Support Mission in Libya (UNSMIL) documented 131 civilian casualties (64 deaths and 67 injured) due to ongoing clashes and shelling in Western Libya. This constrains citizens' ability to access basic supplies and services, but also severely hampers humanitarian organizations attempting to reach people in need. More broadly, civilian infrastructure has continuously been impacted by indiscriminate attacks. On the 7th of April 2020, Al Khadra Hospital, a 400-bed hospital in Tripoli that was assigned as a COVID-19 facility, was momentarily evacuated due to shelling. As the conflict has escalated, utilities have also been controlled by armed actors as a tool for collective punishment or as means of bargaining. In April 2020, at a time when access to water was the most basic requirement for precautionary measures against COVID-19, a forced closure of pipelines from the Great Man Made River project by an armed group cut off water supply to over 2 million people in Libya's capital.

The contemporary conflict has further generated tens of thousands of internally displaced persons (IDPs) - predominantly from Tripoli - since April 2019. The widening geographic scope of the conflict, as a result of the uptick in violence witnessed in March, has also led to the displacement of communities from outside of Tripoli, notably Tarhuna. The use of long-range artillery to shell civilian residential areas has been an increasingly recurring occurrence, with Haftar's LAAF being responsible for more than 80% of civilian casualties between January and March 2020 as per UNSMIL statistics[4]. Those remaining in their homes due to the COVID-19 GNA-mandated curfew risk becoming targets of indiscriminate shelling.

3 United Nations Support Mission in Libya, *The Libyan Political Agreement,* Dec 2015 (https://unsmil.unmissions.org/sites/default/files/Libyan%20Political%20Agreement%20-%20ENG%20.pdf)

4 United Nations Support Mission in Libya, *Civilian Casualties Report, 1 January – 31 March 2020,* April 2020 (https://unsmil.unmissions.org/sites/default/files/first_quarter_civilian_casualty_report_2020_2.pdf)

Lastly, migrants, refugees and asylum seekers have been particularly vulnerable to outbreaks in Libya even before the COVID-19 pandemic. Those living outside detention centres and in urban areas are caught in an endless cycle of abuse and lack access to basic services and healthcare[5]. Detention centres may be equally, if not more, unsafe because of COVID-19. According to a report published in January 2019 by Human Rights Watch[6], migrants are exposed to "inhumane conditions that [include] severe overcrowding, unsanitary conditions, poor quality food and water that has led to malnutrition, lack of adequate healthcare, and disturbing accounts of violence by guards, including beatings, whippings, and use of electric shocks". Adding to these deplorable conditions is the proximity of some detention centres to the frontlines since Haftar's April 2019 offensive on Tripoli, a reality which caused a detention centre in eastern Tripoli to be hit by Haftar's forces in July 2019[7], leaving over 40 migrants dead and 100 injured. The precarious conditions in the detention centers puts the already vulnerable migrants living in the centers at a particular risk of contracting the COVID-19 virus.

The fate of migrants and asylum-seekers attempting to reach European shores from Libya has become even more uncertain due to COVID-19 and the recent decisions by the Italian and Maltese authorities to declare their own ports as "unsafe" because of the pandemic prevents people who are rescued at sea from landing. Authorities in Libya have also blocked disembarkations[8] due to the heavy shelling that has been taking place around Tripoli, thus leaving migrant populations in a "no man's sea", unable to return to their port of departure. There are signs of continuous departures from Libya[9], however, the absence of state and NGO search-and-rescue operations makes it difficult to ascertain what is happening in the Mediterranean, raising the prospect that there may be "invisible" shipwrecks and deaths at sea.

Overall, amid a general lack of available testing and water cuts in western Libya, it is almost impossible for a significant number of Tripoli's citizens to implement certain "barrier gestures" (such as hand washing) to prevent the spread of COVID-19. Hospitals are also left crippled in their ability to treat affected patients.

5   MSF, *Trading in Suffering: detention, exploitation and abuse in Libya,* Dec 2019 (https://www.msf.org/libya%E2%80%99s-cycle-detention-exploitation-and-abuse-against-migrants-and-refugees)

6   Human Rights Watch, *No Escape from Hell - EU Policies Contribute to Abuse of Migrants in Libya,* Jan 2019 (https://www.hrw.org/report/2019/01/21/no-escape-hell/eu-policies-contribute-abuse-migrants-libya)

7   The Guardian, *UN calls for inquiry into Libya detention centre bombing,* Jul 2019 (https://www.theguardian.com/world/2019/jul/03/air-strike-kill-libya-tripoli-migrant-detention-centre)

8   The Guardian, *Libya says migrants stopped at sea will not be let back in,* April 2020 (https://www.theguardian.com/world/2020/apr/10/libyan-officials-migrants-stopped-seaports-unsafe)

9   Infomigrants, *IOM concerned about invisible migrant shipwrecks,* May 2020 (https://www.infomigrants.net/en/post/24745/iom-concerned-about-invisible-migrant-shipwrecks)

Such conditions are also damaging for the already-vulnerable migrants, whether those living outside of detention centers or those held in unsanitary conditions in overcrowded centers across the country.

In the East, an overall inability to effectively assess levels of contagion towards a nationwide response to the pandemic stems from the lack of transparency of Eastern authorities, a key feature of the LAAF's grip on power as well as its efforts to project a position of strength towards the outside. The South of Libya – which is under the nominal control of the LAAF – is also unprepared for the pandemic, as it lacks adequate testing facilities, protective equipment and qualified health workers.

Main challenges and government response

Against this backdrop, several steps were undertaken by the Tripoli-based GNA as well as the authorities in Eastern Libya[10] to combat the pandemic. Both sides have closed educational institutions, launched awareness campaigns to encourage social distancing and suspended travel to and from Libya. Travel restrictions were imposed suddenly, and they resulted in hundreds of Libyan citizens left stranded abroad. Due to the context of war, and the propaganda related to it, both pro-LAAF and pro-GNA media outlets have spread rumours that the opposing party is responsible for spreading COVID-19 in Libya.

One of the first steps taken was to announce a response package of 500 million Libyan Dinars (LYD)[11]. The NCDC had also quickly announced that it would suspend childhood vaccinations for a month, a decision that has since been reversed, owing to the lack of scientific evidence behind the policy. The GNA has also instituted a curfew in several stages for the capital's citizens. After a surge in cases was discovered mid-April, the GNA imposed a 24 hour curfew for 10 days, after which a curfew from 6:00 p.m to 6:00 a.m was announced. One of the main challenges is the actual enforcement of the curfew in the capital, with very few reliable GNA-aligned security actors capable of enforcing it with a certain standard of professionalism.

The GNA have also issued a decree for municipal funding to combat the pandemic, in addition to allocating 75 million LYD from the aforementioned budget for municipalities across the country. This devolution of governance came as a reaction to the protests of several municipalities that refused the Tripoli government's allocated funding to combat the virus, as their constituencies protested the perceived unequal distribution of the resources by the GNA. Several GNA-aligned armed groups and their affiliated communities also protested the government's

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10   Namely the House of Representatives, the Interim Government and the Libyan Arab Armed Forces
11   Equivalent of ~$320 million United States Dollars (USD)

controversial plan to provide relief funds to municipalities in Haftar-controlled territories, citing concerns that these funds could be diverted by Haftar to fund his war effort.

Additionally, news reports of the GNA releasing 450 prisoners to limit the spread of the virus emerged amid fears over an outbreak in detention facilities and prisons in areas under GNA control. Based on the GNA's Ministry of Justice, the "release of detainees comes within the framework of the government response plan to combat the coronavirus pandemic based on recommendations of the Supreme Judicial Council and the Ministry of Justice regarding the need to reduce overcrowding in prisons". The GNA is the only authority that took measures to reduce overcrowding in penal institutions under its control. The LAAF and authorities in Eastern Libya have reportedly not taken any similar steps.

All these measures have been reactive, and several municipalities have mentioned that the GNA-allocated funding has actually never materialized. The challenge of coordinating the public health response from a national to sub-national level is already huge: however, it is further compounded by the administrative and political split between LAAF-controlled territory, and territory under GNA control. Hybrid armed actors in GNA and LAAF-controlled territories are the ones in charge of enforcing curfews and social distancing measures, which raises the probability that they will use this mandate to extract revenues from national authorities and from citizens that would contravene rules and regulations.

In Eastern Libya, the LAAF have further sought to dominate the socio-economic arena using the pandemic as a medium to exert more control. Indeed, the LAAF's Chief of Staff heads the committee to fight COVID-19. Aside from the lack of transparency inherently associated with an armed actor taking on governance functions, the LAAF appears to tolerate little dissent or criticism of its response. Indeed, the Chief of Staff explicitly stated that anyone who criticizes the public health response would be considered a "traitor". The securitization of the response was not exclusively rhetoric: the LAAF also arrested a Libyan doctor who had highlighted shortcomings of the public health response in Benghazi, effectively illustrating that the pandemic could further contribute to militarizing governance in Eastern Libya.

Aside from the practical challenges associated with coordinating a public health response nation-wide, the immediate urgent challenge to respond to COVID-19 is Libya's ongoing war, which threatens to exacerbate the fallout from the virus as it decimates Libya's health sector and creates more vulnerable populations. The civil war is not only polarizing society, it is also making any nation-wide coordination to respond to the pandemic virtually impossible because national institutions are either unwilling or unable to transcend the divide to coordinate.

Policy brief focus and objectives

As the majority of the world powers grapple with COVID-19 and the international community is perceived to pay less attention to Libya, Libya's conflict has seen unprecedented levels of escalation and an overall exacerbation of conditions for Libya's citizens and migrant population. The impact of the pandemic's social, health, economic and political consequences on Libyan residents and citizens, as well as on foreigners and migrants who are sheltering in the country or who are intending to use the Central Mediterranean route to transit to Europe, is a direct concern for Libya. It is with this contextual analysis in mind that the impact of COVID-19 on patterns of migration and migrants' condition in Libya becomes the focus of the subsequent analysis.

Against this backdrop and following the overview of measures taken to curb the impact of the COVID-19 pandemic, this paper will further delve into the virus's impact on migration and will outline measures taken at both national and multilateral levels when it comes to mitigating the negative repercussions of this situation on vulnerable populations – and in particular migrants. An evaluation of these measures is subsequently put forth, as well as an assessment of challenges and opportunities related to the current crisis and its impact on migration. This policy brief is then brought to a conclusion with a series of key recommendations in the short- and medium-term, which are deemed necessary in order to prevent an even greater worsening of the current humanitarian crisis faced by Libya's most vulnerable populations.

2/ DIRECT AND INDIRECT IMPACT OF COVID-19 ON MIGRATION

The COVID-19 pandemic will exacerbate the inability to access and provide protection to migrants. Article 10 of Libya's Law No. (19) of 2010[12] stipulates that arrested migrants shall be treated in a "humanitarian manner that preserves their dignity and rights and that does not violate their money or moveable property". However, for most migrants in Libya, whether detained or not, the current regulatory frameworks and particularly the application and enforcement thereof, do not guarantee their rights. Against the backdrop of an insufficient regulatory framework and a lack of enforcement, with the concomitance of the pandemic and war, supplying humanitarian aid and vital protection equipment to humanitarian workers across the country has become exponentially difficult. Moreover, aid workers' access to vulnerable communities has also become exponentially more difficult owing to social distancing measures and heightened insecurity.

Thematically, the pandemic has exacerbated the vulnerability of certain key segments of Libya's population. Three main categories are identified below as key focuses. Each category is affected by the pandemic and its fallout in different ways, though some face similar challenges owing to the structural challenges Libya faces in terms of planning and implementing a public health response.

Internally Displaced Persons (IDPs)

IDPs represent one of the most vulnerable populations to COVID-19 in Libya. Since the conflict re-ignited in April 2019, more than 200,000 people have been internally displaced[13]. According to Infomigrants[14], "about two thirds of these displacements were recorded in the Libyan capital, Tripoli — with other affected areas including the conflict-stricken areas of Murzuq, Sirt and Abu Gurayn. The displaced include Libyan families as well as migrants". For displaced Libyans, gaining access to already overwhelmed clinics and hospitals caring for war-wounded and people with chronic illnesses, is even more difficult owing to the frequent militia interference in the provision of medical services.

Generally, Libya's IDPs suffer from their inability to access protection and assistance in a context of war. In both GNA and LAAF-controlled areas, authorities are unable to meet their basic needs for healthcare, food, shelter, legal assistance, education and livelihoods. There is little to no legal framework governing how to alleviate their

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12 Law No. (19) of 2010, *Combating Illegal Immigration,* 2010 (https://security-legislation.ly/node/32174)

13 United Nations Security Council, *United Nations Support Mission in Libya – Report of the Secretary-General,* May 2020 (https://unsmil.unmissions.org/sites/default/files/s_2020_360_e.pdf)

14 Infomigrants, *Over 200,000 people in Libya displaced amid fighting as COVID-19 threat increases,* April 2020 (https://www.infomigrants.net/en/post/23985/over-200-000-people-in-libya-displaced-amid-fighting-as-covid-19-threat-increases)

suffering. Overcrowding in their temporary shelters, poor nutrition, and inadequate provision of water, sanitation and hygiene are all factors that significantly hamper the ability to prevent a spread and increase their vulnerability. This is compounded by the fact that, since 2011, the informal sector dominates economic activity in Libya[15], which therefore means workers are employed without any form of guarantees or unemployment support. Many IDPs who derive their income through labour in the informal sector have become destitute overnight. This is both a direct result of their displacement, but also due to the social distancing measures enforced in the fallout of the pandemic. More broadly, lack of access has severely constrained the provision of humanitarian assistance, which makes IDPs even more vulnerable both to the virus and other risks.

The recent escalation in fighting in Western Libya has forced more people to flee while damaging more civilian infrastructure. Some densely populated areas such as Tripoli's Abu Salim have had their patient-load quadruple in recent months. This is a direct result of the war's impact as it can be traced back to an influx of displaced families, several of which actually live in overcrowded collective centres. There is also an increasingly severe lack of affordable housing with rental prices skyrocketing as more displaced or secondarily displaced seek new places to rent. Many IDPs do not have the financial means to rent accommodation away from frontlines, nor do they have relatives or friends that could momentarily host them. As such, many IDPs are living in overcrowded makeshift buildings or schools, with insufficient water and sanitation infrastructure. If COVID-19 reaches IDPs in these locales, where self-isolation is almost impossible, consequences are likely to be dire due to the high rate of transmission that characterizes the virus.

A significant number of those displaced by the war have sought refuge with family relatives living away from frontlines. However, they also face difficult choices in their attempts to abide by social distancing or self-isolation measures. Indeed, several displaced individuals and families have preferred to return to their homes near frontlines in fear that they would infect their elderly parents or family members.

Women and children are even more vulnerable than in normal times due to the interruption or reduction in humanitarian or government assistance associated with the complexities of safely accessing IDPs during the pandemic. Children's access to routine immunization services has been disrupted as a result of the COVID-19 lockdown, a situation compounded by vaccine shortages which put some 250,000 children at severe risk.[16] Women and girls tend to bear caregiving responsibility

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15   Bertelsmann Stiftung, *BTI 2020 Country Report — Libya.* Jan 2020 (https://www.bti-project.org/content/en/downloads/reports/country_report_2020_LBY.pdf)

16   UNICEF, WHO, *Over quarter of a million children in Libya are at risk from vaccine-preventable diseases,* May 2020 (https://reliefweb.int/report/libya/over-quarter-million-children-libya-are-risk-vaccine-preventable-diseases)

for family members that are old or ill, which increases their risk of their exposure to COVID-19. In overcrowded makeshift IDPs shelters, this risk is exacerbated. In addition, essential services for women, such as sexual and reproductive health, may be deprioritized by health facilities to concentrate on the COVID-19 response. This further puts women and girls – particularly those displaced - at risk of other health problems. Women and girls are already particularly vulnerable to sexual exploitation and abuse within their own communities as it is, so it can be imagined that domestic violence has seen an increase following the COVID-19 pandemic also among the IDPs community based on reports in similar environments.[17]

Migrants, asylum seekers and refugees

The pandemic's effect on migrants, asylum seekers and refugees is multi-layered. Not only could the pandemic significantly worsen their already dire situation and living conditions in Libya, it is already having an effect on patterns of mixed migration to and through Libya in different ways.

Measures taken to curb the spread of the disease such as curfews and border closures also have an effect on migrants, asylum seekers and refugees in Libya. The cost of food and essential supplies has increased as a result of Libya's dire socio-economic situation and the COVID-induced bottlenecks in procuring these goods. Supply chains for food, medicine and basic needs have all been negatively impacted by the measures taken to prevent the spread of COVID-19. A survey[18] of 1350 migrants has shown that those in Western Libya – particularly in urban settings in and around Tripoli - have experienced severe food insecurity since the implementation of measures to limit the spread of COVID-19 (survey period 1 to 23 April 2020), with 85% of those interviewed in the area of Abu Salim reporting poor food consumption. This is compounded by the increase in unemployment amongst surveyed migrants, with statistics showing an increase from 17 per cent in February 2020 to 24 per cent in April 2020[19].

While there is no available data on the effect of COVID-19 on agriculture in Libya[20], the World Food Programme's (WFP) studies on agricultural livelihoods in Southern Libya confirm that agriculture still represents an important source of income and food for communities' subsistence in the South. About half of farming households in the region spend up to 75% of their income on food. While they may not directly be affected by COVID-19, their food security and ability to meet needs other than

17 UNHCR, *Support for internally displaced people needs to be 'urgently stepped up',* April 2020 (https://www.unhcr.org/news/latest/2020/4/5e9839e74/support-internally-displaced-people-needs-urgently-stepped.html)
18 DTM Libya, *Migrant Emergency Food Security Assessment – Preliminary Findings May 2020,* May 2020 (https://reliefweb.int/sites/reliefweb.int/files/resources/DTM_EMFSA_PreliminaryFindings_May2020.pdf)
19 Ibis.
20   Libya Food Security Sector, *COVID-19 Update,* April 2020 (https://reliefweb.int/sites/reliefweb.int/files/resources/fss_libya_covid-19_update_-_10april2020-min.pdf)

food will be severely impacted by the increased prices of goods that COVID-induced supply chain bottlenecks may cause. Those in peri-urban and rural areas are generally likely to be negatively impacted by COVID-19 due to the associated restrictions in movement and disruptions to the supply chains. In addition to these challenges, the border closures and curfews imposed have also created challenges in terms of accessing and delivering humanitarian aid to migrant populations.

Migrants in Libya are particularly vulnerable to COVID-19. Many have very limited access to information[21], healthcare, and especially sustainable income. This has affected their living conditions, which are now made worse by the added challenge of movement restrictions[22]. The worsening security situation is exacerbating these challenges. It is de-facto increasing humanitarian needs and limiting the ability of aid workers to reach vulnerable populations.

Approximately 1,500 people are currently assumed to be in the Department of Combating Illegal Migration (DCIM)-run detention facilities[23], where they are kept under difficult living conditions. In addition to rampant insecurity, there are also grave health concerns posed by the potential spread of COVID-19 virus in detention centres where many of these migrants are held. Many other migrants are subject to abuse, extortion, forced labour and torture in the hands of smugglers and traffickers.

Following the continuation of the conflict situation in Western Libya, the ability of either authorities in Libya to find alternatives to detention of migrants, asylum seekers and refugees is virtually non-existent. The political strife between the two competing authorities is also hampering any effort to coordinate a nation-level response to COVID-19 and the special needs of migrants, asylum seekers and refugees, one of the most vulnerable groups in the Libyan context. While these populations were never guaranteed equal access to healthcare, the pandemic is likely to exacerbate this inequality. Recurrent attacks on health facilities have damaged some and forced others to close, while health facilities that have been able to remain open are severely under-staffed and under-equipped to deal with the pandemic. Consequently, the public health response to the pandemic has been hampered severely.

The fact that official points of entry to Libya – airports as well as land borders - have mostly been closed for entry and exit has limited the ability of migrants to move.

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21 UNHCR, *UNHCR steps up emergency assistance in Libya as continued conflict and COVID-19 create more hardship,* May 2020 (https://www.unhcr.ca/news/unhcr-steps-emergency-assistance-libya-continued-conflict-covid-19-create/)

22 IOM, IOM Libya: Monthly Update - April 2020, (https://reliefweb.int/report/libya/iom-libya-monthly-update-april-2020)

23 Infomigrants, *Over 200,000 people in Libya displaced amid fighting as COVID-19 threat increases,* April 2020 (https://www.infomigrants.net/en/post/23985/over-200-000-people-in-libya-displaced-amid-fighting-as-covid-19-threat-increases)

Libya's land border crossings with Egypt (in Emsaed) and Tunisia (in Ras Ajdir) have remained open to limited commercial traffic. Groups of Tunisian and Egyptian migrants who were in Libya have also been allowed back into their countries of origin after official authorities coordinated their return via these crossings. However, most migrants seeking to leave war-torn Libya cannot do that legally due to the pandemic. The process of repatriating migrants to their home countries, which had already significantly slowed down after the eruption of the conflict in Libya post-April 2019, has now also come to a complete halt due to COVID-19. Similarly, resettlement and evacuations via UNHCR in Libya have also been significantly delayed due to the pandemic and the closure of the Libyan airspace[24,25].

The pandemic has also impacted life-saving operations at sea. On the 14th of April 2020, Libya's UN-recognized government refused to authorize the disembarkation of migrants on Libyan territory after they were intercepted by the Libyan coastguard. This follows similar declarations made by European states such as Italy and Malta, both of which closed their seaports to migrants, citing the threat of COVID-19 as the primary concern behind the move. Consequently, while Libya is increasingly becoming unsafe for migrants, asylum seekers and refugees, the central Mediterranean route via Libya has also become increasingly impenetrable and deadly. Human trafficking and smuggling have long been considered lucrative revenue generation mechanisms for predatory armed groups. The need of armed groups to maximize resources in the context of a further escalation of the conflict paired with the pandemic may manifest itself as further abuse against migrants, who will be increasingly extorted and trafficked.

In addition, lockdowns, curfews, travel restrictions and other measures to curb the spread of COVID-19, put victims of human trafficking at further risk of exploitation in different ways. For example, isolation requirements create ideal circumstances for traffickers to control their victims, and social distancing measures hamper efforts aimed to identify victims of human trafficking. . Moreover, the pandemic has restricted the availability of vital resources for victims of human trafficking and those surviving this form of trauma. These resources, offered by the Libyan authorities or by international humanitarian organizations, include access to healthcare and psycho-social support services. More generally and in all country contexts, victims of human trafficking "are also more exposed to contracting the virus, less equipped to prevent it, and have less access to healthcare to ensure their recovery."[26]

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24   Reuters, *Coronavirus narrows options for migrants buffeted by Libya's war,* May 2020 (https://www.reuters.com/article/us-health-coronavirus-libya-migrants/coronavirus-narrows-options-for-migrants-buffeted-by-libyas-war-idUSKBN22K1MP)

25   Infomigrants, *Refugee resettlement suspended due to coronavirus,* March 2020 (https://www.infomigrants.net/en/post/23513/refugee-resettlement-suspended-due-to-coronavirus)

26   UN Office on Drugs and Crime (UNODC), Impact of the COVID-19 pandemic on trafficking in persons, 2020 (https://www.unodc.org/documents/Advocacy-Section/HTMSS_Thematic_Brief_on_COVID-19.pdf)

Travel restrictions are also affecting migrants' involvement in the agricultural sector. Migrants are responsible for conducting many activities in crop production, from land preparation and the application of fertilizers and pesticides, to harvesting and selling agricultural products. Unless hosted by the farms' owners, migrants commute on a daily basis.[27] Because of the relatively small scale of the agricultural sector, there is no available data that assesses the impact of COVID-19 on migrants working in this sector. However, it can be assumed that social distancing measures might have negatively affected their ability to commute to their work and generate income.

Libyans living abroad

Another group that is affected by the fallout of the pandemic are Libyans who live overseas, or those who happened to be abroad when authorities in Western and Eastern Libya announced the implementation of measures aimed at curbing the spread of the virus. These measures included travel restrictions at airports and other points of entry (POE), and the closure of land and maritime borders. These measures, implemented in an ad-hoc manner and with little planning, forced thousands of Libyans in neighbouring countries, including Tunisia and Egypt, to attempt the journey back home via land borders. Libyans in other countries without shared land borders with Northern Africa, such as Turkey, also attempted to transit via Egypt or Tunisia and into Libya by land, thereby increasing the risks of contracting the virus on their journey back home. The lack of testing in Libya – coupled with the rising numbers of cases in neighbouring countries – also had a negative impact on popular support for repatriation, particularly as domestic airports lacked the capabilities necessary to test and quarantine individuals suspected of having been infected. Two of Libya's latest COVID-19 cases (of a total of 270[28]) are of Libyans who were repatriated via Turkey to Misrata, which highlights the operational and technical deficiencies of the process.

After Tunisia and Egypt implemented their own restrictions on travel, Libya's authorities could no longer rely on neighbouring countries such as Tunisia to coordinate the return of Libyan citizens. Libyans stuck abroad lacked access to healthcare, and many lacked the financial means to rent accommodation in a foreign country for a protracted period of time. The political landscape in Libya and the fact that Libyan citizens who are stuck abroad need to coordinate their repatriation with a different authority depending on their destination in Libya (in Libya's case, flights are only available to Misrata and Benghazi depending on the

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27 WFP, WFP Libya - Fezzan Agriculture and Livelihood Needs Assessment Report, Mar 2020 https://reliefweb.int/sites/reliefweb.int/files/resources/WFP%20Libya%20-%20Fezzan%20Agriculture%20and%20Livelihood%20Needs%20Assessment%20Report%20-%20March%202020%20%5BMR%5D.pdf

28 As of 09.06.2020

country of departure) exacerbates these challenges even further. The lack of an organized approach to return to the country, coupled with the economic situation and crumbling healthcare system in Libya, provides few incentives for Libyans abroad to return, except for those who do not have the economic means to settle abroad or who have been separated from immediate or extended family in Libya.

3/ POLICY RESPONSES : AN ASSESSMENT OF THE INITIATIVES TAKEN AT THE NATIONAL AND INTERNATIONAL LEVEL IN RESPONSE TO COVID-19 IN LIBYA

As discussed in the previous chapter, the impact of COVID-19 on Libyans and on vulnerable migrant populations is multi-faceted. This section will outline the national, bilateral and international policy responses to the pandemic, which have generally included a combination of preventative and reactive measures. Reactive measures include for instance the repatriation of Libyan citizens via special flights from Spain, Turkey, Tunisia and Egypt. Preventative measures, on the other hand, include curfews, social distancing measures, and the closure of entry points at land crossing and airports.

Preventative measures taken by various authorities, while taken to curb the spread of the virus for the population as a whole, have indirectly had an impact on migrants as well. Such measures have included curfews, social distancing measures and the closures of points of entries at land crossings and airports.

National Level response

The GNA formed a special committee which includes representatives of the ministries of Interior, Economy and Health. The committee is charged with, among others, developing policy and procedures for repatriating Libyans from abroad. It is officially estimated by Libyan authorities that approximately 15,000 Libyans across 45 countries are in need of repatriation. Those being repatriated are required to travel through either Spain, Turkey, Tunisia or Egypt. At these transit points, they undergo mandatory testing followed by a 14-day quarantine before being granted approval to return to Libya. However, the success of these policies is significantly affected by the developments in Libya. On Saturday, the 9th of May 2020, forces affiliated with the LAAF, bombed Mitiga's International Airport, which damaged one of the planes that was assigned to return stranded Libyans citizens abroad. Not only has this reduced the material capacity to operate flights, this also means that only one airport, namely Misrata's International Airport. Will be used to repatriate citizens in Western Libya. Few efforts have been made to divert (human and material) resources to Misrata's International Airport to support the arrival

of citizens whose repatriation has been facilitated by the GNA and its affiliated authorities.

As Libya relies heavily on import for food and basic commodities, the decrease in export from other countries, as a result of the pandemic, has led to an increase in prices. In addition, measures by the Libyan authorities to curb the spread of COVID-19 have created bottlenecks in supply chains and limited the availability of certain products, causing a shortage of basic food items and hygienic products and further exacerbating the increase of prices. Authorities in Eastern and Western Libya have intervened in their local areas of control to correct price spikes by setting a cap on the selling price of certain products. However, it is difficult to implement these measures in peripheral regions, which often rely on their own tools and methods to adapt. For these communities, this is likely to manifest itself in an increased reliance on their own border economies, including illicit activities such as human trafficking and smuggling. COVID-19 is therefore likely to increase the reliance of certain communities on these activities as a coping mechanism, which will have an impact on irregular migration. The LAAF has taken measures, such as closing the borders with Chad and Sudan, in order to pre-empt such a development. However, it will be difficult to enforce such a policy in practice because many of the LAAF-affiliated armed groups in these peripheral areas are themselves involved in smuggling and trafficking activities.

 Measures have also been taken locally by civil society organizations, which have focused on disinfection of public places and awareness raising amongst local constituencies and vulnerable populations. However, these measures have been extremely limited, partly because of the stringent social distancing measures and the lack of funding afforded to these institutions. The context of war, fragmentation, insecurity and social polarization had already significantly limited the role that civil society could practically play in Libya over the past years. The policy responses enacted in reaction to a possible spread of COVID-19 to Libya has further limited the ability of civil society to access migrants and support them.

Moreover, no legal provisions have yet been established by legislative authorities with regards to migrants' rights and guaranteed access to healthcare, as it was observed in other countries during the pandemic. In a report by the Mixed Migration Centre (MMC)[29], only half of the survey's respondents reported being able to access healthcare facilities in case of COVID-19 symptoms, due to the poor regulatory frameworks surrounding their status as migrants in a transit country such as Libya.

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29   MMC North Africa, *4Mi Snapshot – April 2020 Understanding the Impacts of COVID-19 on Refugees and Migrants in Tripoli,* April 2020 (http://www.mixedmigration.org/wp-content/uploads/2020/04/096_covid_snapshot_NA.pdf)

International response based on bilateral cooperation or multilateral cooperation

The GNA has been the main partner for bilateral and multilateral cooperation in the response to the pandemic. Some 122 tonnes of medical equipment, essential medicine and supplies were sent to Libya with funding from the European Union's Trust Fund for Africa (EUTF Africa) with the help from UNICEF, targeting both the host and migrant population. On the 18th of April 2020, the GNA's Ministry of Health and the World Health Organization (WHO) also received a flight carrying three metric tonnes of personal protective equipment (PPE) and medical supplies, donated to the African Union by two international foundations. Turkey has also bilaterally sent medical supplies and equipment, including PPE and sanitiser, to the GNA in Tripoli.

The EU has reportedly allocated 18 million euros over the next three years to UNDP with the aim to improve living conditions for vulnerable populations, including migrants in the greater Tripoli area, which is the area most affected by the COVID-19 pandemic, in particular when it comes to access to healthcare, education, energy, water and sanitation. However, such an engagement is quite limited in comparison to engagement in neighbouring countries such as Tunisia.

As part of the response planned via bilateral and multilateral mechanisms, WHO is also working with the NCDC, the GNA's and the Eastern-based Interim government's health authorities as well as other relevant national agencies. This is meant to support the aforementioned institutions in their response while respecting protocols and guidance materials as per WHO recommendations. It is also meant as an effort to revise Libya's Humanitarian Response Plan in terms of strategically rethinking how international stakeholders could bilaterally and multilaterally support the Libyan authorities in improving the response to the pandemic.

Several international organisations have received funds to assist Libyan authorities in tackling the COVID-19 pandemic. Among those, the most comprehensive programmes benefitting Libya's most vulnerable populations, are being implemented by the International Organization for Migration (IOM), the United Nations High Commissioner for Refugees (UNHCR) and the International Committee of the Red Cross (ICRC). Indeed, international responses are mainly manifested in the deployment of international aid on the Libyan territory which, in theory, contributes to averting the crisis and its negative impacts on migrants and organized migration. While staff continues to be subjected to curfews, to the same effect as Libyan citizens, humanitarian organizations in times of pandemic continue their operations.

To this effect, IOM has been conducting regular disinfection and fumigation

campaigns in detention centres and disembarkation points and has been providing hygiene items to detained migrants. These efforts are coupled with awareness raising and health education sessions conducted for migrants and displaced people. Through its mobile clinic, IOM medical teams continue to provide emergency and primary health assistance, including screenings for COVID-19 symptoms.

Materially speaking, UNHCR has focused on providing generators, ambulances, prefab-containers and tented clinics to support local health-care services. Migrants, refugees, asylum seekers and Libyans are also targeted by awareness campaigns that are primarily organized through social media. Some efforts have also been made to reach a wider audience through posters and text messages that outline measures to be taken in order to mitigate the risks of exposure to COVID-19. UNHCR has also called on Libya's Centre for Disease Control and its Committee for COVID-19 response to release those held in detention as well as to improve access to and inclusion of all population groups to Libya's health sector. However, UNHCR has suspended some activities in Libya, including the work in its Tripoli community day centre and its registration centre where migrants and refugees can sign up for help. UNHCR has also stopped making visits to detention centres because the lack of personal protective equipment for UNHCR staff. UNHCR did, however, pursue its so-called "Ramadan distribution campaign"[30], targeting refugees and asylum-seekers who are living in urban communities in Libya. UNHCR and IOM have also respectively halted all resettlement flights for refugees and persons of concern, and all voluntary humanitarian returns of migrants globally, including from Libya.

On the humanitarian side, the ICRC has been proactive in providing medical supplies to hospitals and primary health care facilities across Libya. These facilities provide cross-cutting services to both Libyan citizens and migrant populations. Most notably, the ICRC has been giving cash to health care facilities to help them buy equipment and medical consumables such as masks, soap and disinfectants. Three hospitals have also been receiving generators, in order to be able to keep working through power cuts. Similarly, the ICRC's micro-economic initiatives have also been adapted in the form of cash or food rations disbursements to the local populations. ICRC teams on the ground are also providing hygiene materials and chlorine to displaced families in 17 collective centers. Staff in the centers are also being trained in how to carry out disinfection to prevent the spread of COVID-19 in shared living spaces.

The Médecins Sans Frontières (MSF) has delivered trainings to nurses and doctors in hospitals in Tripoli on infection control and case management. They have also

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30   UNHCR Activities update, 15 May 2020, (https://www.unhcr.org/news/briefing/2020/5/5ebe44134/unhcr-steps-emergency-assistance-libya-continued-conflict-covid-19-create.html)

provided training to medical staff in Zliten, Misrata, Khoms, Yefren and Bani Walid. Some work has also been done in migrant detention centres, which has included installing handwashing points, distributing soap and cloth masks, and undertaking health awareness raising with migrants and refugees, and detention centre guards.

The International Medical Corps (IMC) assisted Libya's NCDC to fill gaps in its capacity. IMC staff has provided training on WHO-approved procedures to health workers affiliated with the NCDC's Rapid Response Teams in large municipalities such as Tripoli, Sabha, Albawanis, Nalut and Zintan, which also host migrant populations.

Overall, without adequate testing capacity, it is almost impossible to assess the impact of measures taken by various Libyan authorities on a nationwide scale. While most European countries, as well as Libya's neighbours, are already looking at the possibility of a so-called "phase 2", Libya's first wave is most likely both under reported and still underway at the time of writing. With a daily capacity of approximately 1000 tests a day in Libya, it is impossible to adequately assess the impact of the COVID-19 response in Libya[31]. The lack of available statistics prevents this paper from making additional judgement on this matter.

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31 OCHA, LIBYA: COVID-19 Situation Report No. 2, April 2020 (https://reliefweb.int/report/libya/libya-covid-19-situation-report-no-2-21-april-2020)

4 / CHALLENGES, OPPORTUNITIES AND SHORT-TO-MEDIUM TERM RECOMMENDATIONS

Challenges

Despite national statistics indicating a limited spread at the time of writing, it is nearly impossible to make an accurate estimate of the spread of COVID-19 in Libya due to limited testing. In the same way, it is equally difficult to determine how successful the abovementioned policy responses have been in mitigating the spread of the virus. Especially, as the apparent contained spread could also be much more a symptom of Libya's demographics and of its virtually inexistent public transport system and tourism sector.

This section will focus on the challenges and opportunities in regards to the COVID-19 response as it pertains to migration. In Libya, the response to the crisis lacks a specific migration focus, which can be attributed to many underlying factors, none in the least the inability to coordinate on a nationwide scale between relevant institutions. This of course has clear impacts for cross-cutting issues pertaining to migration, such as food security, border management, human security, trafficking of both goods and migrants, smuggling and more. The fact that the response has had no practical focus on migration hampers both its coherence and effectiveness.

Unlike neighbouring countries such as Tunisia, Libya did not receive significant funding from multilateral institutions to combat COVID-19. While providing funding to either of the competing authorities may be ill-advised from a political standpoint given the contemporary turmoil, the lack of financial resources practically hampers the ability to respond to the needs of the most vulnerable populations in Libya such as IDPs, migrants and refugees.[32]

The country's political and military landscape is not conducive to the establishment of a nation-wide policy response mechanism due to the discrepancies in regulatory and legal frameworks that are applied between competing authorities. This is further exacerbated by their unwillingness to cooperate as well as the attacks on medical facilities in Tripoli that have become a recurring occurrence in recent months.

Despite national, bilateral and international efforts to address the threat of COVID-19 in Libya, vulnerable populations remain at the margin of most policy responses enacted thus far. Preventative measures taken by international organizations may also exacerbate the vulnerability of these populations. The earlier described

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32 UNSMIL, Remarks of SRSG Ghassan Salame to the United Nations Security Council on the Situation in Libya - 4 September 2019, Sep 2019 (https://unsmil.unmissions.org/remarks-srsg-ghassan-salam%C3%A9-united-nations-security-council-situation-libya-4-september-2019)

suspension of certain critical activities in Libya since the outbreak of the pandemic illustrate the problems faced by international organizations in terms of aid allocation.

Another challenge is the fact that the NCDC and Libya's Ministry of Health have limited capabilities to meaningfully and rapidly respond to the pandemic. The number of total rapid response teams across Libya is very low (a total of six as per April 2020's Libya's Health Sector assessment). There is a severe lack in testing capacity as well as shortages in personal protective equipment, which has prompted some health workers to refuse to attend shifts in order to avoid engaging with potential COVID-19 patients. This dynamic is exacerbated by delays in the payments of salaries as a result to Libya's struggling economy. This is further demotivating workers and it is disincentivizing them from working in an already precarious situation. A potential vaccine against COVID-19 is not expected to be widely available before the end of 2021, which is why Libya's frail health sector will continue to play the role of a main bulwark against the virus in the medium to long-term.

Opportunities

In the current context of a pandemic, there could be a potential for greater concerted European political involvement in Libya – primarily because of a fear of increased waves of illegal migrants in the COVID-19 aftermath. While this reactive strategy has its own drawbacks, a common European position to bring about a halt to the conflict could pave the way for an improved ability to devise a national public health response to the pandemic in Libya.

The fallout from the pandemic could also potentially pave the way for improving the regulatory framework for border management across Libya. The pandemic is likely to create a need to scale up border management capabilities, in terms of resources, capacity and skills, in order to ensure that cross-border flows of goods and people resume safely, and in full compliance with COVID-19 guidelines on international mobility. This will incentivize Libyan authorities to identify gaps and bridge them, which would be a significant step towards improving the capabilities of Libya's formal authorities, irrespective of the contemporary institutional divide. International organizations can significantly support these efforts as part of their programs on border management regulatory assistance, which could either be funded by pre-existing earmarked funds or new avenues of funding.

Short-term recommendations

Promoting the provision of funding by international stakeholders and organizations – in consultation with Libyan authorities – to support efforts to identify gaps in the public health response and bridging them.

The spread of COVID-19 is already exposing gaping holes in Libya's healthcare system and its overall governance mechanisms. It is therefore of paramount importance that international stakeholders – particularly Europe – support the development of national preparedness through a response plan that addresses Libya's contextual shortcomings while remaining conflict sensitive. The humanitarian response plan outlined by OCHA[33] outlines the most pressing humanitarian needs in Libya in light of COVID-19. It also estimates the number of people who need assistance. This plan could be significantly enhanced by several elements, including:

- A more holistic approach that goes beyond exclusively addressing humanitarian needs.
- Funding and partnering with the right stakeholders and organizations (whether local or international) that are able to transcend the contemporary conflicts divide could yield significant benefits as these stakeholders would be able to access vulnerable communities irrespective of the actor controlling the territory in which they are located. Alongside humanitarian support, transparent short-term stabilization support mechanisms would enable international stakeholders and Libyan authorities to tackle the root causes of Libya's healthcare and governance gaps. Provided a degree of international financial support is provided towards this end, verifiable progress can be made on these issues irrespective of the contemporary conflict situation.

Coordinate with Libyan authorities to ensure the inclusion of vulnerable communities such as migrants, refugees and IDPs in response plans and activities

No one should be left at the margins of the measures implemented as part of the public health response to COVID -19. Migrants, refugees and IDPs should not be disproportionately affected by restrictions on travel, nor should emergency measures act as a catalyst for their suffering.

- One of the first steps that Libyan authorities should be urged to take is to focus on decongestion in locales where this is possible. This would include detention facilities which pose acute risks in terms of infectious diseases due to the dire conditions in which migrants and refugees are kept.
- In addition to releasing these vulnerable communities from arbitrary

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33 Health Sector Libya, Coronavirus disease 2019 (COVID-19) preparedness and response plan for Libya, Mar 2020 (https://reliefweb.int/sites/reliefweb.int/files/resources/health_sector_libya_covid-19_response_plan.pdf)

detention while supporting them in their transition towards urban life, Libyan authorities should also take similar steps with disembarked migrants, who are intercepted and returned to Libya by the Libyan coast guard.

▪ It is also paramount that these communities have access to awareness materials and are provided with health education in light of the multi-faceted impact of the pandemic on their livelihood. More broadly, keeping in mind the pandemic and the conflict situation in Libya, European stakeholders should consider the revision of any policy conducive to the interception and return of migrants and refugees to Libya. Indeed, while several organisations have been working in this regard, more work needs to be done when it comes to reaching the most vulnerable and marginalised populations in conflict areas.

▪ Specific efforts should be undertaken towards strengthening the capacities of staff at border crossing points with regards to health screenings allowing the detection of possible COVID-19 cases as well as to the health and safety of persons.

▪ Moreover, working on releasing migrants from detention centres should be a priority. Reduction of overcrowding and decongestion is required in detention centres, which present acute risks in terms of infectious diseases due to the prevailing dire conditions. In the short term, efforts should focus on establishing more sustainable accommodation schemes for migrants and refugees, which can be done by supporting organisations such as IOM and UNHCR in their work, while also encouraging Libyan institutions to do their part and set up authorities to assist in and support these efforts.

Medium-term recommendations:

Engaging with Libyan authorities to implement COVID-19 responsive policies and training packages that could then be used to enhance national contingency planning capabilities

Moving beyond purely humanitarian aid, international stakeholders should adopt a longer-term focus on early recovery, stabilization aid and the provision of essential services. The provision of capability building on COVID -19 screenings as well as on personal health and safety, is recommended, but these efforts could have a significantly longer-term impact if they are followed up with efforts to enhance Libyan authorities' ability to develop early warning systems and national contingency planning capabilities. This broader long-term focus would help in:

▪ Framing the response to the pandemic as apolitical, as it would significantly help in terms of bridging divisions that would emerge should the response be exclusively focused on the short-term;

▪ When deemed conflict sensitive and appropriate, international stakeholders

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should also seek to directly engage with municipal authorities as a means to circumvent the contemporary divided landscape on a national level. Instead, the engagement with national authorities should be focused on supporting the enactment of policies that would enhance the ability to respond to this pandemic and any future emergencies. There could for instance be policies aimed at reforming the economic sector and labour market to better take into consideration the needs of migrants and refugees;

- Supporting the Libyan authorities in the implementation of policies that could enhance food security and address the bottlenecks in supply chains that are affecting the livelihoods of Southern communities, who have been affected by the pandemic and its resulting mobility restrictions.

Engaging with Libyan municipal authorities to enhance their long-term crisis management and strategic planning capacity, in order to be able to better respond to future crises of the same magnitude as the COVID-19 pandemic in an inclusive and holistic manner.

Municipal councils and their elected officials formed a key component of Libya's response to the pandemic, as outlined in this briefing note. Being the only elected body currently present in Libya's institutional arena, many programmatic efforts in the response to COVID-19, as planned by multilateral institutions, have been focusing on cooperation with municipalities. It could be envisaged that, in the medium-term, municipal officials could benefit from training in order to:

- Become more aware of the importance of holistic and inclusive policies, particularly insofar as they impact migrants in their areas;

- Increase their capacities when it comes to long-term strategic planning and crisis management, in order to be able to better respond to future emergencies, while taking into account the need of vulnerable populations (including migrants);

- For municipalities that are close to a border area, this engagement could also include strengthening their border management capacities in terms of carrying out appropriate health screenings in their territory of control, provided that such a responsibility has been appropriately devolved by the national authorities in question.

Overall, this brief's general recommendation is that international stakeholders should support without delay the establishment of a national migration strategy which respects the human rights of migrants. Such a strategic vision will be the basis for inclusion of migrants for future potential shocks. This means, in practice, supporting national authorities in putting in place the necessary institutional mechanisms and prerequisites for better governance of migration in Libya, with standardised policies and mechanisms being enforced on a nationwide scale.