



Governance and the Pandemic

Questionnaire #2: Civil Society & Marginalised Groups

Libya

Ayat Mneina, Independent Scholar. 29 June 2020.

You can follow Ayat on Twitter [@amneina](#).

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Question #1: Public Trust

Is the government response to the pandemic being met with public approval? Please specify where this assessment is taken from, i.e. YouGov Poll, newspaper headlines, etc.

Libya is a large country containing both post-conflict (in the East and South of the country) and active-conflict (the Western region of the country including the capital Tripoli) zones. The country has faced conflict for nearly a decade since 2011 and has resulted in two governing bodies in East and West as well as fighting factions including militias and a national army force.

When assessing the Libyan government response to the pandemic, one must assess the individual responses of the country's two governing bodies; the General National Assembly (GNA) in Western Libya (including the capital, Tripoli) which is headed by Prime Minister Fayeze Sarraj and the House of Representatives (HOR) in Eastern Libya headed by Prime Minister Abdullah Thini. The presence of two governing bodies during the pandemic meant that two official announcements were made depending on the geographical region every step of the way.

On March 17, 2020, both Libyan governments

announced that suspected COVID-19 cases being tested were confirmed to be negative. Both Prime Ministers announced a state of emergency as well as the closure of all land, air and sea borders for at least three weeks [1]. Fayeze Sarraj (GNA) also announced half a billion Libyan dinars¹ to fight the spread of COVID-19 [2, 3] and Abdullah Thini took a tour around Benghazi to assess measures put in place as well as uptake of social distancing restrictions [4].

Following the confirmation of the country's first case of COVID-19 March 22, 2020 [5], the GNA declared a country-wide curfew. The curfew was imposed from 6 pm to 6 am along with the closing of public spaces including mosques, educational institutions, retail, businesses and commercial outlets as well as cancelling all large gatherings including weddings and funerals [6]. State security was delegated the task of enforcing the curfew in the region it holds power by both governments [7].

On March 24th and 26th, the Libyan Herald published an overview of uptake and public response to government measures taken to contain the spread of COVID-19 [8]. According to the Herald, while curfews have largely been abided by, traffic can be busy near the start of curfew while citizens rush home. Also, crowding is common while many are stocking up on food and supplies for fear of shortages. Municipalities

¹ Using an official currency converter, and if funds were allocated towards expenses outside the country, this would be the equivalent of approximately 300 million USD. If the funds were used locally, they would

have to grapple with the black market where the current rate (June 29, 2020) is 5.57 Libyan dinars per USD and thus the equivalent would only be 90 million USD inside Libya.

vary on how strict they enforce the curfew and the government has announced the development of several regional testing centres [9]. By March 29th, the GNA extended the curfew from 2pm to 9 am [10].

In an effort to contain the potential spread of COVID-19 within overcrowded correctional facilities and in line with Human Rights Watch's recommendations [11], the Justice Ministry of the GNA released 450 prisoners who were pre-trial or qualified for conditional release on March 30, 2020 [12].

The first case in Eastern Libya was confirmed on April 7, 2020 [13] and by April 17, the GNA extended the curfew to last 24 hours for ten days, including a ban on travel between cities [14, 15].

The Libyan Dental Syndicate reported that they have voluntarily, in coordination with the National Dental Association, modified their delivery of care from clinic to telemedicine as well as through house calls and successfully completed thousands of visits on April 19, 2020 [16].

By the end of April, the Director of the National Centre for Disease Control stressed that continued social distancing and isolation measures are necessary to ensure that the number of COVID-19 cases remains low [17].

In light of school closures, few academic institutions have been able to provide an online alternative, a challenge since internet access is not readily available in the country and certainly not in the capacity it would be required to stream videos continuously [18]. However, public high schools have coordinated with Libyan television networks to broadcast classroom sessions [19], schedules have been posted on social media for students to follow and post-secondary institutions are delivering final examinations to students online [20]. In June, all primary and secondary schools, both private and public, have closed until the end of the month and have since been extended to mid-July as part of yet another lockdown [21,22].

Media, civil society, and public institutions have also launched several public awareness and education campaigns to fight against COVID-19 [23].

After the governments' initial declarations and varying implementation of measures taken to stop the spread of COVID-19, Libyan citizens have different levels of acceptance and understanding of the gravity of the situation and

the importance of social distancing. Many have continued to go about their daily lives in shops, attending social events and travelling between cities [24]. There is also concern that varied implementation by municipalities is an indication of corruption where some businesses are given permission to stay open while others are forced to shut down and suffer the economic consequences. The country's long history with liquidity issues means that long lines and crowding in banks have not let up and many struggle to afford basic needs since they cannot access their funds [25]. Occasions like the month of Ramadan (most of May) and Eid celebrations (at the end of May) put a stress on social distancing as it is a time of gathering and celebration. (Note: many of the sources in this report include links accompanied by photos depicting the impact of the pandemic.)

Question #2: Accurate Statistics?

Are accurate statistics on infection rates and death rates available? If so, who is producing this information? And is this information trusted by the public?

Statistics on infection rates and death rates have been made readily available since the start of the pandemic through the National Centre for Disease Control [26]. The NCDC's logo is clearly attached to any and all updates shared on various social media platforms, it is also the main source of information cited by the media [27]. Most recently, on April 28, the NCDC launched an interactive portal on their website where visitors can view the number of confirmed cases by city as well as the total number of tests performed, the results, number of cases recovered and total deaths. [28, 29]. Given the country's initial limited number of cases and the slow of spread of the disease, the NCDC has demonstrated its ability to provide , accessible, timely information . That is, assuming that test results are accurate and that the capacity for testing is limited, with respect to the volume of testing conducted. This could mean that many cases have gone undetected. More recently, as numbers of cases have steadily increased, the NCDC reporting has been criticized with respect to the growing number of cases in the south of the country, leading to what some civil society organizations have expressed as the promotion of racism and hate speech towards the south [30].

Question #3: Support for the Vulnerable

In instances of a lockdown, what support is

available for vulnerable persons, i.e. domestic abuse victims, less able bodied persons?

Unfortunately, support for vulnerable persons in Libya including domestic abuse victims and less able bodied persons were hard to come by in pre-pandemic times. There have not been any official government responses put in place to assist vulnerable persons during lockdown.

“Libyan women were found to already face challenges including gender based violence and insecurity has constrained their employment, livelihood and overall potential.”

In fact, according to a UN Women study, measures like the lockdown disproportionately impact women in Libya [31]. UN Women’s Representative to Libya, Begoña Lasagabaster, expressed concerns about the challenges women face, “Libyan women were found to already face challenges including gender based violence and insecurity has constrained their employment, livelihood and overall potential”[31].

An open letter penned by fourteen Libyan civil society organizations including women’s rights groups Jusoor, Haaki, Tamazight Women Movement, called on the government to include gender-sensitive policies in their COVID response measures including: food supports for women in rural regions who are unable to access markets, psycho-social support as well as a hotline to report domestic violence complaints [32]. Unfortunately, none of these measures have been put in place yet. However, Libyan civil society have started an online social media campaign called COVID Diary to disseminate important information but also to serve as a platform where women can share their experiences during the pandemic [33]. A dedicated Facebook page has launched and a call for women who are experiencing challenges including those suffering from domestic violence are invited to reach out so that their reports can be officially documented by the group [34].

There have been no provisions made to support less able bodied persons to date.

Question #4: Marginalised Groups

What are some of the challenges that marginalized groups, i.e. low-income households, religious/ ethnic minorities, face with regards to the pandemic?

Layoffs, stay home orders, and lockdown have made life much harder for low-income households and have presented new issues for refugees, internally displaced refugees as well as citizens stranded abroad while seeking medical treatment.

Job loss due to measures taken to prevent the spread of COVID-19 have made basic foodstuffs less affordable and puts pressures on breadwinners to find alternative work even if it means not abiding by government lockdown measures. The Libyan Worker’s Union reported that COVID-19 has put thousands of workers at risk because employers are failing to meet their commitments to their employees denying them their financial rights; forcing them to take unpaid vacation or outright dismissal [35]. In addition to this, inflation due to the ongoing conflict in Western Libya where prices have gone up 21.5% according to a REACH international study, also presents a challenge and could push people back into work, putting themselves and their families in jeopardy [36].

Because of Libya’s access to Europe through the Mediterranean Sea, it has always been a hub for migration and a destination for migrants from neighbouring countries to find work. Since 2011, the volume of migrants has drastically increased and the country currently has over 600,000 migrants from over 40 countries [37], putting undue pressure on Libya to provide a safe haven; an impossible task given the country’s economic, political, and security challenges. Detention centres across Libya have put migrants at increased risk to violence, poor health care and food shortage due to the ongoing conflict [38]. The International Organization for Migration as well as the UN High Commission for Refugees (UNHCR) have halted their resettlement operations in Libya due to the pandemic leaving migrants to face an even longer stay in a country largely unequipped to keep them [39]. In addition, over 3,000 migrants attempting to flee Libya have been forced to return. Migrants are returned to one of eleven detention centres in the country which face increasing challenges to provide basic needs as international humanitarian aid organizations are unable to operate continuously due to shortage of funds, ongoing conflict, and the pandemic [40].

A joint statement by several UN agencies reports

that 400,000 people have been internally displaced in Libya since 2011, half of which were displaced in the last year during the ongoing conflict in Western Libya (including the capital Tripoli) [40]. Internally displaced people face additional challenges including securing safe housing and the costs incurred adjusting to living in temporary accommodations.

Libya's health system is historically known for being fragile, citizens frequently travel to neighbouring countries to seek medical treatment at their own expense. At the start of the lockdown, 15,000 Libyans were stranded abroad in Tunisia, Egypt, Turkey, Jordan as well as in France, Spain, and Morocco [41]. This has put an additional cost and consideration for the Libyan government who have had to register, accommodate, test and monitor all Libyans and make arrangements to bring them back to Libya safely [41]. Those returned have been isolated in unoccupied hotels and residences until they can reunite with family [42]. The government's ineffective implementation of such provisions have contributed to the rise in the number of cases since [43].

Question #5: Local Activism

How are local community groups and/or political groups responding to the pandemic in terms of providing support/ relief to vulnerable persons and/or marginalized groups?

Local community groups, civil society organizations as well as international humanitarian aid and development organizations in coordination with their local partners are responding to the pandemic by providing assistance and relief to fill in gaps in the governments' measures, especially those pertaining to marginalized and vulnerable groups.

As the largest national humanitarian organization, the Libyan Red Crescent is the national partner of the International Red Cross and has over 8,000 volunteers that operate through a network of 36 branches across the country [44]. To date, they have distributed hundreds of thousands of dollars in support to health and rehabilitation facilities across the country to buy PPE supplies, funds for awareness and educational materials, training on infection prevention and how to disinfect homes and streets, and advising Ministries on appropriate responses to COVID-19 [45].

The UN Refugee Agency (UNHCR) in Libya has been able to deliver supports in an inter-agency

effort that includes the UN Office for the Coordination of Humanitarian Affairs (OCHA), the International Organization for Migration (IOM), UNICEF, Doctors Without Borders (MSF) and the Danish Refugee Council (DRC) [37]. The UNHCR and local partner Libaid [46] distributed aid across the country; relief items to detention centres housing migrants and asylum seekers across Eastern Libya [47], in Tripoli [48], and in the desert [49], distributing bars of soap and providing hygiene training to displaced families [50], and providing supplies to support doctors and nurses as well as patients in quarantine in Misrata [51]. In coordination with ACTED, the UNHCR also distributed cash assistance to displaced families in Benghazi. Despite the challenges, aid is getting through [52]. In coordination with the Libyan Red Crescent, relief items were also distributed to vulnerable persons in Tripoli [53]. A psychological hotline [54] has been set in place to assist refugees and mental health supports for migrants have been put in place [55]. In coordination with Cesvi, women migrants and refugees who have faced physical and sexual abuse are receiving psychological and medial help [56].

The Benghazi Boy Scouts and Girl Guides Association, in coordination with the Libyan Authority for Relief and Humanitarian Aid, distributed 2,500 food baskets to families in need [57]. Local media have also taken it upon themselves to produce programs to educate and inform listeners on the corona virus and best practices to stay safe including Sama Libya, a radio station in Derna [58]. Women's organization Al-Bayan volunteered to make 500 masks following WHO (World Health Organization) guidelines with the support of the UN Populations Fund (UNFPA) to be distributed to health workers and residents in Tripoli [59].

The Pharmacists Association in Benghazi responded to the pandemic by locally manufacturing affordable face masks. To date they have made 10,000 masks that are sold for 10 Libyan dinars each (just under \$2 USD) [60]. The National Oil Corporation (NOC) has also stepped in to deliver supplies including protective masks, disinfectant spray materials, hand sanitizer in 12 municipalities. The NOC and its international partners have allocated a \$3 million budget to distribute supplies across the country [61].

Question #6: Other comments

To date (June 29, 2020), according to the National Centre for Disease Control, Libya has conducted 26,339 tests and confirmed 763 cases

of COVID-19, including 545 active cases, 196 recovered and 21 deaths [29]. The country has seen a slow increase of cases since the first case was detected in March with a spike at the end of May which has since been maintained until today [62]. This spike coincides with the repatriation of Libyans from abroad including some who are suspected to have failed to abide by quarantine measures, returning to their families or travelling within the country resulting in the spread of the virus to the south of the country to Sebha [63]. Health officials in Sebha have seen a rise in cases and struggle to contain them due to lack of facilities to hold patients and logistical challenges to receive new supplies and equipment from the government(s) [64]. Dr. Ramadan Osman from the Libya office of the WHO reports that of the four stages that the WHO has classified at the country level of covid spread (one: no cases reported, two: sporadic cases, three: cluster cases and four: community-wide spread) Libya is presently in stage three and without diligent testing, isolating and treating cases, Libya risks losing complete control and graduating into stage four which the health system is presently unequipped to manage [43]. Libya's ongoing conflict presents serious challenges that continue to raise the threat of the pandemic. Heavy shelling in Tripoli and the surrounding areas over the past few months have not only resulted in casualties but

at times also struck hospitals and medical facilities [65]. This has a two-fold impact: increasing the needs for medical services while simultaneously limiting capacities to not only treat those injured but to also test and treat potential COVID-19 cases. The conflict complicates Libyans' ability to abide by social distancing efforts resulting in increased potential exposure to COVID-19 as they are either fleeing violence or fulfilling social duties to attend funerals and mourn the dead. A question has been raised about the entry and presence of foreign fighters in the country, including thousands of Syrian soldiers from Turkey, as contributing factors to the spread of the virus since testing, tracking or quarantining of foreign fighters is not enforced [66]. Signature electricity outages (and potential water shortages) that frequent Libya during the hot summer months have intensified in Western Libya as they have been politicized and exploited by the conflict [67]. Officials continue to grapple with the challenges of a disease that continues to spread, extending lockdowns and closures, costing millions of dollars-perhaps billions²- and yet, no clear breakthrough has been made.

Ayat Mneina. 29 June 2020.

² It is difficult to trace an exact figure since the Department of Finance has not yet published a report.

Funds disbursed during this period have all been through an emergency spending budget/protocol.

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