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Covid-19 and a Deepening Conflict Worsen Libya's Humanitarian Situation

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A hospital room after a rocket fired by Haftar’s forces hit al-Hadra hospital, which houses Covid-19 cases, in Tripoli, Libya, April 2020. © AA Amr Salaheddine
On 4 April, Libya’s capital Tripoli had completed a year since the beginning of the military campaign by Commander Khalifa Haftar against the internationally recognized Government of National Accord to seize economic institutions and political decision-making centres. The operation resulted in a deep humanitarian disaster (compounded by the deterioration of the country’s institutions) and did not bring any military settlement as fighting continues. However, the humanitarian cost of the conflict threatens with more escalation since the first case of the COVID-19 epidemic was recorded in the western region of the country. Despite international attempts to impose a temporary truce, the continuation of battles and the intervention of regional actors indicate indifference to the humanitarian situation.

This paper explores the effects of the COVID-19 epidemic on the health and humanitarian situation in Libya, in the light of the political division of government institutions, and examines the factors that contribute to the continuation of the political and military conflict, including the incitement of the dominant international and regional parties involved in it.

**Covid-19: What repercussions on the humanitarian situation in Libya?**

The first cases of coronavirus began to appear in Libya on 24 March, more than three weeks after it appeared in neighbouring Egypt, Tunisia and Algeria, bringing the number of infected people on 19 May to 68 confirmed cases, in addition to three deaths, after 3,762 tests were carried out. Medical tests of the epidemic have fluctuated, with daily tests not exceeding dozens at the beginning, to increase significantly from mid-May to reach 200 test per day on 19 May. Covid-19 infected cases were found in Tripoli, Benghazi, Misrata and Sarman, while three cases were at unknown locations.

The World Health Organization (WHO) and several other organizations, like the UN Office for the Coordination of Humanitarian Affairs (OCHA), the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM), expressed great concerns on the developments of the health crisis under the current situation in Libya, and the weak implementation of the
measures adopted by the Libyan authorities to face the spread of the coronavirus.⁵

The most important challenges that could contribute to the worsening of the situation include the weak monitoring of health status at the borders especially in March, which resulted in many people entering the country through border crossings without being checked.⁶ The poor health infrastructure also limits the ability to manage communication between health centres and cases’ tracking. There is also an absence of strict isolation, with limited cases of hospital isolation: most infected cases have been confined to their homes, without strictly following quarantine procedures.

A disagreement also erupted at the institutional level during the first stage of crisis management between the central government and the municipalities about who is responsible for monitoring and recording infected cases. The ministry of health considered that municipalities did not have sufficient tools for accurate monitoring and analysis, while municipalities criticized the central authority for failing to take early action to avoid contagion. For instance, the Tajura municipality took advantage of the powers given by the Emergency Law and Law No. 59 for the year 2012 to impose a curfew on 13 March, days before the Government of National Accord official curfew. In several media statements, the Tajura mayor criticized the government’s lack of co-operation with the municipalities during the early stages of the epidemic, its failure to provide enough masks, medical tools, and ambulances, and its delay in disbursing emergency grants.

With the escalation between the central authority and municipalities, 30 municipalities affiliated to the Government of National Accord in the south and west demanded in a joint statement the removal of the minister of health and his undersecretary from office. Following these pressures, this disagreement was partially overcome with the start of an active monitoring campaign by the Libyan Center for Disease Control which performed tests in some districts of Tripoli, in coordination with some municipalities, including Ganzor, Souq al-Jum'aa and Tajura. However, cooperation between central and local authorities has not reached a level to effectively combat the epidemic.
The authorities have increased testing laboratories from one to three labs in Tripoli, in addition to two other labs under preparation at the time of writing, and several other labs in the municipalities. Despite these measures, medical infrastructure in Libya remains lacking in intensive care beds. At the national level, there are only 482 beds, most of them are in the western region, with a few in the east and the middle (for example, eight in Quifiya hospital and four in Sirte hospital), while there are no fully equipped beds in Al-Herwa hospital or in the south.

The optimal use of these limited preliminary capacities is weakened by the absence of an integrated national coordination strategy and the lack of quick response teams, limited to only six centres in the three regions of the country. If the epidemic continues to spread, it is expected other medical services will be affected to the extent of suspending prenatal examinations and non-communicable disease treatment services, such as kidney dialysis and physiotherapy.

The plan adopted by the two governments controlling Libya is also implemented differently in different regions. The approach is clear in the western region of the country, where many preventive measures were implemented, like allocating six quarantine centres in Tripoli (Mu’itteqa centres, Souq al-Thulathaa, Jazira, Zawiyat Al-Dahmani, Tariq al-Matar, Abu-Saleem Treatment Centre, and a centre at Ibn-Ouf naval ship at Abu-Sitta Naval Base), Misrata Centre, several centres in Zliten, Zuwara, Al-Zawiya, Nalut, Al-Khums and Ghadames.

In the east, the political division continues to hamper medical efforts. There are inadequacies in cooperation and information exchange between government bodies in the region and those of the Government of National Accord, except the "Tobruk" centre. The committee charged with fighting the epidemic in the east is run by the military authority, headed by General Abdul-Razzaq Al-Nazuri, the chief of staff of the Libyan Armed Forces. This may negatively affect the transparency of dealing with international organizations and the sharing of information on the Covid-19 situation in the areas controlled by Haftar forces.

The epidemiological situation in the south is uncertain, as the Government of National Accord and "interim" pro-Haftar government fight over civil service
quotas that have been allocated to fight the epidemic, considering the different supervision over hospitals and healthcare centres. The weakness of border controls may further worsen the health situation in case Covid-19 infected cases enter Libya from the south, a region historically known as a porous border crossing for irregular immigrants toward the Mediterranean coast. The discovery of a death case in Sabha on 21 May, suspected to result from coronavirus, further heightened concerns about the situation in the south, despite the technical assistance provided by the WHO to hospitals in the region.

On the other hand, international organizations observed a number of negative consequences of the epidemic on the humanitarian situation of thousands of migrants from sub-Saharan African countries, who are detained in shelters in Tripoli and Al-Zawiya, especially those close to the battlefront. The IOM and the UNHCR have suspended several of their resettlement and voluntary repatriation programmes that include approximately 15,000 migrants held in Libya. Both agencies have limited their efforts to a temporary urban assistance programme that provides some protective equipment and financial assistance to detainees. This programme is strongly and continuously opposed by migrants who demand effective and definitive solutions, in the form of safe repatriation to their countries or resettlement in Europe.

To reduce the spread of the virus, the ministry of justice released 466 prisoners from Tripoli prisons on 28 March, as a step to reduce overcrowding. Human rights organizations, including Human Rights Watch, have put forward recommendations to reduce the risk of transmission inside prisons, including the release of children, non-violent offenders, persons who have served most of their sentences, as well as the wives and children of alleged members of the Islamic State.

**Failure of truce agreements and the crisis of essential services**

Overall, the epidemic crisis and its aftermath threaten the capacity of the state and its ability to run public administration while also dealing with the impact of continued military action on vital facilities, the energy supply and the supply of essential goods. The proposed truce in January, which coincided with the Berlin
Conference, failed to achieve a minimum level of de-escalation of the conflict. This was also the fate of the second truce proposed on 22 March by the UN and nine Arab and European countries, despite formal approval by the Government of National Accord and the pro-Haftar government.

Violations by the Haftar forces in the districts of Tripoli, including the three airstrikes on the Green Hospital in the Hadaba district of Tripoli, have continued since 6 April on the grounds that National Accord is using the hospital for military purposes. This destroyed parts of the hospital that contained 400 beds, compounding the process of containing the spread of the virus, especially as the hospital hosted a Covid-19 case. The National Accord Airforce has been also targeting the supply lines that provide Haftar’s forces with provisions and ammunition, which has contributed to a food and health crisis in the cities of Bani-Walid and Tarhuna, requiring the intervention of the WHO.

The failure to abide by military instructions and the absence of a strict institutional hierarchy of the armed forces resulted in serious breaches, including a pro-Haftar tribal group blocking water supply to Tripoli in the Showeiref desert area, where Libya’s man-made river passes. This river is the main source of water supply for the capital and more than 60% of the Libyan land. The blocking of water was based on the argument that National Accord forces detained one of the leaders of the tribal group. This further compounded the humanitarian crisis in the city as the quarantine and the lockdown have already limited the exploration of alternative ways to supply the city with drinking water.

Also, the continued blockade on oil extraction sites by the forces of Haftar and the prevention of oil exports worsened the ongoing economic crisis, with the economic losses of the Government of National Accord amounting to nearly USD4 billion since the beginning of the blockade. Besides, some of the fighters of Tarhuna, who are loyal to Haftar, locked the gas valve in the area of Sidi al-Sayeh, which led to a cut in the electricity supply in many areas of western Libya. Alternative solutions implemented by the National Oil Corporation in the second week of April remain costly and unsustainable for a budget that is already drained because of the war.

In the face of these developments, the international community did not play any
decisive role to stop violations. Despite successive calls for a truce (in January following the Berlin Conference and in March following the international statement on the establishment of a humanitarian truce to fight the Covid-19 pandemic), implementation was impeded by the political considerations of the countries supporting the two axes of the conflict. Thus, the new initiative put forward by France, Italy, Germany, and the High Representative for Foreign Policy of the European Union on 25 April to establish a humanitarian truce on the occasion of Ramadan and to resume the political talks in earnest also failed.

The continued escalation of military operations

On the military level, the fragile decrease in tensions after the Berlin Conference began to fade. National Accord government and allied regional military forces used Haftar’s strikes on some areas of Tripoli in February and March as an excuse to announce “Peace Storm” operation in many parts of the capital on 26 March. This operation also enabled National Accord forces to advance on the axis of Tawisha in the southwest of the city, considered strategic due to its proximity to the international airport, and on Ein Zara and Mashrou al-Hadba south of the capital.

However, the most prominent change in the military operation remains the National Accord forces targeting – for the first time since “Fajr Libya” in 2014 – of al-Watiya Air Base, a fortified location inside the Libyan desert and the outskirts of the Nafusa Mountains near the Tunisian borders. After this, Al-Wefaq launched a series of organized attacks on seven cities in the Libyan West Coast near the Tunisian borders, notably on Sorman and Sabratha where the Western Criminal Investigation Forces are stationed. Some Madkhalist battalions, such as al-Wadi Battalion, and other tribal fighters who supported the former regime, joined Tariq ibn-Ziyad Battalion of the Haftar forces.  

Besides, the battle continued on Sirte axis, as National Accord forces launched surprise attacks in the areas of Abu-Qarin and Al-Washka between Misrata and Sirte that resulted in the death of several military leaders loyal to Haftar, most notably General Salem Driaq, the commander of the great Sirte Operation room,
Brigadier General Gaddafi al-Sadai, and Ali Seda al-Tabawi. In addition, many members of the Madkhalist 604 Battalion in Sirte shifted their loyalty from National Accord to the Haftar camp and helped Haftar’s forces enter the city last January.

Meanwhile, the National Accord forces focused their strikes on Haftar forces’ supply lines in strategically important areas, such as Bani Walid and Tarhuna. Their drones attacked al-Watiyah Air Base and paved the way for forces to break into Tarhuna, one of Haftar’s largest remaining strongholds in the west. Since 18 May, National Accord forces have achieved important strategic progress by taking control over Al-Watiyah Air Base and entering the cities of Badr, Tigi and Mazda in the Nafusa Mountains, as well as destroying seven Russian air defence systems in different areas of the country with the help of Turkish drones.

Regional and international intervention amid the Libyan coronavirus crisis

The military balance between the two conflicting parties in Libya has swayed depending on the pressure and the amount of support offered by the international actors, which have rendered the conflict almost a proxy war. Indeed, regional forces have continued to intervene in military operations despite the outbreak of the pandemic, aided by their use of mercenaries, drones, and the illegal supply of weapons. This has led to a political deadlock on the diplomatic level, with the European Union busy focusing on irregular immigration rather than issues relevant to the Libyan crisis.

Since November 2019, Turkey increased its support for the National Accord government after signing two memorandums of understanding in this regard. As a result, National Accord forces were supplied with new types of new generation Turkish drones, which helped them restore their air control over the operations, as evident in the “Peace Storm” operation. Turkey contributed to the military planning of the recent operations near Tripoli through a few its consultants. Turkish support was not affected by the pandemic; instead, it became more frequent since March, and contributed significantly in enhancing the capabilities of National Accord forces by relying on technical superiority and taking full military
control of airspace. Turkey has also assisted some European countries affected by the Coronavirus crisis to ensure that they will not participate in the naval operation “IRINI” that targets the Turkish sea lines of military supplies destined for Libya.  

The global pandemic did not limit the UAE or the Egyptian supportive role of Haftar, as weapons shipments continued to arrive in the eastern area since January. Russia’s evident support of Haftar, however, remained controversial, especially after information was leaked about a secret UN experts report on Libya that noted that between 800 and 1400 members of the Russian Wagner mercenaries operated in several areas of Libya, including specialized sniper teams, as well as the participation of a Wagner intelligence entity in an operation on social media in support of Haftar and his operations.

On the other hand, the pandemic crisis has clearly diminished the European role, which failed to impose a political solution or push the parties to abide by the decisions of the Berlin Conference. This was clear in disagreement among the European Union members over adopting the naval operation “IRINI” across the Libyan coasts, which aims to implement one of the agreement decisions on banning the supply of weapons. Operation “IRINI” is an extension of naval operation “SOPHIA” (which ended on 20 March) and includes information about the illegal exports of the Libyan oil by sea and other tasks such as combatting irregular migration and human trafficking. It also supports the capabilities of the Libyan coast guard and provides training for the Navy based on UN Security Council resolutions.

“IRINI” has been much criticized, especially from representatives of the National Accord government which argued that it was a disguised targeting of the government, and called for the monitoring land and air borders to be included in the operation. Those critics accused Haftar’s regional and international supporters of using the operation to reinforce Haftar’s forces militarily.

Other international parties, including South Africa and Russia, also expressed their reservations about the IRINI. Russia, in particular, argued that the methods of implementing the operation are ambiguous, a stance its delegation to the UN reiterated on 8 April.
Notwithstanding this criticism, the implementation of IRINI’s mission started on 7 May, through a French warship dedicated to overseeing the eastern Mediterranean region with European logistical support via ships, airplanes, and satellites. The mission took place amid predictions that the difference of views across EU member states regarding the Libyan crisis will affect its common goal. The French focused as a priority on the western maritime areas, while Italy ensured that air monitoring will include eastern Libya as well as the Egyptian borders in an attempt to reassure the National Accord government.

On the political level, the postponement of the appointment of a new UN Envoy to Libya also pushed each side of the conflict to try and influence the political solution in ways that serve its interests, with the UAE, Egypt, and Saudi Arabia supporting the nomination of the Mauritanian Ismail Ould Sheikh Ahmed to the position of UN envoy.

The peace-making mission is at difficult crossroads at present in light of the political legitimacy dilemma that affects the crisis. As Haftar declares he will not abide by the Sakhirat Agreement, dissolves the parliament and heads the military institution controlling the areas of the country under his rule, the discussion of the political framework to solve the crisis get even more complicated, giving new legitimacy to the National Accord Government, considering the international recognition it enjoys.

**Conclusion**

The pandemic situation did not contribute to de-escalating the conflict in Libya, mainly due to the extent to which the competing regional powers have been involved to achieve strategic benefits expeditiously and to improve the bargaining powers before going to negotiate political solutions. The EU’s preoccupation with the issue of irregular migration, the paralysis of the UN as to how to deal with the Libyan issue, and indecisiveness of some influential major powers have all contributed to the military escalation.

The humanitarian situation, on the other hand, remains hostage to the lack of coordination between the two conflicting parties. It is also compounded by the absence of strict implementation of the strategies to combat the pandemic in
collaboration with the local authorities, which have often taken the initiative and become an effective pressure force in setting public policies during the epidemic.
Endnotes

2. Russian Today, “Libya registers three new cases of coronavirus, with a number of 68 cases”, 19 May 2020
3. Facebook page of the Libyan National Centre for Disease Control, May 20, 2020
4. Based on samples from the National Reference Laboratory in Tripoli, the laboratory in Misrata and the laboratory of the Benghazi Medical Centre.
7. Same source
8. “Corona Libya: Poor health infrastructure and ambiguity in regions controlled by Haftar”, Al-Jazeera.net, 5 April 2020, available in Arabic here
9. The Government of National Accord sent some medical equipment allocated to fighting the epidemic to ten municipalities in the south of Libya on 19 April.
12. https://www.defendercenter.org/ar/3789
14. Statement of the National Oil Corporation dated April 6, 2020
15. The line provides about 200 million cubic feet of gas every day to cement factories in Tripoli and energy stations of Al-Khums and Misrata.
17. According to al-Sayed Mahdi Thabet, the expert in Libyan affairs.
18. Libya’s Al-Wefaq: Death of Sirte operations leader and his assistant due to an airstrike in Anadolu
20. Libya: The identities of the Turkish officers reveals Ankara’s support for the Tripoli militias, Sky News Arabia
22. Weapons shipments of more than five thousand tons were transferred from the Al-Suwaihan UAE base to the Libyan Al-Khadim base
24. IRINI is the new European operation that aims at stopping weapons flow to Libya, Deutsche Welle website on May 7, 2020: Access to the website.
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