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The Covid-19 pandemic highlights the inadequacy of Sebha's healthcare services

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Abstract

The southwestern city of Sebha has had to deal with a multiplicity of crises over the past years. Since May 2020, the eruption of the Covid-19 pandemic has tested and ultimately overwhelmed the healthcare system. This paper sheds light on dysfunctions in the health sector in Sebha during the Covid-19 crisis. It explains the weakness of the existing healthcare infrastructure and also underlines the importance of other factors such as political division, the mismanagement of resources and tribal dynamics on the health crisis.

Introduction

Since the Libyan Arab Armed Forces (LAAF) took control of Sebha on 15 January 2019 – the southwestern region's capital – has had to deal with several crises. This has included the recent outbreak of the Covid-19 pandemic. Indeed, days after the first cases were recorded in May 2020, Sebha was confirmed as an epicentre in the spread of the virus in Libya, threatening the lives of more than 250,000 Libyan residents and tens of thousands of migrants who also live in the city.

Sebha has, long, been marginalised. State developmental plans in the 1970s and the 1980s never became long-term improvements and US sanctions in the 1980-90s also affected the city. Moreover, Sebha has suffered deteriorating conditions since 2011, with Libya's continuing institutional divisions after 2014 creating new problems in Sebha and the southwest of the country in general. The civil war and political instability have had a direct impact on security, local governance, and service provision.

Amid a rapidly worsening Covid-19 pandemic, the healthcare system was put to the test and ultimately overwhelmed. The city's medical facilities had already been overburdened and ill-equipped

due to failing infrastructure, blackouts and shortages in fuel, medical personnel, equipment, and supplies. In addition, the Libyan authorities' response has been divisive and politicised. Both the Tripoli-based Government of National Accord (GNA) and the eastern-based Interim Government[1] competed on the ground. Each government formed its own local committees and acted independently to counter the Covid-19 pandemic. The institutional divisions worsened the situation and this resulted in confusion as to which government was providing services, as well as in the mismanagement of resources.

This paper sheds light on dysfunctions in the health sector in Sebha during the Covid-19 crisis that began in May 2020 and that has continued into 2021. It explains the weakness of the existing healthcare infrastructure and also underlines the importance of other factors such as political division, the mismanagement of resources and tribal dynamics on the health crisis.

1. Sebha's Healthcare Services and the Pandemic

1.1 How did Sebha become an epicentre in the Covid-19 pandemic?

The first case of Covid-19 in the city of Sebha, was recorded on 26 May 2020. On the very next day, the GNA-affiliated National Centre for Disease Control announced that the number of cases in the city had increased to 84, with one death. The number of cases increased rapidly thereafter, bringing Sebha to 41% of all registered cases in Libya.[2] In June, the Tobruk-based Medical Advisory Committee[3] of the Interim Government, affirmed that Sebha had become an epicentre of the pandemic in Libya, threatening the lives of residents and immigrants throughout the southwestern region.[4] The GNA and the Interim Government imposed a series of lockdowns in Sebha from March 2020[5] onwards, to prevent and later to contain the pandemic.[6] But the number of cases in the city continued to rise through the summer.

There were multiple reasons for this rapid spread. Among them was the urban structure of Sebha. Most of the families in the city live closely to each other, and most of the city's residents live in family houses. Immigrants of different nationalities, on the other hand, live in old neighborhoods[7] and are obliged to live in groups for security and because of their living conditions. These factors strongly contributed to the failure to apply social distancing, which was only enforced in schools and mosques. Traditional gatherings on festivities and holidays have also contributed to the spreading of the virus. Another reason was the contradictory decisions made by the local authorities, which led citizens to distrust said authorities and even to doubt the existence of the virus.

Moreover, during the first stages of the pandemic, there was a shortage of qualified personnel in medical facilities. There were not enough trained professionals either to conduct coronavirus testing or to operate the very few medical devices available for the patients. In these months, the lack of a professional body of workers and good management negatively affected conditions in Sebha.

Most Covid-19 patients were treated at home, as external treatment centres had not been prepared. Police cars obliged people to remain in their homes[8] and many were not separated from their family members during quarantine, which, of course, increased the likelihood of infection. Sebha's Medical Centre, located in the al-Qarda district, only received critical cases. The logic was to prevent the virus' spread and to enable the handling of births, operations and other cases. Other medical facilities were set up with varying levels of success and sustainability. The Respiratory Clinic in the al-Thanawiya

1. The Interim Government moved its headquarters from al-Bayda to Benghazi.
2. Faqiri, Najat, "Sebha in countering the coronavirus: a disaster", Africa Gate, 1 June 2020 https://www.afrigatenews.net/article/ةهجاومب-يف-اهبس-انوروك-ثراكتلا-وشيك/.
3. The Medical Advisory Committee to Counter the Coronavirus was established in Tobruk by the Interim Government on 31 March 2021, https://www.facebook.com/101489028182128/photos/a.101502404847457/101502384847459/.
4. Bawabat al-Wasat, "Al-Hasi: Weak capacity in Sebha to counter corona...and this is what distinguishes the city's situation from Tripoli or Benghazi", 1 June 2020, http://www.alwasat.ly/news/libya/284858.
5. Swiss Info, "GNA imposes curfew to counter the dangers of coronavirus", 21 March 2020, https://bit.ly/3eaBTuO.
6. Abdullah, Waleed, "Libya: imposition of a complete lockdown in Sebha and closure of its borders", Anadolu Agency, 28 May 2020, https://bit.ly/2QsoUfL.
7. Soukra, al-Jadid, Mahdia, al-Qardah, Warsh al-Mahdia.
8. Author interview with an expert from the Data Collection and Rapid Response Team, October 2020.

district was equipped to collect data on coronavirus cases and to deal with critical cases; and the Barkuli Isolation Centre was set up in the al-Thanawiya district, to receive and treat critical cases. The Barkuli Isolation Centre, however, struggled to stay open during the first months of the outbreak.

The city saw another spike in cases in December 2020, bringing the number of registered cases to more than 1,107, including 995 recovered patients and 50 deaths.[9] These figures are much more telling if one considers the shortage of testing equipment and the high proportion of infections among the few tested people. A former member of the Committee for Countering Coronavirus recounted that in one of the random sampling sessions conducted in the first months of the outbreak by the Centre of Data Collection, 35 people out of 70 were infected. In another, 55 out of 100 random sample tests were infected. Members of the Centre for Data Collection additionally noted that there were districts that were riddled with the virus.[10]

The situation continued to deteriorate[11] despite the attempts by the city's authorities to rationalise the relevant health bodies and reform the committees established to counter the pandemic.[12] In contrast, the efforts made by administrative members of healthcare facilities to adapt to political divisions and shortages proved somewhat more effective. By relying on personal connections and networks, they were able to overcome administrative and logistical logjams. For example, an agreement was reached with restaurants to provide food for patients in hospitals, and oxygen shipments from Bani Walid were organised.

Similarly, after months of closure due to various shortages, the Barkuli Isolation Centre, in the al-Thanawiya district, was reopened on 8 December to treat critical cases and it was equipped with an oxygen generation plant. The Centre worked closely with the Respiratory Clinic in the al-Thanawiya district, which has 16 intensive care beds and 20 normal beds. By this time, the Sebha Medical Centre had also changed its policy and was accepting all cases, and the polyclinic in al-Qarda had become a testing and data collection centre. These efforts had some limited success, but the healthcare system remains incapable of dealing with the pandemic.

1.2 How did poor healthcare infrastructure contribute to the outbreak?

The inadequacy of the healthcare system is nothing new in Libya, and Sebha in particular. Libyan healthcare is based on an old system, lacking a strong administrative structure, and has relied on international and foreign aid since its inception in 1952.[13] The Libyan government attempted to improve healthcare in the 1970s and 1980s: there were several ten-year plans to develop it, and doctors were brought in from South Korea, India, Bulgaria, Pakistan, and Bangladesh. But no long-term improvements "took". Libyans tried, if they could afford the high costs, to be treated outside the country, in Tunis, Jordan, and Egypt.[14] The conditions remained unchanged until 2011. Subsequently, the war and political conflict devastated the healthcare system in the country, as well as in Sebha, and the year 2020 only worsened conditions in the city.

The only hospital in Sebha, the Sebha Medical Centre, serves the 12 municipalities of the southwestern region. The wider area contains six primary healthcare clinics in Sebha, al-Shati, Ghat, Ubari, al-Qatrun, and al-Bawanis. However, these are local village hospitals and health centres that provide services to sparsely populated areas. None of them are equipped with units to deal with coronavirus cases. Nevertheless, when Sebha Medical Centre first began treating critical coronavirus cases, it was not equipped to do so and lacked personal protective equipment. In addition, there was frequent contact between medical personnel and patients, which led to the infection of medical personnel. These challenges led to the closure of the centre's isolation wing in the summer of 2020.[15]

9. Data Collection and Rapid Response Team, "Covid-19 Status Update", 16 December 2020, https://www.facebook.com/587350815287945/posts/689009295122096/?sfnsn=mo.
10. Author interview with a former member of the Committee for Countering the Coronavirus, October 2020.
11. The surge in cases persisted as of March 2021, with 2,246 registered cases and 90 deaths. Data Collection and Rapid Response, "Covid-19 Status Update", March 2020, https://bit.ly/32ef5EI.
12. Bawabat al-Wasat, "Al-Nazuri discusses how the new consultative medical committee will work and structural reform of the branching committees", 5 November 2020, http://alwasat.ly/news/libya/300401.
13. The Healthcare Services System was established in a partnership between the United Nations and the Libyan state in 1952.
14. Author interview with a retired counselor in the healthcare sector, September 2020.
15. The wing was reopened in September due to a dire need for it.

Most roads to the city are poor and lack petrol stations, obliging travelers to purchase fuel on the black market and take it with them. This makes it difficult for people who need to receive healthcare, as they have to travel far in difficult conditions to reach the only partially equipped hospital. It similarly hinders the city's authorities' in receiving aid and medical supplies from the capital Tripoli, which is 750 km away. Sebha's International Airport was only opened, note, in September 2020.[16]

In the medical sector, shortages of medicine, supervision, administration, funding, equipment, and doctors have become more severe. Foreign medical personnel in particular fled Sebha in the past years for economic, security, and financial reasons.[17] For example, frequent attacks were conducted on medical staff and even patients, including those undergoing operations or those in intensive care.[18] In addition, fuel shortages and frequent power outages made it difficult for medical facilities to continue to operate. For instance, the Barkuli Isolation Centre was shut down at the height of the Covid-19 outbreak in Sebha because of a lack of power, and the Sebha Medical Centre was almost shut down for the same reasons. Weak infrastructure has been a continual problem for healthcare in Sebha in the last decades. However, this problem has been made particularly clear by the war, by political conflict, and most recently, by the Covid-19 pandemic.

2. How have political and institutional divisions in Sebha affected efforts to contain the Covid-19 pandemic?

Since 2014, local governance in Sebha has been greatly affected by conflict and institutional divisions in the north. The situation became particularly complicated after LAAF militias took control over the region in January 2019. Local authorities have since been caught between different channels of power and influence.

2.1 The conflicting authority of the GNA and the Interim Government

Since the LAAF and local affiliated armed groups took control of the region in January 2019, the eastern-based Interim Government has been nominally exerting its authority over the city. As a consequence, on 25 April 2020, the elected Municipal Council announced its support for the Interim Government and started coordinating with the LAAF. In response, to counter the elected Municipal Council which was loyal to the LAAF, the GNA formed a steering committee to replace the elected body. Yet both initiatives failed to achieve the expected outcomes. On the one hand, the GNA-appointed Steering Committee was suspended by the Supreme Court and eventually permanently dissolved by a court decision on 12 November 2020.[19] On the other hand, the elected Municipal Council failed to impose administrative control over the city's institutions, such as the offices of the Ministry of Health.

The main reason for this has been the elected Municipal Council's inability to obtain financial support for its operation and salaries from the Interim Government, despite all promises. In contrast, the GNA managed, in the end, to take the upper hand over the elected Municipal Council by maintaining administrative control over Sebha's local ministerial offices. This was essentially because of state centralisation and due to the GNA's ability to pay the employees' salaries.[20] Yet the struggle for authority and resources impeded the management of the Covid-19 pandemic. The two rival governments often issued uncoordinated, conflicting policies.[21]

Following the coronavirus outbreak in May 2020, a total lockdown, with a twenty-one-hour curfew, was imposed and the borders and ports were shut by the GNA for one week.[22] However, the Tripoli-based government did not

Interview with head nurse at the Sebha Medical Centre, October 2020.

16. Anadolu Agensi, "After a six-year-long closure, Sebha's airport receives the first flight from Tripoli", 16 September, 2020, link
17. Ibid.
18. Author interview with a doctor at Sebha Medical Centre, September 2020.
19. Steering Committee of Sebha, Order to freeze the Steering Committee, 12 November 2020, https://bit.ly/2Rx03HX.
20. Al-Arabi al-Jadid, "Details on the Haftar campaign in the Libyan south: locations of control and an aversion to tribes", 20 November 2020, https://bit.ly/3wZBofF.
21. The only institution that did not suffer from political divisions was the GNA-affiliated National Centre for Disease Control. The Centre's offices in the east, south and west of the country all reported to the GNA Ministry of Health, and there were no parallel centres established by the Interim Government. The Centre issued data regarding the number of coronavirus cases in Libya and the cities with the highest numbers of infections.
22. The lockdown was recommended by the GNA-affiliated National Centre for Disease Control. Prior to any cases being recorded

have security forces on the ground to implement the closure in the south. Therefore, the measure could only be enforced by the Interim Government-affiliated Sebha Security Directorate.

Residents obliged by the lockdown as it was extended into a series of closures during the first weeks of the pandemic. But compliance weakened due to the hours of the curfews and the closure regulations — which were frequently changed — as well as the different parties which announced them.[23] The resulting confusion, therefore, negatively affected their enforcement. Additionally, there were no awareness programmes[24] and the residents of the city did not generally follow prevention methods.[25]

In July 2020, to reduce the confusion and to incentivise compliance, the Interim Government eased the hours of the lockdown. Dining in restaurants, sitting in cafes, and public gatherings were not permitted, and mosques, educational institutions, event halls, parks and clubs were all to remain closed.[26] However, during the same month, the GNA issued a similar order with different curfew hours. Citizens were, as a result, yet again less compliant by the rules.[27]

2.2 The duplication of local bodies in charge of addressing the Covid-19 crisis

Both the Interim Government and the GNA formed parallel entities to address the crisis in the city, further complicating matters and negatively affecting the efficiency of the response from both governments. The GNA formed the Main Committee to Counter the Coronavirus (*al-lajna al-ra'isiyya li-mukafahat wabaa' kuruna sabha*) on 16 March 2020,[28] a committee subordinate to the Sebha Steering Committee.[29] The Interim Government established[30] two different entities[31] on 16 March and entrusted them with: policies to contain the pandemic;[32] awareness raising; collecting data about coronavirus cases; and training medical teams to treat cases. The primary aim of these entities was to undermine the legitimacy of the GNA's bodies, such as the Main Committee to Counter the Coronavirus, rather than to undertake effective activities. The committees, in any case, broke down due to the Interim Government's inability to fund them and were dissolved. Only the GNA's Main Committee to Counter the Coronavirus is still operational, as it was better organised and better funded than the other bodies.

The different governments also competed to establish their own medical facilities. In May 2020, given the political division and delay in both governments acting, local authorities affiliated with both governments took the initiative of setting up the Barkuli building as an isolation centre. The GNA-affiliated local authorities began maintenance work on the building and the Interim Government-affiliated Municipal Council equipped it, providing 100 beds, including 15 beds for intensive care, respirators and other medical equipment.[33] When the first cases were reported, however, the GNA sent a team to staff the building. This resulted in a disagreement between the governments and ended in the withdrawal of GNA officials from the facility, though some of the staff remained.

in Libya, a lockdown, with a 12-hour curfew had also been announced by both governments on March 21 and imposed by forces of the Sebha Security Directorate. Karanfodah, Ramadan, "Sebha suffers fuel shortages while lockdown continues", Bawabat al-Wasat, 25 March 2020, http://alwasat.ly/news/libya/277800.

23. Different closures were announced by the municipal authorities, Main Committee to Counter the Coronavirus, and Sebha Security Directorate.
24. Unlike the GNA, which was unable to raise awareness about the pandemic, the Interim Government conducted awareness-raising campaigns on the use of protective devices such as masks and sterilizers, by issuing awareness-raising posters and putting out radio and television programmes.
25. Author interview with an expert from the Data Collection and Rapid Response Team, October 2020.
26. Akhbar Libya, "The Supreme Committee imposes a partial curfew and new measures to confront coronavirus", July 2020, https://akhbarlibya.ly/libya-news/40693.html.
27. The Libya Observer, "Presidential Council extends curfew 15 more days and prohibits movement between cities", 18 July 2020, https://www.libyaobserver.ly/ar/article/9040.
28. Decision of the Presidential Council of the Government of National Accord No. 207 of 2020 to form a committee and define its tasks, 16 March 2020, https://security-legislation.ly/ar/node/101363.
29. Decision of the Chairman of the Steering Committee of the Municipality of Sebha to form a main crisis committee.
30. Bawabat al-Wasat, "General Haftar issues order to create to committees to counter the coronavirus", 16 March 2020, http://alwasat.ly/news/libya/276722.
31. Medical Advisory Committee to Combat the Coronavirus Pandemic and the Supreme Committee to Control the Coronavirus Pandemic.
32. Al-Sharq al-Awsat, "Alert in Libya after 8 confirmed cases of Covid-19 were recorded", 1 April 2020, https://bit.ly/3x7MO0W.
33. Fasanea, "Statement by Head of Municipality on efforts countering the pandemic", 31 May 2020, https://bit.ly/2OPovU2.

The competition between the two governments similarly resulted in a failure to provide adequate healthcare services. For example, following the aforementioned dispute, the GNA attempted to prepare another building in the Abdelkafi district, with a twenty-five-bed capacity, but it never became operational,[34] though, note, an opening ceremony being held. On the other hand, the newly-setup Barkuli Isolation Centre, affiliated with the Interim Government, shut for three months after its opening in May 2020, due to fuel and funding shortages.

2.3 The challenges of coordinating crisis response

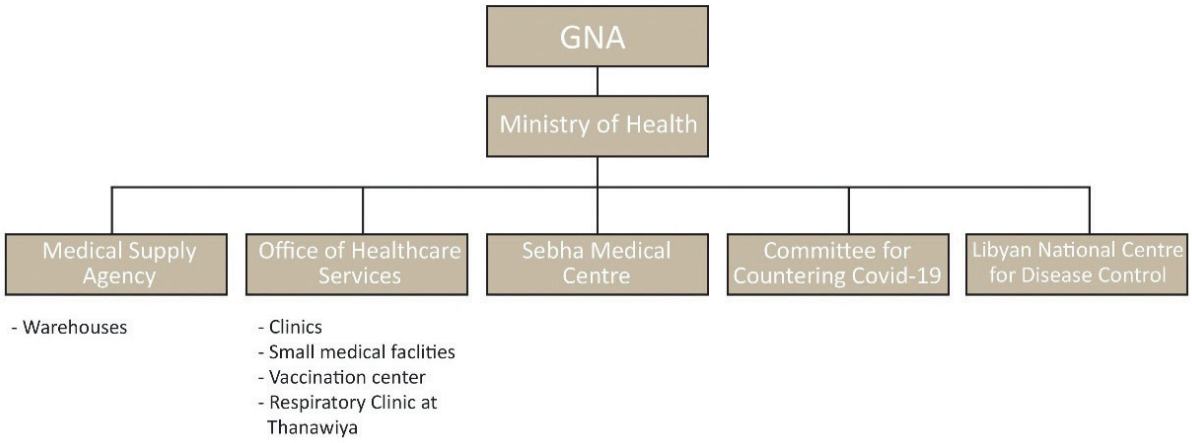
The lack of coordination between the two governments also affected the interaction between the central government and the local authorities. When the Centre for Disease Control in Tripoli sent medical equipment and devices for detecting Covid-19, disagreements arose as to who should receive them since Sebha was controlled by the LAAF and placed under the authority of the Interim Government. Eventually, the Health Services Office, affiliated with the Interim Government, took over the GNA's aid, respirators, and medical equipment. These were mainly directed to the Medical Supply Agency affiliated with the GNA.[35]

One of the main challenges that medical staff and facilities faced was dealing with state agencies and the two municipal authorities. Although medical staff prioritised the efforts to combat the pandemic, regardless of which government offered support, government agencies and municipal authorities prioritised their public image in terms of media coverage or control on the ground. An example: the Data Collection and Rapid Response Team tried to conduct a comprehensive survey in August 2020 to monitor the pandemic in the city. However, when the plan for the survey was set, a dispute arose about which of the different agencies tasked with countering the pandemic or the municipal authorities would supervise it. As a result, the survey was not carried out until after October, despite experts' efforts to reconcile the different parties.[36]

Political divisions also resulted in a complex administrative landscape for international aid efforts. UN organisations had difficulties in implementing projects as they partnered with the GNA in funding them, while they coordinated with the elected Municipal Council loyal to the Interim Government, and submitted projects to it upon completion.[37] The elected Municipal Council tried to rectify this issue in June 2020 by forming a joint committee to counter Covid-19. This would be made up of people affiliated with the health offices of both governments. However, all attempts to unify the rival governments' efforts failed.[38]

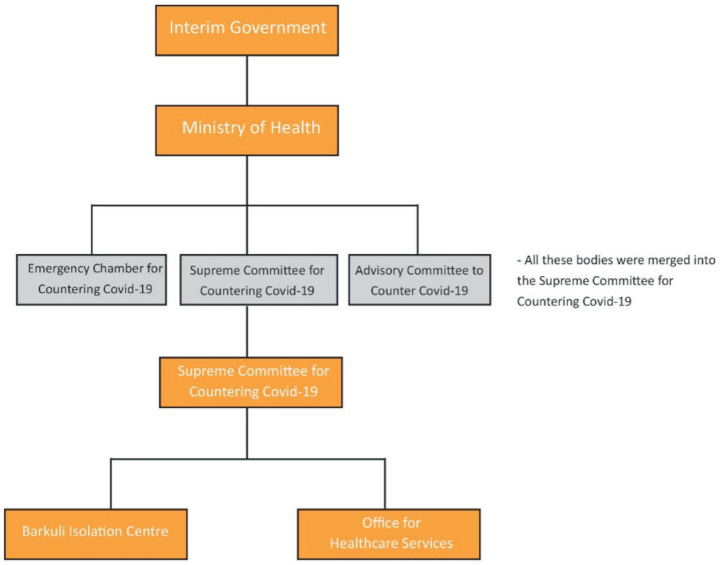
34. Interview with an employee at the Medical Supply Agency, October 2020.
35. Ibid.
36. Author interview with an expert from the Data Collection and Rapid Response Team, October 2020.
37. Author interview with a government employee who coordinated projects with international organisations, October 2020.
38. Author interview with former member of the Committee for Countering the Coronavirus, October 2020.

Structure of the GNA healthcare services



Source: Rema el-Fellani, May 2021

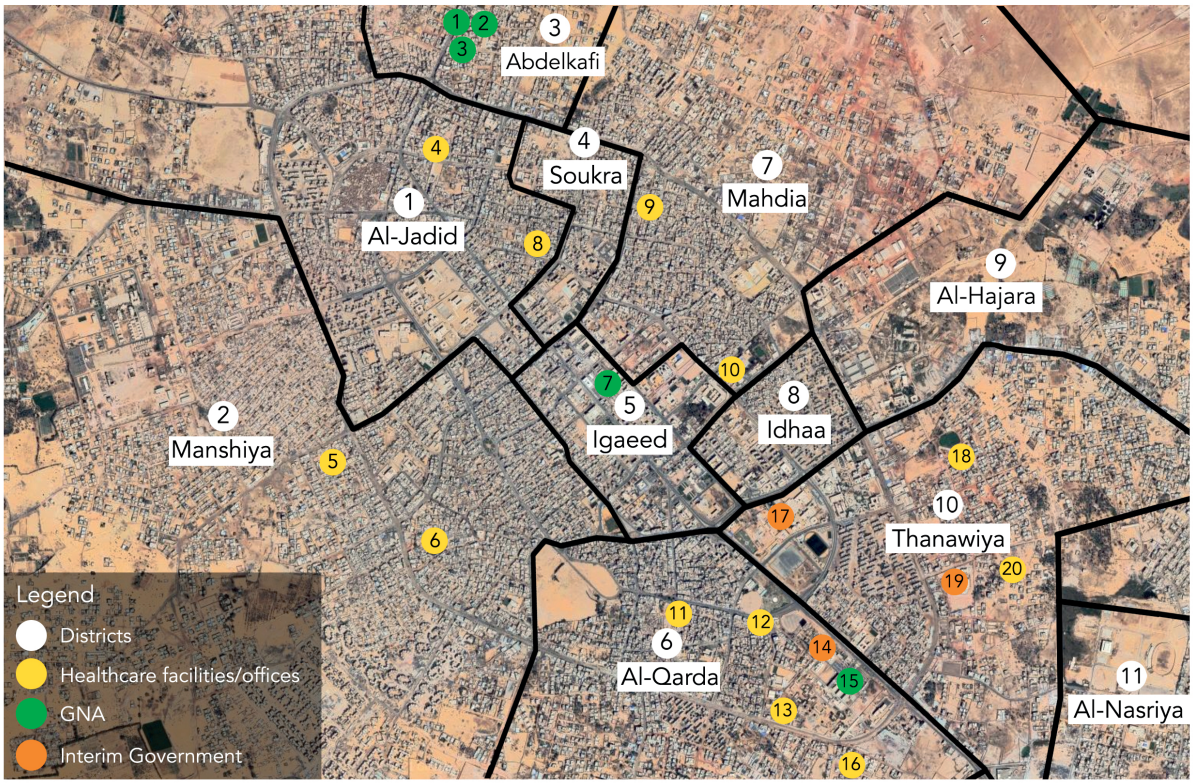
Structure of the Interim Government healthcare services



Source: Rema el-Fellani, May 2021

The above structures reflect the structures of the GNA and Interim Government healthcare services during the summer of 2020. However, the affiliations of the offices and healthcare units changed several times since then.

Map of Sebha



Source: Rema el-Fellani, May 2021

Tribal presence in districts:

1. Al-Jadid: Awlad Hodeiry, al-Awajla
2. Manshiya: Warfalla, Qadhadhfa, Awlad Suleiman
3. Abdelkafi: Maqarha
4. Soukra: Hasawna, various tribes
5. Igaeed: various tribes
6. Al-Qarda: Awlad Sahl, Hasawna, various tribes
7. Mahdia: Awlad Boseif, Sahka, Qadhadhfa, Hotman, al-Qawaid
8. Idhaa: various tribes
9. Al-Hajara: al-Tabw, Hasawna, various tribes
10. Thanawiya: Ziyadeen, Awlad Suleiman, various tribes
11. Al-Nasriya: Maqarha, various tribes

Healthcare facilities/offices:

1. Healthcare Services Office (GNA)
2. Abdelkafi Isolation Centre (GNA)
3. Abdelkafi Clinic (GNA)
4. Al-Jadeed Clinic
5. Tahrir Healthcare Center
6. Manshiya Clinic
7. National Centre for Disease Control (GNA)
8. Soukra Healthcare Center
9. Mahdia Clinic
10. Salam Healthcare Services Unit
11. Al-Qarda Clinic
12. Al-Qarda Polyclinic
13. Medical Supply Agency
14. Healthcare Services Office (IG)
15. Sebha Medical Center (GNA)
16. Tayouri Healthcare Center
17. Barkuli Isolation Center (IG)
18. Hajara Healthcare Center
19. Thanawiya Respiratory Clinic (IG)
20. Al-Nasriya Healthcare Center

3. Does political division suffice to explain the health crisis?

3.1 Mismanagement of financial resources

It is often considered that mismanagement is among the main factors that have led to the deterioration of the healthcare system in Libya. Despite the GNA allocating a budget of nearly one billion Libyan dinars[39] for the pandemic, little was achieved in terms of improving conditions on the ground. The setup of the Barkuli Isolation Centre, which cost two million Libyan dinars,[40] only equipped the Centre with 15 intensive care bed and five normal beds. It was opened in May 2020, with a medical team of four doctors and 17 nursing personnel, which is a very small number for the long hours of work necessary in isolation centres. However, even after spending this large sum, the Barkuli Isolation Centre was shut down on 22 August 2020, just three months after its opening, due to fuel and oxygen shortages.[41]

The GNA spent nearly 800,000 Libyan dinars[42] on setting up another isolation centre in the Abdelkafi neighborhood, with a forty-bed capacity. The centre was never opened, however, because it did not have the equipment necessary to operate. It lacked respirators, medicine, and Covid-19 test kits. The decision to establish it was political, rather than arising from any urgent need in the health sector.[43]

For citizens, the waste of money, the needless formation of committees, and the failure to contain the pandemic have all increased distrust in government and the measures taken to control the virus. As a result of these factors — and when inhabitants were suffering from deteriorating living conditions and a lack of services — the city witnessed the emergence of protest movements in August 2020, with protestors from different tribes and of various political loyalties. Among these were the Fezzan Provincial Council, who in July 2020 called for a decentralised political administration in Fezzan to guarantee that the region benefit from its resources and goods.[44] There was also the "Revolution of the Poor" youth movement, which held a protest on 28 August 2020 and whose demands were limited to fighting corruption and improving services and living conditions in the city.[45] These movements expressed their demands through peaceful demonstrations and statements clarifying their aims.

3.2 Mismanagement of human resources

With the state failing to carry out its administrative operations, it was neither able to provide the necessary funding and equipment to operate medical units, nor was it able to compensate for the shortage of doctors, medical personnel, and medicine. The state did not have the capacity to supervise and manage the medical units for several reasons.

First, there was the displacement of medical personnel to the north, and more secure parts of Sebha. Another reason for the state's inability to manage medical facilities was that the administrative staff generally had no experience or background in the medical field. Rather they usually dealt with other fields such as logistics or transportation. When doctors requested testing equipment and medicines for their departments in Sebha Medical Centre, or even just more cleaning in their institutions, they were ignored.[46] Similarly, other state bodies, such as the Health Inspection Department, do not carry out their duties in inspecting health service centres. The same applies to representatives of the Ministry of Health, who perform pro-forma inspections with no genuine scrutiny or monitoring. Therefore, the state is unable to determine, let alone address the needs of medical institutions.[47]

The healthcare system's administration was not able to appoint and fund adequate medical personnel to deal with the crisis and faced a huge shortage of doctors. For instance, the number of medical staff at Sebha Medical Centre decreased from 200 to 170, and the number of doctors stood at 120, even though a centre the size

39. Author interview with an employee at the Medical Supply Agency, October 2020.
40. Author interview with former member of the Committee for Countering the Coronavirus, October 2020.
41. Ibid.
42. Author interview with former member of the Committee for Countering the Coronavirus, October 2020.
43. The Abdelkafi Isolation Centre was setup after a dispute led to the GNA withdrawal from the Barkuli Isolation Centre that it had prepared. Ibid.
44. Bawabat al-Wasat, "Creation of Fezzan Provincial Council in Sebha", 28 July 2020, http://alwasat.ly/news/libya/290710.
45. Akhbar Libya, "The "Poor's Revolution" movement in Sebha calls for improvement of living conditions and specifies three demands", 29 August 2020, https://bit.ly/3diOWuB.
46. Author interview with a doctor at Sebha Medical Centre, October 2020.
47. Ibid.

of Sebha Medical Centre ought to have around 500 doctors.[48] Also, most of the new doctors, who signed contracts, did not receive their salaries, with delays in payment continuing for more than three years after their contracts had been signed. The new doctors receive no training, due to the absence of specialised doctors and consultants. The Sebha Medical Centre used to have five consultant doctors but now only has two, who cannot carry out all the work and training required.[49] Both the Health Ministries affiliated with the GNA and the Interim Government were contacted for financial support but sent none. Consequently, most departments suffer from a severe shortage of medical personnel, and the deficit is covered by volunteers who are, in most cases, unpaid.

The bureaucracy within the GNA's Ministry of Health has also helped create an off-putting environment for new and graduate doctors, due to the non-payment of salaries and bonuses for their work. This has pushed some doctors to work in the private sector. The general mismanagement was reflected in the response to the Covid-19 pandemic, as there was interference from the Interim Government's health office, and competition with the GNA's health office. Many medical personnel were consequently reluctant to work and stayed home.[50] Most of the medical personnel who did continue in their jobs were unable to operate the medical equipment. The conditions of many patients worsened, and some of them in the Barkuli Isolation Centre died as a result.

In most medical units, there is a shortage of specialised pharmacists for overseeing the distribution of medicine. Moreover, the medicine refrigerators do not work, and so medicine and vaccinations are not stored properly. There are entire warehouses of expired medicine that need to be disposed of.[51] The Medical Supply Agency does not monitor the quality of the medicine, serums, and vaccines it imports. Nor does it supervise their delivery in sufficient quantities to ensure sustainability.[52] For instance, residents of the city occasionally struggle with the lack of vaccinations, and with the availability of scorpion antivenom. Medical centres often depend on medical supplies from international organisations, which sometimes do not distribute them fairly, favoring medical units in some neighborhoods over others.[53]

3.3 The impact of tribalism on the healthcare system

After 2011, there was a marked decline in the state's role in southern Libya due to the war and political conflict. The local tribes rose to fill the political vacuum, their role shifting from the social to the political. The aforementioned factors of political division and mismanagement in Sebha of financial and human resources have all since been directly or indirectly affected by tribalism. Tribal dynamics in the city have significantly impacted political alliances in times of conflict, appointments within the government institutions and their general functioning, economic opportunities for the population, as well as the distribution of the population.[54]

The tribes have taken control of local institutions, and now play a key role in appointing people within them. Often, these people's sole qualifications consist merely of belonging to the same tribe. For example, most workers in the health services offices have nothing to do with health, and have been appointed because of their tribal affiliation; or just because they work in the health sector in some capacity, regardless of their particular specialty. Any driver, secretary, or clerk may be, thus, appointed; and mechanics, electricians, or unqualified people end up being placed in managerial positions in medical units.[55] When international organisations conduct training courses, the hospital administration treats these courses as a reward, rather than as part of the job. They offer course places to people to reward them for favouring the administration, or for personal reasons. Those who actually need training do not participate in these courses.[56]

Another consequence of tribalism is that the financial support and resources directed to the city of Sebha are embezzled, as the tribes have militias and the power

48. Author interview with an administrative employee at Sebha Medical Centre, October 2020.
49. Ibid.
50. Author interview with a doctor at Sebha Medical Centre, October 2020.
51. Author interview with an employee at the Medical Supply Agency, October 2020.
52. Ibid.
53. Ibid.
54. There are 35 tribes in Sebha, residing in different districts. East and northeast Sebha are controlled by the Tebu, Maqarha, and Wamla al-Qadhafiya tribes, while west and south Sebha are dominated by the Qadhadhfa and Awlad Suleiman tribes.
55. Ibid.
56. Author interview with a doctor at Sebha Medical Centre, October 2020.

to help them achieve their interests. For instance, the Maqarha tribe receives aid directed to Sebha from the GNA, while the Awlad Sulayman tribe receives funds from the Interim Government. An administrator from the Healthcare Services Department noted that he was only able to bring medicine and supplies from Tripoli, as he had a tribe protecting him.[57] He added that following the political division, many people who had been appointed to his position before him had refused it because they had no protection. This indicates the importance for administrative staff of belonging to a tribe that has power and that can consequently protect and assist them in carrying out their duties.

Conclusion

The health system in Libya's southern region, already poorly developed and made fragile by years of neglect and conflict, was in no state to deal with the Covid-19 pandemic. When the virus first appeared in the city in March 2020, it became almost impossible to slow its spread. Health infrastructure was either lacking or unprepared. Social structures and the city's configuration facilitated the propagation of the virus. Within a few weeks, Sebha had become the pandemic epicentre in Libya.

Libya's lasting political conflict and institutional divisions seriously impeded efforts to contain the crisis. In Sebha, competition between local authorities affiliated to the GNA and to the Interim Government meant a lack of clarity in the measures adopted, lack of rules enforcement, as well as the duplication of the health structures set up to treat Covid-19 patients. The absence of coordination between the two parallel authorities also led to serious issues in terms of funding, and the provision of supplies and equipment to the city. As for international organisations, their work was made much more complicated by the parallel authorities and the resulting confusion.

Mismanagement resulting from incompetence, corruption, or tribal dynamics, has also played a key role in the crisis. Resource shortage does not emerge as the main issue. Rather the problem is the way that both financial and human resources are managed. The healthcare system in Sebha still struggles in managing medical facilities and warehouses, hiring medical personnel, and providing basic healthcare services. Some of the underlying problems of fuel and electricity shortages, as well as administrative problems, such as mismanagement, hiring, and lack of remuneration have been addressed. But they mostly persist.

While the curve of the pandemic in Sebha was on the rise again in December 2020, there was a relative improvement in the handling of cases. Contrary to what had happened during the first months of the pandemic, several clinics and health units in the city were now equipped to receive and treat patients. In December, the al-Barkuli Isolation Centre also reopened. However, the Abdelkafi Isolation Centre remained closed, despite approximately 800,000 Libyan dinars having been spent on it.

The Covid-19 pandemic has constituted a major challenge to the health system in Sebha, and the political context has seriously complicated crisis management on the part of local authorities. However, the pandemic has also highlighted structural problems that would not automatically be solved under the Government of National Unity (GNU) that came into being in March 2021.[58] Though the new government dissolved all but one of the committees tasked with countering Covid-19, many issues still remain. As of April 2021, there has been a steady increase in the number of cases. These now stand at 837.[59]

Additionally, there are the obvious signs of an absence of national public policies for health: dependency upon foreign actors or foreign countries to provide basic health services to the population; the mismanagement of resources – human, financial and material; the recurrence of shortages and power outages; and the lack of coordination between health structures. The Covid-19 pandemic has shown that healthcare should be one of the priorities of the GNU and any future government.

57. Author interview with an employee at the Medical Supply Agency, October 2020.

58. Abdelhamid Dbeiba was elected to the position of Prime Minister in early February 2021 by the 74 Libyan participants in the Libyan Political Dialogue Forum (LPDF) mediated by the United Nations Support Mission to Libya (UNSMIL). Since March 2021, he has led an Interim Government of National Unity (GNU) responsible for overseeing the preparations for parliamentary and presidential elections scheduled for 24 December 2021. It is the first time since 2014 that Libya's executive has been unified.

59. National Centre for Disease Control, "Covid-19 Status Update", 14 April 2021, https://www.facebook.com/NCDC.LY.

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