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HUMAN RIGHTS
OFFICE OF THE HIGH COMMISSIONER

A Pandemic of Exclusion

**The impact of COVID-19
on the human rights
of migrants in Libya**



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As [the COVID-19] crisis unfolds, we are reminded again of the importance of addressing human mobility in a safe and inclusive way for the benefit of our own communities and economies, as well as migrants, IDPs and

refugees themselves. This crisis is an opportunity to reimagine human mobility for the benefit of all while advancing our central commitment of the 2030 Agenda to leave no one behind.

United Nations Secretary-General's Policy Brief: COVID-19 and People on the Move¹



COVID-19 has shown us that excluding and discriminating against groups of people makes us all weaker. To build societies that can be more resilient and resistant to all kinds of shocks, we need

to act with greater solidarity. Instead of repeating harmful narratives of fear and exclusion, it's time to welcome people into our communities, to reimagine our collective future.

United Nations High Commissioner for Human Rights, Michelle Bachelet²

¹ United Nations, Policy Brief: COVID-19 and people on the move, June 2020, p. 24, available at <https://unsdg.un.org/sites/default/files/2020-06/SG-Policy-Brief-on-People-on-the-Move.pdf>.

² OHCHR, International Migrants Day Video Message from High Commissioner Michelle Bachelet, 18 December 2020, available at <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=26617&LangID=E>.

Executive Summary

All over the world, the health, economic, and protection crises created by the COVID-19 pandemic have disproportionately affected those already in situations of vulnerability and marginalization. In many countries, migrants³ were among those most at risk of experiencing negative impacts of the pandemic on their ability to access the rights to health, decent work, social protection, and to have their freedom of movement and other fundamental human rights guaranteed. In places where the human rights of migrants were already at risk as a result of discrimination, xenophobia, criminalization, poverty, exploitation, trafficking, and armed conflict, COVID-19 multiplied these risks.

This report aims to elucidate the main human rights risks that migrants faced and continue to face, primarily in Libya and in some situations of transit to and from Libya during and as a result of the COVID-19 pandemic between March 2020 and June 2021. It builds on previous reports by the United Nations Office of the High Commissioner for Human Rights (OHCHR), the United Nations Support Mission in Libya (UNSMIL), and United Nations entities and civil society organizations documenting the vast array of human rights violations that migrants experience in Libya and the neighbouring region.

The report highlights five key areas where migrants in Libya and its neighbouring countries faced increased risk of human rights violations and abuses as a result of the pandemic: **the lack of access to basic health services; risks in the context of immigration detention; access to decent work, livelihoods, and social protection; border and mobility restrictions; and rising xenophobia.** With regard to each area, it provides an overview of the relevant international human rights law norms and standards and the particular effects experienced by migrants, as well as recommendations for the Libyan Government, the Governments of its neighbouring States and other stakeholders to guarantee and respect, as applicable, the human rights of migrants as the pandemic response and recovery continues and into the future.

With regard to **the right to the highest attainable standard of physical and mental health**, the report finds that while in Libya the health system is weakened and in general access to COVID-19 testing, prevention, treatment, care and vaccination are limited for all, inadequate living conditions, existing barriers to health care access, and discrimination disproportionately prevented migrants from accessing necessary health services during the pandemic. Risks of contracting COVID-19 and inadequate access to treatment and care were also particularly elevated in the context of **immigration detention**, where testing and medical supplies were limited and sanitation, ventilation, and social and physical distancing were lacking.

As migrants living and working in Libya were already disproportionately represented in precarious and informal employment, **access to decent work and livelihoods** was further impeded with the economic downturn and movement restrictions brought on by the pandemic, with little to no efforts made to ensure migrants' access to social protection in the face of such income losses. In addition to negatively impacting migrants' access to work opportunities, **border and movement restrictions** impeded migrants from continuing their journeys, resulting in an increased reliance on smugglers and risk of falling prey to traffickers, led some migrants to seek out more dangerous routes, and limited access to protection, including asylum and non-refoulement. Finally, the pandemic fanned the flames of already high rates of **stigma and xenophobia**, with migrants being painted as bearing responsibility for the spread of the virus and other contagious diseases and facing deliberate discrimination in access to health care and adequate housing as a result.

³ There is no universal legal definition of "migrant". OHCHR uses the term "international migrant" to refer to "any person who is outside a State of which they are a citizen or national, or, in the case of stateless person, their State of birth or habitual residence". See OHCHR, Recommended Principles and Guidelines on Human Rights at International Borders (2014), available at: https://www.ohchr.org/Documents/Issues/Migration/OHCHR_Recommended_Principles_Guidelines.pdf.



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The recommendations in this report seek to provide practical guidance to Libya and its neighbouring countries and other stakeholders to address and prevent the identified human rights risks through legal and policy action. They include recommendations aimed at ensuring full and equal access to health services for migrants, for ending arbitrary detention practices, for ensuring fair labour conditions and social protection for all migrants, regardless of status, for ensuring that border policies are in line with international human rights obligations, and for eliminating racism and xenophobia. Implementing these recommendations, including ensuring migrants have full and non-discriminatory access to all necessary health services and ending immigration detention practices that violate migrants' human rights and can facilitate the spread of the virus, will contribute to stemming the negative effects of the pandemic, to recovering better, and to creating a more just, resilient, prosperous and peaceful society in Libya and beyond.



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Introduction and Methodology



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The three-fold health, economic, and protection crisis caused by the COVID-19 pandemic⁴ has had significant human rights effects in countries all around the world, with different impacts. The people who were at most risk of catching and dying from the virus and of experiencing other negative human rights effects of the pandemic were those already living in situations of poverty, marginalization, or discrimination. Migrants are among those most at risk. As the Secretary-General’s policy brief on COVID-19 and people on the move confirms, those who have felt the harshest impacts of the pandemic include “migrants in irregular situations, migrant workers with precarious livelihoods, or working in the informal economy, victims of trafficking in persons as well as people fleeing their homes because of

⁴ United Nations, Policy Brief: COVID-19 and people on the move, p. 1.

persecution, war, violence, human rights violations or disaster, whether within their own countries — internally displaced persons (IDPs) — or across international borders — refugees and asylum-seekers.”⁵ OHCHR has emphasized that “Everyone, including all migrants regardless of their nationality or migration status, must be taken into account as an integral part of any effective public health and recovery response to COVID-19. Including migrants in the response to this crisis is the only effective way to protect not only migrants’ rights, but also to avoid fuelling xenophobia and endangering the health of society as a whole.”⁶

This thematic report aims to highlight the human rights challenges faced by migrants, primarily in Libya, but also in neighbouring countries that are regular countries of transit for migrants seeking to arrive in or returning from Libya, in the context of COVID-19.

The report covers the period from March 2020 to June 2021. Its findings are based on first-hand accounts and information gathered by OHCHR and UNSMIL through remote monitoring, as well as on information gathered by OHCHR through desk research, discussions with relevant stakeholders, official statistics, reports by national and international organizations, views and observations by international and regional human rights mechanisms, and public media reports.

This report is part of a wider project by OHCHR seeking to identify, document and analyse human rights violations and protection gaps impacting migrants in or transiting through Libya and to formulate recommendations to relevant Governments and other stakeholders, aimed at ensuring compliance with international human rights law and standards.

During the spring and summer of 2020, migrants may have been particularly exposed to the virus as one of the epicentres of COVID-19 infections in Libya was reported to be Sabha, a significant hub on migration routes.⁷ While the number of migrants who have contracted or died of COVID-19 in Libya remains unknown, as of early June 2021, there had been a total of more than 186,072 confirmed cases of COVID-19 in Libya, and more than 3,000 deaths.⁸ However, many experts believe these numbers to be significantly underestimated, given low and uneven rates of testing across the country.⁹ The country’s health care capacity has already been significantly weakened by years of conflict, with a number of health care facilities having been destroyed or closed, causing impediments to both testing for and treatment of COVID-19.¹⁰ Threats to the water supply jeopardize basic efforts at virus prevention, like handwashing.¹¹ Although many of these issues affected all of those living in Libya, migrants continue to be particularly at risk of experiencing their negative consequences as a result of factors including discrimination and barriers to accessing health care and an adequate standard of living.

⁵ Ibid.

⁶ OHCHR, COVID-19 and the human rights of migrants: Guidance, 7 Apr. 2020, available at https://www.ohchr.org/Documents/Issues/Migration/OHCHRGuidance_COVID19_Migrants.pdf.

⁷ World Health Organization, “Libya: Fighting COVID-19 in times of conflict,” 20 June 2020, available at <http://www.emro.who.int/lby/libya-news/libya-fighting-covid-19-in-times-of-conflict.html>.

⁸ World Health Organization, “Libya Situation,” <https://covid19.who.int/region/emro/country/ly>, last visited 2 June. 2021.

⁹ Mariam Mahmoud, POMED, “The Pandemic: A View from Libya,” 27 Jan. 2021, available at <https://pomed.org/the-pandemic-a-view-from-libya/>; see also Amin Bredan & Omran Bakoush, “COVID-19 epidemic in Libya,” *Libyan Journal of Medicine*, 6 Jan. 2021, available at <https://www.tandfonline.com/doi/full/10.1080/19932820.2021.1871798>.

¹⁰ Mahmoud, “The Pandemic: A View from Libya”; World Health Organization, “WHO alarmed over rapidly escalating rates of COVID-19 in Libya,” 26 August 2020, available at <http://www.emro.who.int/lby/libya-news/who-alarmed-over-rapidly-escalating-rates-of-covid-19-in-libya.html>.

¹¹ UNICEF, “Over 4 million people, including 1.5 million children are about to face imminent water shortage in Libya,” 1 Feb. 2021, available at <https://reliefweb.int/report/libya/over-4-million-people-including-1.5-million-children-are-about-face-imminent-water>.

It has already been well-documented by OHCHR and numerous other United Nations and civil society actors that migrants have suffered unimaginable horrors during their transit through and stay in Libya.¹² The human rights violations and abuses they have experienced as they make their way across the desert in the south to the cities and coast in the north have been found to include unlawful killings, torture and ill-treatment, arbitrary detention and unlawful deprivation of liberty, rape and other forms of sexual and gender-based violence, slavery and forced labour, extortion, and exploitation by both State and non-State actors.¹³ OHCHR has also previously noted that migrants, particularly those in an ‘irregular situation’ in Libya, and those in immigration detention, have little to no access to public health services, including emergency services.¹⁴

As reported by the UN Office for the Coordination of Humanitarian Affairs, the number of migrants in Libya declined in 2020, with some estimating that as many as 80,000 migrants may have left the country.¹⁵ However, for the estimated almost 600,000 migrants¹⁶ who remain in Libya, as described throughout this report, the COVID-19 pandemic has only aggravated human rights challenges, by making mobility even more difficult, conditions of daily life and of detention even more dangerous, and exacerbating health and safety risks.

¹² OHCHR, “Desperate and Dangerous: Report on the human rights situation of migrants and refugees in Libya,” 20 Dec. 2018, p. 4, available at <https://www.ohchr.org/Documents/Countries/LY/LibyaMigrationReport.pdf>; see also Amnesty International, “Between Life and Death: Refugees and Migrants Trapped in Libya’s Cycle of Abuse,” 2020, p. 36, available at <https://www.amnesty.org/en/documents/mde19/3084/2020/en/>; IOM & UNHCR, “IOM and UNHCR condemn the return of migrants and refugees to Libya,” 16 June 2021, available at <https://www.unhcr.org/news/press/2021/6/60ca1d414/iom-unhcr-condemn-return-migrants-refugees-libya.html>.

¹³ OHCHR, “Desperate and Dangerous,” p. 4.

¹⁴ *Ibid.*, p. 54.

¹⁵ OCHA Libya, “Humanitarian Bulletin (December 2020),” 22 Jan. 2021, available at <https://reliefweb.int/report/libya/ocha-libya-humanitarian-bulletin-december-2020-enar>.

¹⁶ *Ibid.*



2

Key Human Rights Challenges Faced by Migrants in the Context of COVID-19

A. LACK OF ACCESS TO HEALTH, INCLUDING COVID-19 PREVENTION AND TREATMENT

LEGAL FRAMEWORK

The principle of non-discrimination is a core obligation underpinning all of international human rights law, grounded in the Universal Declaration of Human Rights (UDHR), which affirms that, “all human beings are born free and equal in dignity and rights.”¹⁷ This principle is consistently enshrined in international human rights treaties including the International Covenant on Economic and Social and Cultural Rights (ICESCR), the International Covenant on Civil and Political Rights (ICCPR), and other international human rights instruments.¹⁸

The enjoyment of ICCPR rights is not limited to citizens of States parties to the Covenant but must also be available to all individuals, regardless of *inter alia* nationality, who may find themselves in the territory or subject to the jurisdiction of the State Party.¹⁹ According to the Committee on Economic, Social and Cultural Rights, any distinction, exclusion, restriction or preference, or other differential treatment imposed by States on grounds of nationality or legal status, should be in accordance with the law, pursue a legitimate aim and remain proportionate to the aim pursued.²⁰

The right to the highest attainable standard of mental and physical health is enshrined in a number of international human rights instruments,²¹ and is a fundamental human right indispensable for the exercise of other human rights.²² States have a duty to respect the right to health by ensuring that all persons, including migrants, have equal access to preventive, curative, and palliative health services, regardless of their legal status and documentation.²³ This requires States to take into account the particular needs of migrants in vulnerable situations and to seek to overcome barriers that may limit migrants’ access to health care, including language and information barriers and lack of documentation.²⁴ It also means that firewalls should exist between health care personnel and law enforcement authorities.²⁵

¹⁷ Universal Declaration of Human Rights, Art. 1.

¹⁸ International Covenant on Civil and Political Rights, Art. 2(1) and 26; International Covenant on Economic, Social and Cultural Rights, Art. 2(2); See also OHCHR, *The Economic, Social and Cultural Rights of Migrants in an Irregular Situation*, 2014, p. 24, available at https://www.ohchr.org/Documents/Publications/HR-PUB-14-1_en.pdf.

¹⁹ Human Rights Committee, General comment No. 31 on Nature of the General Legal Obligation Imposed on States Parties to the Covenant, CCPR/C/21/Rev.1/Add.13, 2004, para. 10.

²⁰ Committee on Economic, Social and Cultural Rights, Statement on Duties of States towards refugees and migrants under the International Covenant on Economic, Social and Cultural Rights, E/C.12/2017/1, 2017, para. 5.

²¹ Universal Declaration of Human Rights, Art. 25.1; International Covenant on Economic, Social and Cultural Rights, Art. 12.1; International Convention on the Elimination of All Forms of Racial Discrimination, Art. 5 (e)(iv); Convention on the Elimination of All Forms of Discrimination against Women, Arts. 11 (1)(f), 12, & 14 (2)(b); Convention on the Rights of the Child, Art. 24; International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, Arts. 28, 43(e), & 45(c); Convention on the Rights of Persons with Disabilities, Art. 25.

²² Committee on Economic, Social and Cultural Rights, General Comment 14, 2000, E/C.12/2000/4, para. 1.

²³ See Committee on Economic, Social and Cultural Rights, Statement on Duties of States towards refugees and migrants under the International Covenant on Economic, Social and Cultural Rights, para. 12.

²⁴ *Ibid.*

²⁵ *Ibid.*

Furthermore, under certain circumstances the lack of access to health services may put the life of individuals at risk. In this regard, the Human Rights Committee has stated that the duty to protect life implies that States should take appropriate measures to address the general conditions in society that may give rise to direct threats to life or prevent individuals from enjoying their right to life with dignity, including measures designed to ensure access without delay by individuals to essential services such as health care.²⁶ The obligation of States to respect and ensure the right to life under the ICCPR extends to reasonably foreseeable threats and life-threatening situations that can result in loss of life. In particular, at a minimum, States have the obligation to provide access to existing health care services that are reasonably available and accessible when lack of access to health care would expose a person to a reasonably foreseeable risk that can result in loss of life.²⁷

In the particular context of COVID-19, to effectively meet human rights obligations, States should ensure that migrants are included in the public health response to the pandemic.²⁸ This includes ensuring that migrants, regardless of immigration status, receive equal access to testing, prevention, treatment, care, vaccination and information regarding COVID-19, including information and care in a language they can understand.²⁹ “Firewalls” between health care providers and immigration enforcement officials should also be maintained in the context of COVID-19 testing, treatment, and vaccination, in order to ensure that all migrants are comfortable seeking out necessary services.³⁰

As vaccines become available, migrants, regardless of their status, should have equitable and affordable access to vaccination plans and programmes,³¹ and States should take active steps to overcome the barriers to vaccination or to vaccine information that migrants may face.³² Prioritization of vaccine distribution should include the perspectives of migrants and take into consideration the heightened risks that some migrants might face, particularly those in situations of immigration detention.³³

While the health system in Libya generally struggles, migrants in Libya have less access to health care than others in the country. The Humanitarian Needs Assessment for Libya for 2021 by the United Nations Office for Coordination of Humanitarian Affairs (OCHA) found that during the COVID-19 pandemic 64 per cent of migrant and refugee households reported difficulties in accessing health care, in comparison to 50 per cent of Libyan households.³⁴ Although the law prohibits discrimination and notwithstanding the fact that basic and emergency healthcare is made available to all those in the country, a number of barriers to full and equal access to the highest attainable standard of health exist for migrants, particularly those with irregular status. Migrants in Libya often live in situations that put them at heightened risk of contracting COVID-19. In particular, they live in often overcrowded

²⁶ Human Rights Committee, general comment No. 36 – Article 6 (the right to life), CCPR/C/GC/36, 2018, para. 26.

²⁷ Human Rights Committee, communication no° 2348/2014, *Toussaint v. Canada*, para. 11.3.

²⁸ See OHCHR, *COVID-19 and the human rights of migrants: Guidance*, 7 Apr. 2020, available at https://www.ohchr.org/Documents/Issues/Migration/OHCHRGuidance_COVID19_Migrants.pdf.

²⁹ *Ibid.*

³⁰ *Ibid.*

³¹ OHCHR, “Human Rights and Access to COVID-19 Vaccines,” 17 December 2020, available at https://www.ohchr.org/Documents/Events/COVID-19_AccessVaccines_Guidance.pdf; Committee on Migrant Workers, OHCHR et al., *Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants*, 8 March 2021, available at <https://www.ohchr.org/Documents/Issues/Migration/JointGuidanceNoteCOVID-19-Vaccines-for-Migrants.pdf>; UN Network on Migration, “Striving for Equitable Access to COVID-19 Vaccines to Leave No Migrant Behind,” 02 Mar. 2021, available at <https://migrationnetwork.un.org/striving-equitable-access-covid-19-vaccines-leave-no-migrant-behind>.

³² Committee on Migrant Workers, OHCHR et al., *Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants*.

³³ OHCHR, “Human Rights and Access to COVID-19 Vaccines”; Committee on Migrant Workers, OHCHR et al., *Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants*.

³⁴ OCHA, “Humanitarian Needs Overview 2021: Libya,” Dec. 2020, p. 38, available at https://reliefweb.int/sites/reliefweb.int/files/resources/hno_2021-final.pdf.

conditions, lacking necessary water and sanitation services and the possibility of preventative hygienic measures or physical distancing.³⁵ However, it has been reported that Libyan authorities have made little effort to account for these risks or ensure migrants' inclusion in disease prevention and treatment efforts.³⁶ For example, according to reports, in the south-western city of Sabha, awareness-raising efforts by local health officials were carried out primarily in Arabic, excluding English and French-speaking migrant communities, with local activists attempting to cover the gap.³⁷ An April 2020 survey of migrants living in Tripoli found that 45 per cent of respondents were unaware of how and where to seek medical care if they experienced COVID-19 symptoms.³⁸

OHCHR and others have consistently reported on the negative human rights effects of the criminalization of irregular migration in Libya, the lack of firewalls between medical providers and immigration enforcement, and the lack of systems to provide migrants with proper documentation.³⁹ These laws created further risk during the pandemic, as migrants reported that they would not approach health care facilities out of fear of denial of care or arrest,⁴⁰ and many were subject to denial of care because they did not possess necessary official documents.⁴¹ In the city of Al-Zawiya, migrants reported being arrested at a health clinic after seeking necessary medical care.⁴² A woman migrant told OHCHR in September 2020, “[w]e survived a shipwreck, women, men and children have drowned that day. I had to swim for hours(...) I was so exhausted and traumatized; I went to the hospital with a baby and other women survivors(...) The police came and arrested all of us, we were wet and had no clothes to change (...) instead of taking care of us we were all taken to [a] detention centre and locked up.”⁴³ In one survey of more than 3500 migrants in Libya during the pandemic, fewer than 30 per cent said that they would be able to access necessary health services.⁴⁴ The most common barrier to health care access that respondents identified was discrimination against foreigners; lack of access to money, information or documents, fear of being reported to the authorities, and language barriers were also identified as key factors.⁴⁵ In Libya and the surrounding region, losses of income and financial support during the pandemic, as discussed in further detail below, also undermined migrants' ability to access health care.⁴⁶

Where migrants were able to seek health care services during the COVID-19 pandemic, some reported not receiving adequate care. A torture survivor reported that she was sent away from a hospital without any treatment other than painkillers after seeking assistance for extreme pain and bloody urine,⁴⁷ and a wounded man reported being turned away from a hospital in Tripoli in March 2021.⁴⁸ A 16-year-old Sudanese boy recounted to OHCHR, “I was badly injured in an accident; I was in pain and bleeding (...) I collected money and went to a hospital in Tripoli, taking all the risks to be arrested; I was desperate to seek medical care and stop the pain. Once at the gate, no one wanted to rescue me. I was

³⁵ Amnesty International, “Between Life and Death” p. 36.

³⁶ *Ibid.*, p. 38.

³⁷ *Ibid.*

³⁸ Mixed Migration Centre, “MMC North Africa 4Mi Snapshot” April 2020, available at https://mixedmigration.org/wp-content/uploads/2020/04/096_covid_snapshot_NA.pdf.

³⁹ OHCHR, “Desperate and Dangerous,” at pp. 25, 27.

⁴⁰ Amnesty International, “Between Life and Death,” at p. 38.

⁴¹ OCHA Libya, “Humanitarian Bulletin (December 2020).”

⁴² OHCHR interviews.

⁴³ OHCHR interviews.

⁴⁴ Mixed Migration Centre, “Mixed Migration During Covid-19,” interactive tool available at <https://mixedmigration.org/4mi/4mi-interactive/mixed-migration-during-covid-19/>, last visited 6 July 2021.

⁴⁵ *Ibid.*

⁴⁶ IMREF, “Exploring the Impact of COVID19 on the Vulnerabilities of Migrants on the Central Mediterranean Route,” 1 July 2020, p. 14, available at <https://www.alnap.org/help-library/exploring-the-impact-of-covid-19-on-the-vulnerabilities-of-migrants-on-the-central-0>; see also http://www.mixedmigration.org/wp-content/uploads/2020/11/151_covid_thematic_update_refugees_and_migrants_with_children_.pdf, p. 6.

⁴⁷ Amnesty International, “Between Life and Death,” at p. 38.

⁴⁸ OHCHR interview.

told that there was no doctor to take care of me (...) I was asked simply to leave.”⁴⁹ This is consistent with a number of reports that OHCHR and UNSMIL have received recounting that migrants with darker skin are frequently denied admission to hospitals unless they are accompanied by Libyans.⁵⁰

These failures to provide adequate health services are likely attributable to a combination of the health system being severely overburdened,⁵¹ and discrimination against migrants, which will be discussed further below. In addition, in some instances the pandemic may have led to reallocation of resources and reduced services from humanitarian and civil society organizations that had previously been providing dedicated health services to migrants.⁵² For instance, the Red Cross in Central and West Africa, which operates in Libya’s neighbouring countries like Niger and Mali, reported in April 2021 that it had suspended psychosocial support services for migrants as a part of its pandemic response.⁵³

As Libya moves to vaccinate its population against COVID-19, there are concerns that migrants may again be left out of the Government’s response. It has been estimated that widespread access to vaccines in Libya and its neighbours will not be available until 2023, or late 2022 at the earliest.⁵⁴ In early March 2021, the World Health Organization (WHO) announced that Libya would be receiving close to 300,000 doses of the vaccine as a part of the global COVAX initiative, to begin vaccinating its close to seven million inhabitants,⁵⁵ and as of July 2021 the country had received 830,190 doses of the vaccine.⁵⁶ Although the Prime Minister of Libya has asserted that the vaccine will also be provided to foreign residents and migrants⁵⁷ and opened up 430 vaccination centres around the country,⁵⁸ many migrants are reluctant to access vaccination centres because of concerns over cost, safety, lack of documents, and a lack of trust in the health system.⁵⁹ As of 17 May 2021, less than one third of 168 States submitting national deployment and vaccination plans to the COVAX facility had made provisions for the vaccination of all migrants, including those in irregular situations.

RECOMMENDATIONS

- The Libyan Government and Governments of neighbouring States that form part of migration routes to and from Libya, as a part of their COVID-19 response and recovery, especially given the life threatening nature of the COVID-19 pandemic, should put in place legislative, policy, administrative, and practical measures, as appropriate, to ensure migrants’ timely, effective, and non-discriminatory access to health facilities, goods, and services, at the same level as provided to all other persons within their jurisdiction or control, at all stages of migration, regardless of migration status.
- Such measures should include “firewalls” to separate immigration enforcement activities from health service provision.

⁴⁹ OHCHR interview.

⁵⁰ OHCHR interviews.

⁵¹ Mahmoud, “The Pandemic: A View from Libya”; World Health Organization, “WHO alarmed over rapidly escalating rates of COVID-19 in Libya.”

⁵² IMREF, “Exploring the Impact of COVID19 on the Vulnerabilities of Migrants on the Central Mediterranean Route,” at p. 15.

⁵³ Ibid.

⁵⁴ Economist Intelligence Unit, “More than 85 poor countries will not have widespread access to coronavirus vaccines before 2023,” 27 Jan. 2021, available at <https://www.eiu.com/n/85-poor-countries-will-not-have-access-to-coronavirus-vaccines/>.

⁵⁵ Walid Abdullah, “Libya premier vows to provide COVID-19 vaccines soon,” 13 Mar. 2021, available at <https://www.aa.com.tr/en/middle-east/libya-premier-vows-to-provide-covid-19-vaccines-soon/2174889>. The COVAX facility is global initiative aimed at providing universal and equitable vaccine access around the world. For Libya’s population, see <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=LY>.

⁵⁶ OCHA, “Libya: COVID-19 cases are on the rise,” 21 Jul. 2021, available at <https://reports.unocha.org/en/country/libya/card/3g127KvyPW/>.

⁵⁷ Abdullah, “Libya premier vows to provide COVID-19 vaccines soon.”

⁵⁸ OCHA, “Libya: COVID-19 cases are on the rise.”

⁵⁹ Ibid.

- Information about COVID-19 transmission, prevention, protocols, treatment, and vaccination and related health measures should be made available in common languages and formats that are understandable and accessible to migrants.
- The Libyan Government and Governments of neighbouring States should guarantee migrants' inclusion in national vaccination plans and programmes, that such plans and programmes give priority to those that are at high risk of contracting COVID-19, including migrants, and should secure migrants' equitable and affordable access to vaccines and treatments. They should also ensure that migrants, regardless of their status, can access COVID-19 vaccines without fear or risk of deportation, immigration detention, or other penalties as result of migration status.
- Governments engaged in international cooperation with Libya should endeavour to support Libya's vaccination efforts, including of migrants, through consideration of measures such as support to the COVAX facility and a waiver of intellectual property rights for vaccines under the Trade-Related Aspects of Intellectual Property Rights Agreement at the World Trade Organization.

B. AGGRAVATED RISKS OF EXPOSURE TO COVID-19 IN THE CONTEXT OF DETENTION

LEGAL FRAMEWORK

In accordance with international human rights law, detention of migrants is only permissible in exceptional circumstances and as a measure of last resort. According to the Human Rights Committee,⁶⁰ detention in the course of proceedings for the control of immigration is not per se arbitrary, but the detention must be justified as reasonable, necessary and proportionate in the light of the circumstances and reassessed as it extends in time. Asylum seekers who unlawfully enter a State's territory may be detained for a brief initial period in order to document their entry, record their claims and determine their identity if it is in doubt. To detain them further while their claims are being resolved would be arbitrary, and therefore contrary to article 9 of the ICCPR, in the absence of particular reasons specific to the individual, such as an individualized likelihood of absconding, a danger of crimes against others, or a risk of acts against national security. The decision must consider relevant factors case by case and not be based on a mandatory rule for a broad category; must take into account less invasive means of achieving the same ends, such as reporting obligations, sureties or other conditions to prevent absconding; and must be subject to periodic re-evaluation and judicial review. Decisions regarding the detention of migrants must also take into account the effect of the detention on their physical or mental health. By the same token, the Working Group on Arbitrary Detention noted that any form of administrative detention or custody in the context of migration must be applied as an exceptional measure of last resort, for the shortest period, only if justified by a legitimate purpose, such as documenting entry and recording their claims or initial verification of identity if in doubt, ordered by a judicial process and subject to judicial review.⁶¹

⁶⁰ Human Rights Committee, general comment no. 35, para. 18.

⁶¹ Working Group on Arbitrary Detention, Revised deliberation no. 5 on deprivation of liberty of migrants, A/HRC/39/45, Annex, paras. 12 and 13.

Pursuant to article 37(b) of the Convention on the Rights of the Child, no child shall be deprived of his or her liberty unlawfully or arbitrarily. According to the Committee on the Rights of the Child, the detention of any child because of their or their parents' migration status constitutes a child rights violation and contravenes the principle of the best interests of the child.⁶² Offences concerning irregular entry or stay cannot under any circumstances have consequences similar to those derived from the commission of a crime. Therefore, the possibility of detaining children as a measure of last resort, which may apply in other contexts such as juvenile criminal justice, is not applicable in immigration proceedings.⁶³ When children are unaccompanied, they are entitled to special protection and assistance by the State in the form of alternative care and accommodation. When children are accompanied, the need to keep the family together is not a valid reason to justify the deprivation of liberty of a child. When the child's best interests require keeping the family together, the imperative requirement not to deprive the child of liberty extends to the child's parents and requires the authorities to choose non-custodial solutions for the entire family.⁶⁴

As a general rule, pregnant women and nursing mothers, who both have special needs, should not be detained. Where detention of women asylum seekers is unavoidable, separate facilities and materials are required to meet the specific hygiene needs of women.⁶⁵ The Committee on the Protection of the Rights of all Migrant Workers and Members of their Families has noted that detention can be particularly damaging to migrant workers and members of their families in vulnerable situations, impacting negatively on their physical and mental health, such as victims of torture, unaccompanied older persons, persons with disabilities and persons living with HIV/AIDS. Special measures should be taken to protect people in vulnerable situations deprived of their liberty, including access to adequate health services, medication and counselling. Moreover, migrant workers with disabilities and members of their families with disabilities should be provided with reasonable accommodation to ensure their right to enjoy their human rights and fundamental freedoms on an equal basis with others.⁶⁶

In light of the foregoing, given the specific risks related to COVID-19, particular attention should be given to specific health needs of persons with underlying health conditions or those in heightened situations of vulnerability. Health care services should incorporate gender specific needs at all times.⁶⁷

⁶² Committee on the Rights of the Child and Committee on Migrant Workers, Joint general comment No. 3 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 22 (2017) of the Committee on the Rights of the Child on the general principles regarding the human rights of children in the context of international migration, 2017, para. 5.

⁶³ *Ibid.*, para. 10.

⁶⁴ *Ibid.*, para. 11. See also A/HRC/30/37, para. 46. See also E/CN.4/1999/63/Add.3, para. 37; A/HRC/27/48/Add.2, para. 130; A/HRC/36/37/Add.2, paras 41–42; A/HRC/28/68, throughout and specifically on child migrants at para. 80; and A/HRC/20/24, para. 72 (h).

⁶⁵ Committee on the Elimination of Discrimination against Women, general recommendation No. 32, para. 34. See also Committee on Migrant Workers, general comment No. 2, para. 45.

⁶⁶ Committee on Migrant Workers, general comment No. 2, para. 46. See also E/CN.4/2003/85, paras. 41–51; A/HRC/20/24, paras. 36–47. See also OHCHR, Principles and Guidelines on the human rights protection of migrants in vulnerable situations, 2018, p. 37; UNHCR, Guidelines on the Applicable Criteria and Standards relating to the Detention of Asylum-Seekers and Alternatives to Detention, guideline 9; OHCHR, Recommended Principles and Guidelines on Human Rights and Human Trafficking, principle 7 and guidelines 2 (6) and 6 (1).

⁶⁷ Inter-Agency Standing Committee (IASC), Interim Guidance on COVID-19: Focus on Person Deprived of Liberty, March 2020, available at <https://interagencystandingcommittee.org/other/iasc-interim-guidance-covid-19-focus-persons-deprived-their-liberty>.

Migrants deprived of their liberty should be afforded treatment in accordance with articles 7 and 10 of the ICCPR and 1 and 16 of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment. When permissible, any necessary detention of migrants should take place in appropriate, sanitary, non-punitive facilities and should not take place in prisons.⁶⁸ Treatment of migrants who are in detention facilities must be humane, free from discrimination, and uphold human dignity.⁶⁹ The conditions of detention must meet certain standards, including conforming to the UN Standard Minimum Rules for the Treatment of Prisoners, which provide minimum standards for inter alia, accommodation, personal hygiene, clothing, bedding, food, exercise, access to newspapers, books and religious advisers, communication with the outside world, and medical services.⁷⁰

The Human Rights Committee has pointed out that the duty to protect the right to life of all detained individuals, enshrined in article 6 of the ICCPR, includes providing them with necessary medical care and appropriately regular monitoring of their health.⁷¹ In particular, all detained migrants must have free access to appropriate medical care, including mental health care.⁷² Such care should be age, gender, culturally and linguistically appropriate and provided by qualified staff whose primary role is to ensure the health of persons in detention.⁷³ States should ensure that persons in detention have access to the same standard of health care as is available in the community, and that this applies to all persons regardless of citizenship, nationality or migration status.⁷⁴

In October 2020, reports indicated dramatic increases in migrants being held in detention centres in Libya, largely due to an increase in search and rescue operations by the Libyan Coast Guard in the central Mediterranean sea accompanied by a reduction of such activities by other State and non-State actors,⁷⁵ with one centre going from less than 25 occupants to more than 1,000 in a matter of weeks, and with more than 500 children being newly detained between March and September.⁷⁶ At the same time, reported COVID-19 cases in Libya increased 150 per cent.⁷⁷ As of April 2021, the United Nations High Commissioner for Refugees (UNHCR) reported that around 4,000 individuals were being held in official migrant detention centres in Libya.⁷⁸

In 2018, OHCHR reported that conditions in detention centres for migrants in Libya were “generally inhuman, falling far short of international human rights standards.”⁷⁹ Visits by UNSMIL revealed that such centres were “characterized by overcrowding, poor hygiene, inadequate lighting and ventilation, and insufficient access to washing and sanitation facilities.”⁸⁰ During the COVID-19

⁶⁸ Human Rights Committee, general comment No. 35, para. 18.

⁶⁹ Working Group on Arbitrary Detention, Revised deliberation no. 5 on deprivation of liberty of migrants, A/HRC/39/45, Annex, paras. 32, 38.

⁷⁰ A/HRC/20/24, para. 29.

⁷¹ *Ibid.*, para. 25.

⁷² Working Group on Arbitrary Detention, Revised deliberation no. 5 on deprivation of liberty of migrants, A/HRC/39/45, Annex, para. 39; see also A/HRC/27/48/Add.2, para. 118 (d) (iii); A/HRC/30/36/Add.3, para. 75.

⁷³ OHCHR, Recommended Principles and Guidelines on Human Rights at International Borders, 2014, p. 35.

⁷⁴ IASC, Interim Guidance on COVID-19: Focus on Person Deprived of Liberty.

⁷⁵ OHCHR, “Lethal Disregard: Search and rescue and the protection of migrants in the central Mediterranean Sea,” May 2021, pp. 3-4, available at <https://www.ohchr.org/Documents/Issues/Migration/OHCHR-thematic-report-SAR-protection-at-sea.pdf>.

⁷⁶ OHCHR interviews; International Rescue Committee, “New IRC data: Nearly 500 children sent to Libyan detention centres in past 6 months; IRC calls for immediate closure of inhumane centres,” 8 Oct. 2020, available at <https://www.rescue.org/press-release/new-irc-data-nearly-500-children-sent-libyan-detention-centres-past-6-months-irc-calls>.

⁷⁷ International Rescue Committee, “New IRC data: Nearly 500 children sent to Libyan detention centres in past 6 months; IRC calls for immediate closure of inhumane centres.”

⁷⁸ Libya Review, “UNHCR Calls for Closure of Migrant Detention Centres in Libya,” 17 Apr. 2021, available at <https://libyareview.com/12065/unhcr-calls-for-closure-of-migrant-detention-centres-in-libya/>.

⁷⁹ OHCHR, “Desperate and Dangerous,” at p. 42.

⁸⁰ *Ibid.*

pandemic, humanitarian access to these detention centres was more constrained than usual, as a result of preventative mobility restrictions.⁸¹ However, reports suggest that the situation has changed little since 2018 with migrants who are detained still likely to live in cramped and unsanitary conditions.⁸² According to reports, detention centres are overcrowded, with poor ventilation and sanitation, inadequate and insufficient food (sometimes rising to the level of starvation) and water, lack of access to medical care and supplies, and no possibility of social distancing.⁸³ Other diseases, such as scabies and tuberculosis and other upper respiratory tract infections, were reported to be spreading inside of detention centres at the same time that COVID-19 infections were rising within the country.⁸⁴ Humanitarian observers who were able to visit immigration detention centres in Libya during the pandemic also reported significant effects of the pandemic on migrants' mental health, with reports of rising anxiety and migrants feeling hopeless, abandoned, and left without viable alternatives.⁸⁵ The possibilities for the isolation of those suspected of having contracted COVID-19 in detention centres were also practically inexistent, with no dedicated isolation facilities/rooms to prevent the spread of COVID-19.⁸⁶

In October 2020, the overcrowding in detention centres in Libya rendered the humanitarian situation "dangerous and complicated," with UN system entities expressing their concern that conditions might make migrants more vulnerable to the spread of infectious disease.⁸⁷ Observers warned that the overcrowding and lack of possibilities for social distancing in detention centres would allow rapid spread of infectious diseases, including COVID-19.⁸⁸ An unidentified number of confirmed cases were registered in the al-Mabani and Abu Salim detention centres in 2021, with no measures taken subsequently for contact tracing or isolation of those infected.⁸⁹ When asked whether any measures were taken by authorities to prevent the spread of the pandemic in detention centres, a 22-year-old female migrant, a rape survivor, told OHCHR "[w]e are crammed like sardines in a box, we have no water, no ventilation, no adequate food, no sanitation, no hygienic kits, no clothes. How do you want us to apply those measures? Social distancing is just a joke,"⁹⁰ revealing the absence of adequate conditions to effectively implement measures to prevent the spread of the COVID-19 virus in places of deprivation of liberty.

OHCHR and a number of other international organizations have underlined that States should: stop new detentions of migrants for migration-related reasons; release migrants in detention in order to protect their rights and health and that of staff in immigration detention facilities, while following strict safeguards to prevent and respond to COVID-19; and urgently establish non-custodial alternatives following proper safeguards.⁹¹ However, when UNSMIL asked for the release of detainees in vulnerable situations or who face high risk, including women, children, older persons and detainees with disabilities

⁸¹ Medecins Sans Frontieres, "Conflict and COVID-19 adds up to a crisis within a crisis in Libya," 2 June 2020, available at <https://www.msf.org/conflict-and-covid-19-adds-crisis-libya>.

⁸² Sally Hayden, "Libya: coronavirus has deadly impact on life-saving evacuations," *The Irish Times*, 1 Jan. 2021, available at <https://www.irishtimes.com/news/world/africa/libya-coronavirus-has-deadly-impact-on-life-saving-evacuations-1.4448263>.

⁸³ Medecins Sans Frontieres, "Conflict and COVID-19 adds up to a crisis within a crisis in Libya."

⁸⁴ OHCHR interviews; see also Nancy Porsia, "Migrants in Libya, trapped between war and COVID," *Open Migration*, 5 May 2020, available at <https://openmigration.org/en/analyses/migrants-in-libya-trapped-between-war-and-covid-19/>.

⁸⁵ OHCHR interviews.

⁸⁶ OHCHR interviews.

⁸⁷ *Libya Review*, "IOM: Migrants in Libyan Detention Centres Vulnerable to Diseases," 19 Oct. 2020, available at <https://libyareview.com/7414/>.

⁸⁸ Salem Soloman, *Voice of America*, "If Coronavirus Hits Libyan Detention Centers it would be a 'Massacre'," 30 March 2020, available at <https://www.voanews.com/middle-east/if-coronavirus-hits-libyan-detention-centers-it-would-be-massacre>.

⁸⁹ OHCHR interviews.

⁹⁰ OHCHR interviews.

⁹¹ UN Network on Migration, *COVID-19 & Immigration Detention: What Can Governments and Other Stakeholders Do?*, 2020, available at: http://mignet.iondev.org/sites/default/files/docs/un_network_on_migration_wg_atd_policy_brief_covid-19_and_immigration_detention_0.pdf; see also Inter-Agency Standing Committee, *Interim Guidance: COVID-19, Focus on Persons Deprived of their Liberty*, March 2020, available at https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Interim%20Guidance%20on%20COVID-19%20-%20Focus%20on%20Persons%20Deprived%20of%20Their%20Liberty_0.pdf.

and those with chronic diseases, at least two detention centre directors in Libya responded that they did not believe in the COVID-19 outbreak.⁹²

Anti-COVID-19 measures that were taken inside of detention centres, such as sanitization of surfaces, were reportedly ineffective and failed to address the broader and long-standing human rights concerns. In July 2020, concerns were raised that COVID-19 testing was widely unavailable to migrants across the country, particularly for those being returned from attempts to cross the Mediterranean, who were largely sent immediately to detention centres without health screenings.⁹³ Reportedly, no tests had been conducted of more than 3,100 migrants who had been returned to Libya since the virus was identified there, while 28 migrants who had departed from Libya tested positive upon arrival in Italy, suggesting that the cycle of embarkation, return, and detention might offer opportunities for undetected spread of the disease and required specific measures to keep migrants safe.⁹⁴

RECOMMENDATIONS

- In line with the prohibition of arbitrary detention and as a COVID-19 response measure, the authorities in Libya should introduce a moratorium on the use of immigration detention, urgently release migrants from immigration detention centres, and institute a range of human rights-based, non-custodial alternatives to detention in order to protect their rights and that of staff in immigration detention facilities, including the right to the highest attainable standard of health. Since immigration detention is never in the best interests of the child, children and their families should be immediately released.
- In accordance with international human rights law instruments, such as the ICCPR and ICESCR, in the context of COVID-19, Libya must afford detainees access to health services, including prevention, testing, treatment, care, and vaccination, as provided to all persons within its jurisdiction. It should also include adequate social distancing options and adequate and culturally acceptable sanitation and personal hygiene products, care and facilities. Access to information on COVID-19 developments and related measures should be provided to migrants in a language they understand and in formats they can access.
- All suspected or confirmed cases of COVID-19 in immigration detention centres should be isolated away from other detainees, as indicated by medical advice and in dignified conditions. Measures must be taken to combat stigmatization or violence against those suspected or confirmed to have the virus. Detention centre administrations should develop close links with and seek medical advice from community health services and other health care providers.
- Pending the release of migrants, civil society and humanitarian actors, national human rights institutions and UN entities should be granted unimpeded access to monitor the situation of detention, including with regard to COVID-19.
- The Government should ensure, to the maximum of its available resources, that those released from immigration detention have access to adequate housing, food and basic services, including COVID-19 testing, prevention, treatment, care and vaccination without discrimination based on migration status.

⁹² OHCHR interviews.

⁹³ International Rescue Committee, "Libya: Lack of COVID-19 tests when boats return risks surge in cases, warns IRC," 9 July 2020, available at <https://reliefweb.int/report/libya/libya-lack-covid-19-tests-when-boats-return-risks-surge-cases-warns-irc>.

⁹⁴ Ibid.

C. ACCESS TO DECENT WORK, LIVELIHOODS, AND SOCIAL PROTECTION

LEGAL FRAMEWORK

Articles 6 and 7 of the ICESCR recognize the right to work, which includes the right of everyone to the opportunity to gain his living by work which he freely chooses or accepts, as well as the right of everyone to the enjoyment of just and favourable conditions of work. While the right to work is not a guarantee of employment, it requires that States must guarantee free choice of whether to work or not work, and must ensure that individuals are not unfairly deprived of work.⁹⁵ The Committee on Economic, Social and Cultural Rights and others have recognized that migrants, particularly those with irregular status, are particularly at risk of conditions of labour abuse and exploitation.⁹⁶ Accordingly, specific legal measures may be necessary to protect the rights of all migrants to decent work.⁹⁷

Laws and policies should ensure that migrant workers enjoy treatment that is no less favourable than that of national workers in relation to remuneration and conditions of work.⁹⁸ The Committee on the Elimination of Racial Discrimination has recognized that while States may refuse to offer jobs to non-citizens without a work permit, all individuals are entitled to the enjoyment of labour and employment rights, including the freedom of assembly and association, once an employment relationship has been initiated until it is terminated.⁹⁹

In light of the above, in order to guarantee the right of migrants workers, States should ensure that migrants do not experience discrimination in the workplace, and that no distinctions are made in conditions of employment between nationals and non-nationals, with respect, inter alia, to wages, workplace rights, social representation including trade union rights, recognition of skills and qualifications, and social protection.¹⁰⁰ All persons, including migrants have a right to decent work, which respects the fundamental rights of the human person as well as the rights of workers in terms of conditions of work safety and remuneration, provides a wage sufficient to support themselves and their families, and respects the mental and physical integrity of the worker.¹⁰¹

⁹⁵ Committee on Economic, Social and Cultural Rights, General Comment No. 18 on the Right to Work, E/C.12/GC/18, para. 6.

⁹⁶ Committee on Economic, Social and Cultural Rights, Statement on Duties of States towards refugees and migrants under the International Covenant on Economic, Social and Cultural Rights, at para. 13.

⁹⁷ Ibid.

⁹⁸ Committee on Economic, Social and Cultural Rights, General Comment No. 23 (2016) on the right to just and favourable conditions of work, E/C.12/GC/23, para. 47(e).

⁹⁹ Committee on the Elimination of Racial Discrimination, General recommendation No. XXX on discrimination against non-citizens, 2005, para. 35.

¹⁰⁰ See OHCHR, Principles and Guidelines on the human rights protection of migrants in vulnerable situations, 2018, p. 51.

¹⁰¹ Committee on Economic, Social and Cultural Rights, General Comment No. 18 on the Right to Work, at paras. 7 and 18.

Article 9 of the ICESCR guarantees to everyone the right to social security, including social insurance, while Article 11 guarantees the right to everyone of an adequate standard of living. According to the Committee on Economic, Social and Cultural Rights, the right to social security includes: the right to access and maintain benefits, whether in cash or in kind, without discrimination in order to secure protection, inter alia, from (a) lack of work-related income caused by sickness, disability, maternity, employment injury, unemployment, old age, or death of a family member; (b) unaffordable access to health care; (c) insufficient family support, particularly for children and adult dependants.¹⁰² The Committee has specified that where non-nationals, including migrant workers, have contributed to a social security scheme, they should be able to benefit from that contribution or retrieve their contributions if they leave the country. Non-nationals should also be able to access non-contributory schemes for income support, affordable access to health care and family support.¹⁰³ The ILO has also emphasized the right to provision of social protection, which includes access to health care and income security, particularly in cases of old age, unemployment, sickness, invalidity, work injury, maternity or loss of a main income earner.¹⁰⁴

Even before the pandemic, migrants in Libya often experienced economic precarity and labour exploitation and abuse, including a lack of access to labour enforcement mechanisms or networks of social support enjoyed by Libyans.¹⁰⁵ Social protection laws, including those requiring employers to provide medical and social coverage, extend to migrants, but not those who are undocumented.¹⁰⁶ The economic downturn caused by COVID-19, compounded by the mobility restrictions that further impaired migrants' ability to travel in search of work,¹⁰⁷ has only worsened this situation. One survey suggested that up to 65 per cent of 208 interviewed migrants in Libya lost access to income in March and April 2020.¹⁰⁸ In a different, larger survey, only 20 per cent of Libyan nationals reported losing access to their employment during 2020.¹⁰⁹ During the period from July-September 2020, in 90 per cent of locations in Libya surveyed by IOM, migrants who relied on daily labour opportunities had more difficulty in finding work and earning a decent livelihood.¹¹⁰ In a survey in Libya, Sudan and Tunisia conducted between June 2020 and February 2021, more than 20 per cent of migrants said that reduced access to work was one of the biggest impacts of the pandemic on their daily life, although these concerns did lessen as time went on and some mobility restrictions were lifted.¹¹¹

As migrants faced job scarcity, the potential for abusive or exploitative job situations, already present in Libya before the pandemic, was also on the rise.¹¹² According to reports, COVID-19-linked poverty and job scarcity may have led some migrants in North Africa to become trapped

¹⁰² Committee on Economic, Social and Cultural Rights, General comment no. 19: The Right to Social Security, E/C.12/GC/19, 2008, para. 2.

¹⁰³ *Ibid.*, paras. 36-37.

¹⁰⁴ ILO, "Social Protection," <https://www.ilo.org/global/topics/social-security/lang-en/index.htm>, last visited 25 Mar. 2021.

¹⁰⁵ OHCHR, "Desperate and Dangerous," pp. 52-53.

¹⁰⁶ Information provided by the Government of Libya.

¹⁰⁷ Irene Schofberger & Marzia Rango, "COVID-19 and migration in West and North Africa and across the Mediterranean," IOM Global Migration Data Analysis Centre, p. xxvi, available at <https://publications.iom.int/system/files/pdf/covid19-and-migration-in-west-and-north-africa.pdf>.

¹⁰⁸ Mixed Migration Centre interviews.

¹⁰⁹ OCHA, "Humanitarian Needs Overview 2021: Libya," at p. 25.

¹¹⁰ IOM Displacement Tracking Matrix, "COVID-19 Mobility Tracking #4," 30 Oct. 2020, p. 1, available at https://reliefweb.int/sites/reliefweb.int/files/resources/DTM_Covid-19_MT_KIL_Assessment_Jul_Aug_Sep%20%28Report4%29.pdf.

¹¹¹ Mixed Migration Centre, "Mixed Migration During Covid-19," interactive tool available at <https://mixedmigration.org/4mi/4mi-interactive/mixed-migration-during-covid-19/>, last visited 6 July 2021.

¹¹² IMREF, "Exploring the Impact of COVID19 on the Vulnerabilities of Migrants on the Central Mediterranean Route," at pp. 12-13.

in exploitative situations potentially even amounting to a contemporary form of slavery.¹¹³ More than 50 per cent of 4,000 migrants interviewed in North Africa by the Mixed Migration Centre perceived that there was an increased risk of labour exploitation as a result of the pandemic.¹¹⁴ In an IOM survey, when asked about occupational hazards, 41 per cent of employed migrants reported feeling unsafe at work due to health risks caused by inadequate COVID-19 protective measures.¹¹⁵

In early 2020, at the beginning of the pandemic, a Sudanese woman and a 16 year-old unaccompanied Eritrean girl reported being raped in Tripoli, one by her employer and the other kidnapped from the street as she was on her way to a common gathering spot for day labourers, respectively. Both reported experiencing a situation of vulnerability due to their desperation to work and provide rent and food.¹¹⁶ Some migrant women in North Africa reported turning to sex work as a result of losing other labour opportunities, and others reported that sex work had become more precarious and dangerous as a result of the pandemic.¹¹⁷ Data also indicate that almost half of women and girl migrants surveyed in Libya had perceived an increased risk of sexual exploitation since the beginning of the COVID-19 crisis.¹¹⁸

The decline in employment and financial stability for migrants in Libya and neighbouring countries, accompanied by a lack of access to any form of social protection, led to a rise in food insecurity for many,¹¹⁹ and negatively impacted the ability to secure adequate shelter.¹²⁰ Some migrants in the region reported resorting to selling possessions such as clothing and mobile phones in order to account for lost financial resources.¹²¹ According to interviews conducted by the Mixed Migration Centre in Libya and Tunisia in May and June of 2020, a significant majority of migrants reported needing assistance in the form of cash, food, water, shelter, and protective equipment, but less than 30 per cent said that they had received any form of such assistance.¹²² This compares to 18 per cent of the general population that relied on humanitarian assistance in 2020.¹²³ OHCHR continues receiving information from migrants in Libya that they have no income and receive no financial support to meet their basic needs in terms of food, water and medicines.¹²⁴ Some are living in the streets, in slums, and in abandoned construction projects, as they lost their income and were not able to pay rent.¹²⁵ A desperate young Sudanese boy, for example, said to OHCHR, “I have nowhere to go and have nothing to eat. I am so tired, I wish I died at the traffickers’ camp in Bani Walid, I am not able to work anymore because of torture. All those who gave me shelter in crowded rooms, do not want to do so anymore, as they have no extra money and food to share with me now.”¹²⁶

¹¹³ Ibid, at p. 13.

¹¹⁴ Mixed Migration Centre, “Mixed Migration During Covid-19,” interactive tool available at <https://mixedmigration.org/4mi/4mi-interactive/mixed-migration-during-covid-19/>, last visited 6 July 2021.

¹¹⁵ IOM Displacement Tracking Matrix, at p. 1.

¹¹⁶ OHCHR interviews.

¹¹⁷ IMFREF, “Exploring the Impact of COVID19 on the Vulnerabilities of Migrants on the Central Mediterranean Route,” at p. 13.

¹¹⁸ Mixed Migration Centre, “Mixed Migration During Covid-19,” interactive tool available at <https://mixedmigration.org/4mi/4mi-interactive/mixed-migration-during-covid-19/>, last visited 6 July 2021.

¹¹⁹ IMFREF, “Exploring the Impact of COVID19 on the Vulnerabilities of Migrants on the Central Mediterranean Route,” at p. 11; Schofberger & Rango, “COVID-19 and migration in West and North Africa and across the Mediterranean,” at p. xxvi.

¹²⁰ IMFREF, “Exploring the Impact of COVID19 on the Vulnerabilities of Migrants on the Central Mediterranean Route,” at p. 11.

¹²¹ Ibid.

¹²² Schofberger & Rango, “COVID-19 and migration in West and North Africa and across the Mediterranean,” at p. xxvi.

¹²³ OCHA, “Humanitarian Needs Overview 2021: Libya,” at p. 6.

¹²⁴ OHCHR interviews.

¹²⁵ OHCHR interviews.

¹²⁶ OHCHR interviews.



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RECOMMENDATIONS

- The Libyan Government and those of neighbouring States should take steps to address the negative socio-economic impacts of the COVID-19 crisis, create conditions conducive to generating jobs and protect the right to decent work for all, without discrimination and regardless of migration status. Where possible, measures should be taken to try to move positions from the informal sector to formal employment, in order to enhance labour protections.
- Governments should establish effective complaint mechanisms to ensure that workers, regardless of their nationality and migration or residence status, can lodge complaints against employers and obtain an adequate reparation, including unpaid wages or compensation, if violations of labour rights have been committed.
- Governments should continue taking necessary measures to prevent and combat contemporary forms of slavery, including forced labour, and human trafficking, and ensure accountability and access to justice and effective remedies for those who experience violations.
- Any social protection measures put in place for the general population, including COVID-19 recovery assistance introduced by the Government in Libya or neighbouring States, should be available and accessible to migrants, regardless of their migration status, especially as they are likely to be in precarious working conditions and disproportionately affected by unemployment or reduced employment as a result of the pandemic.
- Where migrants work in conditions where they may be exposed to COVID-19 transmission, Governments and employers should ensure that protective measures are in place and that protective equipment is provided.

D. BORDER CLOSURE AND OTHER MOBILITY RESTRICTIONS

LEGAL FRAMEWORK

According to article 12 of the ICCPR, everyone lawfully within the territory of a State shall, within that territory, have the right to liberty of movement and freedom to choose their residence. Everyone shall be free to leave any country, including his own. No one shall be arbitrarily deprived of the right to enter his own country.¹²⁷ Since international travel usually requires appropriate documents, in particular a passport, the right to leave a country must include the right to obtain the necessary travel documents.¹²⁸ As a general matter, States should prohibit border governance measures that cause human rights violations or abuses or make them more likely.¹²⁹

Border procedures must respect the prohibition of collective expulsions¹³⁰, and must enshrine the principle of non-refoulement under international human rights and refugee law,¹³¹ providing an individualized determination to ensure that no migrant will be returned to a situation where they would be at risk of being subjected to persecution, death, torture, or cruel, inhuman and degrading treatment or punishment. They must also preserve the right to claim asylum, which is protected by the UDHR and the 1951 Convention relating to the Status of Refugees, including access to information regarding this right and access to fair and efficient asylum procedures.¹³²

Measures adopted to combat the spread of COVID-19 must still be consistent with international law and conform to the prohibitions of refoulement and collective expulsion.¹³³

¹²⁷ See also Universal Declaration of Human Rights, Art. 13 International Convention on the Elimination of All Forms of Racial Discrimination, Art. 5(d) (i-ii); Convention on the Rights of the Child, Art. 10(2).

¹²⁸ Human Rights Committee, General Comment No. 27: Freedom of Movement, CCPR/C/21/Rev.1/Add.9, 1999, para. 9.

¹²⁹ OHCHR, Principles and Guidelines on the human rights protection of migrants in vulnerable situations, 2018, p. 29.

¹³⁰ International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, art. 19; Committee against Torture, General Comment No. 4 on the implementation of article 3 of the Convention in the context of article 22, CAT/C/GC/4, 2017, para. 13; A/HRC/37/50, para. 52; see also OHCHR, Recommended Principles and Guidelines on Human Rights at International Borders, 2014, p. 9.

¹³¹ See Convention against Torture and Other Forms of Cruel, Inhuman or Degrading Treatment or Punishment, Art. 3; International Covenant on Civil and Political Rights, Arts. 6-7; Convention on the Rights of the Child, Art. 37; International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, Art. 10; Human Rights Committee, General Comment 36, at para. 31; Committee against Torture, General Comment No. 4; Committee on the Rights of the Child, communication No. 4/2016, para. 14.4; Committee on the Rights of the Child and Committee on Migrant Workers, Joint general comment No. 3 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 22 (2017) of the Committee on the Rights of the Child on the general principles regarding the human rights of children in the context of international migration, 2017, paras. 45-47; see also, OHCHR, Recommended Principles and Guidelines on Human Rights at International Borders, 2014, p. 9.

¹³² See OHCHR, Recommended Principles and Guidelines on Human Rights at International Borders, 2014, p. 31.

¹³³ See OHCHR, COVID-19 and the human rights of migrants: Guidance.

In March 2020, Libya adopted public health measures that included the closure of a number of points of entry along its land borders,¹³⁴ as well as internal movement restrictions.¹³⁵ More than half of more than 8000 migrants in Libya, Tunisia, and Sudan surveyed between June 2020 and February 2021 stated that the pandemic was restricting their mobility within the country in which they were located, while close to 40 per cent reported that it had impeded their ability to cross national borders.¹³⁶ Data collected earlier in the pandemic found even higher incidences of mobility restrictions: in one survey conducted in May 2020, more than 80 per cent of migrants in Libya reported that COVID-19 had impacted their ability to move across borders and within the country.¹³⁷

As a result, there were a number of reports of migrants being stranded both within Libya and in the desert outside of the country's borders, due to border closures and forced returns by the Libyan Government.¹³⁸ In April 2020, OHCHR raised concerns about high numbers of forced returns and collective expulsions from Eastern Libya, noting that at least 1400 migrants had been expelled already that year, without access to asylum or other protection needs, legal assistance, or other critical due process and procedural safeguards.¹³⁹ OHCHR also noted that all return decisions and procedures should be re-evaluated to ensure they are compatible with migrants' right to health as well as broader public health strategies.¹⁴⁰ Nevertheless, Libyan authorities in the Directorate to Combat Illegal Migration (DCIM) cited COVID-19 as a reason for expelling migrants from Libyan territory, claiming that they had "contagious diseases."¹⁴¹ At the same time, DCIM authorities reportedly continued to detain migrants with no protection measures, in cramped and unhygienic cells and hangars, all over the country, including while awaiting return.¹⁴² Migrants who had been the subject of such forced returns also reported abuses at the hands of Libyan authorities, including stripping them of their possessions.¹⁴³ According to a local civil society organization, deported migrants from the DCIM al-Kufra detention centre were required by the authorities to pay for their deportation journeys to neighbouring States, at a cost of between 200-300 LYD (approximately 45-65 USD). The journeys are perilous and very dangerous, with many car accidents, in which migrants have been seriously injured or even killed.¹⁴⁴

¹³⁴ IOM, Libya Mobility Restriction Dashboard, August 2020, available at <https://dtm.iom.int/reports/libya-%E2%80%94-mobility-restriction-dashboard-7-01-31-aug-2020>.

¹³⁵ IOM, Libya – COVID-19 Mobility Tracking 4, October 2020, available at <https://reliefweb.int/report/libya/libya-covid-19-mobility-tracking-4-30-october-2020>.

¹³⁶ Mixed Migration Centre, "Mixed Migration During Covid-19," interactive tool available at <https://mixedmigration.org/4mi/4mi-interactive/mixed-migration-during-covid-19/>, last visited 6 July. 2021.

¹³⁷ Mixed Migration Centre, "The Impact of COVID-19 on the Mobility of Refugees and Migrants in Libya," May 2020, p. 3, available at https://drc.ngo/media/noli4nfw/4mi_north_africa_may2020.pdf.

¹³⁸ Schofberger & Rango, "COVID-19 and migration in West and North Africa and across the Mediterranean," at pp. xxiv-xxv.

¹³⁹ OHCHR, "Press briefing note on Libya," 28 April 2020, available at <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25834&LangID=E>.

¹⁴⁰ *Ibid.*

¹⁴¹ Amnesty International, "Between Life and Death," at p. 33.

¹⁴² OHCHR interview.

¹⁴³ IMREF, "Exploring the Impact of COVID19 on the Vulnerabilities of Migrants on the Central Mediterranean Route," at p. 11.

¹⁴⁴ OHCHR interview.



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According to some research, as a result of the pandemic, migration routes in Libya and the surrounding region may have become more hazardous, particularly across the Sahara Desert, where travel conditions are precarious and there is a lack of access to health facilities.¹⁴⁵ Some reports suggest that migrants in the region are becoming more reliant on smugglers, and that as a result of the increased hazards faced, the costs that migrants must pay to smugglers are rising.¹⁴⁶ More than a quarter of migrants surveyed in North Africa between June 2020 and February 2021 reported a greater reliance on smugglers to facilitate their movement as a result of the pandemic, while close to one half said they had experienced greater risks of arbitrary arrest and detention, extortion, and theft.¹⁴⁷

¹⁴⁵ Schofberger & Rango, "COVID-19 and migration in West and North Africa and across the Mediterranean," at p. xxv.

¹⁴⁶ Benjamin P. Nickels & Margo Shields, "COVID-19 and Irregular Migration in the Mediterranean," June 2020, available at <https://www.marshallcenter.org/en/publications/perspectives/covid-19-and-irregular-migration-mediterranean-0>.

¹⁴⁷ Mixed Migration Centre, "Mixed Migration During Covid-19," interactive tool available at <https://mixedmigration.org/4mi/4mi-interactive/mixed-migration-during-covid-19/>, last visited 6 July 2021.

While migrants were limited during the report period in their ability to enter or move around in Libya, for many, any efforts they might have made to leave Libya, either to return to their countries of origin or third countries or to move on to other destinations, were also hampered by the pandemic. As described above, forced deportations were made and there was no clarity that proper health precautions were taken. Furthermore, refugee resettlements and humanitarian evacuations out of Libya were dramatically slowed and suspended for a period of five to seven months between March and August (for IOM) and October (for UNHCR) because of the virus.¹⁴⁸ OHCHR and a number of other international organizations have underlined that while countries are closing their borders and limiting cross-border movements, there are ways to manage border restrictions in a manner which respects international human rights law and international refugee law norms and standards, including the principle of non-refoulement, including through quarantine and health checks.¹⁴⁹

RECOMMENDATIONS

- Tightened border controls and other measures implemented at international borders to minimize the spread of COVID-19 must preserve the principle of non-refoulement, the prohibition of collective expulsion, and the right to seek asylum, and should not result in mandatory or indefinite detention.
- Libya and its neighbouring States should take measures to ensure that migrants are not stranded or cut off from their ability to access necessary services and livelihoods as a result of border controls or other COVID-19 prevention measures.
- States, including Libya, should consider the temporary suspension of enforced returns during the pandemic, as a measure to protect the human rights of migrants, migration and border personnel, and society as a whole. Enforced returns can only be carried out if they comply with the principle of non-refoulement and the prohibition of collective expulsions, as well as procedural guarantees, including due process, access to lawyers and interpreters. In all cases, all stages of return procedures should be adjusted to ensure they are compatible with public health strategies.

¹⁴⁸ IOM, "First IOM Libya Voluntary Return Charter in Five Months Assists Over 100 Ghanaian Migrants," 8 Aug. 2020, <https://www.iom.int/news/first-iom-libya-voluntary-return-charter-five-months-assists-over-100-ghanaian-migrants>; UNHCR, "UNHCR's life-saving flights from Libya resume after seven-month suspension," 16 Oct. 2020, <https://www.unhcr.org/news/briefing/2020/10/5f894f954/unhcrs-life-saving-flights-libya-resume-seven-month-suspension.html>; Hayden, "Libya: coronavirus has deadly impact on life-saving evacuations"; Medecins Sans Frontieres, "Conflict and COVID-19 adds up to a crisis within a crisis in Libya."

¹⁴⁹ Joint press release from OHCHR, IOM, UNHCR and WHO, The rights and health of refugees, migrants and stateless must be protected in COVID-19 response, 31 March 2020, available at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25762&LangID=E>.

E. RISE OF COVID-19 RELATED STIGMA AND XENOPHOBIA

LEGAL FRAMEWORK

As a fundamental principle, international human rights law prohibits discrimination including on the basis of race, colour, descent, nationality, national or national or ethnic origin or other status.¹⁵⁰

States have a responsibility to take measures to combat racism, xenophobia, and hatred against migrants.¹⁵¹ States should fully prosecute any instances of xenophobic or anti-migrant violence,¹⁵² condemn all expressions of hatred or xenophobia, and promote positive, fact-based narratives reflecting the reality of migrants' lived experiences.¹⁵³

As stressed by the Secretary-General, fear of COVID-19 is exacerbating already high levels of xenophobia, racism and stigmatization and has even given rise to attacks against migrants.¹⁵⁴ Indeed, as previously reported by OHCHR, fear of COVID-19 in Libya and other States in the region has exacerbated existing hostile rhetoric and xenophobia, racism and stigmatization against migrants and the humanitarian NGOs who seek to rescue and assist them, due to harmful stereotypes and narratives associating migrants with the spread of the virus.¹⁵⁵

Xenophobic rhetoric and attitudes have increased the human rights risks for migrants in Libya and in the surrounding region during the pandemic. Statements on social media from Libyan authorities, including officials of the DCIM, accused migrants of responsibility for the spread of COVID-19, and equated combatting the disease with stopping "illegal immigration."¹⁵⁶ Some migrants in the region reported similar rhetoric being used daily. One Cameroonian migrant reported that he feared going shopping, because on previous occasions, "someone screamed at me that it was strangers who brought the coronavirus with them,"¹⁵⁷ and migrants reported that following the arrival of COVID-19 some Libyans had accused them of "ruining Libya" and "bringing the pandemic."¹⁵⁸ Between June 2020 and February 2021, almost 30 per cent of more than 8000 migrants surveyed in Libya, Sudan, and Tunisia said they had perceived an uptick in racism and xenophobia.¹⁵⁹ A video circulated on social media showed a man standing outside of a DCIM detention centre in eastern

¹⁵⁰ International Convention on the Elimination of Racial Discrimination, Art. 1(1); See also International Covenant on Civil and Political Rights, Art. 2(1); International Covenant on Economic, Social and Cultural Rights, Art. 2(2); Convention on the Rights of Persons with Disabilities, Art. 5(1); Convention on the Rights of the Child, Art. 2(1).

¹⁵¹ International Covenant on Civil and Political Rights, Art. 20(2); and International Convention on the Elimination of Racial Discrimination, Art. 4.

¹⁵² *Ibid.*, Art. 4(a).

¹⁵³ See OHCHR, Recommended Principles and Guidelines on Human Rights at International Borders, 2014, p. 12; see also, OHCHR campaign and toolbox on migration narrative change #StandUp4Migrants, available at: <https://www.standup4humanrights.org/migration/en/index.html>.

¹⁵⁴ Secretary-General, Policy brief on COVID-19 and People on the Move, page 3, June 2020, available at: https://reliefweb.int/sites/reliefweb.int/files/resources/sg_policy_brief_on_people_on_the_move.pdf.

¹⁵⁵ OHCHR, "Lethal Disregard," at p. 27.

¹⁵⁶ Mixed Migration Center, "Quarterly Mixed Migration Update: North Africa," Quarter 3, 2020, p. 8, available at <http://www.mixedmigration.org/wp-content/uploads/2020/10/qmmu-q3-2020-na.pdf>.

¹⁵⁷ IMREF, "Exploring the Impact of COVID19 on the Vulnerabilities of Migrants on the Central Mediterranean Route," at p. 12.

¹⁵⁸ Amnesty International, "Between Life and Death," at p. 44.

¹⁵⁹ Mixed Migration Centre, "Mixed Migration During Covid-19," interactive tool available at <https://mixedmigration.org/4mi/4mi-interactive/mixed-migration-during-covid-19/>, last visited 6 July 2021.

Libya, calling for expulsion of migrants by the community, as they are “disease and pandemic carriers.”¹⁶⁰

According to reports, these attitudes and prejudices have had consequences for the realisation of migrants’ human rights. Some migrants reported that employers had expressed reluctance to hire them because of fears that they might spread illness.¹⁶¹ Some migrants in Libya after the outbreak of COVID-19 expressed particular fear of losing their access to housing, especially after the publication of social media posts calling on landlords to evict migrants.¹⁶² Some Libyans even sought to block migrants’ access to health services administered by United Nations entities and humanitarian actors. When UNHCR and the International Rescue Committee wanted to reopen a primary healthcare centre in the Tripoli municipality of Gergaresh in August 2020, the mayor of a nearby municipality joined residents protesting in front of the clinic because of its intention to offer services to non-nationals.¹⁶³ According to reports, “some of those who gathered took issue with bringing ‘illegal migrants’ into their neighbourhood, while others appeared to be unaware that the services were also offered to Libyans.”¹⁶⁴

RECOMMENDATIONS

- Governments should ensure that the public discourse and response to COVID-19 does not contribute to xenophobia and racial discrimination, including by introducing measures to prevent, monitor and address stigma and incidents of racism, xenophobia, incitement to discrimination, hatred and violence.
- Political leaders and other influential figures should speak out forcefully against the stigma, racism, and xenophobia linked to the COVID-19 pandemic targeting migrants.
- States should take concrete action to incorporate the participation of migrants in COVID-19 testing, prevention, treatment, care, vaccination and recovery efforts, recognizing that a whole-of-society approach is key in building forward towards stronger and more resilient communities.

¹⁶⁰ عيّنمأل قزهجأل او قنيدملا باببش قوعدو ايبادجأ قنيدم زاجتجأ زلفرم يف نييمظنلا ريغ نيرجامل# دوجو ولع ضيرحت## LY on Twitter: “ونذك نسح #ضرملنا نم فسوخلا ةجحب مديلع ءاضقلل” <https://t.co/ydmPsM9LPS> / Twitter.

¹⁶¹ IMREF, “Exploring the Impact of COVID19 on the Vulnerabilities of Migrants on the Central Mediterranean Route,” at p. 12.

¹⁶² Amnesty International, “Between Life and Death,” at p. 44.

¹⁶³ *Ibid.*, at p. 38.

¹⁶⁴ *Ibid.*



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Conclusion

The COVID-19 pandemic has stretched the resources and the endurance of individuals and Governments the world over. It has brought devastating health, economic, and protection consequences for many. But these consequences have fallen particularly heavily on those who were already in vulnerable situations, notably migrants. This was also true in Libya and its surrounding region, where migrants were already in a situation that OHCHR has characterized as “desperate and dangerous.”¹⁶⁵

The COVID-19 pandemic magnified and amplified the existing situation. It widened the gaps in access to health, decent work, livelihoods, and social protection. It aggravated the perils of unsanitary and overcrowded immigration detention centres and of arduous desert and sea crossings. And it kindled the incidents of xenophobic attacks. Ultimately, it further undermined respect, protection, and fulfilment of a range of human rights of migrants that were already far from realization.

As has been emphasized by the UN Secretary-General and UN High Commissioner for Human Rights, migrants play critical roles in society and must be an integral part of efforts to recover better from the COVID-19 crisis. OHCHR stands ready to assist States, including Libya and its neighbours, and other stakeholders in practical efforts to ensure the effective respect, protection and fulfilment of the human rights of all migrants and thereby build a more just, resilient, and open post-pandemic society.

¹⁶⁵ OHCHR, “Desperate and Dangerous”.



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