

ANNEX

Action Fiche

Libyan-European Partnership for Infectious Disease Control

1. IDENTIFICATION

Title/Number	Libyan-EU Partnership for Infectious Disease Control		
Total cost	EC contribution: 4 million Euros		
Aid method / Method of implementation	Project approach – direct centralised management		
DAC-code	12110 12250	Sector	Health policy; Infectious disease control

2. RATIONALE

2.1. Sector context

Libya is an oil-producing country. The administrative system of the country is highly decentralized. Libya ranks 56 on the Human Development Index (UNDP, 2007) and is classified by the World Bank as an upper middle income country (WB, 2008).

The influx of a substantial number of immigrants strains existing health and social services. Available data suggest that the increasing trend of HIV/AIDS and related infectious diseases in Libya may be rooted in economic, social and cultural factors. The main determining factors identified are:

- The geographical position of the country between the other Maghreb countries, European and Sub Saharan Africa countries results in Libya experiencing multiple movements of immigration. The high prevalence of HIV/AIDS in Sub Saharan Africa countries increases the vulnerability of the population. Uncontrolled immigration is accompanied by prostitution and trafficking of drugs.
- There are few facilities for young people to engage in cultural and sport activities. As a result, there has been a surge in the use of drugs.
- HIV/AIDS is surrounded by many taboos; the negative perceptions of people living with HIV and of populations at risk of HIV/AIDS are reinforced by cultural perceptions related to drugs, sex workers and Men who have Sex with Men (MSM).

HIV prevalence is currently estimated at 0.13% among adult Libyan citizens. The HIV epidemic is still concentrated, with low prevalence in the general population, but very high in the subpopulation group, Intravenous Drug Users (IDU).

In 2004, the European Council identified the Benghazi AIDS crisis as a main priority issue for engagement with Libya. The Benghazi Action Plan was launched in 2004. The last phase (Benghazi Action Plan phase IV – BAP4) started in December 2007 with a budget of 2 million Euros, the first instalment of a Commission pledge of 8

million Euros over 2007-2010, in the framework of the European Neighbourhood and Partnership Instrument (ENPI) and will end in June 2009.

The priorities identified by the Libyan authorities in the area of infectious diseases are: the establishment of an information system; infection control in health facilities; construction of and support to the laboratory network; treatment and care for HIV patients; guidelines related to HIV/AIDS, opportunistic infections and co-infections; development of HIV/AIDS curricula for educational facilities; interventions with highly stigmatised populations most at risk of HIV/AIDS.

2.2. Lessons learnt

An evaluation of the performance of the Benghazi Action Plan up to June 2008 was performed in parallel with the identification mission of this project. The evaluation concluded that the Benghazi Action plan was successfully implemented. It provided great benefits to the children and the Benghazi Centre for Infectious Disease and Immunology (BCIDI) is becoming a centre of excellence. At the national level Libya benefitted in the areas of treatment guidelines, strategic HIV/AIDS planning and blood safety thanks to the Benghazi Action Plan.

The lessons learnt are highly relevant for the new project:

- The multi disciplinary approach implemented at BCIDI is an effective model and can be rolled out. Psycho-social support has played a pivotal role in upgrading the quality of treatment.
- The absence of a continuous management in BCIDI has jeopardised the effectiveness of some components. A decision making mechanism should be implemented in any facility that will be included in the project.
- The implementation of an inception meeting at the start of Benghazi Action Plan phases III and IV has facilitated ownership and coordination, making technical assistance input more efficient. Establishment of a Steering Committee has been effective in taking decisions.
- The Benghazi Action Plan succeeded in taking into account the Libyan counterparts needs and the advice of the experts' team to the satisfaction of all stakeholders. Technical assistance missions are more effective when they last at least ten days. An important socio cultural factor is the long time needed to build trust. It is highly beneficial when the same technical assistance experts ensure the continuity of the activities, in such a sensitive context as the Benghazi situation.
- In order to be useful, internal monitoring reports have to be distributed to technical assistants and corrective actions discussed. Arrangements should be made at the start of the project in order to measure the baseline data.
- Insufficient commitment from Libyan authorities has slowed the rolling out of the BCIDI model and should be addressed from the inception of this project to ensure its success. An agreement on action plans for all stakeholders could be a solution.

2.3. Complementary actions

Benghazi Action Plan (BAP) phases I, II and III had a rather short term view aimed at addressing the crisis, while Benghazi Action Plan phase IV had a somewhat longer term view. Nonetheless, they provided support to the National AIDS Programme through epidemiological technical assistance. This served as the basis for a mission

to identify a project to develop a European Commission support programme for a National strategy against HIV/AIDS in Libya, which will be financed in the framework of the Stability Instrument. The European Commission has allocated 1 million Euro to the project. WHO and UNDP are planning to provide some resources and the proposed project will also support the HIV strategy.

In January 2006 the Benghazi International Fund was created. EU Member States and other governments and private companies have made contributions which were utilised, for example, for the financing of the extension of Benghazi Action plan phase III. UNDP is actively working in the health sector through two UN thematic groups, and provides technical support to the National AIDS Programme. The United Nations Office on Drugs and Crime (UNODC) and the Government of Libya have agreed to establish IDU harm reduction interventions in prisons. The UN activities are fully complementary to the current Benghazi Action Plan phase IV activities and the proposed project.

2.4. Donor coordination

Donor coordination is organised on a project basis. Due to the highly decentralised health system a project may have several different authorities with whom to liaise. Coordination of the Benghazi Action Plan and related donors contributions are carried out by the Delegation of the European Commission to Libya, based in Tunis, through regular meetings in Tripoli. The Belgian Red Cross Medical Coordinator of the Benghazi Action Plan ensures the daily coordination on the field. The representatives of EU Missions to Libya hold regular monthly meetings, facilitating the coordination of the Benghazi International Fund contributions. Finally, the current UN resident coordinator has started organising coordination meetings with representatives of the countries' missions, UN agencies and Libyan authorities.

3. DESCRIPTION

3.1. Objectives

The overall objective of the project is to improve the health status of the population of Libya in the area of HIV/AIDS and other infectious diseases.

The specific objective is to strengthen the capacity of the Government of Libya to develop appropriate approaches in the management of HIV/AIDS and other infectious diseases through the provision of technical assistance and training.

3.2. Expected results and main activities

Expected results

This project will support capacity building through provision of technical assistance, organisation of study tours and training. The project has four main components:

- (1) The Benghazi Centre for Infectious Diseases and Immunology strengthens its role as a centre of excellence in the management of HIV/AIDS.

- (2) The National Centre for Infectious Diseases and Control (NCIDC) acquires an increased technical capacity to manage HIV/AIDS and other infectious diseases.
- (3) Care for HIV/AIDS and other infectious diseases for infected and affected persons in Libya is improved.
- (4) An effective policy of HIV/AIDS prevention is implemented and improved services are provided to stigmatised populations most at risk of HIV.

Component 1

Result 1: The Benghazi Centre for Infectious Diseases and Immunology strengthens its role as a centre of excellence in the management of HIV/AIDS and is serving as an example of a multi-disciplinary and integrated approach towards HIV infected and affected persons for other infectious disease units in Libya.

Component 2

Result 2: A comprehensive and effective information system of HIV/AIDS and other Infectious Diseases is in place.

Result 3: Development, dissemination and regular updating of guidelines related to HIV/AIDS.

Result 4: Development and implementation of comprehensive curricula on HIV/AIDS to be adopted by educational facilities for pharmacists, laboratory staff, medical doctors, psycho-social workers and nurses.

Result 5: The National Infectious Disease reference laboratory in Tripoli has a QA system implemented working towards ISO-15189 accreditation and becomes the reference for the National Centre for Infectious Disease Control laboratories network.

Result 6: The Regional Infectious Disease reference laboratories have QA system implemented working towards ISO-15189 accreditation and become the reference for all Infectious Disease laboratories.

Result 7: The national system of procurement of pharmaceutical products and hospital consumable equipment is upgraded to internationally recognised standards.

Component 3

Result 8: Effective transfer of knowledge and experience acquired during the Benghazi Action Plan to regional infectious disease units treating HIV/AIDS patients.

Result 9: Infectious Disease Units have the capacity to provide stigma-reduction trainings for hospital staff to reduce discrimination and increase acceptance of treating HIV/AIDS patients. Operational guidelines for the implementation of universal precautions and Post Exposure Prophylaxis of HIV/AIDS and co-infections will be developed.

Component 4

Result 10: Increased capacity of the National AIDS Programme to design and implement appropriate interventions for populations most at risk (such as IDU, sex workers, MSM) or at potential risk (young people).

Main project activities

Technical assistance will be provided as well as training courses and organisation of study tours. The aim is to strengthen the capacity in infectious disease prevention and control notably through the provision of training of trainers, a website, study tours at the BCIDI, guidelines related to HIV/AIDS, the development of HIV/AIDS curricula for the relevant higher educational facilities, and appropriate curricula on HIV/AIDS for primary and secondary schools.

A national database system for infectious diseases will be developed. Technical assistance will assist in data analysis and reporting, and provide on the job training and advice on the development of appropriate responses according to the results of the analysis. The National AIDS Programme will receive appropriate training and assistance with the development of comprehensive interventions for populations most at risk to increase their access to HIV/AIDS services, in close cooperation with the European support programme for a National strategy against HIV/AIDS.

The National Infectious Disease reference laboratory in Tripoli and the regional infectious diseases reference laboratories will be assisted to implement a Quality Assurance system working towards ISO-15189 accreditation. Technical assistance will be provided for the upgrading of national procurement. The BCIDI role as a centre of excellence will be strengthened and serve as an example for other infectious diseases units, for instance by developing manuals containing the essential elements of the BCIDI model.

3.3. Risks and assumptions

Without the full commitment of the Libyan Government and corresponding counterparts this project cannot be implemented. It will therefore be necessary to work in coordination with the Libyan counterparts and only initiate a particular activity if commitment has been obtained and the necessary requirements are available. Continued commitment from the government to timely produce policy documents and required legislation will be necessary to obtain the planned results.

3.4. Crosscutting issues

Currently most medical doctors are men; however this is changing because more women are entering the medical faculty. Most psycho-social workers and nurses are female and have little involvement in daily management. The project will work towards more equal relations between professionals and between men and women and will actively address stigma and discrimination related to HIV/AIDS.

3.5. Stakeholders

Organisation of Infectious Diseases related health system

The NCIDC plays an important role in the control of HIV/AIDS and other infectious diseases. It organises reporting and registering of all infectious diseases in Libya, but

has no comprehensive information system. The National AIDS Programme falls under the responsibility of the NCIDC and is responsible for the prevention of HIV/AIDS. The BCIDI is independent, with its own laboratory and procurement system, and falls under the National Committee for the Children of Benghazi.

Regional hospitals and laboratories

In each region there are hospitals, which function as reference centres with infectious diseases units where patients who are HIV/AIDS positive can obtain treatment. The Tripoli Medical Centre is the reference for half of the country. The Tripoli Central Hospital is also considered a regional hospital. The Jamahiriya hospital is the reference for the Benghazi region. Three regional laboratories fall under the NCIDC and are responsible for the investigations related to infectious diseases. The one in Tripoli is the national reference laboratory for infectious diseases. There is a regional NCIDC laboratory in Benghazi and NCIDC is planning one in Sabha. The hospitals infectious diseases units also have laboratories.

NMPECO and the NCIDC Pharmacy

The NMPECO (National Pharmaceutical and Medical Supplies Company) is a semi-private company. A Ministry's decree states that NMPECO is the only company allowed to import antiretroviral treatment in Libya. Antiretroviral and Tuberculosis treatments for all infectious diseases units are distributed by the NCIDC's pharmacy in Tripoli, which obtains the antiretroviral medicines from the NMPECO. A support to this procurement centre was planned during Benghazi Action Plan phase IV. Unfortunately, these activities have been withdrawn by the steering committee, but are again foreseen in the proposed project.

Medical, psychosocial and nursing staff

Education of medical doctors in Libya is of relatively good quality. However, staffs have not been trained in patient friendliness and attitudes are rather authoritative. Many key stakeholders are concerned by the low quality of nursing. The concept of psycho-social workers is new in Libya. HIV/AIDS is surrounded by stigma, not only from the general population, but also from medical staff.

People infected and affected by HIV/AIDS

Having a normal life for HIV/AIDS sufferers is still almost impossible. Stigma is extremely high, but slowly changing. The media are disseminating more information. The National AIDS Programme has implemented community work. Patients can access HIV/AIDS services, but many are lost to follow-up.

4. IMPLEMENTATION ISSUES

4.1. Method of implementation

The method of implementation is direct centralised management.

Given the nature of the actions to be implemented, the longstanding experience of the Belgian Red Cross in the management of the EU HIV/AIDS Action Plan in Libya and the long time needed to build trust with the Libyan authorities, this programme will be implemented through a service contract directly awarded to the Belgian Red Cross on the basis of the Art 242.1.b of the detailed rules for the implementation of

the Financial Regulation¹. The Belgian Red Cross might involve others entities for the implementation of specific components of the programme.

An inception phase of four months is planned during which the project will be anchored within the NCIDC premises to improve coordination and collaboration. Several assessments will take place: training needs, available care, infection control practices and stigma in Libyan health facilities. The distribution of the number of days of the international and local experts will be fine-tuned and the professional qualifications of the local experts further defined. This inception phase should be formalised by the drafting of an action plan and a revised logical framework, and an inception meeting with all relevant stakeholders.

The project will not be limited to Benghazi, but expand to the whole country. It is assumed that the Libyan authorities will provide office space at the NCIDC, the necessary human resources, equipment and other requirements.

4.2. Procurement

All contracts implementing the action must be awarded and implemented in accordance with the procedures and standard documents laid down and published by the Commission for the implementation of external operations, in force at the time of the launch of the procedure in question. In accordance with article 242 1b and f of the rules for implementing the Financial Regulation, a service contract will be signed with the Belgian Red Cross, on the basis of a negotiated procedure.

4.3. Budget and calendar

The proposed project duration is 27 months, from April 2009 to June 2011. A mid term evaluation is foreseen in 2010. There will be an intentional overlap with Benghazi Action Plan phase IV, to provide the new project with sufficient time to prepare for the activities to be implemented and ensure continuity of care and training at the BCIDI.

Indicative budget

Budget lines	Amount [€]
Services	3.900.000
Visibility, evaluation	100.000
Total costs	4.000.000

4.4. Performance monitoring

The project is to be monitored by the Delegation of the European Commission in Libya, based in Tunis. ROM (Result Oriented Monitoring) could be carried out by the EC. The monitoring indicators and source of verification are described in the logical framework. Baseline values will be defined during the inception phase. The

¹ Commission Regulation (EC, Euratom) No 2432/2002 of 23 December 2002 laying down detailed rules for the implementation of Council Regulation (EC, Euratom) No 1605/2002

monitoring reports and the proposed corrective measures will be communicated and discussed with the team.

4.5. Evaluation

One mid-term evaluation is planned in 2010. It will also include the evaluation of the Benghazi Action Plan phase IV (BAP4) project. As mandatory expenses certifications will be provided according to service contracts' rules, no external audit is foreseen.

4.6. Communication and visibility

All visibility activities will be implemented in accordance with the "EU visibility Guidelines for External Actions".