

ACTION FICHE FOR LIBYA

1. IDENTIFICATION

Title	Programme of Support to the EU HIV Action Plan for Benghazi (Libya) – Phase IV		
Total cost	EC contribution: €2,000,000 Contribution from several Member States: about €1,150,000. Contribution from private donors: about €2,000,000		
Aid method / Management mode	Project approach – centralised management		
DAC-code	12110 12250	Sector	Health policy ; Infectious disease control

2. RATIONALE

2.1. Sector context

Following the decision to revoke international sanctions against Libya in late 2003, the European Council decided in October 2004 to embark upon a policy of engagement with Libya. In particular, the European Council identified two priority areas for engagement with Libya, namely the “Benghazi AIDS crisis” and migration. Both priority areas were also highly relevant for the EU.

The “Benghazi AIDS crisis” resulted from the accidental infection by HIV/AIDS in 1998 of 460 persons, mostly children, in the Benghazi Children Hospital. Following the severe outbreak, a new centre - the Benghazi Centre for Infectious Diseases and Immunology (BCIDI) - was created. In addition to inadequate treatment, the patients and their families were rejected by the Libyan society, and sometimes even by medical staff. For many years, the Libyan authorities were unable to develop a coherent and comprehensive plan in Benghazi or at national level. This resulted in widespread mistrust in the health system at national and regional levels, and a severe domestic political crisis. The issue was further complicated by the impending judicial case of the Bulgarian and Palestinian medical staff that has since been resolved.

The “EU HIV Action Plan for Benghazi” (BAP) was endorsed by the Council, several EU Member States and the Libyan authorities, and launched on 3 November 2004. EU expertise was subsequently made available to the Libyan health authorities during early 2005 to assist in the launching of the BAP, a technical assistance package aimed in particular at upgrading the Benghazi Centre for Infectious Diseases and Immunology (BCIDI). Since, three more successive decisions taken by the Commission have supported the implementation of the BAP, for a total €2.5 million provided in grants from the EU Budget.

The Commission played a key role in this process, fully recognised and supported by Member States, and highly valued by Libya. The Libyan authorities have requested the Commission and the Benghazi International Fund (see below) to continue to support the process of BCIDI upgrading, in order to consolidate the substantial results achieved, to allow the BCIDI to become a centre of excellence and to roll out the expertise to other Health care structures within Libya. The authorities also asked for policy advice in order to help with the design of the Libyan national strategy against HIV-AIDS. These requests have been formalised through a Memorandum signed by Commissioner Ferrero-Waldner and Libya on 23 July 2007.

2.2. Lessons learnt

There is a general recognition that, despite initial administrative and logistical difficulties, the EU HIV Action Plan for Benghazi has been extremely successful and has significantly contributed to a sustainable improvement of the health care for the patients of the BCIDI, with a high degree of Libyan ownership, as well as to the establishment of a rationale approach in the fight against HIV/AIDS nation wide. The multidisciplinary, integrated approach of the Action Plan is already being used in other health structures in Benghazi and constitutes a reference to the development of the National HIV/AIDS Strategy currently under discussion in Libya.

However the experience of the past three phases also shows that the positive developments already achieved are still fragile and that EU presence is still needed to make sure the process keeps going on. The proposed Programme therefore aims at consolidating the results already achieved in the previous phases of the Action Plan.

2.3. Complementary actions

With the resolution of the Benghazi crisis on 24 July 2007 the Benghazi International Fund (BIF) has been activated. It supports a comprehensive scheme of humanitarian and medical care for the victims of the Benghazi infection, which includes support actions to the BCIDI.

In addition, the French bilateral co-operation has undertaken to provide assistance to the 1200-bedded Benghazi Hospital Centre (a structure separate from the BCIDI), in particular with regard to its equipment, management and organisation. The United States has contributed \$300,000 to the Baylor College of Medicine's Pediatric AIDS Initiative to establish a treatment program for the victims in Benghazi.

2.4. Donor coordination

The Action Plan for Benghazi benefits from funds and contributions in kind of the Commission, several Member States and other donors, including several private companies. In agreement with the Libyan Authorities, the Commission is responsible for the identification of the objectives, activities and expected results of the Action Plan for Benghazi to which the other donors contribute. Exchange of information and co-ordination with other health programmes will be ensured as appropriate.

The Commission, thus having a leading coordination role within the Action Plan, has ensured the regular exchange of information and co-ordination of interventions both locally and in Brussels. A coordination meeting was in this respect organised at the

Commission in Brussels on 10 September 2007, followed by a similar meeting in Tripoli on 22 September 2007.

3. DESCRIPTION

3.1. Objectives

The *overall objective* of the programme is to introduce a coherent and integrated methodology for HIV/AIDS prevention and treatment starting from Benghazi, and progressively extending it to the whole country over the next few years.

The *specific objectives* and programme components are: i) to upgrade the BCIDI laboratory up to a national referral level, ii) to improve the quality and effectiveness of HIV/AIDS medical treatment in Benghazi up to an international standard; iii) to strengthen the management system for HIV/AIDS treatment, iv) to strengthen blood safety procedures, v) to develop community-awareness, prevention of stigma and counselling to HIV-infected children and their families, vi) to create a conducive framework for the development of a national HIV/AIDS strategy (to be supported under an additional EC-funded intervention).

3.2. Expected results and main activities

3.2.1. Expected results

It is expected that, at the end of this programme:

- (1) the laboratory of the BCIDI performs tests according to international standards and increases the number of tests performed year after year by serving a wider community of patients;
- (2) the medical treatment of HIV/AIDS patients at the BCIDI is up to international standards;
- (3) The BCIDI management system is able to ensure complete and reliable patients records, an efficient procurement of medicines and an efficient communication system in order to a) provide updated, measurable indicators to support, monitor, and evaluate plan activities, b) facilitate a regular exchange of information between the Centre, national authorities and other hospitals in Libya and Europe;
- (4) Blood stocks management and transfusions are performed according to international standards;
- (5) Preventive education and counselling on HIV/AIDS in favour of targeted communities is realised;
- (6) The essential elements of a national strategy against HIV/AIDS are defined, and the medical, psychological and management practices applied at BCIDI are progressively extended to other hospitals in Libya;

3.2.2. *Main activities*

The proposed programme can be based on the current structure of activities:

- (1) Upgrading BCIDI laboratory up to a national referral level: the laboratory staff will be supported in implementing the new equipments that have been purchased by Libyan authorities and installed at the BCIDI through training and twinning with European laboratories. Special attention will be paid to secure regular procurement of reagents/supplies and to implementation of a Quality Assurance programme in accordance with ISO 15189.
- (2) Upgrading the level of treatment in Benghazi up to international standards: The team work with doctors, nurses, psychologists and social workers will be consolidated and streamlined. The case management system will be strengthened. Regular trainings for medical staff and nurses will be provided locally and abroad.
- (3) Strengthening the management system for HIV/AIDS treatment: The complete and correct data entries in the MIS database will be reviewed. Capacity building will continue with on-the-job supervision workshops. Assistance to streamline the procurement protocols will remain a priority as well as the development of indicators and availability of statistical data.
- (4) Strengthening blood safety procedures: Relevant stakeholders will be assisted in the approval and adoption of the law on Blood Safety and in the preparation of an action plan for the implementation of the legislation.
- (5) Development of community awareness, prevention of stigma, adherence, compliance, and counselling to children and families: The programme will continue to build trust and expertise in the areas of compliance, adherence, education and social reinsertion, first in the BCIDI and as a second stage to a wider audience.
- (6) Support to the National HIV/AIDS strategy: The establishment of a modern surveillance system and the setting up of a registry for HIV/AIDS as well as the training of staff, started under previous phases of the Action Plan, will be continued, and the epidemiological data, today still very scant, will be further analysed.

In addition, a coordination component is still necessary. This component will also cover the visibility/communication activities of the programme.

3.3. **Stakeholders**

The main stakeholders concerned by this programme are the Libyan Ministry of Health, medical staff, HIV/AIDS infected patients and families with HIV/AIDS infected relatives.

3.4. **Risks and assumptions**

Key assumptions underlying the programme intervention can be summarised as follows: a) continued political will and commitment of human and financial

resources by the Libyan authorities; b) willingness and availability of implementing partners, notably hospitals' staff for training/study tours and hospitals' management for the implementation (and co-financing where necessary) of the improved systems; and c) openness of the population and medical staff to awareness programs.

3.5. Crosscutting Issues

N.A.

4. IMPLEMENTATION ISSUES

4.1. Implementation method

The programme will be implemented following the direct centralised management method.

Given the nature of the actions to be implemented and the longstanding experience of the Belgian Red Cross in the management of the EU HIV/AIDS Action Plan in Libya, 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&f of the detailed rules for the implementation of the Financial Regulation.

4.2. Procurement and grant award procedures

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.

4.3. Budget and calendar

The total estimated cost of the action under the present financing decision is €2,000,000 million.

Other public and private donors are also contributing to the BAP for a total amount of around €3,150,000.

The operational duration of the programme under this financing decision will be approximately 18 months starting from the signature of the contract (before 31 December 2007). The programme will thus last from January 2008 until June 2009.

4.4. Performance monitoring

The programme is to be monitored by Commission staff (including the Commission Delegation in Tunis and Commission headquarters) and by the external monitoring.

4.5. Evaluation and audit

No specific budget is allocated for evaluation and audit in this project.

A mandatory audit for expenses certification will be carried out according to services contract rules.

4.6. Communication and visibility

The Commission will regularly inform Member States on the implementation of the Programme, both locally and in Brussels. In addition, the Commission will finance the printing of visibility products, in conformity with the “EU Visibility Guidelines for External Actions”.