Action Fiche for LIBYA

1. IDENTIFICATION

Title/Number	Programme of Support to the EU Action Plan for Benghazi – Phase 6		
Total cost	EU contribution: € 2 million		
Aid method / Method of implementation	Project approach – direct centralised management		
DAC-code	13040 12110	Sector	HIV/AIDS control; Health Policy

2. RATIONALE

2.1. Sector context

The magnitude of HIV/AIDS epidemic in Libya is unknown. So far, and as recorded by the National Centre for Infectious Diseases Control (NCIDC), information related to HIV/AIDS is based on the analysis of the incidents that have contributed to the propagation of HIV/AIDS and converted it into a public health risk.

In the 1980s and 1990s, infections through blood transfusions occurred in various hospitals in Tripoli, Benghazi and Sebha and patients were released without any follow up or medical records. At the end of the 1990s, injected drug use spread amongst the Libyan population. To counter it, the government initiated a repressive campaign, banned the sale of syringes and systematically imprisoned drug users. The strategy proved unsuccessful and injected drug use is considered to be the main mode of HIV transmission in Libya today, but no harm reduction programme exists to mitigate the infection aspect of drug use.

In Libya, there are four health facilities providing health care services related to infectious diseases and the number of qualified doctors and nurses available for treatment and follow up of people living with HIV/AIDS is insufficient.

In general people living with HIV/AIDS are exposed to stigma and discrimination and face difficulties in obtaining health services. Voluntary Counselling and Testing (VCT) is not available to the public and there is a lack of awareness on sexually transmitted infections. Hospitals suffer from a lack of effective health information system.

EU financial cooperation in the area of HIV/AIDS in Libya started with the launch of the 'EU HIV Action Plan for Benghazi' (BAP) in November 2004. Since then, the EU has provided expertise to the Benghazi Centre for Infectious Diseases and Immunology (BCIDI), and contributed to the treatment of the cohort of 400 children infected after the HIV outbreak at the Benghazi Children Hospital in the late 1990s. Over the years, EU expertise has been appreciated both by patients and the health

authorities in Libya. It accounts for improvements in the quality of treatment, qualification and training of medical staff and the upgrade of the BCIDI as a centre of excellence in the diagnostic and treatment of HIV/AIDS and infectious diseases.

In July 2007, a Memorandum of Understanding was signed between the European Commissioner for External Relations and Libya, in which the EU committed to maintain its financial support and technical assistance for the BAP and the development of a National HIV/AIDS strategy in Libya, matched by a pledge of € 8 million for the period 2007-2010. With the present project, the EU aims to commit the last € 2 million and finance the sixth phase of the BAP.

In 2009, the scope of technical assistance extended nationally and is now supporting the National Centre for Infectious Diseases (NCIDC) in developing national clinical and strategic capacities to address HIV/AIDS across the country. Under the Instrument for Stability, an additional € 1 million was committed in 2008 for a complementary programme to "Develop and Implement a National HIV/AIDS Strategy in Libya (DINHAS)." This project is collecting biological, social and behavioural data to estimate HIV prevalence in Libya and the health and social specificities of most-at-risk groups. The national strategy will provide a comprehensive and efficient response to the HIV epidemic and co-infections.

2.2. Lessons learnt

(1) Building trust over the long term is crucial for the success of any project in the socio-cultural context of Libya. Experience has proven that it is highly beneficial when the same technical assistance experts ensure continuity of the activities.

(2) A multidisciplinary approach, including psycho-social support, voluntary counselling and testing and outreach work plays a pivotal role in upgrading the quality of treatment. It should be mainstreamed at the national level.

(3) The frequent changes of personnel, the lack of human resources and of a clear strategy affects the effectiveness of response and the coherence between prevention, diagnostic, treatment and follow up.

(4) Commitment from the Libyan health authorities has improved and they are conscious of the efforts required to address issues such as blood safety but lack the political will to provide integral care for the groups in which is concentrated the infection. Advocacy work is needed with the political actors and decision-makers.

(5) Monitoring as implemented by BAP V is a key tool to follow up, control and improve project implementation. It should be strengthened and systematically involve all stakeholders.

2.3. Complementary actions

As mentioned above, the EU has been very active in the fight against HIV/AIDS in Libya and this project will follow up on many activities developed in previous phases of the BAP and the development of a National HIV/AIDS Strategy. The expertise acquired under BAP, the data collected through the Bio-Behavioural Sentinel Survey

(BBSS), and the lessons learned shall be employed to build, improve and strengthen the required national capacities to address HIV/AIDS.

With the resolution of the Benghazi crisis on 24 July 2007, the Benghazi International Fund (BIF) was activated with donations from EU Member States present in Libya, the United States of America, Canada and private sector companies. The fund is chaired by the EU Head of Delegation to Libya and managed by the Belgian Red Cross. It supports humanitarian and medical care for the victims of the Benghazi infection and contributes to activities oriented to develop a national response to HIV/AIDS in Libya. It will terminate its activities in 2011.

In 2011, the EU intends to finance a 'Programme of Support to the Health Sector' on the basis of the 2011-2013 National Indicative Programme for Libya, including a component to improve quality in the provision of health care services. Through this programme, the Libyan capacity to coordinate donations will also be strengthened.

2.4. Donor coordination

All activities in the area of HIV/AIDS in Libya fall under the mandate of the NCIDC, an agency which is placed under the authority of the General People's Committee (GPC) for Health and Environment.

The EU has been the main donor in the field of HIV/AIDS. Other donors are the United Nations Organisation for Drug and Crime (UNODC) and the United Nations Development Programme (UNDP). Punctual donations have been made by EU Member States, the United States of America and private sector companies. Watassimo and the Gaddafi Foundation are the main NGOs active in the area of infectious disease control.

Donor co-ordination of interventions and exchange of information has always been a key element of the Benghazi Action Plan and it will be further strengthened during the next phase. The EU Delegation, with support from the Belgian Red Cross, coordinates all contributions to BAP related activities, and regular meetings with key technical and financial partners take place in Tripoli.

The EU Delegation also participates, with other countries' missions to Libya, International Organisations, UN agencies and the Libyan authorities, in the Donors' Coordination Group on development issues.

3. DESCRIPTION

3.1. Objectives

The main objective of this project is to contribute to the good health condition of the population by preventing and addressing HIV/AIDS and other infectious diseases in Libya.

The project will accompany the implementation of a National HIV/AIDS Strategy, enhance its national ownership, support Libyan efforts to improve the quality of health care for people living with HIV/AIDS and develop approaches to reduce the risks of infections amongst the population.

3.2. Expected results and main activities

This project will provide technical assistance, training, and foment exchange and partnerships between EU and Libyan health facilities, in continuation with the previous phases of the BAP. It will focus, indicatively, on the following components:

- Increase HIV Prevention and Community Services

Revise and strengthen safety medical procedures; train health care providers; raise awareness; develop Sexually Transmitted Infections (STI) services; strengthen outreach programmes for vulnerable population groups; improve voluntary counselling and testing.

- Accompany the implementation of the National HIV/AIDS Strategy

Capacity building: review the package of care services; strengthen and develop training for all health and medical personnel; support cooperation between EU specialised centres and Libyan health facilities.

Surveillance Activities: Develop a programme of surveillance (epidemic watch, follow up of populations at risk, etc.) complemented by emergency action plans to address epidemic breakouts (influenza, TB, HIV, nosocomial infections etc).

Health Information System (HIS): Support the development, implementation and evaluation of a HIS that allows interpretation and use of collected data towards an effective management and provision of HIV/AIDS and infectious diseases services.

Support the Libyan efforts in research: Help medical research in Libya to identify specific health and infection patterns related to local conditions.

Transversal Quality Assurance and Quality Control: Ensure and monitor quality control and quality assurance in health care provision for HIV/AIDS and infectious diseases, including the accuracy and reliability of diagnostics and results.

- Support the treatment of children at Benghazi Centre for Infectious Disease Control (BCIDC)

Provide advice of clinical and psychosocial support; strengthen various areas of the BCIDC including the information management system, laboratory procedures and safe blood procedures.

3.3. Risks and assumptions

Without the solid and continuous political will and commitment from the Libyan national authorities, neither a policy nor legislation will be adopted. Also, the necessary resources will not be made available to support the project and sustain its results.

BAP I, II, III and IV were successful in fomenting ownership of the services and procedures developed in the BCIDI. BAP V includes specific activities to transfer international knowledge and know-how to the Libyan counterparts. This effort must be continued at the national level.

The achievements of six BAP phases can only be sustained if the Libyan authorities assume leadership in policy-development and the clinical and strategic responsibility of implementing a holistic approach that guarantees access to health care services for HIV-infected patients, supports the most-at-risk groups, and promotes prevention and awareness programmes, by allocating the necessary financial and technical resources.

Finally, it is essential that the Libyan Government facilitates the issuance of visas for the international experts in order to carry out the programme.

3.4. Crosscutting Issues

Building upon previously funded initiatives, this project will promote and train women doctor, nurses and hospital administrative staff into playing an increased role in the taking of decisions, treatment of patients and daily management. At the same time, good governance, strengthening of local capacities and the use of qualified protocols and processes will be a transversal aspect of the project.

3.5. Stakeholders

The main stakeholders in the area of HIV prevention and control in the country are:

- National AIDS Committee of the NCIDC; NCIDC; Governmental Institutions (GPC for Health and Environment, GPC for Internal Security).
- International agencies (UNDP, World Health Organisation (WHO), UNODC).
- NGOs (Wattasimo, Gaddafi Foundation, Althadi Association for Control and Prevention of AIDS, The general movement of Scouts and Guides, Libyan Red Crescent, National Assembly of Youth Welfare, General Challenge to control and prevent AIDS); Religious and Community Leaders.
- General population of Libya; People infected and affected by HIV/AIDS.

4. IMPLEMENTATION ISSUES

4.1. Method of implementation

The method of implementation is direct centralised management. International technical assistance will be located primarily in the NCIDC premises and carried out under its supervision to ensure appropriate ownership and coordination.

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.

The nature of the actions to be implemented, the long time needed to build trustful and working relationships with the Libyan authorities, but especially the good results and experiences of the Belgian Red Cross (BRC) and the Liverpool School of

Tropical Medicine (LSTM) in the management and coordination of HIV/AIDS projects with the Libyan authorities, make them the most suitable contractors to carry out this last phase of the Benghazi Action Plan. Indeed, working with established experts knowledgeable of the Libyan context will guarantee the sustainability of results and allow reaching a higher impact through this programme.

Therefore, this programme will be implemented through a service contract directly awarded to one of these two actors on the basis of the Art 242.1.b&f of the detailed rules for the implementation of the Financial Regulation.

The service contract will allow for subcontracting with other entities to implement specific project components.

4.3. Budget and calendar

The proposed project indicative duration is 24 months. An overlap is foreseen with BAP V, to provide the project with sufficient time to build upon the current experience and ensure the appropriate complementarities.

Indicative Budget

Budget lines	**Amount €**
Services	2 000 000
Total Costs	**2 000 000**

4.4. Performance monitoring

The project will be regularly monitored by the Delegation of the European Union to Libya, based in Tunis. Result Oriented Monitoring (ROM) could be carried out by the European Commission. Monitoring indicators and sources of verification will be defined and applied throughout the implementation of the project. Monitoring reports will provide the base for corrective measures and will be followed upon by the team and a Steering Committee composed of the representatives of the NCIDC, Delegation of the EU, BRC and LSTM.

4.5. Evaluation and audit

Mandatory expenses' certifications will be provided according to the Service Contract rules, including an expenditure report verified by an external audit firm. A final evaluation is planned in 2014.

4.6. Communication and visibility

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