



This action is funded by the European Union

ANNEX 1

of the Commission Implementing Decision on the Annual Action Programme 2015 and Annual Action Programme 2016 part 1 in favour of Libya to be financed from the general budget of the European Union

Action Document

Improving health information system and supply chain management in Libya

INFORMATION FOR POTENTIAL GRANT APPLICANTS

WORK PROGRAMME FOR GRANTS

This document constitutes the work programme for grants in the sense of Article 128(1) of the Financial Regulation (Regulation (EU, Euratom) No 966/2012) in the following sections concerning grants awarded directly without a call for proposals: section 5.3.1

1. Title/basic act/ CRIS number	Improving health information system and supply chain management in Libya CRIS number: ENI/2015/366-359 Financed under European Neighbourhood Instrument
2. Zone benefiting from the action/location	Libya
3. Programming document	Country Strategy Paper (CSP) for Libya and the Multiannual Indicative Programme (MIP) for the period 2014-2015 ¹
4. Sector of concentration/ thematic area	Sector 3 - Health
5. Amounts concerned	Total estimated cost: EUR 5,560,000 Total amount of EU budget contribution EUR 5,000,000 The contribution is for an amount of EUR 1,400,000 from the general budget of the European Union for 2015 and for an amount of EUR 3,600,000 from the general budget of the European Union for 2016, subject to the availability of appropriations following the adoption of the relevant budget. Budget line 21.03.01.02

¹ C (2014) 5699 of 12.8.2014.

	This action is co-financed by the grant beneficiary for an indicative amount of EUR 560,000			
6. Aid modality(ies) and implementation modality(ies)	Project Modality Direct management - grant – direct award with WHO ²			
7. DAC code(s)	12110 - Health sector policy, planning and programmes; aid to health ministries, public health administration; institution capacity building and advice; medical insurance programmes; unspecified health activities.			
8. Markers (from CRIS DAC form)	General policy objective	Not targeted	Significant objective	Main objective
	Participation development/good governance	<input type="checkbox"/>	<input type="checkbox"/>	✗
	Aid to environment	✗	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality (including Women In Development)	✗	<input type="checkbox"/>	<input type="checkbox"/>
	Trade Development	✗	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, Maternal, New born and child health	✗	<input type="checkbox"/>	<input type="checkbox"/>
	RIO Convention markers	Not targeted	Significant objective	Main objective
	Biological diversity	✗	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification	✗	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation	✗	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation	✗	<input type="checkbox"/>	<input type="checkbox"/>
9. Global Public Goods and Challenges (GPGC) thematic flagship	N/A			

SUMMARY

The health care system in Libya was already underdeveloped for decades with two areas being particularly neglected namely the medical supply chain management and the health information system. During 2011 and 2012, the health authorities acknowledged the gap in these two areas. Consequently, in 2014 a programme was prepared to remediate these deficiencies in close cooperation with Ministry of Health, however, due to the outbreak of violent clashes in the summer 2014 and the subsequent installation of two rivalry governments, it was decided to postpone the project till the situation stabilised. However, the speedy worsening of the health situation, the perceived huge gaps in medicines and supplies, the unavailability of trusted information on the health situation or on the supply chain and the inability of the Ministry of Health to intervene, called for an urgent support to the health sector

² World Health Organisation.

in Libya. This project therefore comes as a response to the rapidly deteriorating situation of the health sector in Libya where the persistence of poor regulations, planning, and management and quality procedures in the field of supply chain management is decreasing the access of the population to medicines. Furthermore, the unavailability of a regular and reliable health information system has already demonstrated the hazard of spreading communicable diseases, which will have not only local but also regional and probably international effect as Libya became a transit country for migrants on their way to Europe. The project goal is to improve the health care provision efficiency in Libya by focusing on two components namely supply chain and health information system management. The action has total budget of EUR 5 million for a period of 2 years. The action will be implemented in direct management through the award of a direct grant to the World Health Organisation (WHO).

1 CONTEXT

1.1 Sector context

Libya has experienced a number of crises since 2011, including armed clashes, which have led to an increased scale of humanitarian emergency with large-scale displacements, tens of thousands of dead and injured, and damages to vital infrastructure including health care facilities. These repeated conflicts prevented the recovery of the public sector, most notably of the health sector, which was already experiencing a number of weaknesses prior to the crises such as:

- Fragile public health sector with high dependence on foreign health workers, especially in the south of Libya;
- Debilitated Primary Health Care network, especially in the main cities (Benghazi and Tripoli);
- Substantial part of the health expenditure was spent on sending Libyans for treatment abroad;
- Marginalised health services in some areas (predominantly in the southern part of Libya).

In 2012, and in line with the attempts to improve the public service deliveries in Libya, the health sector received special attention and WHO, the EU and other partners were engaged in a number of projects and initiatives focusing on the development of a national quality health care. The latest escalation of the conflict in June 2014, led to the suspension of the initiatives started in 2012-2013 that were aiming at the reform of all six blocks³ of the health system starting with the strengthening of the primary health care.

With two rivalry governments competing for power, the country has come to a standstill. The institutions do not receive the necessary budget to carry out their core tasks and no decisions can be taken. On the other hand, Libya is also witnessing a steady decline of its national revenues (less oil exports and declining oil prices). Together with the deteriorating political and security situation, the decline of the

³ **The six building blocks of a health system** - Good health services, well-performing health workforce, well-functioning health information system, equitable access to essential medical products, vaccines and technologies of assured quality, good health financing system and leadership and governance ensuring strategic policy frameworks.

available financial resources is also affecting the health system. Shortages of drugs and medical supplies are already occurring and the budgetary cuts have led to a decrease of the number of Libyan patients sent abroad for treatment and as such it is putting an additional burden on the already weakened national health care system.

Health gaps and challenges

Health services: Access to health services has become a major concern mainly in Benghazi, Zintan, Kikla, Ghat and Aubari. The ongoing fighting has led to restrictions of movement for people and health workers in the conflict areas and to the destruction of health infrastructures, e.g. in April 2015, the Al Zahra Kidney Hospital near Tripoli was severely damaged and looted.

Moreover and following the escalation of fighting on 15 October 2014, the hospitals in Benghazi are struggling to cope with the large numbers of patients. In addition, many hospitals in Benghazi have been forced to close due to security reasons. These include Al Hawwary, 7 October, Al Jomhoria, and the psychiatric facilities. The Benghazi Medical Center (BMC) is now the main provider of hospital care services in the city as Al Jala Hospital, the main trauma hospital in Benghazi, being only partly functional. The second wing of BMC has opened to replace Al Jomhoria Hospital in providing obstetrics and gynaecology services to Benghazi and neighbouring areas, and a new dialysis unit has been installed in the BMC for patients of Al Hawwary Hospital. The Kikla, Zintan and Aubari hospitals are inaccessible to patients and some other hospitals such as Ghat, Sorman, Darnah, Misrata main hospital, Al Ajailat, Jmail and the main Primary Health Care Polyclinics in Tripoli and Benghazi have been closed for years because of unfinished maintenance.

Care for patients with chronic diseases, disabilities and mental health disorders is becoming more and more compromised by the limited access to the few functioning health facilities. New waves of internal displacement of population added to the burden on the hospital staff in BMC, Al Marj, Al Baida, Tobruk, Ajdabia, Sirt and Misrata.

The situation of women and children has become particularly vulnerable since the hospitals are overwhelmed with trauma patients, which often restricts the access to other patients in need of clean surgical facilities (e.g. pregnant women).

Human resources for health: shortage of health workforce is caused mainly because qualified Libyan staff is leaving the country and those remaining have limited access to health facilities. The shortage of medical professionals is also due to the departure of foreign medical workers. In addition, the “Ghost health personnel” phenomenon is contributing to the lack of health personnel too: a substantial number of health workers are on the payroll, however they do not appear in their assigned working places.

Medical supplies: currently there is an extensive shortage of medicines and medical supplies in the country with very low stocks of vaccines. Inaccessibility to essential medicines can be due to lack of security or to the interruption of supplies and deliveries. Most of the medical warehouses in the east are either destroyed or located in conflict areas and therefore inaccessible. There are severe shortages of medicines for chronic diseases including insulin and critical shortages in tuberculosis and human immunodeficiency virus (HIV) medicines, blood derivatives, laboratory reagents, anaesthetics and kidney dialysis supplies, anti-neoplastic medicines,

alongside with obstetric supplies and maternal and child health (MCH) medicines and supplies. Severe shortages of dressing materials, internal fixators for fractures, and intravenous fluids have been reported in some hospitals too.

Health finance: the crisis affecting Libya and the related scarcity of budgetary allocations for the years 2014-2015 have a significant impact on the deterioration of public services including health services. The Central Bank has been allocating funds in late 2014 and early 2015 exclusively for salaries and subsidies, which led to marked shortages in the availability of medicines and supplies as well as inability to repair or improve the health care network and system.

Health information system is also affected by the conflict. During the year 2014, only 7 out of 36 surveillance officers have continued to report to the main centre in Zliten. The insufficient reporting and the lack of reliable health information have been proven extremely weak: with the occurrence of H1N1 cases in the country, the system re-acted incoherently leading to a high fatality rate (70%) in the eastern region.

1.1.1 Public Policy Assessment and EU Policy Framework

The EU is the world's biggest donor in the health sector. With a total of EUR 50 billion per year, the EU is providing 56% of global public aid for the health sector.

Health is one of the focal sectors the EU was involved in with Libya since 2007. It remained a focal sector within the EU multiannual programming documents signed with Libya for the periods 2011-2013 and 2014-2015⁴.

At the present moment, Libya has neither an overall National Development Strategy nor a National Health Strategy.

Relevant policy documents related to public health that have been taken into account are:

- Regulation (EU) No 232/2014 of the European Parliament and of the Council of 11 March 2014 establishing a European Neighbourhood Instrument where the promotion of public health is one specific objectives of Union' support⁵;
- Libya Multiannual Indicative Programme (MIP) 2014-2015 where health is indicated as a sector of intervention;
- Commission Communication on Global Health⁶ and Council conclusions on the EU role in Global Health⁷.

1.1.2 Stakeholder analysis

Stakeholders' involvement and analysis will also depend on the political situation and on the formation, or not, of a government of a national accord.

The WHO project team has already started a number of consultations with key stakeholders in order to ensure both, ownership over the project and sustainability of the results achieved.

⁴ C(2014) 5699, 12.8.2014.

⁵ OJ L 77, 15.3.2014, p. 27.

⁶ COM(2010)128, 31.3.2010.

⁷ 301th Foreign Affairs Council meeting Brussels, 10.5.2010.

Ministry of Health (MoH): the Ministry of Health will be involved in the project as soon as a government of national accord will be established. The activities of the project will be mainly implemented through health-care centres and clinics.

Medical supplies organisation (MSO): the leading agency with reference to the development and management of the supply chain will be involved in this project.

Department of Health Information Systems (HIS): the leading agency with reference to the health information system will participate in the project.

National Centre for Disease Control (NCDC): in absence of the Ministry of Health the Centre will play a coordinating role.

Local authorities, communities, health` professional and patients will also be involved in the project.

1.1.3 Priority areas for support/problem analysis

The health care system in Libya has been underdeveloped for decades; however two areas have been particularly neglected: 1) the supply chain management and 2) the health information system. In 2011-2012, the health authorities and the international community acknowledged these gaps and a number of assessments has been conducted in 2012 (including a comprehensive health facilities assessment and assessment of the pharmaceutical division and the supply chain) with the view of planning improvements in the two areas.

The gaps in the supply chain management could be summarised as it follows:

- Lack of drug legislation and regulation;
- out-dated licensing, registration and pricing procedures, which enables huge fluctuation in international and Libyan market pricing;
- poorly regulated procurement with insufficient involvement of the health care specialists in the process;
- insufficient capacity of the National Centre Disease Control (NCDC) to monitor and control the supply chain;
- unclear roles and responsibilities in the planning and regulative process of the supply chain between the various health and pharmaceutical authorities;
- lack of guidelines and monitoring for drugs use;
- poor warehousing conditions and procedures.

Since June 2014, these gaps have further widened by the looting and destruction of some warehouses, especially in the eastern region. The logistics difficulties in importing and transporting medicines and medical supplies in the country have increased dramatically. In addition, the lack of proper funding for medicines procurement since the beginning of 2015 added a new layer to the problem. With reference to the health information system, some results had been achieved in 2012-2013 with the modernisation of the equipment of the HIS' department and with the strengthening of the capacity of its staff. A comprehensive health facility assessment has been developed, with maps virtually accessible, and a network of reporting sentinel sites has been created as well in early 2012. WHO supported the improvement of the Libyan surveillance system in 2012 with the creation of 36 sentinel sites. Unfortunately, the above-described achievements could not be maintained during the recent crisis; the available health facility maps are out-dated and do not reflect the actual health situation; approximately 80% of the initial

sentinel sites are not reporting to NCDC; health information is scattered, unreliable and rarely collected or shared.

2 RISKS AND ASSUMPTIONS

Risks	Risk level (H/M/L)	Mitigating measures
Compromised security situation	H	Create network of local focal points that can implement and monitor the project activities.
Compromised security situation	M	Allocate extended implementation period for challenging areas (additional 3-6 months).
Lack of Libyan ownership of the project	H	Create “wide ownership and acceptance” of the project via extensive participatory and consultative approach with concerned health professionals during the designing phase.
Resistance to changing the current supply chain management system	H	- Create “advocacy groups” for change within the health professionals. - Dissemination on the rationale of the enhanced regulation and legislation among the health workers and politically/admin influential stakeholders.
Slow progress of the health information component	H	- Extensive capacity building of the health professionals, especially in remote areas. - Triangulating the data received with data from field visits.
Assumptions		
<ul style="list-style-type: none"> • Security situation in the Country will allow the implementation of the planned activities; • Political willingness to improve the health system exists; • Willingness of the health professionals to support the agreed activities; • Experienced national professionals are available to implement the project; • National experts are available to act as focal points even in remote areas and in 		

locations with challenging security.

3 LESSONS LEARNT, COMPLEMENTARITY AND CROSS-CUTTING ISSUES

3.1 Lessons learnt

Libya is currently facing a mix of political, administrative, financial, security and social challenges. From previous experience in the country through different programmes in the health sector, the main lessons learned are that the following issues should be taken into consideration:

- Strong Libyan participation and ownership since the earliest stages of any project or intervention are crucial for its success. Furthermore, the foreseeable changes at political and administrative level require wider participation of technical experts that can advocate for the planned interventions in case the key stakeholders would change during the course of the project.
- Coordination and mediation from “external experts” to ease the planning and implementation of the project intervention as Libya has a serious gap of management professionals. On the other hand, technical experts of Libyan origin should be available to implement specific activities.
- Long and complex projects shall be implemented by blocks of simple and well-defined deliverables. This is particularly valid in the context of the rapidly changing security and administrative situation where some interlocutors might change during the project.

3.2 Complementarity, synergy and donor coordination

Complementarities and synergies will be established with other past, ongoing and planned interventions such as the EU funded "Libya Health System Strengthening (LHSS) Programme"⁸ whose implementation is expected to run partially in parallel to this action. A national working group on health existed prior to the recent crisis and should be re-established as soon as possible and will be primordial once a Government of National Accord is established as health is considered a priority sector of intervention.

The EU-funded Libya Health Systems Strengthening (LHSS) Programme is a project of EUR 8.5 million implemented by the *Deutsche Gesellschaft für Internationale Zusammenarbeit* (GIZ). The objective of the programme originally aimed to support a comprehensive reform of the national health system. The programme has been articulated around three main result areas of intervention: a) strategic planning, health financing and capacity building; b) health service delivery and quality of health care; and c) workforce planning, development and management. Because of the fluid political and security situation, the programme has been suspended with some activities in the area of primary health care continue to be implemented by a local NGO based in Tripoli. In case of resumption of all programme' activities, it is strongly recommended to start with the development of a Common Vision and of a National Health Strategy.

Even in the current crisis situation, donor coordination in the humanitarian sector, including health, continues under the umbrella of the UN Humanitarian Coordinator.

⁸ C(2012) 9294, 14.12.2012.

3.3 Cross-cutting issues

Good governance, equal opportunities and non-discrimination will be taken in due consideration.

4 DESCRIPTION OF THE ACTION

4.1 Objectives

The project goal is to improve the health care provision efficiency in Libya by focusing on two components: 1) the supply chain; and 2) the health information system management.

The project will strive towards the following specific objectives and results:

Specific objective 1: Increased quality of planning, management and monitoring of the medicines and supplies in Libya: this specific objective aims to improve the supply chain system in all its components from a purely regulatory perspective (standards and guidelines) to the ambitious scope of creating a new national culture in planning, procurement, storage and distribution of medicines and supplies.

Specific objective 2: Improved management and quality of the health information system: this objective targets all areas of the health information system with initial emphasis on the already developed disease alert and response system by revitalising the sentinel system established in 2012 and currently still partially functioning.

Under the specific objective 1 the following results are expected: enhanced quality of supplies planning, improved conditions of warehousing, implemented WHO standards, best practices and guidelines on selection, procurement, storage and distribution of medicines and medical supplies, updated essential drugs list and drugs legislations and regulations and monitoring and quality assurance integrated in all aspects of the supply management system.

Under the specific objective 2 the following results are expected: improved regularity and reliability of the existing Health Information Centre; boosted outreach of information gathering; health information analysis has become an essential part of public health planning and decision making.

4.2 Main activities/results

1. SO1. Increased quality of planning, management and monitoring of the medicines and supplies in Libya
 - 1.1. Enhance the quality of supplies planning:
 - 1.1.1. Create and operationalise a “management board” formed with the participation of the health professionals in Libya with reference to quality supply planning;
 - 1.1.2. Design and implementation of a “road map” for the development and functioning of the supply chain management.
 - 1.2. Improve the conditions of warehousing:
 - 1.2.1. Complete the “assessment of the identified pilot warehouses”. 8 in total covering all Libyan regions (2 each from east, west, middle and south);
 - 1.2.2. Implement the recommendations of the assessment;

- 1.2.3. Technical monitoring of the improved warehouses.
- 1.3. Implement WHO's standards, best practices and guidelines on selection, procurement, storage and distribution of medicines and medical supplies:
 - 1.3.1. Update the “assessment of the pharmaceutical procedures and supply chain in Libya” using as a base the assessment done in 2012;
 - 1.3.2. Mainstreaming of WHO's and other EU and international standards, guidelines and good practices with reference to the whole supply chain.
- 1.4. Update the essential drugs list and drugs legislations and regulations including quality procedures for drugs use:
 - 1.4.1. Capacity building of the health and pharmaceutical practitioners;
 - 1.4.2. Supporting the health and pharmaceutical practitioners in updating the drug list, drugs related legislation and regulation.
- 1.5. Monitoring and functional evaluation of the supply management improvement:
 - 1.5.1. Continuous monitoring and mid-term evaluation, feedback and, if applicable, revision of the supply management chain.
- 2. SO2. Improved management and quality of the health information system
 - 2.1 Improving the regularity and reliability of the existing health information system in Libya:
 - 2.1.1 Provide a comprehensive capacity-building programme for the health information managers and other relevant staff.
 - 2.2. Boosting the outreach of information gathering in Libya:
 - 2.1.1. Improve the technical capacity of the electronic HIS in all districts in Libya;
 - 2.1.2. Expand the system to more peripheral levels.
 - 2.3. Instituting health information analysis as essential part of public health planning and decision making:
 - 2.3.1. Capacity building of the clinicians feeding into the HIS;
 - 2.3.2. Monitoring of the reporting and HIS.

4.3 Intervention logic

This project comes as a response to the rapid deterioration of the situation of the health sector in Libya. In the country, the persistence of poor legislation and regulation, planning, management and quality procedures in the field of supply chain management is both decreasing the access of the population to medicines and medical supplies and it is increasing the threat of corruption in procurement and distribution and the danger of complications because of irrational drugs use.

On the other hand, the unavailability of regular and reliable health information system has already demonstrated the hazard of spreading communicable diseases, which will have not only local, but also regional and probably international impact.

The steady worsening of the health situation, the perceived huge gaps in medicines and supplies and the unavailability of any trustful information on the health situation or on the supply chain, calls for a prompt start of the implementation of activities. The project will invest in long-term development in both supply chain management and health information system, creating a reliable basis for planning, monitoring and analysis of the supply chain and of the overall health situation and indicators in Libya.

It should also be noted that health remains a priority area of intervention for the EU in Libya due to its importance for the development of the country and its population.

An inception phase of 1 month and a half is foreseen at the beginning of the project. At the end of the inception phase an inception report shall be submitted to the contracting authority for approval.

5 IMPLEMENTATION

5.1 Financing agreement

In order to implement this action, it is not foreseen to conclude a financing agreement with the partner country, referred to in Article 184(2) (b) of Regulation (EU, Euratom) No 966/2012.

5.2 Indicative implementation period

The indicative operational implementation period of this action, during which the activities described in section 4.2 will be carried out and the corresponding contracts and agreements implemented, is 36 months from the date of adoption by the Commission of this Action Document.

Extensions of the implementation period may be agreed by the Commission's authorising officer responsible by amending this decision and the relevant contracts and agreements; such amendments to this decision constitute technical amendments in the sense of point (i) of Article 2(3)(c) of Regulation (EU) No 236/2014.

5.3 Implementation modalities

5.3.1 Grant: direct award "Improving health information system and supply chain management in Libya" (direct management)

a) Objectives of the grant, fields of intervention, priorities of the year and expected results

The project goal is to improve the health care provision efficiency in Libya by focusing on two components namely the supply chain and the health information system management. The specific objectives are the following two: 1) Increased quality of planning, management and monitoring of the medicines and supplies in Libya; and 2) Improved management and quality of the health information system. For a 24 months projects it is not needed to list the priorities of the years but it is sufficient to indicate the specific objectives.

b) Justification of a direct grant

Under the responsibility of the Commission's authorising officer responsible, the recourse to an award of a grant to WHO without a call for proposals is justified because of the following complementary reasons.

According to Article 190 of the Rules of Application "Exceptions to call for proposals" (Article 128 of the Financial Regulation) a grant may be awarded without call for proposal for actions with specific characteristics that require a particular body on account of its technical specification, its high degree of specialisation or its administrative power, on condition that the action concerned do not fall within the scope of a call for proposal.

WHO is the United Nations specialised agency for health established already in 1948. They have gained the trust of the Libyan health authorities and professionals via engagement in a variety of initiatives to improve the health system in Libya since 2011 and continue to support the health system in Libya with the supply of life saving and essential medicines and interventions in the field of Primary Health Care. Notwithstanding the difficult security context at the beginning of 2015, WHO was able to establish a network of focal points throughout the country to implement and monitor activities in their respective areas. At the same time, WHO has enhanced its operational presence in Libya by recruiting additional two "national public health officers".

c) Essential selection and award criteria

The essential selection criteria are the specific expertise, the financial and operational capacity of WHO as well as their presence in Libya and their in depth knowledge of the Libyan health sector.

The essential award criteria are the relevance of the proposed action to the objectives of the programme, design, effectiveness, feasibility, sustainability and cost-effectiveness of the action.

d) Maximum rate of co-financing

The maximum possible rate of co-financing for this grant is 90% of the eligible costs of the action.

In accordance with Articles 192 of Regulation (EU/Euratom) No 966/2012, if full funding is essential for the action to be carried out, the maximum possible rate of co-financing may be increased up to 100%. The essentiality of full funding will be justified by the Commission's authorising officer responsible for the award decision, in respect of the principles of equal treatment and sound financial management.

e) Indicative trimester to conclude the grant agreement

Fourth trimester 2015.

f) Exception to the non-retroactivity of costs

The action is a response to the sudden and rapid deterioration of the situation of the Libyan health sector and more particularly the shortage of medicines and medical supplies. The improvement in the management of the health information system and of the supply chain is a preliminary action needed in order to increase the access of the overall local population to medical supplies. Given the current critical situation in the country it is of utmost importance to start the planned activities at the earliest opportunity and therefore the eligibility of the costs shall be authorised, prior to the submission of the grant application, as of 1 October 2015.

5.4 Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased

as established in the basic act and set out in the relevant contractual documents shall apply, subject to the following provision.

The Commission’s authorising officer responsible may extend the geographical eligibility in accordance with Article 9(2) (b) of Regulation (EU) No 236/2014.

5.5 Indicative budget

Improving health information system and supply chain management in Libya	EU contribution (amount in EUR)	Indicative third party contribution, in currency identified
Direct grant to WHO This budget includes an indicative amount of EUR 250,000 for communication and visibility actions.	5,000,000	560,000
Totals	5,000,000	560,000

5.6 Organisational set-up and responsibilities

The WHO will be responsible for the organisation and the management of the action. A full time project manager will be assigned to the project in Tunis. A steering committee will be established and an indicative list of the committee' members shall be included in the description of the action.

Since 2011 WHO has gained the trust of the Libyan health authorities and professionals via engagement in a variety of initiatives to improve the health system in Libya. At this stage, WHO is already involved in supporting Libya with lifesaving and essential medicines and supplies and is operational in supporting Libya in procuring medicines internationally along with other interventions in the field of primary health care, such as mental health and theoretical and practical capacity building of health professionals.

Taking into account the prevailing security situation and the challenges to access certain areas, WHO has established since the beginning of 2015 a network of focal points that follow up the health and general situation in their respective areas and are operation in implementing part of the activities and monitoring activities implemented with the health authorities. Simultaneously, WHO has enhanced its operational presence in Libya by recruiting two additional “national public health officers” that would be the liaison with the health authorities in the different regions in Libya.

WHO’s long lasting institutional experience and expertise in both supply chain management and the health information system would guarantee sustainability of the project activities and continuity of the achievements.

5.7 Performance monitoring and reporting

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process and part of the implementing partner’s responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties

encountered, changes introduced, as well as the degree of achievement of its results (outputs and direct outcomes) as measured by corresponding indicators, using as reference the log-frame matrix. The report shall be done in such a way as to allow monitoring of the means envisaged and employed and of the budget details for the action. The final report, narrative and financial, will cover the entire period of the action implementation.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

5.8 Evaluation

Having regard to the importance and the nature of the action, a final evaluation will be carried out for this action or its components contracted by the Commission. A mid-term evaluation of the functioning of the supply management chain will be done too.

It will be carried out for accountability and learning purposes at various levels, including for policy revision, taking into account in particular the fact that the implementing partner will probably have to implement this action in a challenging context given the current security situation and also given the recent institutional setting.

The Commission shall inform the implementing partner at least three months in advance of the dates foreseen for the evaluation missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.

The evaluation reports shall be shared with the partner country and other key stakeholders. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project.

The financing of the evaluation shall be covered by another measure constituting a financing decision.

5.9 Audit

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audits or expenditure verification assignments for one or several contracts or agreements.

The financing of the audit shall be covered by another measure constituting a financing decision.

5.10 Communication and visibility

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU.

The implementation of the communication activities shall be the responsibility of the beneficiary, and shall be funded from the amounts allocated to the action.

This action shall contain communication and visibility measures that shall be based on a specific and detailed Communication and Visibility Plan of the action, to be elaborated before the start of implementation and supported with the budget indicated in section 5.5 above.

The Communication and Visibility Plan of the action shall be budgeted and it should also come with an indicative schedule. The Communication and Visibility Plan of Action shall be part of the inception report.

All necessary measures will be taken to publicise the fact that the action has received funding from the EU in line with the Communication and Visibility Manual for EU External Actions⁹. Additional Visibility Guidelines developed by the Commission will have to be followed.

Visibility and communication actions shall demonstrate how the intervention contributes to the agreed programme objectives. Actions shall be aimed at strengthening general public awareness and support of interventions financed and the objectives pursued. The actions shall aim at highlighting to the relevant target audiences the added value and impact of the EU's interventions and will promote transparency and accountability on the use of funds. It is the responsibility of the beneficiary to keep the EU Delegation and the Commission fully informed of the planning and implementation of the specific visibility and communication activities.

Contractual obligations shall be included in, respectively, the financing agreement, procurement and grant contracts, and delegation agreements. The contribution of the EU shall be duly reflected in the communication and visibility measures of the Action. The beneficiary shall report on its visibility and communication actions in the report submitted to the ENI monitoring committee.

⁹ http://ec.europa.eu/europeaid/work/visibility/index_en.htm.

APPENDIX - INDICATIVE LOG FRAME MATRIX (FOR PROJECT MODALITY) ¹⁰

The activities, the expected outputs and all the indicators, targets and baselines included in the log frame matrix are indicative and may be updated during the implementation of the action without an amendment to the financing decision. The indicative log frame matrix will evolve during the lifetime of the action: new lines will be added for listing the activities as well as new columns for intermediary targets (milestones) when it is relevant and for reporting purpose on the achievement of results as measured by indicators.

	Intervention logic	Indicators	Baselines (incl. reference year)	Targets (incl. reference year)	Sources and means of verification	Assumptions
Overall objective: Impact	Improve the health care provision efficiency in Libya	% of health facilities with essential medicines and lifesaving commodities in stock on the day of visit. % of deaths that are registered (with age and sex) by the end of 2017	N/A for 2014 and 2015 (reports indicate that over 50% interviewed facilities suffer shortages including health facilities closed due to lack of medicines) N/A for 2014 and 2015	85%	Health facilities reports and on site health facilities visits and assessments Health statistics	Willingness by all parties to improve the health system Availability of funds to finalise the project (donors) and to continue the improvement in the health system (Libyan funds)

¹⁰

Mark indicators aligned with the relevant programming document mark with '*' and indicators aligned to the EU Results Framework with '**'.

				95%		
Specific objective(s): Outcome(s)	<p>1. Increased quality of planning, management and monitoring of the medicines and supplies in Libya</p> <p>2. Improved management and quality of the Health Information System.</p>	<p>% of medicines destroyed due to expiry or damage by the end of 2017</p> <p>% of facilities that submit reports within the required deadline by the end of 2017</p>	<p>100,000 tons in 2015 (accumulated from previous years)</p> <p>N/A for 2014 and 2015 (reports submitted from sentinel sites vary between 20-70% depending on the security situation)</p>	<p>15%</p> <p>95%</p>	<p>MSO reports</p> <p>Health Information Centre reports and visits</p>	<p>Willingness of the health professionals to support the agreed project activities</p> <p>The availability of national experts that act as focal points even in remote areas and in locations with challenging security</p>
	Intervention logic	Indicators	Baselines (incl. reference year)	Targets (incl. reference year)	Sources and means of verification	Assumptions
Outputs	<p>1.1 Enhance the quality of supplies planning</p> <p>1.2 Improve the conditions of warehousing</p> <p>1.3 Implement WHO standards, best practices and</p>	<p>Number of warehouses improved according to new regulations and standards</p> <p>Approved and published</p>	<p>0</p>	<p>8</p>	<p>Warehouses assessment and monitoring reports</p>	

	guidelines on selection, procurement, storage and distribution of medicines and medical supplies	Standards and guidelines document	0	1	Published booklet	
	1.4 Update the essential drugs list and drugs legislations and regulations	Available revised essential drugs list for Libya	0	1	Published booklet	
	1.5 Monitoring and evaluation of the supply management improvement	% of warehouses producing annual quality reports	0	50%	MSO - Warehouses reports	
	2.1 Improve the regularity and reliability of the existing Health Information System in Libya	% of sentinel sites reporting monthly				
	2.2 Boost the outreach of information gathering in Libya	% of births that are registered (within one month of age) as part of a civil registration system	50%	95%	Sentinel sites reports	
	2.3 Instituting health information analysis as essential part of public health planning and decision making		N/A for 2014-2015	95%	Health statistics department reports	