

Libya Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

From date: 03/12/2014

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: The stake holder were Identified and interviewed(17 persons From the NAP, MOE, UNODC, WHO, Scot, , LHSS-EU, Theka society, Libyan institute for Human right international relief , Ayadi Alkheer society) and , Y-peer Libya) finished on 22/3/2014.in coordination with NAP and RANNA secretariat -Responses were reviewed and few discrepancies were found for part A and B. -Validation of the finding were done in the consensus workshop held on 25/3/2014 after dividing the stakeholders(25 persons from the NAP, MOE, UNODC, WHO, Scot, MOH Tubreg, MOH Zawia, LHSS-EU, MIA, Theka society, Human development skills clop Traghen) into four groups: -Group1 had consensus on strategic plan (A) and civil society involvement (B). -Group2 had consensus prevention, political support and leadership (A&B) . -Group3 had consensus Human right (A&B). -Group4 had consensus treatment, care and support, monitoring and evaluation

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: In the workshop the disagreements were resolved by discussion and after understanding the question from the attending personnel

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like): In the interview there were difficult in most of them to follow the questionnaires which prolong the interview to each more than 3 hours, but in the workshop the questionnaires were translated to Arabic and each member of the group get his relevant topics this adds to the data to be more qualitative

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
National Center for Disease Control (NCDC)	Dr. Husien ben Othman (HO)/Director of AIDS and STD Directorate (DASD).	A1,A2
National Center for Disease Control (NCDC)	E. Laila Bashir Aghail (LBA) /Head of Planning Program Dpt. (HPPD)	A5,A6
National Center for Disease Control (NCDC)	Dr. Alia Shiboub (AS) /Head of Education and Consoling Dpt. (HEOD)	A2,A4,A5
National Center for Disease Control (NCDC)	Dr. Wafaa Mukhtar Khafafa (WMK) /Vice President of Drug Dpt. (VPDD)	A1,A2,A3,A4,A5,A6
National Center for Disease Control (NCDC)	Mrs. Seham Moh'd alYounsi(SMY) /Head of Consoling Unit. (HCU)	A4
National Center for Disease Control (NCDC)	Mrs. Faten Mohamed Ismail (FMI) /Monitoring and Evaluation Unit. (MEU)	A5,A6
National Center for Disease Control (NCDC)	Mr. Ayoup Salem alAshkhem (ASA) /Head of Study Dpt. (HSD)	A3
Ministry of Education (MOE)	Mr. Taher Ismail ben Ismail (TII) /School Activity Directorate (SAD)	A2,A4
MOH Tubreg (MOHT)	Mr. Mohmed Yusuf Fadil (MYF) /Director of Education and Media Office (DEMO)	A1
MOH Zawia (MOHZ)	Taher Mohmed alGamodi (TMG) /Coordinator of Zawia Committee (CZC)	A1
Ministry of internal affair Tripoli (MIAT)	Younis Amer alMezoughi (YAM) /Tripoli Committee (TC)	A1
National Center for Disease Control (NCDC)	Mr. Hussam Omran Ahlab (HOA) /Study Department (SD)	A4
National Center for Disease Control (NCDC)	Mrs. Nisreen Fathi alSahli (NFS) Planning Program Dpt. (PPD)	A5,A6
National Center for Disease Control (NCDC)	Miss. Anissa Mustafa Omer /Education and Consoling Dpt. (ECD)	A4
National Center for Disease Control (NCDC)	Miss. Aziza Fathi Ganbour (AFG) /Education and Consoling Dpt. (ECD)	A4

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B
UNODC	Dr. Nabil aboAmer (NA) /Program Manager (PM)	B1,B2,B3,B4,B5
UNODC	E. Amal Saleh Gtansh (ASG) /Program Manager Assistant (PMA)	B1,B2,B3,B4,B5
Libyan Health System Strengthening-EU (LHSS-EU)	Dr. Isaac ElMankabadi (IEM) /Team Leader (TL)	B1,B2,B4
Libyan Health System Strengthening-EU (LHSS-EU)	Mrs. Sheryl Scott (SS) /Health System Expert (HSE)	B4,B5
Libyan Health System Strengthening-EU (LHSS-EU)	Miss. Lorraine Porteous (LP) /Service Delivery Expert (SDE)	B1
Libyan Health System Strengthening-EU (LHSS-EU)	Mrs. Rabaa Abiedi (RA) /Excutive Assistant for Team Leader (EATL)	B4,B5
Y-Peer Libya (YPL)	Mr. Anis ElWikani (AEW) Focal Point Coordinator Libya (FPCL)	B4
Y-Peer Libya (YPL)	Mr. Sami Aboshagour (SA) /Focal Point Coordinator Janzour (FPCJ)	B4
Theka Union for AIDS and Drug Control (TUADC)	Mr. Majed Imhemed Omar (MIO) /Official Speaker for the Union (OSU)	B4,B5
Theka Union for AIDS and Drug Control (TUADC)	Mr. Belal Mohamed Barion (BMB) /Member (M-TUADC)	B4
Theka Union for AIDS and Drug Control (TUADC)	Mr. Rida Mohamed Ali (RMA) /Member (M-TUADC)	B4
Scot Libya	Miss. Randan Mohamed Grebi (RMG) /Delegated for Social Development and Service (DSDS)	B1,B2,B3,B4,B5
Scot Libya	Mr. Fawzi Moftah alAmori (FMA) /Member in Scot-Libya (M-SL)	B3
Libyan Institute for Human Right and International Relief (LIHRIR)	Mr. Ibrahim alAmry (IA) /Executive Director (ED)	B3
Human Development Skills Clop Traghen (HDSCT)	Mr. Mahdi Ali alSaleh (MAS) /Member (M-HDSCT)	B1
WHO office in Libya (WHOL)	Dr. John Jabbour (JJ) /WHO Representative in Libya (WHORL)	B1,B2,B4
WHO office in Libya (WHOL)	Dr. Najwa Imam (NI) /Technical Officer (TO)	B1,B2,B4
Ayadi Alkheer Society (AAS)	Mr. Shokri Mohamed Eguili (SME) /General Secretary (GS)	B1,B2,B3,B4,B5

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: In the years 2012- 2014

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: this is the 1st strategy in Libya

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: 1-NCDC-MOH/ 2-MO Justice/ 3-MOsecurity/ 4-Police-MOJustice/ 5- Drug control agency

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

Education:

Included in Strategy: Yes

Earmarked Budget: No

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: No

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: No

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other: Ministry of religion and victim of conflicts

Included in Strategy: Yes

Earmarked Budget: No

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?: Through partner of the NAP: International and local organization e.g. UNFPA, WHO

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: No

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: No

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?: Transgender is prohibited because the country is Islamic.

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]:

: No

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: Yes

1.6. Does the multisectoral strategy include an operational plan?: Yes

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: No

d) An indication of funding sources to support programme implementation?: Yes

e) A monitoring and evaluation framework?: No

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: Preparing the draft and reviewing it through workshops and many meeting trilateral and bilateral i.e. with one or two agencies

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?: Yes

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, all partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: No

Poverty Reduction Strategy: N/A

National Social Protection Strategic Plan: No

Sector-wide approach: No

Other [write in]:

: No

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: Yes

HIV impact alleviation (including palliative care for adults and children): Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: Yes

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: Yes

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): Yes

Other [write in]:

: N/A

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: No

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: HIS, VCT, and care.

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health:

b) HIV Counselling & Testing and Tuberculosis: Few

c) HIV Counselling & Testing and general outpatient care: Few

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: None

e) ART and Tuberculosis: Few

f) ART and general outpatient care: Many

g) ART and chronic Non-Communicable Diseases: None

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: :

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 5

Since 2011, what have been key achievements in this area: Many important component in the strategy from organizing implementing and to starting implementing e.g. VCT, HIS, ART.

What challenges remain in this area: 1-security and administrative instability. 2-transitional period. 3-communicating with others 4-data and information collection. 5-non-commitment of local partners 6-stigma and discrimination. 7-in general weakness of health services. 8-absence of PHC services to PLWHIV. 9-weakness in human resources in NAP.

A.II Political support and leadership

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: speech from the minister and members of the General National Congress about the epidemic and the problem of procurement of drug and the stigma and discrimination.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: No

IF NO, briefly explain why not and how HIV programmes are being managed:: team is actually present but not authorized officially from the MOH.

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: No

Have active government leadership and participation?: No

Have an official chair person?: No

IF YES, what is his/her name and position title?:

Have a defined membership?: No

IF YES, how many members?:

Include civil society representatives?: No

IF YES, how many?:

Include people living with HIV?: No

IF YES, how many?:

Include the private sector?: No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: No

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: Through NAP-NCDC which responsible to coordinate between the partners (PLWHIV, LHSS-EU, UN-organizations, NGOs-LANA) and other sectors to discuss the issues related to HIV/ AIDS.

What challenges remain in this area:: To validate officially the proposal from the NAP.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: Yes

Technical guidance: Yes

Other [write in]:

: No

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?: Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: Yes

IF YES, name and describe how the policies / laws were amended: Modifying work law about infectious diseases classification so the PLWHIV can have more opportunities Of getting jobs.

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: Control policies: -Drug addicts is considered as criminal. -This law is increasing the stigma and discrimination.

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 5

Since 2011, what have been key achievements in this area:: Support from MOH.

What challenges remain in this area:: -Transitional period. -Security and administrative instability prevent implementing the law.

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: All Libyan are the same.

Briefly explain what mechanisms are in place to ensure these laws are implemented:: If the person went to the court he can get his right.

Briefly comment on the degree to which they are currently implemented:: -Most the victims does not go to the courts due to Ignorance and stigma

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: Yes

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies:: For MSM, SW, Transgender and IDU, is prohibited by the law.

Briefly comment on how they pose barriers:: Difficult to reach these peoples.

A.IV Prevention

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?: Yes

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: No

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: Yes

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]::

: No

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?: Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: Yes

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?: Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy:: -The NAP follow clear and comprehensive strategy including education about prevention and peer education and providing referral services, and working with all population especially high risk groups.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

People who inject drugs: HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Men who have sex with men: HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Sex workers: HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Customers of sex workers: HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Prison inmates: HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Other populations [write in]:

:

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?: 7

Since 2011, what have been key achievements in this area:: -Training on: out-reach, HTC (HIV testing and counseling) in hospital and NGOs. -Clear contribution of civil society in AIDS Programs.

What challenges remain in this area:: - Difficulties in implementing rights of PLWHIV e.g. to get job. -Also there is difficulty in coordination and official communication with country institutes e.g. ministries and hospitals

4. Has the country identified specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: -KAP studies in student.

IF YES, what are these specific needs? : -More education on mode of infection and non-infection, and to accept PLWHIV.

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Agree

Economic support e.g. cash transfers: Agree

Harm reduction for people who inject drugs: Disagree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Strongly agree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Strongly agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Strongly agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Strongly agree

Treatment as prevention: Strongly agree

Universal precautions in health care settings: Agree

Other [write in]:

:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 6

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized:: ART, Consoling, Testing.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Strongly agree

Economic support: Agree

Family based care and support: Strongly disagree

HIV care and support in the workplace (including alternative working arrangements): Agree

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Disagree

Nutritional care: Strongly agree

Paediatric AIDS treatment: Strongly agree

Palliative care for children and adults Palliative care for children and adults: Strongly disagree

Post-delivery ART provision to women: Strongly agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

Psychosocial support for people living with HIV and their families: Disagree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Agree

Other [write in]::

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: Yes

Please clarify which social and economic support is provided: -NCDC for consoling. -Social center for economic support.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?: Yes

IF YES, for which commodities?: -ART. -The condom is provided by private pharmacists with low cost

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 4

Since 2011, what have been key achievements in this area?: Providing ART to all PLWHIV in hospital setting which is free.

What challenges remain in this area?: Sometimes there is shortage in one of ART.

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: Yes

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 2

Since 2011, what have been key achievements in this area?: They can get treatment.

What challenges remain in this area?: The orphan with HIV have no place to live in it. Had been recorded 2 cases were presented by children Hospital sponsored by doctors until further notice. And also in Aljala (Children) Infectious Dpt. In TMC.

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: In Progress

Briefly describe any challenges in development or implementation:: -Delay in budget. -Lack of professional staff.

1.1. IF YES, years covered:

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

Briefly describe what the issues are::

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: Yes

3. Is there a budget for implementation of the M&E plan?: In Progress

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 20%

4. Is there a functional national M&E Unit?: In Progress

Briefly describe any obstacles:: -Not yet (still under development).

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: No

In the National HIV Commission (or equivalent)?: Yes

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
head of the unit	Full-time	one month

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
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4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

Briefly describe the data-sharing mechanisms:: -Monthly report.

What are the major challenges in this area:: -There is no fixed focal point person from the other key partners. -To continuo voluntary work.

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: No

6. Is there a central national database with HIV- related data?: No

IF YES, briefly describe the national database and who manages it.: HIS-program still under pilot study in two hospitals in Tripoli and Bengazi

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: No, none of the above

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: No

At subnational level: Yes

IF YES, at what level(s)?:

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: No

(a) IF YES, is coverage monitored by sex (male, female)?: No

(b) IF YES, is coverage monitored by population groups?: No

IF YES, for which population groups?:

Briefly explain how this information is used::

(c) Is coverage monitored by geographical area?: No

IF YES, at which geographical levels (provincial, district, other)?:

Briefly explain how this information is used::

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: No

9. How are M&E data used?

For programme improvement?: No

In developing / revising the national HIV response?: No

For resource allocation?: No

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any::

10. In the last year, was training in M&E conducted

At national level?: Yes

IF YES, what was the number trained?:

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: No

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: No

IF YES, describe what types of activities:

11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 3

Since 2011, what have been key achievements in this area?: Pilot study on HIS.

What challenges remain in this area?: To complete the pilot of HIS and then extend it to the other hospitals.

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 5

Comments and examples:: They participate in : HIS pilot, PMTCT strategy, several mission for top leaders.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 5

Comments and examples:: UNODC contributed actively in developing national strategy for HIV in prisons and PWID

3. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 4

b. The national HIV budget?: 4

c. The national HIV reports?: 2

Comments and examples:: -Advocated for harm reduction program. -Succeeded to gain 6 million budget for UNODC project. - HIV/Drugs in Libya. -Periodic reporting to NAP by UNODC. -Education and training to young people -reviewing PMTCT strategy including budget

4. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 1

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 1

c. Participate in using data for decision-making?: 1

Comments and examples: 1-M&E in progress. 2-Participation of UNODC office in planning process. 3-Technical support and training to NAP team on M&E. 4-Data from region were used for advocacy.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 4

Comments and examples: -Developing capacity of NGOs and PLWHIV association through workshops local and regional. -Annual local committees meeting (from different cities).

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:

a. Adequate financial support to implement its HIV activities?: 2

b. Adequate technical support to implement its HIV activities?: 4

Comments and examples: -Sometimes direct fund installment to e.g. UNODC and other indirect by easy access to experts or Providing brochures. -Civil society structure enable them to provide logistic support to the implementation of HIV activities more than technical support

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for key-populations:

People living with HIV: 51-75%

Men who have sex with men: <25%

People who inject drugs: >75%

Sex workers: <25%

Transgender people: <25%

Palliative care : <25%

Testing and Counselling: 51-75%

Know your Rights/ Legal services: 25-50%

Reduction of Stigma and Discrimination: 25-50%

Clinical services (ART/OI): 25-50%

Home-based care: 25-50%

Programmes for OVC: 25-50%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2013?: 5

Since 2011, what have been key achievements in this area?: 1-Strengthening managerial skills of NGOs. 2-Proposal writing skills. 3-Participation in workshops abroad and local. 4-Place procurement for few NGOs.

What challenges remain in this area?: -Financial support and resources are limited. -More participation in strategy forming. -Weakness of most of local NGOs due to technical capacities of these civil societies are restricted..

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened?: -Most HIV NGOs and their network organization were involved in developing national strategy. Also through education programs in infectious dpt. In the hospitals, schools, training in AIDS control programs (e.g. Outreach and VCT)

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]::

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: -All Libyan are equal. -And Libya is member in international Human rights.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: -Through courts -through civil societies

Briefly comment on the degree to which they are currently implemented:: -Victims did not go to court due to ignorance and social stigma.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: Yes

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies:: -PWID, MSM, SW and transgender are prohibited by the law.

Briefly comment on how they pose barriers:: -Can not implement activities such as outreach program. -Can not implement alternative therapy and needle exchange.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: Yes

Briefly describe the content of the policy, law or regulation and the populations included.: -In general and specific e.g. rape . -Libya had signed on international Human right so ethically Libya is oblige to implement it.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?: Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:: -They are working on classification of jobs which make PLWHIV better chance of getting a job and marriage

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: No

IF YES, briefly describe this mechanism::

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle “yes” or “no” as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: Yes

HIV prevention services:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: -All cases but it happen that there is shortage in one of the drugs for one month. -Condom is available in private pharmacies with low cost. -Needle and syringe are available in private pharmacies with low cost.

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:: All PLWHIV has access (as citizen) to services without inquiries on mode of transmission Or cause of infection.

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: No

IF YES, briefly explain the different types of approaches to ensure equal access for different populations::

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: No

IF YES, briefly describe the content of the policy or law::

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: Yes

IF YES on any of the above questions, describe some examples::

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: Yes

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework: No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: Yes

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]:

: No

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 3

Since 2011, what have been key achievements in this area: Infection department in the hospital accept all PLWHIV.

What challenges remain in this area: -To practice the law (implementing the law) -Develop special law for PLWHIV

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?:

Since 2011, what have been key achievements in this area: Orientation about human right is increasing and this is the starting step to implement human right.

What challenges remain in this area: People are refusing to work with PLWHIV.

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: -Studies and assessments via UNODC, WHO, Liverpool school, NAP. -Through several consultations, meeting which were conducted by NAP with national experts and most of the concerned parties/ institutions in the country at the governmental and non-governmental level

IF YES, what are these specific needs? : 1-Out reach program. 2- harm reduction. 3- VCT. 4- Media work. 5-Expanding network. 6-Coordination between the sectors and NGOs so the PLWHIV can get their all rights

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Disagree

Harm reduction for people who inject drugs: Disagree

HIV prevention for out-of-school young people: Strongly disagree

HIV prevention in the workplace: Strongly agree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Strongly agree

Universal precautions in health care settings: Agree

Other [write in]:

:

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 6

Since 2011, what have been key achievements in this area?: 1-Out reach program. 2- harm reduction. 3- VCT. 4- Media work. 5-Expanding network. 6-Coordination between the sectors and NGOs so the PLWHIV can get their all rights

What challenges remain in this area?: -Difficult to reach key population, places for VCT, harm reduction and alternative therapy.

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized?: 1-PWID are the priority. 2-Harm reduction (9 component). 3-Outreach program.

Briefly identify how HIV treatment, care and support services are being scaled-up?: Just now only through infectious department in hospitals

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Agree

HIV care and support in the workplace (including alternative working arrangements): Disagree

HIV testing and counselling for people with TB: Disagree

HIV treatment services in the workplace or treatment referral systems through the workplace: Strongly disagree

Nutritional care: Disagree

Paediatric AIDS treatment: Agree

Post-delivery ART provision to women: Strongly agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Disagree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Disagree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Agree

Other [write in]:

:

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 3

Since 2011, what have been key achievements in this area?: Drugs are free in the hospitals.

What challenges remain in this area?: -Cultural sensitivity about HIV. -HIS are weak in most of the hospitals -Some times the treatment not available in the hospitals.

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: No

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 3

Since 2011, what have been key achievements in this area?: -In general NGOs has interest about HIV. -HIV treatment are free.

What challenges remain in this area?: Un acceptance of fosters to orphans and other vulnerable children.