

## Survey Response Details

### Response Information

**Started:** 2/11/2010 6:06:24 AM

**Completed:** 3/27/2010 3:50:30 AM

**Last Edited:** 3/30/2010 4:41:57 AM

**Total Time:** 43.21:44:06.6270000

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### Response Details

#### Page 1

**1) Country**

Libyan Arab Jamahiriya (0)

**2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**

Dr. Hussein Othman

**3) Postal address:**

Gorji, Tripoli Libyan Arab Jamahiriya National Center for Infectious Diseases Control Center (NIDCC)

**4) Telephone:**

Please include country code

00217-152403, 00217-153328

**5) E-mail:**

benetman@nidcc.org.ly

**6) Date of submission:**

Please enter in DD/MM/YYYY format

31/03/2010

#### Page 3

**7) Describe the process used for NCPI data gathering and validation:**

The process to develop the Libyan Arab Jamahiriya's 2010 UNGASS Progress Report was led and facilitated by the National AIDS Program (NAP) Team within the National Infectious Diseases Control Center (NIDCC). Prior to launching the process to develop the UNGASS Progress report, bi-lateral meetings with held with key stakeholders within NIDCC as well as an open consultative meeting with the relevant stakeholders. A two-month data collection plan was developed for the compilation of information required for UNGASS 2010 reporting. The Plan provides an overview of the information that was to be collected, its data source, responsibilities of the different stakeholders in collecting this information and ways by which the information could be validated for accuracy.

8) **Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

None

9) **Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

Respondents were reluctant to respond to all questions and were more keen on answering questions that they had information on, or were involved in. One selected respondent was also not keen on providing information related to government policies and current programs.

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10) **NCPI - PART A [to be administered to government officials]**

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	National Infectious Diseases Control Center	Dr Hussein Othman, Head of NAP	A.I, A.II, A.III, A.IV, A.V

11)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministry of Health	Dr. Khairiya Al Sadi	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Ministry of Awkaf/ Islamic Affairs	Mr. Abdel Salam Al Kady	A. I, A. II, A. III, A. IV, A. V
Respondent 4	Ministry of Health	Mr. Ali Al. Halash, Legal Counsel	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Ministry of Education	Ms. Fouzia Ben Ghashir, Head of the School Health Program	A. I, A. II, A. III, A. IV, A. V
Respondent 6	Ministry of Education	Mr. Taher Ben Ismail	A.I, A.II, A.III, A.IV, A.V
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			

- Respondent 14
- Respondent 15
- Respondent 16
- Respondent 17
- Respondent 18
- Respondent 19
- Respondent 20
- Respondent 21
- Respondent 22
- Respondent 23
- Respondent 24
- Respondent 25

12)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Mr. Ali Abu Rawy	National AIDS Network	B.I, B.II, B.III, B.IV

13)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	UNDP	Ms.Farah Al Okaiby	B.I, B.II, B.III, B.IV
Respondent 3		P. Living with HIV	B. I, B. II, B. III, B. IV
Respondent 4			
Respondent 5			
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			

Respondent 15  
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Respondent 18  
Respondent 19  
Respondent 20  
Respondent 21  
Respondent 22  
Respondent 23  
Respondent 24  
Respondent 25

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14)

**Part A, Section I: STRATEGIC PLAN****1. Has the country developed a national multisectoral strategy to respond to HIV?**

**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)**

**No (0)****Page 6**15) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****IF NO or NOT APPLICABLE, briefly explain why**

The Libyan Arab Jamahiriya started the process in 2009 of carrying out the necessary studies and assessments in order to develop its National Strategy on HIV and AIDS, planned for 2011.

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16)

**Part A, Section I: STRATEGIC PLAN****2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?****Yes (0)****Page 15**

17)

**Part A, Section I: STRATEGIC PLAN**

**2.1 IF YES, in which specific development plan(s) is support for HIV integrated?**

a. National Development Plan	No
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	No
d. Sector-wide approach	No
e. Other: Please specify	

18)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	No
Other: Please specify	

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19)

**Part A, Section I: STRATEGIC PLAN****3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?**

Yes (0)

**Page 17**

20)

**Part A, Section I: STRATEGIC PLAN****3.1 IF YES, to what extent has it informed resource allocation decisions?**

2 (2)

21)

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

Yes (0)

**Page 18**

22)

**Part A, Section I: STRATEGIC PLAN**

**4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?**

Behavioural change communication	Yes
Condom provision	No
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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23)

**Part A, Section I: STRATEGIC PLAN****Question 4.1 (continued)**

**If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):**

HIV testing is mandatory for members of uniformed services. However, counseling is limited

24)

**5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?**

No (0)

**Page 21**

25)

**Part A, Section I: STRATEGIC PLAN**

**6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?**

No (0)

**Page 23**

26)

**Part A, Section I: STRATEGIC PLAN****7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

No (0)

**Page 25**

27)

**Part A, Section I: STRATEGIC PLAN****7.3 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 (0)

28)

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

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29)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

No (0)

30)

**(b) IF YES, is coverage monitored by population groups?**

No (0)

**Page 28**

31)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

No (0)

**Page 29**

32)

**7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?**

No (0)

**Page 30**

33)

**Part A, Section I: STRATEGIC PLAN**

**Question 7.5 (continued)**

**Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

5 (5)

34)

**Since 2007, what have been key achievements in this area:**

Current successes include the focus on prevention, through awareness raising efforts in schools and amongst more than 155 religious leaders and Imams. Other successes include the provision of free ART for all Libyan nationals requiring medication. Libya has also launched the process, based on evidence to be gathered through the BBSS, to develop the national strategy, the imminent launch of the VCT pilot program.

35)

**What are remaining challenges in this area:**

The absence of an overarching National Strategy for HIV and AIDs as well as weak Monitoring and Evaluation systems. There is also need for more support at the policy making level to issues of HIV and AIDS. There remain some barriers to issuing laws that protect the rights of people living with HIV. Much of the current effort on HIV and AIDS are not carried out within an overarching plan, and don't fully capitalize on the role of the existing HIV/AIDS sub-committees. The current prevention programs are in need of greater financial support. Human resource and technical capacity for implementing current prevention, treatment and care programs require strengthening.

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36)

**Part A, Section II: POLITICAL SUPPORT**

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

President/Head of government	No
Other high officials	Yes
Other officials in regions and/or districts	Yes

37)

**2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?**

Yes (0)

**Page 32**

38)

**2.1 IF YES, when was it created?**

Please enter the year in yyyy format

2002

39)

**2.2 IF YES, who is the Chair?**

Name Dr. Abdul Hafidh Abu Dhuheir

Position/title Director of the National Infectious Diseases Control Center

40)

**2.3 IF YES, does the national multisectoral AIDS coordination body:**

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	No
include people living with HIV?	No
include the private sector?	No
have an action plan?	
have a functional Secretariat?	No
meet at least quarterly?	Yes
review actions on policy decisions regularly?	No
actively promote policy decisions?	No
provide opportunity for civil society to influence decision-making?	No
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	No

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41)

**Part A, Section II: POLITICAL SUPPORT**

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

No (0)

**Page 35**

42)

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

Please enter the rounded percentage (0-100)

30

43)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	No
Capacity-building	Yes
Other: Please specify	

44)

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

Yes (0)

**Page 36**

45)

**Part A, Section II: POLITICAL SUPPORT**

**6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?**

Yes (0)

**Page 37**

46)

**Part A, Section II: POLITICAL SUPPORT**

**Question 6.1 (continued)**

**IF YES, name and describe how the policies / laws were amended:**

As a first step, several workshops and conferences were held with the Judicial authorities and figures in the legal sphere, as well as other international organizations to discuss the policies and ensure that they are in line with the National AIDS Program.

47)

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:**

None mentioned

**Page 38**

48)

**Part A, Section II: POLITICAL SUPPORT**

**Question 6.1 (continued)**

**Overall, how would you rate the political support for the HIV programmes in 2009?**

7 (7)

49)

**Since 2007, what have been key achievements in this area:**

Successes include the launch of a process to develop Libya's first National Strategy in collaboration with the European Union, based on studies and the BBSS. Other successes include the growing participation of civil society organizations, such as that led by Dr. Aisha Moamer, President of Wa-Etasemo NGO, and efforts by other NGO efforts. The existence of an NGO network on HIV and AIDS is an important success.

50)

**What are remaining challenges in this area:**

Existing policies to protect and promote the rights of people living with HIV require enforcement. Increasing the number and effectiveness of prevention programs in order to reach a larger/the right segments of the population.

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51)

**Part A, Section III: PREVENTION**

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

Yes (0)

**Page 40**

52)

**Part A, Section III: PREVENTION**

**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- c. Be faithful (0)
- h. Abstain from injecting drugs (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

53) In addition to the above mentioned, please specify other key messages explicitly promoted:

Mostly religious and culturally appropriate messages.

54)

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

Yes (0)

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55)

**Part A, Section III: PREVENTION**

**2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?**

Yes (0)

56)

**2.1 Is HIV education part of the curriculum in:**

primary schools?	No
secondary schools?	Yes
teacher training?	No

57)

**2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?**

Yes (0)

58)

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

No (0)

59)

**3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?**

No (0)

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60)

**Part A, Section III: PREVENTION****Question 3 (continued)****IF NO, briefly explain:**

There is no strategy because there is not much is known about MARPS, with the exception of IDUs. The BBSS, planned for 2010/2011 will give the required information and help to build a strategy for addressing MARPs.

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61)

**Part A, III. PREVENTION****Question 3.1 (continued)**

**Overall, how would you rate the policy efforts in support of HIV prevention in 2009?**

7 (7)

62)

**Since 2007, what have been key achievements in this area:**

Awareness raising to a broad segment of the population, collaborating with NGOs such as Weetasemu on World AIDS Day and AIDS Week.

63)

**What are remaining challenges in this area:**

Libya still does not have a comprehensive, multi-sectoral strategy on HIV and AIDs, so many stakeholders are not involved in this effort and prevention programs are not planned.

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64)

**Part A, III. PREVENTION**

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

Yes (0)

**Page 46**

65)

**Part A, III. PREVENTION****Question 4 (continued)****IF YES, how were these specific needs determined?**

There studies that were available.

66)

**4.1 To what extent has HIV prevention been implemented?**

The majority of people in need  
have access

**HIV prevention component**

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Don't agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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67)

**Part A, III. PREVENTION****Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

6 (6)

68)

**Since 2007, what have been key achievements in this area:**

The establishment of sub-committees at the level of 'chabiat' or districts to implement and follow-up on activities. Key achievements include the work that is done on World AIDS Day and other awareness raising efforts.

69)

**What are remaining challenges in this area:**

The program faces challenges in financial and policy level support as well as implementation of particular recommendations made in the past. More planning is needed for interventions, and more focus is needed for programs targeting high risk groups. Training is needed for teachers in schools to be able to transmit appropriate and accurate messages on HIV to their students.

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70)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).**

Yes (0)

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71)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1.1 IF YES, does it address barriers for women?**

No (0)

72)

**1.2 IF YES, does it address barriers for most-at-risk populations?**

No (0)

73)

**2. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

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74)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 2 (continued)****IF YES, how were these determined?**

The needs are determined using data that is provided by treatment facilities and the referral of all those in need of treatment to the National Infectious Diseases Control Center.

75)

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

	The majority of people in need have access
<b>HIV treatment, care and support service</b>	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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76)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

Yes (0)

**Page 53**

77)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

6 (6)

78)

**Since 2007, what have been key achievements in this area:**

Ensuring availability of treatment for PLHIV who seek it.

79)

**What are remaining challenges in this area:**

None identified.

**Page 54**

80)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

No (0)

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81)

**Part A, Section V: MONITORING AND EVALUATION**

**1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

No (0)

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82) **Part A, Section V: MONITORING AND EVALUATION**

**Question 1 (continued)**

**IF NO, briefly describe the challenges:**

A National AIDS Strategy is still being developed.

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83)

**4. Are M&E priorities determined through a national M&E system assessment?**

No (0)

**Page 65**

84)

**IF NO, briefly describe how priorities for M&E are determined:**

Through brief consultations with the National AIDS Program.

85)

**5. Is there a functional national M&E Unit?**

In progress (0)

**Page 69**

86)

**What are the major challenges?**

Challenges include financial and human resources.

**Page 70**

87)

**Part A, Section V: MONITORING AND EVALUATION**

**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

No (0)

88)

**6.1 Does it include representation from civil society?**

No (0)

**Page 71**

89)

**7. Is there a central national database with HIV- related data?**

No (0)

**Page 73**

90)

**7.3 Is there a functional\* Health Information System?**

At national level No  
At subnational level No

**Page 74**

91)

**8. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?**

No (0)

92)

**9. To what extent are M&E data used**

**9.1 in developing / revising the national AIDS strategy?:**

1 (1)

93)

**Provide a specific example:**

Some data will be used for the development of the National Strategy

94)

**What are the main challenges, if any?**

None mentioned

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**95) Part A, Section V: MONITORING AND EVALUATION**

**9.2 To what extent are M&E data used for resource allocation?**

1 (1)

96)

**Provide a specific example:**

None provided

97)

**What are the main challenges, if any?**

None provided

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98)

**Part A, Section V: MONITORING AND EVALUATION**

**9.3 To what extent are M&E data used for programme improvement?:**

1 (1)

99)

**Provide a specific example:**

Not determined

100)

**What are the main challenges, if any?**

Not determined

**Page 77**101) **Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

No (0)

**Page 78**

102)

**10.1 In the last year, was training in M&E conducted**

At national level?	No
At subnational level?	No
At service delivery level including civil society?	No

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103)

**Part A, Section V: MONITORING AND EVALUATION****10.2 Were other M&E capacity-building activities conducted other than training?**

Yes (0)

**Page 81**104) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

Mission visits by WHO for VCT pilot, and training on VCT

**Page 82**105) **Part A, Section V: MONITORING AND EVALUATION**

**Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

1 (1)

106)

**Since 2007, what have been key achievements in this area:**

None determined

107)

**What are remaining challenges in this area:**

None determined

**Page 83**

108)

**Part B, Section I: HUMAN RIGHTS****1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)**

Yes (0)

**Page 84**

109)

**Part B, Section I. HUMAN RIGHTS****1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:**

General Non-discrimination provisions are in place for all Libyan nationals.

110)

**2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?**

No (0)

**Page 86**

111)

**Part B, Section I. HUMAN RIGHTS**

**3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?**

No (0)

**Page 88**112) **Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

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113)

**Part B, Section I. HUMAN RIGHTS****Question 4 (continued)**

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

Not mentioned

114)

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?**

No (0)

**Page 90**

115)

**6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?**

Yes (0)

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116)

**Part B, Section I. HUMAN RIGHTS**

**Question 6 (continued)****IF YES, describe some examples:**

Through workshops on the rights of people living with HIV for members of the judicial and legal spheres, as well as participation of PLHIV in awareness raising workshops on the rights of PLHIV.

117)

**7. Does the country have a policy of free services for the following:**

- |   |     |
|---|-----|
| a. HIV prevention services                    | Yes |
| b. Antiretroviral treatment                   | Yes |
| c. HIV-related care and support interventions | Yes |

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118)

**Part B, Section I. HUMAN RIGHTS****Question 7 (continued)**

**IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:**

Current barriers include enforcement of non-discriminatory laws and ensuring that issues of stigma and discrimination are addressed. Barriers include access to equal employment and marriage opportunities as well as access to certain rehabilitation services for HIV infected drug users.

119)

**8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?**

Yes (0)

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120)

**Part B, Section I. HUMAN RIGHTS**

**8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?**

Yes (0)

121)

**9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?**

No (0)

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122)

**10.Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?**

No (0)

123)

**11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?**

Yes (0)

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124)

**Part B, Section I. HUMAN RIGHTS**

**11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?**

Yes (0)

125)

**IF YES, describe the approach and effectiveness of this review committee:**

Meetings of the scientific sub-committees

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126)

**– 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**

No (0)

127)

**– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment**

No (0)

128)

**– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts**

No (0)

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129)

**Part B, Section I. HUMAN RIGHTS**

**13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?**

Yes (0)

130)

**– Legal aid systems for HIV casework**

No (0)

131)

**– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV**

No (0)

132)

**– Programmes to educate, raise awareness among people living with HIV concerning their rights**

Yes (0)

133)

**15. Are there programmes in place to reduce HIV-related stigma and discrimination?**

Yes (0)

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134)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**IF YES, what types of programmes?**

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes

Other: please specify

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135)

**Part B, Section I. HUMAN RIGHTS****Question 15 (continued)**

**Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

3 (3)

136)

**Since 2007, what have been key achievements in this area:**

Access to free ART to those who seek it.

137)

**What are remaining challenges in this area:**

A more comprehensive vision and national strategy on HIV and AIDS is needed. Barriers need to be addressed regarding access to equal employment and marriage opportunities (as a result of pre-requisite of health certificate). Ensuring that issues of stigma and discrimination, in health settings such as hospitals and rehabilitation centers for IDUs, are addressed.

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138)

**Part B, Section I. HUMAN RIGHTS****Question 15 (continued)**

**Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?**

6 (6)

139)

**Since 2007, what have been key achievements in this area:**

The work that is being done to launch the National Strategy, as well as the collaboration that has taken place with the judiciary. Civil society is gradually being taken into consideration, such as the NGO network and the informal group for PLHIV. Financial support being provided for PLHIV.

140)

**What are remaining challenges in this area:**

To follow up on discussions and recommendations, especially regarding employment.

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141)

**Part B, Section II: CIVIL SOCIETY\* PARTICIPATION**

**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?**

2 (2)

142)

**Comments and examples:**

There is a gradual engagement of CS in prevention efforts, and on certain policy issues such as sustainability of medications. More needs to be done for government and civil society to strategically plan and implement programs together.

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143)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION**

**2. To what extent 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)?**

2 (2)

144)

**Comments and examples:**

Civil society organizations have gradually been invited to provide their input into developing a joint plan of action on HIV and AIDS in Libya.

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145)

**a. the national AIDS strategy?**

2 (2)

146)

**b. the national AIDS budget?**

0

147)

**c. national AIDS reports?**

2 (2)

148)

**Comments and examples:**

None

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149)

**a. developing the national M&E plan?**

1 (1)

150)

**b. participating in the national M&E committee / working group responsible for coordination of M&E activities?**

1 (1)

151)

**c. M&E efforts at local level?**

1 (1)

152)

**Comments and examples:**

None provided

**Page 107****153) Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

1 (1)

154)

**Comments and examples:**

Includes informal support group of PLHIV

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155)

**a. adequate financial support to implement its HIV activities?**

1 (1)

156)

**b. adequate technical support to implement its HIV activities?**

2 (2)

157)

**Comments and examples:**

None provided

**Page 109****158) Part B, Section II. CIVIL SOCIETY PARTICIPATION****7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

Prevention for youth	25-50%
<b>Prevention for most-at-risk-populations</b>	
- Injecting drug users	<25%
- Men who have sex with men	<25%
- Sex workers	<25%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	<25%

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159)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION****Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

6 (6)

160)

**Since 2007, what have been key achievements in this area:**

Participation of workshops and media events, voicing issues regarding the rights of people living with HIV.

161)

**What are remaining challenges in this area:**

The vision of CS organizations regarding issues of HIV and AIDS, the extent to which they actually represent the needs and rights of PLHIV, as well as for CS to work collectively to address policy issues.

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162)

**Part B, Section III: PREVENTION****1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

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163)

**Part B, Section III: PREVENTION****Question 1 (continued)****IF YES, how were these specific needs determined?**

Needs were determined through surveys and studies on needs, as well and on high risk groups. Currently, Libya is launching its BBSS to determine needs of most-at-risk populations.

164)

**1.1 To what extent has HIV prevention been implemented?**

The majority of people in need  
have access

**HIV prevention component**

Blood safety	Agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Don't agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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165)

**Part B, Section III: PREVENTION**

**Question 1.1 (continued)**

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

6 (6)

166)

**Since 2007, what have been key achievements in this area:**

None mentioned

167)

**What are remaining challenges in this area:**

None mentioned

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168)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**1. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

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169)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT****Question 1 (continued)**

**IF YES, how were these specific needs determined?**

Needs were determined through the AIDS sub-committees at the NIDCC and the reports generated by hospitals.

170)

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

The majority of people in need  
have access

**HIV treatment, care and support service**

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree

Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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171)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT****Question 1.1 (continued)**

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

4 (4)

172)

**Since 2007, what have been key achievements in this area:**

None mentioned

173)

**What are remaining challenges in this area:**

None mentioned

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174)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

No (0)