

# Country progress report - Libya

Global AIDS Monitoring 2020



the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.6 billion, and the number of people aged 65 and over has increased from 0.2 billion to 0.5 billion (United Nations, 2002). The number of people aged 65 and over is projected to increase to 1.1 billion by 2050 (United Nations, 2002).

There is a growing awareness of the need to address the needs of older people in the workplace. The World Health Organization (WHO) has identified the need for a 'healthy ageing' strategy that takes into account the physical, mental, and social aspects of ageing (WHO, 2002). The WHO has also identified the need for a 'healthy ageing' strategy that takes into account the needs of older people in the workplace (WHO, 2002).

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# Overall

## Fast-track targets

## Progress summary

The State of Libya belongs to the North African and Mediterranean region, with an area of almost 1.8 million square kilometres. The population of Libya is around 6,653 millions according to 2016 estimation.

Since 2011, Libya is experiencing political, economic, and security instability, which affected badly the development of most Libyan sectors including health.

Historically the first appearance of HIV cases in Libya dated back to 1986, 24 cases of Haemophilia patients were affected due to Factor VIII contamination. In 1998, tragic outbreak of HIV occurred among around 400 children in Benghazi hospitals. By the end of the last decade of 20th century, intravenous drug use (IDU) became the most common cause of infection among different age groups, and therefore the type of HIV prevalence in Libya is concentrated epidemic in PWID.

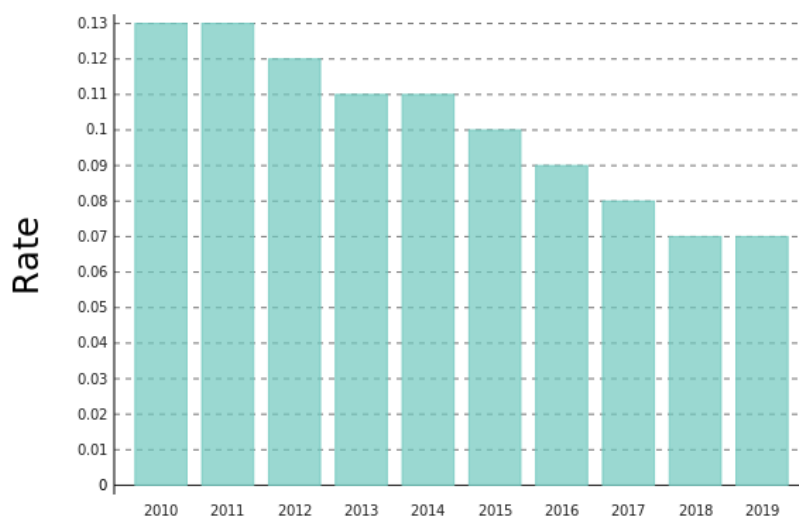
There are 9 centers that provide HIV care in Libya, 2 of them provide pediatric HIV care, one localized in the city of Tripoli named Tripoli University Hospital "TUH-Pediatric", previously known as Tripoli Medical Center TMC, ( it cover the western and most of southern region of the country) and another one located in the city of Benghazi named Benghazi Children Hospital BCH ( it cover the eastern and part of the south eastern region of the country).

The other seven centers provide Adult HIV care, distributed all over the country, two in Tripoli named Tripoli University Hospital TUH-Adult previously known as Tripoli Medical Center TMC , and Tripoli Center Hospital TCH-Adult). Three in Benghazi namely, Benghazi Medical Hospital "BMH-Adult" ,Jamhoria Hospital Benghazi "JHB-Adult" , Benghazi center for Infectious Diseases and Immunology "BCIDI", one center in Sabha ( NCDC branch Sabha) , and last one in the city of Alzawia ( Alzawia Infectious Clinic ).

In Tripoli the data was take from health information system named the PMIS, while in the other country region the data was collected from patient registry and record, except data from BCIDI who also have the data installed in a health information system where the data was remotely collected and retrieved.

### 3.1 HIV incidence rate per 1000, Libya (2010-2019)

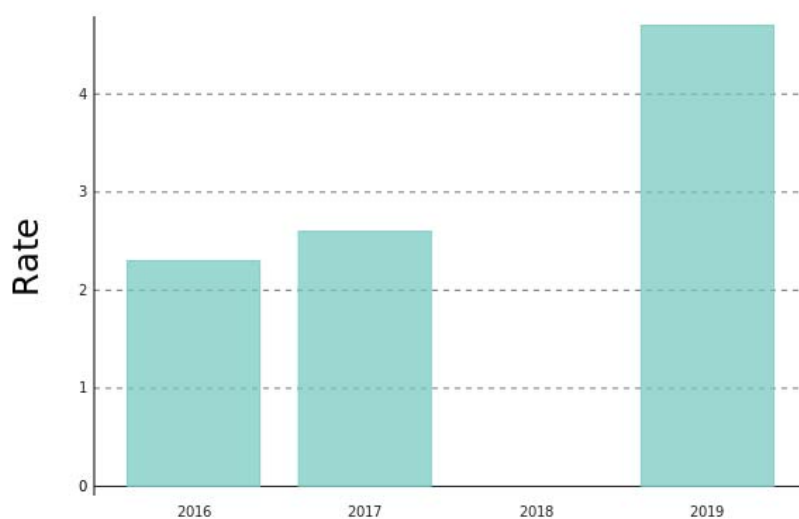
Number of people newly infected with HIV in the reporting period per 1000 uninfected population



Source: Spectrum file

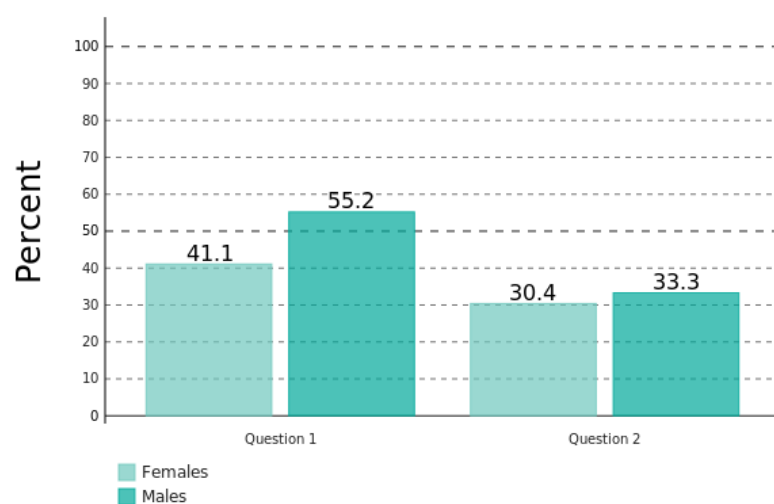
### 1.7 AIDS mortality per 100 000, Libya (2016-2019)

Total number of people who have died from AIDS-related causes per 100 000 population



## 4.1 Discriminatory attitudes towards people living with HIV, Libya (2017)

Percentage of respondents (aged 15-49 years) who respond "No" to: Question 1 - "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"; Question 2 - "Do you think that children living with HIV should be able to attend school with children who are HIV negative?"



# HIV testing and treatment cascade

**Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020**

## **Progress summary**

The indicators for this commitment was collected and we used estimated number that was projected through the spectrum during 2018.

The projected number from spectrum was as follow:

Adults and children living with HIV: 9200 (8300-10000) , and we are sharing 2019 data :

Number of enrollment cohort 6397, cohort patient 6378 ( 4249 male, and 2129 female ), cohort deaths 315 , cohort alive 6063 , cohort active patient 33398 , cohort active patient on ARV 3302 , cohort lost of follow up 2614 , patient initiating treatment 405, 30 of them re-initiating treatment , and 409 new cases.

## **Policy questions (2019)**

**Is there a law, regulation or policy specifying that HIV testing:**

**a) Is mandatory before marriage**

Yes

**b) Is mandatory to obtain a work or residence permit**

Yes

**c) Is mandatory for certain groups**

No

**What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?**

No threshold; treat all regardless of CD4 count; Implemented in many (50%–95%) treatment sites

**Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?**

**a) For adults and adolescents**

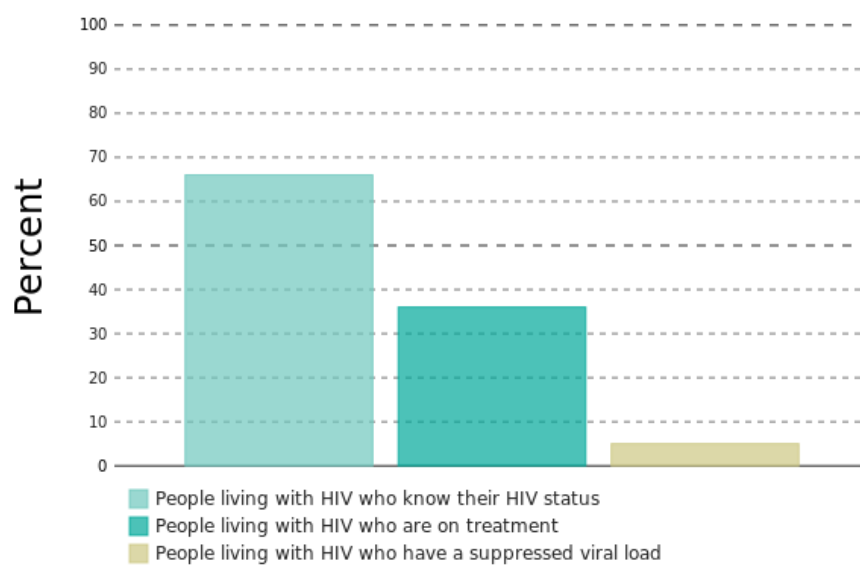
Yes; Implemented in a few (<50%) treatment sites

**b) For children**

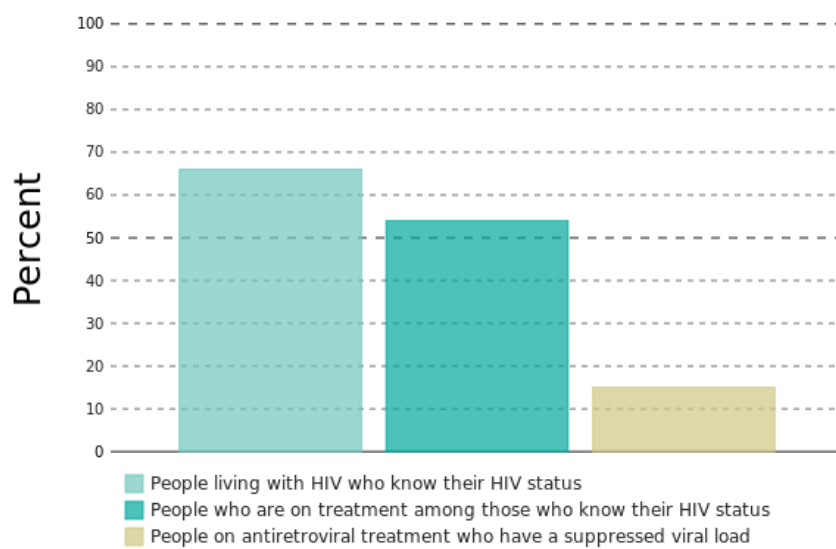
Yes; Implemented in many (>50–95%) treatment sites



## HIV testing and treatment cascade, Libya (2019)

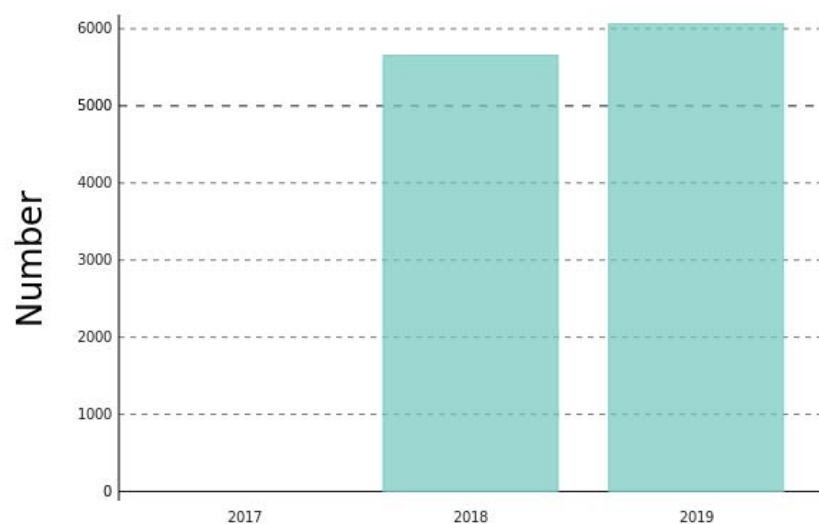


## Progress towards 90-90-90 target, Libya (2019)



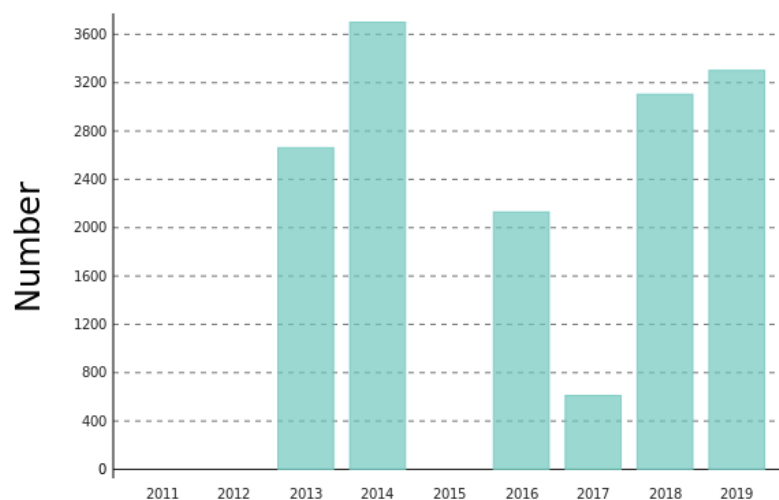
## 1.1 People living with HIV who know their HIV status, Libya (2017-2019)

Number of people living with HIV who know their HIV status



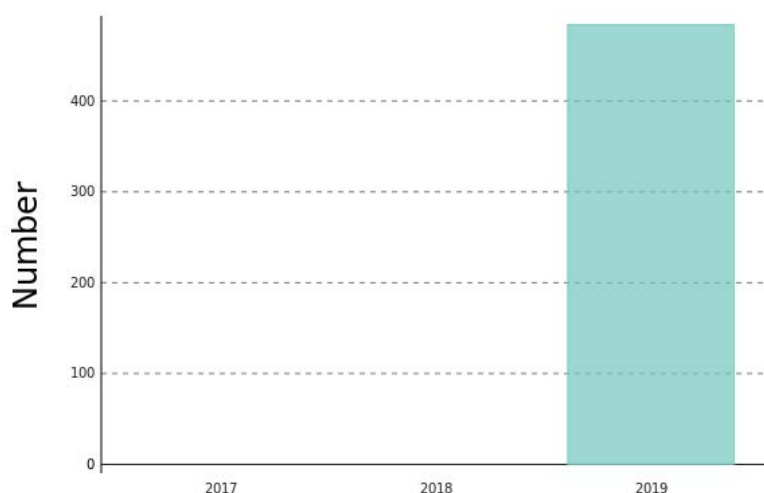
## 1.2 People living with HIV on antiretroviral therapy, Libya (2011-2019)

Number of people on antiretroviral therapy



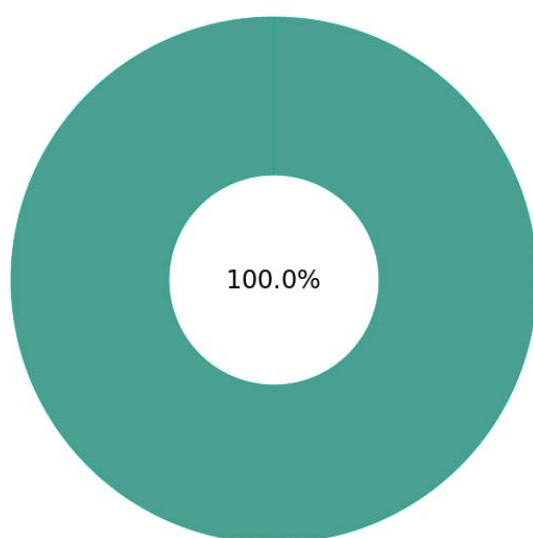
### 1.3 People living with HIV on antiretroviral treatment who have suppressed viral load, Libya (2017-2019)

Number of people living with HIV with suppressed viral loads



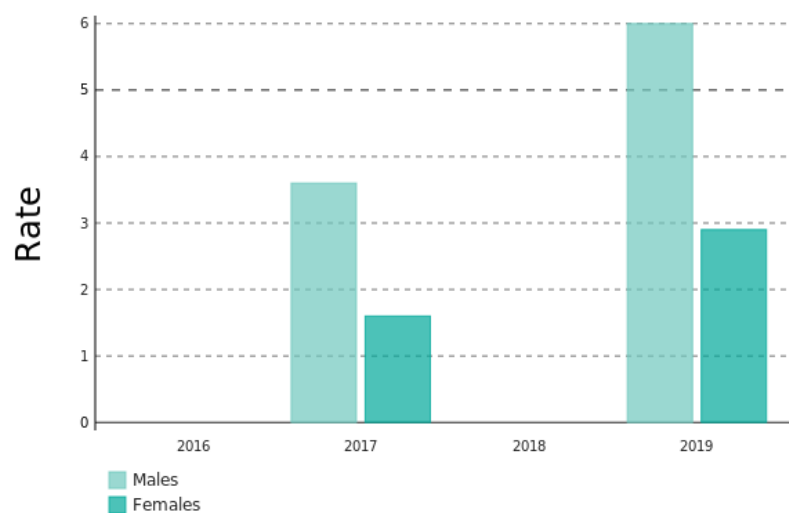
### 1.5 Antiretroviral medicine stock-outs, Libya (2019)

Percentage of treatment sites that had a stock-out of one or more required antiretroviral medicines during a defined period



## 1.6 AIDS mortality rate per 100 000, Libya (2016-2019)

Total number of people who have died from AIDS-related causes per 100 000 population



# Prevention of mother-to-child transmission

**Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018**

## **Progress summary**

PMTCT is recognized as playing an instrumental part in combating HIV/AIDS, since HIV transmission from mother to child is considered the dominant route of transmission in young children and with the implementation of a PMTCT program the risk of transmission has been reduced dramatically. The Libyan national strategy has also been finalized and approved by WHO in Feb 2019, and implementation is in the process, despite all the hurdle we are facing because of the political and economical conflict that Libya is facing and living. and there is no need to mention that this will also be more compromised by the COVID-19 epidemic. But, the NAP are determinant and dedicated to continue with the application of the PMTCT program as much as possible with these circumstances.

## **Policy questions (2019)**

**Does your country have a national plan for the elimination of mother-to-child transmission of HIV?**

Yes

Target(s) for the mother-to-child transmission rate and year: <2%; 2020

Elimination target(s) (such as the number of cases/population) and year: 50; 2020

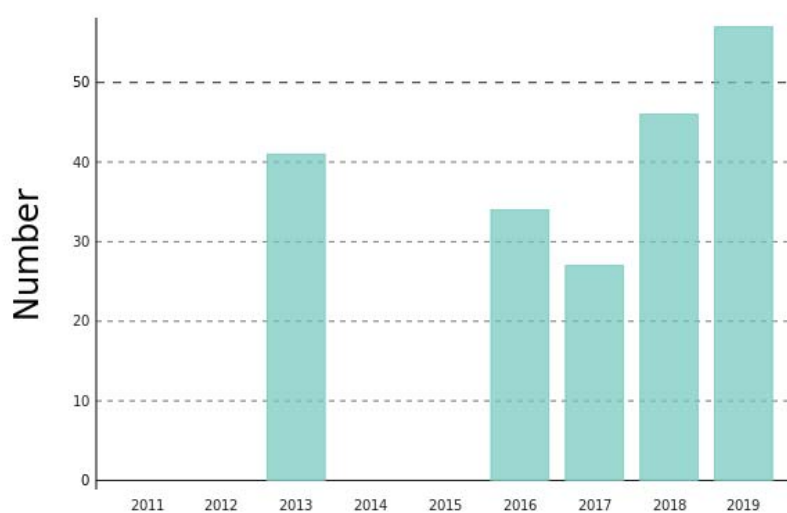
**Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?**

Treat all, regardless of age

Implemented in many (>50–95%) treatment sites

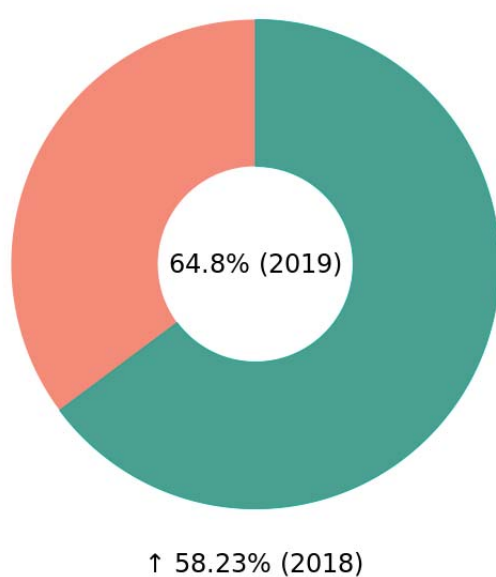
## 2.1 Early infant diagnosis, Libya (2011-2019)

Number of infants who received an HIV test within two months of birth



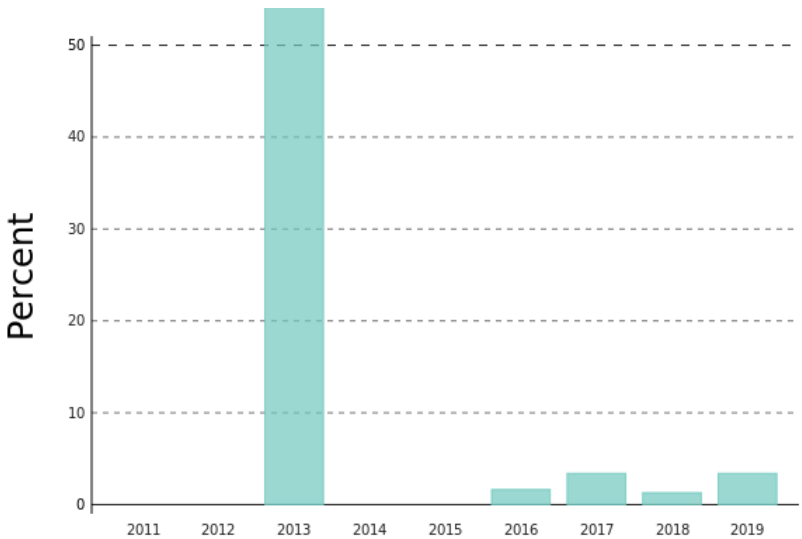
## 2.1 Early infant diagnosis, Libya (2018-2019)

Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth

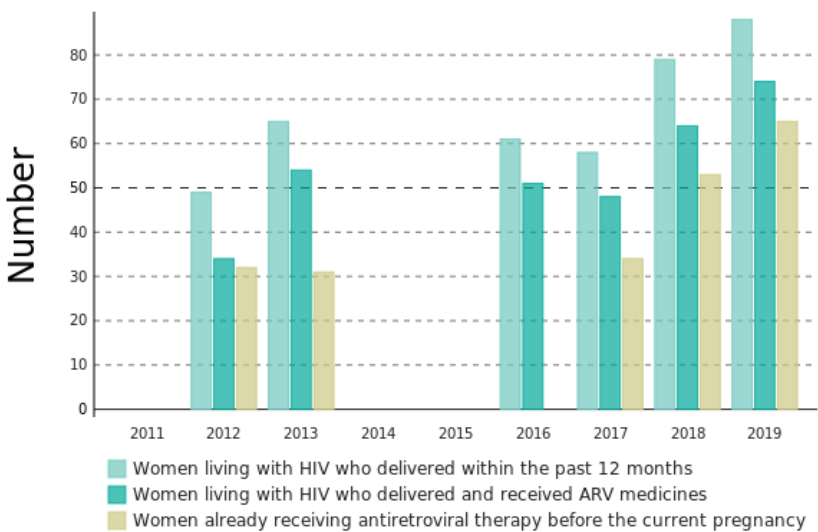


## 2.2 Mother-to-child transmission of HIV, Libya (2011-2019)

Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months



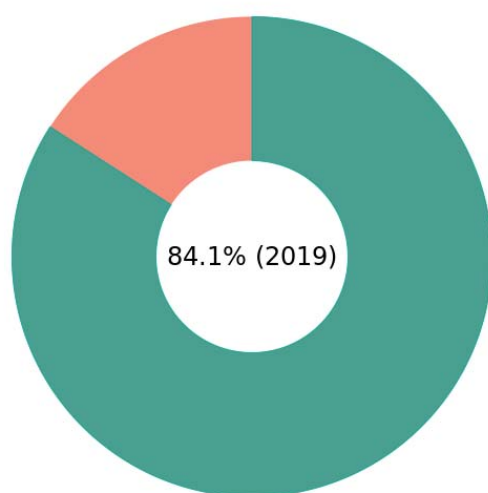
## 2.3 Preventing mother-to-child transmission of HIV, Libya (2011-2019)





## 2.3 Preventing mother-to-child transmission of HIV, Libya (2018-2019)

Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV



↑ 81.0% (2018)

# HIV prevention; Key populations

**Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners**

## **Progress summary**

In collaboration with UNODC experts, an addiction treatment unit conducted and initiate an evaluation study on rehabilitation as a part of harm reduction, also a group of medical and medical assistant were trained. Enhancing the communication and connection with several committees, scouts, Libyan Red Crescent, Y-PEER, religious preachers and imams of mosques

## **Policy questions: Key populations (2018)**

### **Criminalization and/or prosecution of key populations**

#### **Transgender people**

- Both criminalized and prosecuted

#### **Sex workers**

- Selling sexual services is criminalized

#### **Men who have sex with men**

- -

### **Is drug use or possession for personal use an offence in your country?**

- The law allows possession of a certain amount of drugs

### **Legal protections for key populations**

#### **Transgender people**

- Both criminalized and prosecuted

#### **Sex workers**

- No

#### **Men who have sex with men**

- No

#### **People who inject drugs**

- No

### **Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?**

-

### 3.1 HIV incidence rate per 1000, Libya (2010-2019)

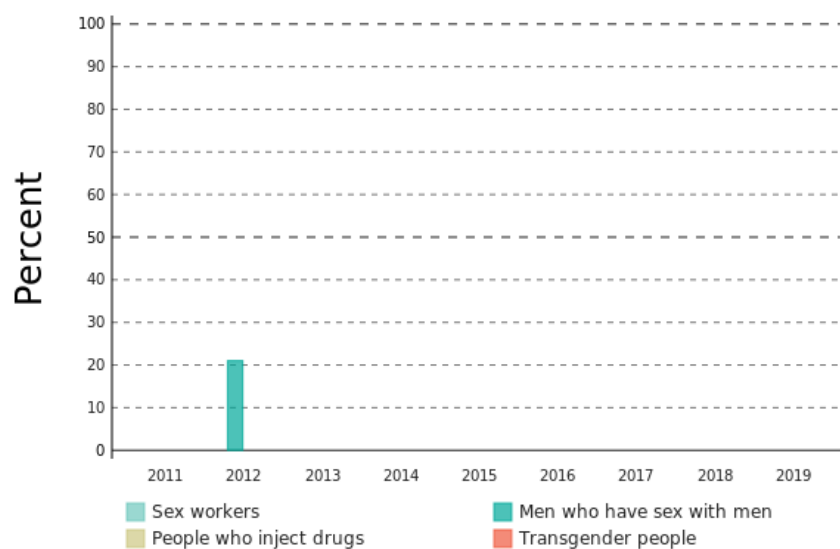
New HIV-infections in the reporting period per 1000 uninfected population (Adults, ages 15-49)



Source: Spectrum file

### 3.6 Condom use among key populations, Libya (2011-2019)

Percentage of people in a key population reporting using a condom the last time they had sexual intercourse



# Gender; Stigma and discrimination

**Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020**

## **Progress summary**

Awareness, Counselling department, according to the VCT programs during 2018, it has provided fixed counselling for 123 clients, mobile counselling for 233 clients during four campaigns, psychological support for 103 clients, 18 awareness lectures and 11 training workshops throughout Libya and hotline received 114 phone calls, most of questions were about treatment and tests, marriage and rout of transmission. To control stigma and discrimination, 120 personnel in health and education sectors were trained, studies and researches published and National Committee for reduction of Stigma and Discrimination was formed to consider rights, policies and laws to protect people living with HIV. In several campaigns and training programs awareness-raising leaflets were issued to reduce stigma and discrimination.

## **Policy questions (2018)**

**Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV**

No

**Does your country have legislation on domestic violence\*?**

No

• -

**What protections, if any, does your country have for key populations and people living with HIV from violence?**

• -

**Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?**

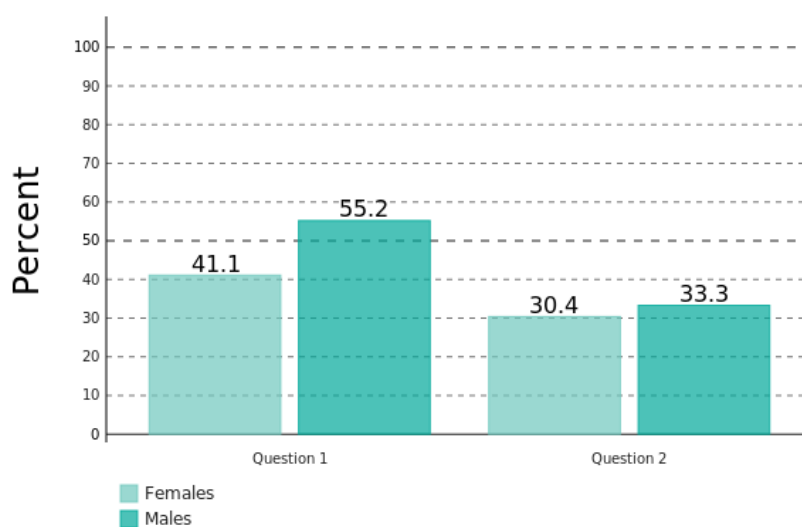
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**Does your country have laws criminalizing the transmission of, non-disclosure of or exposure to HIV transmission?**

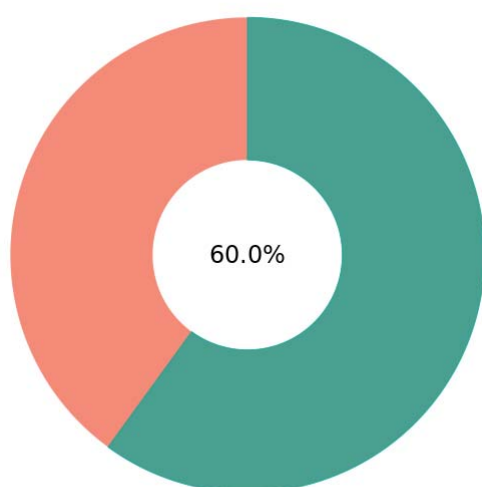
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## 4.1 Discriminatory attitudes towards people living with HIV, Libya (2017)

Percentage of respondents (aged 15-49 years) who respond "No" to: Question 1 - "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"; Question 2 - "Do you think that children living with HIV should be able to attend school with children who are HIV negative?"



## Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



# Knowledge of HIV and access to sexual reproductive health services

**Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year**

## **Progress summary**

Through the department of raising awareness counselling, and psycho-social support in the National AIDS program, many training and workshops were conducted for young people in partnership with the ministry of education and many non-governmental organizations to enable these young people and provide them with the knowledge and skills that will help reduce the number of HIV infections.



## **Policy questions (2018)**

**Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:**

**a) Primary school**

No

**b) Secondary school**

No

**c) Teacher training**

No

# Social protection

**Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020**

## **Policy questions (2019)**

**Does the country have an approved social protection strategy, policy or framework?**

Yes, and it is being implemented

**a) Does it refer to HIV?**

Yes

**b) Does it recognize people living with HIV as key beneficiaries?**

Yes

**c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?**

No

• -

**d) Does it recognize adolescent girls and young women as key beneficiaries?**

Yes

**e) Does it recognize children affected by HIV as key beneficiaries?**

Yes

**f) Does it recognize families affected by HIV as key beneficiaries?**

Yes

**g) Does it address the issue of unpaid care work in the context of HIV?**

Yes

**What barriers, if any, limit access to social protection programmes in your country?**

- Lack of information available on the programmes
- Complicated procedures
- Fear of stigma and discrimination
- Laws or policies that present obstacles to access

# Community-led service delivery

**Ensure that at least 30% of all service delivery is community-led by 2020**

## **Policy questions (2019)**

**Does your country have a national policy promoting community delivery of antiretroviral therapy?**

No

**Are there any of the following safeguards in laws, regulations and policies that provide for the operation of CSOs/CBOs in your country?**

- Registration of HIV CSOs is possible

# HIV expenditure

**Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers**

## **Progress summary**

Advocacy for support was conducted through many levels to increase investment for the HIV prevention among wide range of stakeholders.

# Empowerment and access to justice

**Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights**

## **Policy questions (2018)**

**In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?**

No

**Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?**

Yes

**What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?**

- Procedures or systems to protect and respect patient privacy or confidentiality

**What barriers in accessing accountability mechanisms does your country have, if any?**

- Mechanisms are not sensitive to HIV
- Awareness or knowledge of how to use such mechanisms is limited



# AIDS out of isolation

**Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C**

**10.7 People coinfectd with HIV and HCV starting HCV treatment, Libya (2015-2018)**

**Proportion of people coinfectd with HIV and HCV starting HCV treatment**

