

AFRICAN DEVELOPMENT BANK



LIBYA

**PROPOSAL FOR A GRANT OF US\$ 480,000 TO FINANCE THE EMERGENCY
HUMANITARIAN RELIEF ASSISTANCE AMIDST COVID-19 OUTBREAK**

RDGN/COEG

July 2020

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ABBREVIATIONS

AfDB	African Development Bank
ERA	Emergency Relief Assistance
EWARN	Early Warning, Alert and Response Network
GDP	Gross Domestic Product
GNA	Gouvernement of Nation Accord
GPN	General Procurement Notice
HoR	House of Representatives
IDP	Internally displaced Person
IOM	International Organization for Migration
LNA	Libyan National Army
LoA	Letter of Agreement
LYD	Libyan Dinar
NCDC	National Center for Disease Control
NGOs	Non- Government Organization
OCHA	United Nations office for the Coordination of Humanitarian Affairs
OPEC	Organization of the Petroleum Exporting Countries
OPM	Operations Procurement Manual
PPE	Personal Protective Equipment
PCR	Polymerase chain reaction
PHC	Primary Health Care
SRF	Special Relieve Fund
USD	United States Dollars
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

Project Simplified Logical Framework

Project Title: Emergency Infection Prevention and Control to Support Vulnerable Population Amidst COVID-19 Outbreak in Libya

Project Objective: Improve case management of COVID-19 nationwide

RESULTS CHAIN		PERFORMANCE INDICATORS			MEANS OF VERIFICATION	RISK/MITIGATION MEASURES
		Indicator	Baseline (April 2020)	Target (Dec 2020)		
IMPACT	Improved management of the COVID-19 infection spread nationwide	Lethality rate	3,30% ¹	<1,5%	Reports from WHO and UN	
OUTCOMES	Improved access to Intensive Care treatment and case management of COVID-19 infected persons as a result of adequately protected medical staff in ICUs	No of persons treated for COVID-19 in hospitals	0	To be reported	Report by WHO	<p>Risk 1: Unprotected medical staff refuse to treat infected persons. <i>Mitigation 1:</i> AfDB financing will avail personal protection equipment to ensure medical staff are adequately protected whilst treating cases.</p> <p>Risk 2: Access to care hampered by continued attacks on hospitals <i>Mitigation 2:</i> Facilities are being set up outside of standard public hospitals to deter attacks; while a cease fire is under negotiation by the UN.</p>
OUTPUTS	Component 1: Provide Personal Protective Equipment (PPE) for use by medical staff in Intensive Care Units of hospitals and medical centers	N° of health facilities equipped with ICU-adequate PPE No of ICU adequate PPE sets procured	0 0	5 8000	Reports by WHO	<p>Risk 1: Disruption of global supply chains hamper ability to purchase items <i>Mitigation 1:</i> The WHO is best positioned to ensure steady flow of supplies</p> <p>Risk 2: Conflict prevents distribution of supplies <i>Mitigation 2:</i> WHO works through humanitarian relief agencies on the ground, with sufficient outreach to ensure proper distribution of supplies.</p>
	Component 2: Operation cost	No of implementation reports	0	2 financial and technical reports	Reports by WHO on quarterly basis	
KEY ACTIVITIES	Component 1: Provide ICU-adequate PPE Component 2 : Operational Cost				Inputs: Component 1: US\$ 446,400 Component 2: US\$ 33,600	

¹ The COVID rate of lethality is between 2% and 3%.

1. INTRODUCTION

1.1 COVID-19 has been declared a global pandemic by the World Health Organization since March 11, 2020. As of May 26, 2020, the outbreak has resulted in an estimated 5,591,970 cases and 347,950 deaths in 213 countries and territories, while across Africa 16,000 confirmed cases have been recorded, with North Africa taking the lead. Countries in transition and those ravaged by hostilities, such as Libya, are extremely vulnerable during this pandemic as their responsiveness is inadequate. Following years of neglect and under-funding, the Libyan health sector has become extremely fragile and today, in face of the COVID-19 pandemic, is on the verge of collapse. While the reported number of infections is still manageable -at 168 confirmed cases and five deaths as of June 2, 2020² - the numbers are expected to surge exponentially, partly affected by the continued movement across border with neighboring countries where reported cases are already high and are rapidly increasing. Meanwhile, cross-border control points are not effective in the east of the country and absolutely absent in the south. Hence, in light of the lack of an adequate health care system, Libya is prone to face a critical humanitarian situation.

1.2 The COVID-19 situation in Libya is highly challenging against the complex political and socio-economic context. From a political perspective, the authority in Libya is fragmented amongst the UN-supported and internationally recognized Government of National Accord (GNA) and the Government of the East backed by the House of Representatives (HoRs) based in the Tobruk with parallel institutions across a geographical divide. This division, coupled with the ensuing instability and insecurity, weakens the country's capacity to respond to shocks and crises. Moreover, up to 90% of people crossing the Mediterranean Sea to Europe depart from Libya. There is a large and frequent population movement between Libya and the neighboring countries with whom borders are shared; and despite the surge of the pandemic, this movement continues. The imposed shutdown of border crossing points is not being respected, with thousands of people sneaking into the country from all directions by road with no capabilities to test them all at Points of Entry (PoEs), nor to impose quarantine procedures. Migration and population displacements are important challenges that render early detection of the disease in Libya very difficult, if not impossible. As per recent UN reports, there are approximately 650,000 migrants and 400,000 internally displaced.

1.3 The COVID-19 pandemic occurs at a time when the Libyan economy is dramatically affected by a sharp drop in oil production as a result of an oil blockade occurred in January 2020. In December 2019, Libya's economic prospects were positive despite the ongoing conflict, with real GDP growth estimated to reach 4.8 percent and 4.9 percent in 2020 and 2021 respectively. Oil production was projected to increase, as Libya was granted an exemption from quotas until March 2020 whilst the OPEC countries agreed to curb oil production. However, as of January 17, 2020, an oil blockade occurred by one of the rival parties seizing Libya's major eastern oil export terminals. As a result, the country's oil production plummeted³ with financial losses equivalent to over USD 2 billion to the National Oil Company (NOC). With oil production accounting for more than 96% of fiscal revenues, and the important international drop in oil prices following the coronavirus outbreak, Libya's fiscal

² Statistics from <https://worldometers.info>

³ Oil production decreased from 1.14m barrels/day to around 120,000 barrels/day in one month.

deficit is expected to reach -18.8% of GDP in 2020, while real GDP growth is expected to reach -20.3% in 2020, from an initial projected rate of 4.8%.

1.4 Social development in Libya is a challenge as living conditions deteriorate affected by years of conflict, insecurity, political instability and fragmented local capacities.

Frequent water and power shortages, as a result of heavy shelling, create challenges linked to livelihoods, access to services, hygiene of the population, scarcity of food items and hyperinflation of prices, thereby increasing vulnerabilities and the ability of the population to absorb shocks. A majority of the population is resorting to negative coping strategies, including selling of assets, to ensure some form of livelihood, and 75% of household income is spent on food alone. Limitation in social development is reflected by high unemployment, inadequate social infrastructure, disruption in education, and dysfunction of the private sector. For example, Libya has one of the highest unemployment rates in the world especially when compared to its high rate of tertiary enrolment: unemployment has been steady at around 19% since 2012. The political instability has hindered the development of the private sector, also affecting the youth and the potential for entrepreneurship, as demonstrated by the decline in youth participation in economic activity from 72% to 48% between 2012 and 2015, according to the latest available data. Besides the challenge of absorbing the unemployed youth, Libya faces the challenge of providing job opportunities to reintegrate ex-combatants whilst migrants and IDPs also seek to earn a living. According to UN-OCHA⁴, in 2020, more than 893,000 persons (around 13% of the population) are in need of humanitarian assistance due to conflict, insecurity, political and economic instability.

1.5 Hampered by years of neglect and improper funding, basic health care services are limited and unable to respond to routine health needs, let alone the threat of coronavirus.

Health care suffers from severe shortages of health staff, medicines, supplies and equipment, to the extent that it is now on the verge of collapsing. A WHO assessment conducted in October 2019⁵ indicated closure of 22% of Primary Health Care (PHC) facilities and 11% of hospitals; noticeable disparities in the distribution of the health work force, with urban areas having the majority of doctors and nurses; and frequently doctors were either not available full-time or were inexperienced. In addition, less than half of the functioning hospitals reported regularly to EWARN. The needs of vulnerable groups –the elderly, immuno-compromised, pregnant women (especially with respiratory illnesses)- are at further increased risk of adverse outcomes, while vulnerable populations residing across the country, such as IDPs, migrants and refugees are more susceptible to disease due to limited access to health care and deteriorated living conditions.

1.6 The country lacks infrastructure, human capacity and adequately protected medical staff to face the pandemic.

Designated locations and hospitals assigned to care for COVID-19 patients consistently changes due to a range of factors, including inadequate infrastructure, refusals from communities or armed groups in those areas to have health facilities used for COVID-19 treatment, as well as refusal by health workers to care for COVID-19 patients because of insufficient personal protection equipment (PPE) and supplies. To address this situation, national authorities (both in GNA and LNA controlled areas) developed a list of COVID-19 isolation and hospitalization sites, including sites outside standard public hospitals, with a phased approach of rehabilitation, adaptation, provision of medical equipment and

⁴ Libya Situation Report, 17 March 2020, by UN-OCHA.

⁵ The assessment was conducted in 21 districts and 85 municipalities across the country.

supplies. This operational health reality poses additional challenges related to the identification of the required health and non-health staff, their respective training, and overall activation of COVID-19 specific health services in a facility or site which has not had any medical experience previously. Furthermore, should community transmission increase with higher numbers of infected people and the severity of cases, these newly established facilities will be overburdened and insufficient. Hospitalization to key public hospitals, with adequate intensive care units, will be required. In preparedness for this there is an urgent need to procure and supply specific PPE sets for health and non-health facilities which must be worn in high risk areas, such as intensive care units, emergency department resuscitation areas and operating theaters. Despite the relatively low number of confirmed cases to date, there is an urgent need to beef up the country's readiness plan for case management so as control the expected multiplier effect on the impact of the COVID-19 crisis in Libya. This entails availing PPEs to the health staff treating infected persons.

1.7 Women are expected to be dramatically impacted by the pandemic, in their capacities as health workers, home-care givers, in addition to migrant women and the most vulnerable who are already affected by conflict settings. Health workers, many of whom are female, particularly nurses, ward attendants, laboratory technicians and hospital staff are at high risk of contracting the infection especially in the absence of personal protective equipment. It is also mostly the women who take care of the elderly and those who fall sick in the households; hence the higher risk of infection to women. A recent flash survey by UN Women conducted in Libya reported that 52% of those surveyed indicated that their livelihoods were affected by the prevention measures for the pandemic and an additional 26% believed that their source of livelihood would be affected if the curfews were to extend. Examples include the self-employed, women involved in cross-border trade, as well as those active in the informal sector. In addition, the pandemic has had an impact on gender-based violence across the world, including Libya. It also impacts maternal health, particularly access to reproductive health services, including family planning. With public transport limitations during the lockdown, there is a risk of maternal mortality to some women due to long distance from homes to hospital. It is recommended to include at least 30% of women in the management committee of COVID-19 at national and community level, enhance education and sensitizations campaigns, and establish a help line to assist victims of violence. The project is category 3 on the Gender Marker system.

1.8 In collaboration with the UN Humanitarian Agencies, the GNA has developed a response plan for COVID-19 with an identified financing gap of USD 10.3 Million. Cognizant of the threat of the pandemic and the extent of its impact on Libya, the GNA declared a State of Emergency on March 14, 2020, with border closures and full lock-down. An allocation of LYD 500 million (equivalent to USD 357 million) was announced for the COVID-19 response. This allocation is part of the annual budget of LYD 38.5 billion (equivalent to USD 27.9 billion), which was approved on March 4, 2020. However, funding has not been readily accessible due to liquidity challenges resulting from the oil blockade. Priority has been given to delayed wages -unpaid since January 2020- to ease the frustrations of the state employees and the medical staff. Additional monthly incentives to medical staff were also announced last week and are pending processing. A situational analysis was conducted by the UN and humanitarian agencies operating in Libya in collaboration with the Ministry of Health. The analysis noted critically limited capacities to address the pandemic: very low number of rapid response teams managed by National Center for Disease Control (NCDC) -at 6 teams for 3 regions to the country; the overall lack of personal protective equipment across the country; the limited

number of PCR test kits required for COVID-19 testing; the absence of fast track procedures to clear and release imported humanitarian assistance related health supplies, as well as the urgent need for specific PPE to protect health workers. In addition to indications of negative impact of COVID-19 on other services such as immunization, suspension of prenatal check-ups, NCDC treatment services (e.g. dialysis, physical therapy) and emergency care. Accordingly, the analysis highlighted 9 priority pillars, at a cost of USD 14 million and with an identified financing gap of USD 10.3 million. To date, the funds availed have been freed from re-programming of activities. There are on-going discussions with the EU for an envelope of around USD 18 Million to be divided equally amongst the WHO, IOM and UNICEF. Some support has been provided from the AU and Jack Ma's Ali Baba Foundation.

2. JUSTIFICATION FOR EMERGENCY OPERATION

2.1 The Government of Libya requested the Bank to provide urgent assistance to counter the adverse impact of the crisis and support the efforts of the authorities. **This emergency assistance proposal is in accordance and consistent with the Bank Group Policy Guidelines and Provisions under the Revised Policy Guidelines for Emergency.** The proposed operation is in compliance with the provisions of the Revised Policy Guidelines and Procedures for Emergency Relief Assistance, and General Regulations of the Special Relief Fund (ADB/BD/WP/2008/211/Rev.1). The proposal is justified as it fulfils the three criteria required to qualify for the Bank Group assistance: (i) the emergency situation is of a scale which is clearly beyond the capacity of the Government; (ii) the proposed activities can be carried out expeditiously and effectively within the required time frame; and (iii) the proposal aims at adopting reasonable measures to fight the pandemic and prevent its recurrence.

2.2 **Given Libya's prominent position in the migration channel, there is a high risk of regional transmittal of the pandemic between North Africa and Europe.** This is largely due to the continued movement of populations across Libya's borders and the inability to control measures at Points of Entry (PoE), as capacities are inadequate and supplies very limited. Meanwhile the number of migrants, refugees and internal displacement of people (IDPs) remain important and population movements continue despite the lock down. The UN warned that Libya is extremely vulnerable to the spread of the coronavirus and has appealed to international organizations for support. According to the WHO in Libya, infection prevention and control and case management are to be given priority at this stage. Whilst the former are being supported by various development partners, funding for case management is scarce despite its importance particularly upon the spread of the coronavirus.

2.3 **Lack of Government capacities and strained resources is worsened by the impact of COVID-19 pandemic on real economic growth, further affecting the government's fiscal position.** Inadequate and insufficient medical infrastructure, coupled with insufficient medical supplies, testing material and personal protective equipment, hamper the ability of the authorities in responding to the pandemic. In addition, the government's access to liquidity is highly strained rendering it incapable of financing efforts towards the prevention of the pandemic and having to rely on donor support. The oil blockade coupled with the important international drop in oil prices following the coronavirus outbreak, puts Libya in a very vulnerable position as oil production is the main source of its fiscal revenues, accounting for 96% of fiscal revenue. As a result of this situation, predications are that Libya's real GDP growth is expected to reach -20.3% in 2020.

2.4 COVID-19 will exacerbate Libya’s multi-faceted fragility including armed conflict, food insecurity and population displacements both internally and externally. The violent security situation in Libya has a direct impact on the country’s capacity to face the COVID-19 crisis. According to the IOM, the persistence of armed conflict has left tens of thousands of internally displaced Libyan families and migrants in destitute conditions, while making it more difficult for aid workers to reach vulnerable populations. The ongoing clashes, along with COVID-19 restriction measures, continue to hamper humanitarian access and the free movement of medical and other humanitarian personnel, as well as humanitarian assistance across the country. As such, the COVID-19 crisis will undoubtedly exacerbate further the socio-economic fragility of the country.

2.5 Despite Libya being one of the largest shareholders in the Bank, this is the first official request received from the Government of Libya for Bank’s support. This alone is an indication of the seriousness of the situation in Libya, highly prone to becoming an unprecedented humanitarian crisis with important regional impact given the near-collapse of the health care system, the population movements beyond the country’s boundaries and liquidity challenges. Failing to favorably respond to this request will undermine the role of the Bank as the only Regional Institution and trusted partner and will bear a reputational risk.

3. THE REQUEST FOR EMERGENCY SUPPORT

3.1 The Objectives

This Bank’s intervention will seek to compliment ongoing humanitarian activities by the UN agencies and international organizations to mitigate the negative effects of the virus pandemic on the population living in Libya. The emergency assistance by the Bank is aimed at partially filling the financing gap identified to ensure that response plan for COVID-19 is implemented with a focus on case management, particularly procuring adequate personal protection equipment to ease the reluctance of medical staff in treating patients. The Bank will continue monitoring the situation with a view to exploring short-to-medium term options for additional support.

3.2 Description and components

3.2.1 The Response Plan for COVID-19 developed jointly by the Libyan authorities with support from the UN and International Humanitarian agencies, has identified 9 priority activities consisting of the following: (i) Country-level coordination; (ii) Risk communication and community engagement; (iii) Surveillance, rapid response teams and case investigation; (iv) Point of entry; (v) National laboratory; (vi) Infection prevention and control; (vii) Case management; (viii) Operational support and logistics; (ix) Essential health services maintained. The total cost of the plan is currently at around USD 14 million, and a financing gap for USD 10.5 million. Bank support of USD 0.5 million will go towards partially addressing this financing gap.

3.2.2 Following discussions with representatives from the Ministry of Health and the WHO in Libya, it was agreed that Bank support will be channeled under pillar seven, related to case management, with a particular focus on the supply of much needed PPEs intended for use in ICUs and during treatment of cases of infection. This will ease the concerns of the medical staff who had been reluctant in treating infected persons without personal protection gear, while enabling the authorities to strengthen their readiness plan for the expected upcoming phase of the spread of the coronavirus. To date, the majority of PPE items which were reported for Libya as

part of the national response and Member States initiatives are standard isolated pieces for the use by general health and non-health workers. The PPEs to be procured under the Bank project will be of a higher standard for use in intensive care units, emergency department resuscitation areas, and operating theaters. They will be distributed to hospitals designated for the treatment of COVID-19 patients across the country, in both GNA and LNA controlled area⁶. Below are the project components:

- **Component 1: Provision of Personal Protection Equipment: (USD 446.4,000)** consisting of 8000 complete sets of PPE of 10 items each, including transportation and logistics.
- **Component 2: Project Management (USD 33,600):** Administration fees of 7% of the grant, to the WHO, designated as the implementing agency.

3.3 Implementation Arrangements

According to the Bank's Revised Policy Guidelines and Procedures for Emergency Relief Assistance and General Regulations of the Special Relief Fund, (ADB/BD/WP/2008/211/Rev.1 and ADF/BD/WP/2008/173/Rev.1), implementation of emergency humanitarian relief assistance will be entrusted to an appropriate UN organization working in the field at that time. It was agreed with the national authorities that the World Health Organization (WHO) will be assigned as the implementing agency for this emergency relief operation.

3.4 Implementation Schedule

The implementation period for this emergency operation will remain within the Bank's recommended physical implementation period not exceeding 6 months from entry into force.

3.5 Cost and Financing Arrangement

The total cost of the Bank's emergency assistance to Libya is estimated at five hundred thousand United States Dollars (USD 480,000) and the breakdown is indicated in Annex 1. The proposed Emergency Relief Assistance Operation will wholly (100%) be financed from the Bank's Special Relief Fund (SRF). WHO will deduct an administrative fee of not more than 7% from the grant.

3.6 Procurement Arrangement

3.6.1 All Procurement foreseen under this grant will be done in accordance with the Bank's Procurement Policy Framework, dated October 2015, with specific guidance relating to Procurement under Emergency Relief Assistance (ERA) as explained in Part 'A' Volume 2 of Operations Procurement Manual (OPM). Given the distinctive nature of emergency operations and in accordance with Article 8.4 of the General Regulations of the Special Relief Fund, the

⁶ WHO will distribute the procured PPEs across the country and according to needs/population. Distribution will in no way be limited to one side of the conflicting parties. Amongst the proposed hospitals are the following: Mitiga isolation center, in Tripoli; Kuwefia chest hospital, in Benghazi; Misurata medical center in Misurata; Gharyan teaching hospital, in Gharyan; and Sabha medical center in Sabha. At implementation, there may be changes in the identified hospitals due to updates and changes on the ground.

provisions of Article 17(1)(d) of the Bank Agreement, on procurement eligibility, will not be applicable. However, entities under the Bank's sanctions list or entities sanctioned by a decision of the United Nations Security Council taken under Chapter VII of the Charter of the United Nations, shall not be eligible to participate in tenders under this grant.

3.6.2 WHO, the implementing agency, is a specialized Agency of the United Nations on health-related issues. In this respect, WHO has been the executing Agency for several emergency assistance operations financed by the Bank in Regional Member Countries like the EVD (Ebola Viral Disease) responses in Nigeria and Liberia in 2014 and in Uganda in 2019. The WHO approach will be focusing on the priority actions to rapidly contain the COVID 19 outbreak and ensure operational readiness based on the Organization's comparative advantage. WHO is familiar with Bank's rules and procedures.

3.6.3 Procurement would be carried out using Third Party Procurement Methods and Procedures (PMPs). The procurement of goods necessary for the execution of the operation shall be carried out in accordance with Section 5.3(e) of the Procurement Policy for Bank Group Funded Operations approved in October 2015. On 25 January 2017, the Bank's Board of Directors approved the Fiduciary Principle of Agreement (FPA) to facilitate cooperation between the AfDB, ADF and certain organizations of the United Nations System for implementation of emergency operations and relief assistance. The FPA provides use of the UN agency's FM and procurement rules, including its eligibility criteria/waiver of Rule of Origin, and regulations for investigating allegations of fraud and corruption. An FPA was signed between the Bank and WHO in July 2019. WHO will undertake due diligence and efficiency when conducting procurements to facilitate successful implementation of this emergency operation.

3.6.4 Procurement activities:

The emergency resources will be used to procure the goods (personal protective equipment) including non-consulting services related (transport logistics), for an amount estimated to cost USD 446,400 .

3.7 Financial Management and Audit Arrangement

3.7.1 The fiduciary responsibilities of grant funds will rest with WHO, which will ensure that the grant resources are efficiently used for their intended purposes. The grant will be utilized by WHO solely for the implementation of the proposed operation and will be administered by WHO in accordance with its established financial and administrative regulations, rules, policies, and procedures. As the implementation period is estimated at six months, WHO will be required to submit an interim program financial report within sixty days after the end of each semester. The interim financial report will be adequate to reflect WHO's expenditures related to the grant.

3.7.2 WHO will submit a financial statement, as part of the final report, within six (6) months of completion of the operation and financial closure. WHO will submit a written confirmation, encompassing the payment details emanating from its integrated financial management system, from a senior financial officer, authorized to make such certification, certifying that WHO complied with the terms of the Tripartite Funding and Implementation Agreement. Both the interim and the final financial reports will be provided in the FAO's standard format, and in accordance with the accounting standards pursuant to the FAO's financial regulations and rules.

3.7.3 For visibility requirements, the Bank's name and contribution shall appear in the WHO 2020 consolidated financial report disclosing the list of contributors for the year. The grant's funds use will be subject exclusively to the internal and external auditing procedures provided for in the financial regulations, the policies and procedures, and rules & directives of the WHO as well as to relevant decisions of its governing body. In this regard, the audited financial statements and auditors report for the year in which the funds are used shall be made available to the Bank within 30 days of being presented.

3.8 Disbursement Arrangement

3.8.1 Given the emergency-relief nature and procurement arrangements for this operation, the Grant resources will be disbursed in one tranche upon submission by WHO of its bank account details, for the deposit of proceeds of the emergency assistance grant.

3.8.2 The Grant resources will be disbursed following the signature of the Tripartite Funding and Implementation Agreement and submission to the Bank of the details relevant to the special account opened, as well as the authorized signatories for disbursement applications under the grant.

3.9 Environment and Social Impact and Mitigation Measures

3.9.1 This operation is classified as a category 3 on April 23rd, 2020 as per the in-country E&S regulations and the Bank's ISS requirements. Since it is an emergency operation which will not last more than 6 months, it benefits from the exemption from the E&S due diligence usually required by the Bank's ISS. The planned activities have low environmental and social risks. They are essentially made up of acquisitions of goods such as personal protective equipment; and for such, are not expected to induce major environmental and social impacts. However, transparency and fair identification of eligible healthcare facilities and regions is a key to avoid social unrest. In a time of humanitarian crisis in a complex political and socio-economic context zone, response workers and humanitarian volunteers are more subject to occupational exposures, violence, risk of injuries, illnesses, stress and even death. In such a context, medical waste management is challenging and could also pose adverse additional public health risk.

3.9.2 The implementing agency and governmental bodies involved in the program, should ensure that necessary E&S safeguard measures, including safety and occupational health measures are implemented in accordance with national regulations are applied to reduce occupational exposures, injuries, illnesses, stress and death among response workers. These workers and humanitarian volunteers should be provided with approved PPEs to protect their health and well-being. The same provision applies particularly to the management of any medical waste to limit the spread of the disease and shield the most vulnerable from being infected from this source. The World Health Organization (WHO), assigned as the implementing agency for this emergency relief operation, has E&S safeguards management procedures and practices that are acceptable or equivalent to the Bank's ISS provisions.

3.10 Reporting and Supervision

In view of the nature of the operation, the on-going conflict in Libya and the identification of the WHO as an operating UN organization in the country, no specific supervision mission has been

proposed. The project will be supervised from North Africa Hub (RDGN). The WHO will be responsible for submitting an interim report and a final report containing an operational and a financial section to the Bank within six (6) months of completion of the operation and its financial closure, in accordance with Section 3.7.

4. LEGAL INSTRUMENT AND CONDITIONS

4.1 Legal Instrument

The financing instrument to be used for this operation is a Tripartite Funding and Implementation Agreement to be concluded between the Bank, WHO and the State of Libya.

4.2 Conditions associated with Bank's intervention

4.2.1 Entry into Force: The Tripartite Funding and Implementation Agreement shall enter into force on the date of signature by the parties.

4.2.2 Conditions Precedent to Disbursement: The disbursement of the grant is subject to the following conditions:

- i) Signature of the Tripartite Funding and Implementation Agreement between the Bank, WHO and the State of Libya; and
- ii) Submission by WHO of its bank account details, into which the grant resources will be deposited.

5. CONCLUSION AND RECOMMENDATION

5.1 Conclusion

The Bank's grant of USD 480,000 will address strategic priority needs and contribute to the funding gap of the Response Plan for COVID 19 for Libya, with a focus on infection prevention and control so as to limit the spread of the disease and shield the communities, including those most vulnerable, from being infected.

5.2 Recommendation

Management recommends that the Board of Directors of the Bank approve the proposed grant of an amount not exceeding four hundred and eighty Thousand United States Dollars (USD 480,000) to the State of Libya, from the resources of the Special Relief Fund, for the purposes and subject to the conditions stipulated in this report.

Annex 1 : Activities and Budget over the implementation period of 6 months

COMPONENT	ACTIVITY	Details	Estimated COST (USD)
1. Provision of emergency infection control and case management supplies	Procurement of goods	Procurement of 8000 Personal Protective Equipment (including sets of 10 items each). The cost of each kit is estimated at USD 50.	400,000
		Logistics and transportation	46,400
2. Administration Fees (7%)	Purchasing, distributing and monitoring usage of supplies		33,600
Total			480,000

Annex 2 : Official request by the Government of Libya

Government of National Accord
Ministry of Finance



حكومة الوفاق الوطني
وزير المالية

التاريخ : 131 / 2020

رقم الإشاره : 149/23

**Excellency Dr. Akinwumi Ayodeji Adesina
The President of the African Development Bank**

Dear Mr. President,

As we are all aware that many countries around the world have been severely hit by the new pandemic, COVID-19. Even though, to various extent, the African continent has had less cases than the rest of the continents, by looking at the trend that the pandemic developed in many countries in Europe and North America, we are certain that the African continent is far from safety. It is projected that these numbers are likely to grow exponentially with time due to the weak governance, poor health systems, shortage of medical supplies...etc.

Nonetheless, we have full confidence in the African Development Bank, Our bank, to deploy the necessary technical and financial aids and emergency relieves to its regional member countries in these difficult times.


In this context, on behalf of my country, Libya, I would like to request an urgent support from the bank to help the ongoing efforts in the country to mitigate the spread of this pandemic.

Given the ongoing civil unrest, as well as the the recent halt of oil export; the main contributor to the GDP, the health system in Libya has severely deteriorated. In fact, it is on the way to a total collapse. Hence, an assistance in the form of medical supplies, testing facilities and capacity building is urgently needed more than ever.

Finally, my thanks and gratitude are extended to you personally and your entire staff for the help and support to my country and the rest of the African countries in these challenging times.

Please accept your Excellency, the assurance of my highest consideration.




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