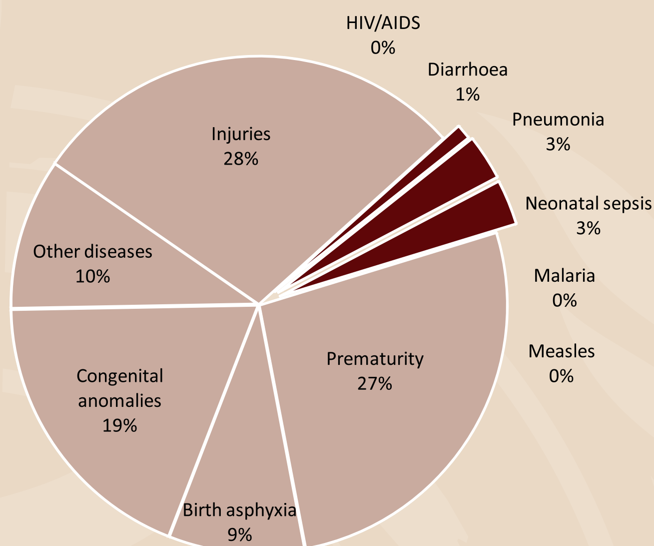
Libya: Health Systems Profile

World Health Organization
Regional Office for the Eastern Mediterranean

Health status (2013)

Life expectancy at birth in years	*total*	75.0
	males	73.0
	females	77.0
Maternal mortality ratio per 100 000 live births	*total*	15.0

Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 49% of all deaths among children aged <5 years

Communicable diseases (2014)

Tuberculosis notification rate per 100 000 population	22.0
Incidence rate of malaria per 100 000 population	…
Number of newly reported HIV cases	…

Behavioural risk factors

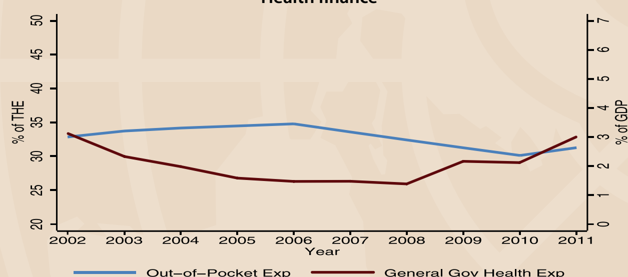
Prevalence (%)	*males*	*females*	*total*
Current tobacco smoking (2011)*	…	…	…
Insufficient physical activity (2008-)	…	…	38.0

Metabolic risk factors

2014 estimated prevalence (%)	*males*	*females*	*total*
Raised blood pressure	…	…	21.9
Raised blood glucose	…	…	17.0
Overweight	…	…	68.7
Obesity	…	…	33.1

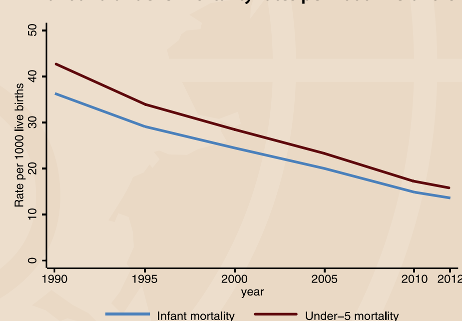
Expenditure and mortality trends

Health finance



*GGHE%GDP is the general government expenditure on health as % of gross domestic product
**OOP%THE is the out-of-pocket expenditure as % of total health expenditure

Infant and under 5 mortality rates per 1000 live births



Health system: selected coverage interventions

Antenatal care visits (4+ visits) (2013)	…
Measles immunization coverage among 1-year-olds (2014)	98
Treatment success rate of new bacteriologically confirmed TB cases (2014)	60
DPT3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2014)	97

Health system: finance (2013)

General government expenditure on health as % of general government expenditure	4.3
Out-of-pocket expenditure as % of total health expenditure	29.7
Per capita total health expenditure at exchange rate (US$)	433

Health system: workforce (2014)

Health workforce per 10 000 population	
Physicians	20
Nurses/midwifes	66
Dentists	7
Pharmacists	6

Health system: information

Percentage of births registered	0.99
Percentage of causes of death recorded	0.95

Health system: medicines and medical devices (2013)

Availability of selected essential medicines and medical products in health facilities (%)	public	…
	private	…
Number of scanners (in public facilities) per million population[c]	CT	9.675
	MRI	5.16

Health system: service delivery (infrastructure) (2014)

Primary health care facilities per 10 000 population	2.3
Hospital beds per 10 000 population	37

… No data available
[a] International Classification of Diseases
[b] Gross domestic product
[c] Computed tomography (CT) and Magnetic resonance imaging (MRI)
* Age-standardized estimated
Please note the data sources are in the attachment

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities – Libya 2015

Strengths	Weaknesses
• MoH expressed interest to undergo health governance reform including health legislation and health governance, which is necessary for preparation for the transition and recovery phases and future health governance reform. • MoH engaged in an ongoing process to prepare the new constitution with the country commitment to universal health coverage and the right to health. • Effective vital registration system and presence of the "family book" to register vital events; • Public health risk assessment and interventions carried out in 2015 • No outbreaks have been reported in Libya to date • Post conflict health facilities assessment was conducted for both of primary and hospital care	• Disrupted health care infrastructure (In 2012, only 33% of the primary health care facilities were fully functioning)due to on-going conflictHealth workforce is being rapidly drained due to current conflicts and those remaining facing barriers to accessing the facilities • Lack of clearly defined strategy of post-conflict rehabilitation of the national health system based on the changed priorities, needs and conditions affected by the conflict and population displacement • Limited institutional capacity for policy formulation, strategic planning, legislation and regulation of the health sector • Pre- conflict poor quality of nursing education and maldistribution of health workforce and dependence on expatriate staff for almost all specialized nursing care, however ssignificant number of the foreign health workers have left the country • Interrupted essential medicines supplies and care due to lack of security and interruption of medical supplies and delivery. • More than 552,000 displaced persons are considered to be particularly at risk. • Access to health services is severely limited in Benghazi, Kikla, Zintan, Brak and Aubari. • Steady decline of the national revenues • Weak surveillance system and uncontrolled borders poses a serious threat to import of communicable diseases

Opportunities	Challenges
• New Constitution in progress enshrines the right to health, as integral part of the national health system performance that will increase social protection and health insurance coverage • Updated information (mostly in 2012) such as health system profile, post-conflict health system assessment, primary health care and hospital facilities post-conflict assessment, can serve as a basis to build on through the rapid assessment • European programme interest to support (re-form of health care financing) and also availability of donor funds for health development activities • Attempts at interest of European Union/Libyan Health System Strengthening program to map private service delivery and identify entry points for public private partnerships • strong disease surveillance system led by the National Centre of Disease Control can be used effectively for collection of the core indicators • Availability of information such as: health system profile, post-conflict health system assessment, primary health care and hospital facilities'post-conflict assessment	• Preparation of the health systems for a transition and recovery phases • Rehabilitation of the health infrastructure focusing on service availability, accessibility and quality of health services and essential medicines • Large numbers of internally and externally displaced population have shifted the demographic profile thatrequired urgent attention • Steady increase in the incidence of noncommunicable diseases and associated risk factors, conflict related injuries and disabilities • Continuum of quality primary health care delivery including maternal and child care, routine immunization and, noncommunicable diseases • Mental health conditions aggravated by the conflict does not receive adequate attention and requires post-trauma care and the specialized services • Prevalent risky behaviour (including injecting drug use) need to be systematically addressed in relation to potential increase in the concentrated HIV epidemic. This could be compounded by drug trafficking& influx of illegal immigrants • Ineffective level of inter-agency and health aid coordination. The need to ensure national ownership and support to the process • Private health sector provides most of the outpatient services

Priorities

- Review public policies (in the line with the principles of Health in All Policies), national health policy and public health laws to better align these to health needs and priorities.
- Constitution, public health policies (wider than health sector, based on health in all policies principle) and national health policy and public health law need to be revised, with subsequent action plan to be based on identified priorities and country analysis
- Health equity and vulnerabilities assessment needs to be conducted, taking into account social determinants of health and political developments, based on the Constitution, Libya's international commitments and health priorities identified grounded on the principle of cost-effectiveness
- Health profile of the population needs to be reviewed and health needs updated focusing on vulnerable and marginalized population. Supply barriers to availability, accessibility, affordability, acceptability and quality of health services reanalysed
- Health facilities survey to be updated to reflect resulting changes
- Improve access to health care through fully implementation of Essential Health Package, quality of surgical care and Address deficiencies of health personnel
- Restore and maintain the supply chain of medicines intact
- Mitigate the risk of transmission of communicable diseases and improve the capacity to respond the communicable diseases outbreaks
- Support health authorities in ensuring regular supply of essential medicines for NCD
- Raise awareness on NCD among the Libyan population andassessment of population's Mental health and psychosocial support needs and system's existing capacities
- Improve the coordination among actors working in the field of mental health

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