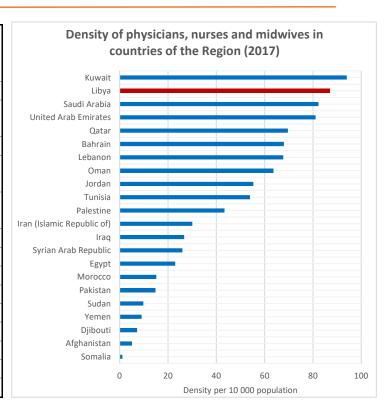


Health workforce snapshot

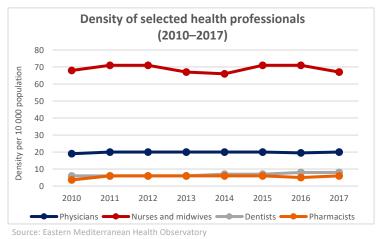
LIBYA

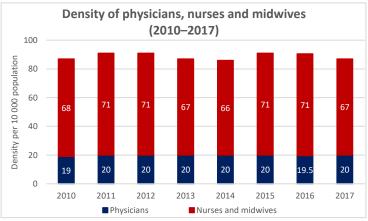


LIBYA AT A GLANCE ¹	
Total population (2017)	6 545 000
Gross national income per capita (US\$, 2018) ²	20 990
Unemployment (percentage of total labour force) (2018) ²	17.2
Per capita current health expenditure (US\$ 2017)	313
Government health expenditure as percentage of general government expenditure (2011)	6.4
Out-of-pocket expenditure as percentage of current health expenditure (2017)	36.6
Universal health coverage index (2015) ³	63
Number of refugees (2016)	9301
Number of internally displaced persons (2016)	174510
Maternal mortality per 100 000 live births (2017)	9
Under-5 mortality per 1000 live births (2017)	12
Births attended by skilled health personnel (%) (2017)	99
Raised blood glucose (%, 18+ years) (2017)	15.9
Raised blood pressure (%, 18+ years) (2017)	23.7
Hepatitis B incidence rate per 100,000 (2016)	300



Source: Eastern Mediterranean Health Observatory

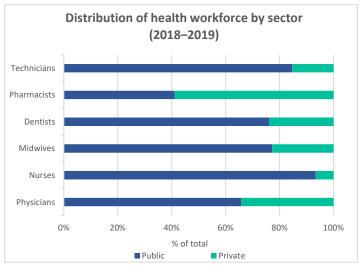




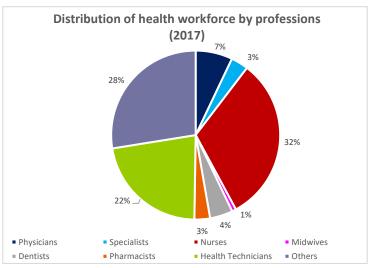
Source: Eastern Mediterranean Health Observatory

KEY FACTS

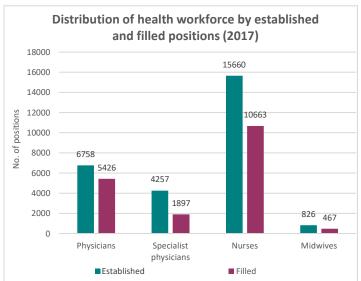
- Shortages in some cadres of health workers are occurring as a result of the exodus of national and foreign skilled health workers as a result of instability in the country in the last decade. Acute shortages exist in the number of specialized nurses and midwives who provide reproductive, maternal, neonatal, child and adolescent health services, particularly at primary health care level. There are also shortages in cadres of health professionals working in family medicine, intensive care, neonatal intensive care, neurosurgery, neurology, psychiatry, anaesthesia, cardiovascular and paediatric surgery, radiotherapy, radiology, pathology, blood banks and laboratories.
- The Service availability and readiness assessment survey in 2017 highlighted the imbalance and maldistribution of the health workforce. It also showed that health workforce capacity had shrunk by more than 50%, which was affecting critical areas of care. Remote and rural areas, especially in the south of the country, face acute shortages of health workers.⁴
- High absenteeism is observed at the facility level.
- More than 80% of nurses have only received training below the level of a diploma.
- There is degradation of the infrastructure of health professional education institutions and concerns over the quality of education are increasing.



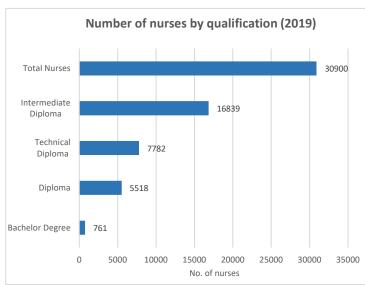
Source: Ministry of Health. The Libyan Health System: Study of Medical and Allied health education and training institutes, 2018



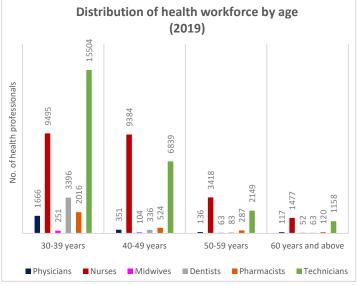
Source: Health Information Centre, Ministry of Health, 2017



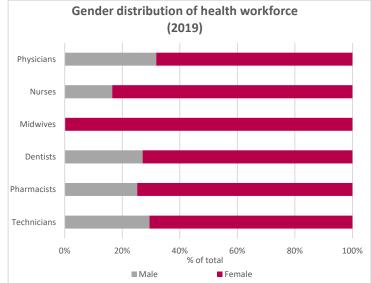
Source: Ministry of Health. The Libyan health system: study of medical and allied health education and training institutes, 2018



Source: Health Information Centre, Ministry of Health. Human Resources for Health Observatory, 2019 [unpublished data]



Source: Health Information Centre, Ministry of Health. Human Resources for Health Observatory, 2019 [unpublished data]



Source: Health Information Centre, Ministry of Health. Human Resources for Health Observatory, 2019 [unpublished data]

- 1. Regional Health Observatory Data Repository (https://rho.emro.who.int/data-r, accessed 30 June 2021).
- Data. The World Bank, 2018 [online database] (https://data.worldbank.org/indicator/NY.GNP.PCAP.PP.CD?locations=OM, accessed 30 June 2021).
- 3. World Health Organization and International Bank for Reconstruction and Development/The World Bank. Tracking universal health coverage: 2017 global monitoring report. (https://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf;jsessionid=9F23F2767B61005EAE933DFF592B33FF?sequence=1, accessed 30 June 2021).
- Service availability and readiness assessment, Libya 2017 (https://www.humanitarianresponse.info/n/operations/libya/document/service-availability-and-readiness-assessment-libya-2017, accessed 30 June 2021).