

# Libya : Health Systems Profile

## Key health system indicators

### Health status

Life expectancy at birth in years	<b>total</b>	<b>72</b>
Adult mortality rate (probability of dying between 15 and 60 years) per 1000 population	<b>males</b>	<b>411</b>
	<b>females</b>	<b>134</b>
	<b>total</b>	<b>286</b>

### Communicable diseases

Tuberculosis notification rate per 100 000	<b>25</b>
Incidence rate of malaria per 1000 population	...
Estimated number of people living with HIV	...

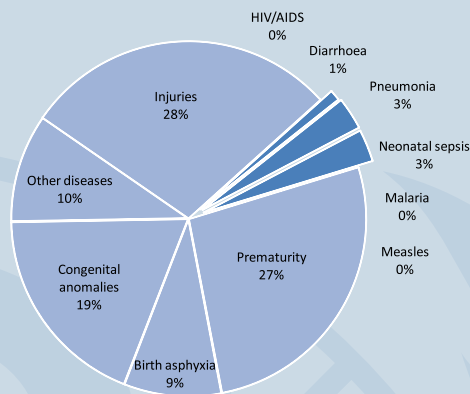
### Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	47	<1	24
Physical inactivity	37.3 [34.9-39.7]	54.4 [52.1-56.7]	45.8 [44.2-47.5]

### Metabolic risk factors

2008 estimated prevalence (%)	males	females	total
Raised blood pressure	45.2 [36.8-53.2]	38.9 [31.4-46.1]	42.2 [36.4-47.7]
Raised blood glucose	14.5 [10.4-19.2]	14.4 [10.4-18.9]	14.4 [11.5-17.7]
Overweight	60.4 [54.7-65.5]	71.0 [66.0-75.6]	65.4 [61.6-68.9]
Obesity	21.5 [17.5-25.4]	41.3 [36.0-46.5]	30.8 [27.4-34.1]
Raised cholesterol	34.8 [25.3-45.0]	36.6 [24.1-50.0]	35.6 [27.8-43.9]

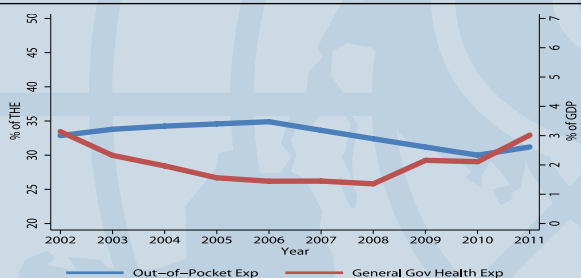
### Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 7% of all deaths among children aged <5 years

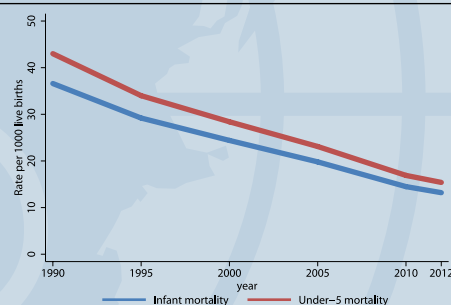
### Expenditure and mortality trends

Health finance



The general government expenditure on health as % of Gross Domestic Product (GDP)  
The out-of-pocket expenditure as % of Total Health Expenditure (THE)

Infant and under 5 mortality rates per 1000 live births



### Health system: governance

Existence of a national health strategy/strategic plan and time frame	Yes (2009-2013)
Annual publication/dissemination of ministry of performance report	Yes
High level multisectoral advisory council for health available	No

### Health system: information

#### Functioning civil registration and vital statistics

Percentage of births registered	95
Percentage of causes of ICD death recorded	70
Year most recent use of ICD in mortality classification reported	...
Year most recent annual health statistics report published	...

### Health system: health workforce

#### Health workforce per 10 000 population (2011)

Physicians	20
Nurses/midwives	71
Dentists	6
Pharmacists	6

#### Health professions education institutions

Medical	...
Nursing	...

Percentage of doctors working in rural settings ...

### Health system: service provision

#### Infrastructure

Primary health care facilities per 10 000 population	2.6
Hospital beds per 10 000 population	37

#### Service delivery

Access to local health services (%)	100
Contraceptive prevalence (%)	46
Antenatal care visits (4+ visits) (%)	...
Measles immunization coverage among 1-year-olds (%)	98
Smear-positive tuberculosis treatment success (%)	64
Number of tobacco (m)POWER measures implemented at the highest level of achievement	...

### Health system: finance

National health accounts conducted (number of rounds; last reference year(s))	0
General government expenditure on health as % of GDP (2011)	3.0
Out-of-pocket expenditure as % of total health expenditure (2011)	31.2
General government expenditure on health as % of total government expenditure (2011)	7.9

### Health system: technology

Existence and year of last update of published essential medicines list (EML)	No
Existence of a functional national regulatory authority (NRA)	Yes (medicines)
Number of MRI/CT scanners (in public facilities) per million population	5 /9.3

## Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Extensive health care infrastructure with one primary health care facility for almost 3500 population and one hospital bed for 300 population</li> <li>• High health coverage such as: routine immunization coverage (100% for BCG, 98.6% DPT, 97.7% OPV, 97.7% for HBV and 98% for measles) and 99.9% deliveries attended by trained personnel</li> <li>• Strengthened disease surveillance system through establishment of the National Centre of Infectious Disease Control</li> <li>• Effective vital registration system and formation of “the family book” to register vital events</li> <li>• High coverage of some elements of social determinants of health, e.g. 89% literacy rate, 97% access to safe water and 99% access to improved sanitation</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of clear vision and strategy for universal health coverage and over the next decade</li> <li>• Limited institutional capacity for policy formulation, strategic planning, legislation and regulation of the health sector</li> <li>• Weak managerial capacity of the health directorates in shabiat</li> <li>• Static government expenditure on health since 1993 (with the exception of one peak in 2003 and slight increase in allocation in 2010)</li> <li>• Low quality of services at public health facilities and shortage of essential medicine and medical supplies</li> <li>• High level of consumption abroad in neighbouring countries for receiving health care services</li> <li>• In 2012, only 33% of the primary health care facilities were fully functioning according to the post-conflict Service Availability and Readiness Assessment</li> <li>• Poor quality of nursing education and maldistribution of health workforce and dependence on expatriate staff for almost all specialized nursing care</li> </ul>
Opportunities	Challenges
<ul style="list-style-type: none"> <li>• Attempts of European Union/Libyan Health System Strengthening program to map private service delivery and identify entry points for public private partnerships</li> <li>• Plan to introduce European programme for roll out of pay-for-performance schemes</li> <li>• Plan to register the catchment population of each health facility and to extend of contracting hospitalized services, which would improve availability and quality of services for all</li> <li>• Piloting of family practice aimed towards universal health coverage in Zawia district</li> <li>• Availability of updated information such as: health system profile, post-conflict health system assessment, primary health care and hospital facilities' post-conflict assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Steady increase in the incidence of noncommunicable diseases and associated risk factors, accidents and injuries (mainly road traffic injuries and conflict-related injuries)</li> <li>• Unregulated growing private health sector</li> <li>• Need to improve nursing education and training.</li> <li>• Need to scale up training of family physicians in order to establish family practice</li> <li>• Need to increase budget allocated to health and more efficient use</li> <li>• Inadequate level of development partner coordination and required leadership by the Ministry of Health</li> </ul>

### Priorities

- Develop a vision, strategy and roadmap for accelerating progress towards universal health coverage and incorporate it into the national health policy and strategic plan
- Strengthen institutional capabilities of the public health sector by strengthening health governance, policy formulation, strategic planning, resource generation, health care financing and health service provision
- Develop an evidence-based health financing strategy and build capacity in better financial management
- Develop incentive mechanisms to encourage health professionals to work in remote areas
- Resources allocated for health (both revenue and capital) should be increased to reach 10% of government expenditure
- Set up independent council(s) for the registration, licensing and revalidation of all medical, nursing and other health professionals
- Develop explicit policies/strategies on workforce development, recruitment and retention with emphasis on training of nurses and family physicians
- Develop an action plan for establishing integrated health services delivery based on the family practice approach
- Strengthen and update the supply chain, regulations, rational use of medicine and the local pharmaceutical industry

#### Jointly developed by:

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**World Health Organization**

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