

Libya







System/structure



Governance

A comprehensive national health sector policy, strategy or plan with goals and targets that includes all three components of a PHC approach exists and has been updated



Adoption of a Health-in-All-Policies approach and existing mechanism for multisectoral governmental coordination (2018-2022)



Inclusion of indicators on relevant social, economic, environmental and commercial determinants of health in national health policies, strategies and plans



(\$) Finance



PHC expenditure per capita in US\$ (2018)



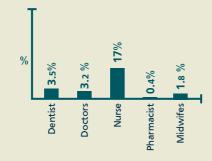
Percentage of domestic general government health expenditure on PHC from total GGHE-D. (2018)

Inputs

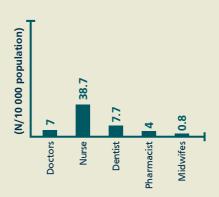


Health workforce

Percentage of health workforce in PHC care by occupation



Density of PHC by occupation



Health information systems

Presence and use of unique patient identifiers

Use of patient health records follow a patient through their encounter with the health care system



Infrastructure



Percentage of population that have to travel more than 5 km or 1 hour to arrive at PHC facility

Processes



Model of care

Percentage of patients who are registered at PHC facilities





Percentage of cases referred to secondary care

Gatekeeper role for general practitioners/family physicians



Formal process exists for referrals



Quality processes



Percentage of facilities that monitor patient experience

Empowerment and engagement

Community/patient participation in facility management meetings



Outcomes



Effective coverage and quality of care



Percentage of hospital admissions for ambulatory care sensitive conditions



Average availability of 5 tracer reproductive, maternal, newborn and child health (RMNCH) services

Empowerment and engagement

Percentage of population who believe decision-making is inclusive [SDG 16.7.2]







Under-5 mortality by residence

per 1000 live births

Percentage coverage of RMNCH services by mother's education



Impact



Financial protection



Percentage of population with impoverishing health expenditure

Mortality

Maternal mortality ratio [3.1.1] (RHO, 2015)

11.6 per 100 000

Premature noncommunicable diseases (NCD) mortality [3.4.1] (RHO, 2016)

20.3 per 10 000

Country context

GDP per capita (PPP current international \$)

\$ 15 803

(World Bank, 2019)

Population living in poverty (Under \$1.90 int'l dollars/day)

Life expectancy at birth

71.9 Years

REFERENCE KEY



Yellow fill indicates a Vital Signs Profile indicator



Purple fill indicates an SDG indicator. The numbers included in brackets refer to an SDG indicator number. Standard reporting sources or accepted United Nations estimates should be used.





Not available or not reported



INTEGRATED SERVICES/PRIMARY HEALTH CARE

System/structure

Governance

Presence of UHC legislation inclusive of PHC

Equity mainstreamed in health policy

Existence of regulatory authorities for (health workforce, facilities, essential medicines and products) for both public and private sectors

Presence of quality improvement and assurance processes in the national health plan

Participatory governance structures

Finance >

Government health spending as percentage of GDP PHC expenditure as percentage of current health expenditure

Domestic general government expenditure on PHC as percentage of PHC spending

Other sources of PHC expenditure (out of pocket, donor, etc.) as percentage of total PHC expenditure

<0.0000375%

48%

N/A

0.05%

N/A

100%

40%

15%

Inputs

Health workforce >

Percentage of primary care workforce specialized in family practice (by occupation)

Proportion of health workforce in PHC who have received minimum continuous professional education according to national requirements in the last year

N/A Vacancy rate in PHC

Health information systems

Percentage of births registered Percentage of deaths registered Explicit adoption of a set of PHC indicators for monitoring

and evaluation Inclusion of section on PHC performance in annual health sector reporting

Percentage of public sector PHC that reports performance

Presence of a comprehensive individual patient record

Presence of a comprehensive family record Is there a functioning electronic health information system (eHIS) in the country?

Percentage of PHC facilities using an eHIS

Infrastructure >

Percentage of PHC facilities with adequate:

water

95% 71% sanitation

N/A hand hygiene

Percentage of PHC facilities with rooms with auditory and visual privacy for patient consultations

Percentage of PHC facilities with communication equipment

50%

Percentage of PHC facilities with access to computer with email/internet access

Percentage of PHC facilities with standard precautions for infection prevention

Percentage of PHC facilities with all infection control items

49%

3%

N/A

Medicines **¬**

Percentage of PHC facilities with correlated package of

Proportion of facilities in which essential medicines are available (no stock outs in one year)

N/A

10%

Supplies ****

Percentage of PHC facilities with standard priority diagnostics and equipment available

39%

Processes

Model of care

Annual outpatient department utilization rates per capita Percentage of PHC facilities that can provide mental health

Number of consultations per health worker (physician, nurse, etc.) per day

3% 0.3%

N/A

Management/quality improvement

Evidence-based national guidelines/protocols/standards exist for the management of all priority causes of morbidity and mortality

Professionalized management at PHC level

Proportion of facilities with up-to-date performance reports in the last 6 months to 1 year

Percentage of PHC facilities with systems to support quality improvement

Outcomes

Effective coverage/quality of care

Percentage of adverse events reported (immunization/ medication)

Percentage of PHC prescriptions that include antibiotics in out patient clinics

Percentage of PHC prescriptions that include injectable medicines

N/A

N/A

N/A

Percentage of registered hypertension patients with blood pressure <90/140 at last 2 follow up visits Percentage of registered diabetic patients with fasting blood sugar controlled at last 2 follow up visits/A1C <7% Percentage of registered NCD patients with 10 years cardiovascular risk recorded in the previous year Percentage of women who delivered and received at least once postnatal care visit within the first 40 days Percentage of substance users, including tobacco users, in receipt of brief intervention

Children under 5 who are stunted, wasted, overweight, obese

Percentage of children under 5 that had weight and height

28% 12% 30% N/A Wasted Obese Stunted Overweight

Children under 5 with diarrhoea receiving ORS 60.7% Exclusive breastfeeding 0-5months (%) 67% Cervical cancer screening rates 7 N/A Measles-containing-vaccine second-dose immunization 97% Diphtheria-tetanus-pertussis (DTP3) immunization coverage 97% Average availability of services for 3 tracer communicable 0.8% diseases (STI, TB, HIV) Average availability of diagnosis and management of **52**% 3 tracer NCDs (diabetes, chronic respiratory disease, cardiovascular disease) Care seeking for suspected child pneumonia **7** 83%

Equity **T**

DPT3 immunization coverage

measured in the previous year

Perceived access barriers due to treatment costs Perceived access barriers due to distance

62% N/A N/A

N/A

N/A

N/A

43.2%

N/A

N/A

Percentage of households with adequate WASH: [6.2.1/6.1.1]

N/A Sanitation Hygiene

Percentage of households cooking with clean fuel [7.1.2] Percentage of children under 5 years of age who are developmentally on track [4.2.1] Malaria incidence [3.3.3] Physical inactivity in adults

Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months [16.1.3]

Use of insecticide-treated bed nets for malaria prevention

7 99% 7 N/A

7 58%

N/A

43.9%

Impact

Health status

Adult mortality rate 15-60 years	1.9 per 1000
Adolescent mortality rate	43 per 100 000
Under-5 mortality rate	13 per 1000 live births
Infant mortality rate	11 per 1000 live births
Neonatal mortality rate	6.5 per 1000 live births
Total fertility rate	3.4 children per woman
Met need for family planning [3.7.1]	731 %
DPT3 dropout rate	6.3%
TB treatment success	59 %
Antenatal care quality score based on WHO guidelines	
Antenatal care coverage (4+ visits)	66.3 %
Family planning quality score based on WHO guidelines	
Demand for family planning satisfied with mode methods	ern 47%
Sick child quality score based on IMCI guidelines	7 %
People living with HIV receiving anti-retroviral treatment	744 %
Prevalence of raised blood pressure (age-standardized estimate)	N/A

Mortality by cause **▼**

Household and	d ambien	t air pollution [3	.9.1]	>95 per 10 000
Road traffic in	juries [3.6	5.1]		6110 per 100 000
Homicide [16.	1.1]			N/A
Suicide rate [3	.4.2]			N/A
Causes of deat	:h			•
46.4%	8.3%	8.2%	3.1%	14.1%
Cardiovascular disease	Injuries	Perinatal period	Communicable diseases	Symptoms and signs not elswhere classified

Efficiency

Proportion of caregivers who were given sick child diagnosis	N/A
Proportion of family planning, antenatal care, and sick child visits over 10 minutes	₹N/A
Provider absence rate	N/A
Adherence to clinical guidelines	7
Diagnostic accuracy	7
Adequate waste disposal	7 42%

Risk factor/chronic disease prevalence

Obesity prevalence	30.5%	
Diabetes mellitus prevalence	16.4%	
Hypertension prevalence	40.6%	
Tobacco use [3.A.1]	25.1 %	

Resilience

International Health Regulations core capacity index/joint external evaluation	41 (index score) 43 (JEE score)
Disaster-related death rate [1.5.1]	N/A

Alternative indicators

Alternative indicators are national indicators which are not exactly the same as a PHCMI indicator but provide similar data. In the case that an alternative indicator is provided and accepted, it will be displayed here.

Notes

All values provided for Libya come from the period 2014 to 2017.

The data presented here are either reported by countries, come from United Nations estimates, or are directly collected from publicly available sources such as demographic and household survey reports.

Jointly developed by:
Department of UHC/Health Systems and Department of Science,
Information and Dissemination



Countries around the world agreed to the Declaration of Astana in 2018, vowing to strengthen their primary health care systems as an essential step toward achieving universal health coverage.

The Declaration of Astana reaffirms
the historic 1978 Declaration of Alma-Ata,
the first time world leaders committed to
primary health care.

Thus, a well-organized and prepared health system has the capacity to maintain equitable access to high-quality essential health services throughout an emergency, limiting direct mortality and avoiding indirect mortality.

77

© World Health Organization [2020]

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

All data are country reported unless otherwise indicated

WHO-EM/PHC/180/E