



LIBYA'S HEALTH SECTOR



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1. Country Overview

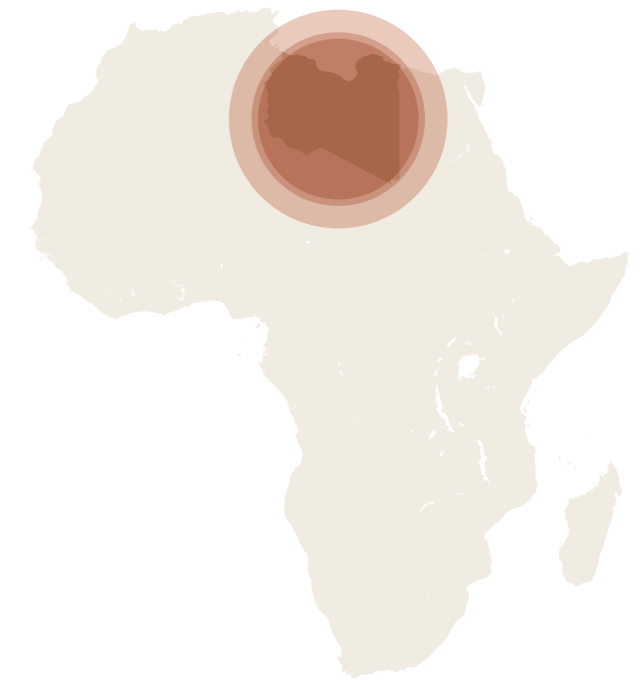
The state of Libya is a North African country located in the Maghreb region. Libya's capital city is Tripoli, with a population of approximately 3 million out of a total of 6,777,452^[1]. The official language is Arabic, and most Libyans speak English or Italian as their second language. Most of the population is concentrated along the coast, since most of the country lies within the Sahara Desert.

Libya is an upper middle-income country^[1]. It is ranked 110 out of 189 on the Human Development Index (HDI)^[2]. As the holder of Africa's largest crude oil reserves, Libya is a member of the Organization of the Petroleum Exporting Countries (OPEC). It is also the fifth-largest holder of Africa's proved natural gas reserves^[3].

The Libyan coastal highway connects the east to the west along the coast. A total of 47,590 kilometres of roads were paved by 2014, according to World Bank reports. In 2018, Libyan infrastructure ranked 115th out of 160 countries according to the World Bank performance index (LPI)^[4]. Air transportation is the preferred means, especially for long distances between major cities^[5].

Libya has been experiencing civil unrest since the overthrow of Colonel Muamar Gaddafi following his 42-year rule. Political instability, factional clashes and security threats have caused economic recovery and development to be fragile and uneven. In 2016, the United Nations (UN) stepped in and put efforts to unite rival eastern and western factions^[6].

Libya is yet to establish a health policy. However, drafts of a health development strategy including the National Vision 2030 and the Libyan Health Policy 2030 exist. The health strategic plan in Libya aims at improving equitable access and the quality of health services. Different health policies were reviewed based on this plan. Some were approved while approval of others is still pending. The ongoing conflict has slowed down the implementation and approvals of new health policies^[7]. The ministry of health, with the support of the World Health Organization (WHO) and other development partners, has shown commitment to spearheading processes for the development of national health sector recovery strategies^[8].



1.1. Key Country Statistics



76.7 years ^[10]
Life expectancy
at birth, 2019



2.54 ^[9]
GDP growth
(annual %), 2019



62.23 ^[11] Exports of
goods and services
as a % of GDP, 2010



40.12 ^[11] Imports of
goods and services
as a % of GDP, 2010



Imported products: Refined
petroleum (**\$2.18 B**), broadcasting
equipment (**\$837M**) and cars
(**\$533M**), 2019 ^[12]



Exported products: Crude
petroleum (**\$24.2B**), petroleum
gas (**\$1.38B**) and refined
petroleum (**\$1.01B**), 2019 ^[12]



Surplus of \$18.8 ^[11]
Balance of trade,
2010 (Millions, US\$)

2. COVID-19

The Libyan National Centre for Disease Control (NCDC), tasked with overseeing the efforts to combat COVID-19, reported the first cases of COVID-19 in March 2020. As of 25th February 2021, confirmed cases stood at 131,262, with 117,991 recoveries and 2,151 related fatalities ^[13]. Libya declared a state of emergency on 14th March 2020 in Tripoli before the identification of the first COVID-19 case. Consequently, all Libyan borders, public events, educational and other facilities were closed. A high-level inter-ministerial task force was formed, and a series of other preventive measures taken by national and local authorities ^[14].

Open health facilities experienced acute shortages of supplies, equipment and human resources required to care for COVID-19 patients and keep routine health services running without disruption. The United Nations, together with other humanitarian partners, supported country authorities to increase capacity for contact tracing, lab testing and case management, as well as deployment of emergency medical teams ^[15].

3. Health Overview

Health remains a major concern in Libya today. The Libyan health system has been affected by conflict and political unrest. Hospitals and health facilities have been targeted by shelling damaging infrastructure and causing loss of healthcare staff. Prior to the Arab Spring of 2011, Libya's healthcare system was functioning and could support Libyans fairly ^[16]. In 2017, an assessment of service availability and readiness carried out by the WHO and the ministry of health showed that Libya had enough health facilities (2.8 against 2.0 per 10,000 population standard). However, these facilities were not fully equipped to provide the required healthcare services ^[17]. In 2020, half of the remaining health facilities that were open in 2019 were closed due to insufficient government funding and security threats ^[15].

The health sector is solely regulated by the ministry of health, with the public health sector as the main healthcare services provider. Healthcare service delivery is carried out by a network of primary healthcare units, centres, polyclinics, rehabilitation centres, general hospitals and tertiary care specialized hospitals. Libya has 5 tertiary care medical centres, 97 secondary care facilities and 1,355 primary health care centres ^[18]. The NCDC guides different preventive and control programs for both communicable and non-communicable diseases. The private health sector also plays an important role in provision of outpatient, inpatient, dental, laboratory, imaging and specialized care services.

The public health system is a three-tier system that operates on five levels ^[19].

Primary healthcare	<ul style="list-style-type: none"> • The first level consists of basic healthcare units. These provide curative and preventive services. • The second level comprises the basic healthcare centres. • The third level consists of polyclinics. They are staffed by specialized physicians, have laboratories, radiology services and a pharmacy.
Secondary healthcare	<ul style="list-style-type: none"> • The fourth level is constituted by hospitals in rural areas and central hospitals in urban areas.
Tertiary healthcare	<ul style="list-style-type: none"> • The fifth level comprises all specialized hospitals.

Top 10 mortality causes according to the Global Burden of Disease (GBD) Study 2019 ^[20] include:



3.1 Key Health Statistics



4.97 ^[10]
Current health expenditure as a % share of GDP, 2014

36.67 ^[21]
Private health expenditure as a % of CHE, 2011

63.29 ^[21]
General government expenditure as a % of CHE



36.67 ^[21]
Out-of-pocket expenditure as a % of CHE, 2011



72 ^[22]
Maternal mortality rate per 100,000 live births, 2017



12 ^[22]
Under 5 mortality rate per 1,000 live births, 2019

4. Challenges Facing the Private Health Sector

- Inadequate skilled human resources characterized by unequal distribution geographically and in all levels of care.
- Overreliance on foreign healthcare workers due to shortage of healthcare workers in the country.
- The health sector is poorly regulated and underfunded.
- Attacks on health and healthcare facilities leading to hospital infrastructure damages.
- Libyans face a rising out-of-pocket expenditure due to the unregulated private sector.
- Fragmented decision making and response.

5. Opportunities for the Private Sector

- There is need to enhance public-private partnerships by encouraging the ministry of health to buy cost-effective services from the private sector.
- Lobbying the ministry of health to re-orient healthcare services by developing a national health policy and strategy that incorporates universal healthcare coverage.
- Capacity building of human resources e.g., through training healthcare workers.
- Partnerships with the ministry of health to establish functional medical insurance and mental health programs.

Do you need more in-depth information on Libya's health sector and how your project or business can contribute?

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