Health Sector in Libya: Situation and Challenges
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Introduction

Service government institutions are facing a bunch of economic, political, social and technical challenges. These institutions become obliged to confront the challenges through making the necessary arrangements of adopting governance concepts that would allow it to efficiently and effectively achieve its objectives. These challenges have been accompanied with the call for renewing public administration methods and adopting different strategies that would improve the performance of service government agencies by positively addressing the challenges, rationalising expenditure, speeding up achievement and simplifying procedures. This should be done in line with the comprehensive start of management development through the efficient exploitation of institutions’ resources, the continued improvement of the quality of their services and the increase in their customer satisfaction.

The health sector in Libya constitutes an example of the challenges that face the Libyan administration and the significantly substandard public services due to the acute shortage of medical supplies and medicines. Seeing that the war and political division between Libyan parties have resulted in the deterioration of the health sector, more than one million citizens were exposed to an imminent humanitarian disaster. In view of these very serious changes and transformations, a need to periodically measure the performance of the health system in Libya has emerged with a view to improve the system’s performance and confront the challenges and risks.

In light of what has been mentioned before, this report addresses the situation of the health sector and assesses the performance of its basic components by reviewing five key elements.

First: The Health Sector Situation.

Second: Political Division and its Impacts on the Health Sector
Third: Indicators and Standards of the Performance of the Health Sector in Libya.

Fourth: The Main Challenges Facing the Health Sector in Libya.

Fifth: The Performance of the Health Sector as per Citizens’ Estimations in 2015.

(This section reviews the most important results of the survey conducted by the Libyan Healthcare Society U.S.A. (LHS) to assess the rebuilding of the health system in Libya.)

Sixth: Requirements for the Promotion of the Libyan Health Sector

First: The Health Sector Situation
Healthcare services have been offered for free in Libya. Even if, healthcare institutions are spread in the different regions, they have been suffering from the lack of support and poor administration for long years. Their inability has doubled in view of the insecurity and the armed conflicts that have disrupted the provision of most of the services. Many medical centres and private hospitals, mainly in areas where clashes take place, have been shut down, making it difficult for citizens to receive the needed healthcare services.

As shown in the figure below, there are nearly 120 public hospitals and clinics across the country. Most of these hospitals and clinics lack medical equipment and supplies and maintenance. In 2015, hospitals were in a serious need of 219 million Libyan dinars 2015, while the Central Bank gave them only 147 million dinars instead of the required amount. Hence, conditions have deteriorated in various hospitals, especially in the south of Libya and remote areas, given the scarcity of financial resources. This happened even if some medical services in hospitals in western Libya including medical treatment of kidney, rescue and some surgical operations are somehow good, still the rest of hospitals in other areas face difficult challenges.

The number of hospitals and health centers according to their kind as per the figure below is:

1. There are 32 health facilities that are rural.
2. 21 health facilities in the country which are general.
3. 18 health facilities or centers which are central.
4. 26 health facilities which are specialized.

The Structure of the Ministry

The Ministry of Health’s structure comprises the following departments and offices:

1. The Department of Health Planning.
2. The Projects Department.
3. The Department of Quality Control and Patients’ Safety.
4. The Department of Primary Healthcare.
5. The Department of Hospitals Affairs.
6. The Department of Health Services to Regions Affairs.
7. The Department of Laboratories and Blood Banks.
8. The Nursing Department.
9. The Private Sector Department.
10. The Department of Pharmacology, Medical Equipment and Supplies.
11. The Department of Administrative Affairs and Services.
12. The Department of Financial Affairs.
13. The Department of Human Resources.
14. The Department of Health Information and Education.
15. The Department of Health Expenses.
16. The Department of Inspection and Follow-up.
17. The Legal Affairs Office.
18. The Internal Audit Office.
20. The Office of the Central Treatment Committees Affairs.
21. The Minister’s Office.

The health sector is also composed of the following institutions that are affiliated with the Ministry of Health:

1. The Board of Medical Specialities.
2. The Medical Supply Bureau.
3. The Rescue Services Bureau.
4. The National Centre for Disease Control.
5. The Centre of Health Information and Documentation.
6. The Medical Manpower Development Centre.
8. Tripoli Medical Centre.
9. Benghazi Medical Centre.
10. Sebha Medical Centre.
11. Health Services Administrations in Regions.
12. Certified Specialised Hospitals and Medical Centres.

**Employees Overcrowding**

One of the most important challenges facing the health sector is salary expenses of the working employees. This challenge is resulted from their overcrowding in all the Ministry’s departments and within its relevant agencies. According to the Audit Bureau’s 2014 report, the reason behind employees overcrowding in the different departments is the high number of appointments over the past years. Besides, the report noted that the provisions of Law No. 12 of 2010 on labour relations were not respected and the percentage of appointments in the health sector exceeded 107%. Hence, the total number of employees in the sector reached 197,086 including 409 employees in the Ministry’s Bureau alone. No change has been made to the size of work performed by the sector’s employees. The report also stated that the sector’s total expenditure in salaries account was 2,173,591,996 Libyan dinars in 2013. What makes matters worse is the fact that national numbers of many employees are not conforming as the number of non-conforming national numbers has reached 22,436. Further, cases of job duplication were reported to be 7,342. However, the Audit Bureau’s 2014 report noted that the above numbers are not accurate given the absence of complete and reliable data about manpower. Moreover, there is no administration or specialized authority that maintains a database on hospitals and health centres. Further, there is a general suspicious reluctance among employees to provide their national numbers.

**Health Services**

In what concerns health services which citizens need, there are almost two million Libyans who need basic health services such as
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insulin, vaccines and dialysis, while almost two thirds of hospitals in the country are shut down for their hindering conditions to duly provide health services. One of the reasons behind this disability is the departure of foreign medical staff that represented 70% of the total number of physicians and nurses in addition to the decrease of financial allocations due to the decline in public revenues. Furthermore, it has become normal to see Kalashnikov in hospitals in view of the severe deterioration of the security conditions. Given the increasing number of attacks on the medical staff, many doctors and nurses were forced to flee, resulting in an obvious weakening of the health situation.

Libya spends approximately about six billion Libya dinars (USD 4.7 billion as per official exchange rate) on the health sector every year. A part of these expenses goes to the salaries of those working in the health sector and another part goes to maintenance of buildings, devices and equipment. On the one hand, Expenses on medical treatment provided abroad register approximately one billion dollar every year. On the other hand, experts in the health sector estimate that Libyans spend approximately five billion dollars every year on medical treatment in neighbouring countries. Some of these patients seeking medical treatment abroad were subjected to systematic cheating given the lack of control on health offices abroad and the fact that these offices are corrupt and accept financial commissions.\(^1\)

Official data show that the annual budget of the government medical supply bureau that supplies medicine to public hospitals amount to seven hundred million Libyan dinars. According to the Audit Bureau’s report, the total debt owed by the medical supply bureau that supplies to private medicine suppliers registered approximately 1.4 billion dinars last year.

The acute shortage of the different types of subsidised medicines in public hospitals in Libya has revived the activity of private pharmacies as many patients are forced to resort to them to buy their medicine, in light of reduced

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\(^1\) Corruption eats away at the Libyan health sector, the new Arab site, 17 June 2015, available at: http://goo.gl/hgekKp
government spending on medical treatment.

The Audit Bureau’s 2014 Annual report noted that the Libyan State spent over the three past years 2.3 billion dinars on medicines and medical supplies. According to official reports, Libyans have complained over the past years of acute shortage in treatment and medicine services although the Audit Bureau’s report stated that the Libyan State does not suffer from any problems in relation to spending on medicines and medical supplies. The provided services are not commensurate with the amount of money spent on subsidised medicines given the inefficiency and ineffectiveness of pharmaceutical management policies which has contributed to the inherent corruption in spending. Therefore, the State lacks approved regulations in this area.

Health services provided to citizens are dependent on foreign labour. The deteriorating security situation in recent years has forced most of foreign medical staff to flee the country and return home.

This happened in the same period when health institutions have been suffering from poor local human resources including doctors, nurses and assistants.

The Injured Persons Case

It should be noted that the injured persons case in Libya has been one of the most complicated and corrupt cases since the outbreak of the revolution of the Seventeenth of February. Large debts have accumulated on the Ministry of Health in the successive governments to foreign hospitals and medical institutions. In spite of the fact that billions of dollars have been spent on the medical treatment provided to injured persons since 2011 many countries are still requesting the payment of amounts payable to their medical institutions. For example, the Ministry owes Turkey, which has continued to open its hospitals to injured Libyans, approximately eighty million Euros. This amount accumulated for the previous period until the end of 2015. A large part of the current crisis of the injured who are affiliated with the government that stemmed from the Tobruk Parliament is the result of the fact that the Ministry of

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2The Audit Bureau’s 2014 report, Chapter VI, Medicine Subsidies (the Medical Supplies Bureau)
Health related to the interim government did not receive the budget allocated for 2015. The injured persons case is a major challenge to the interim government given the increasing number of the injured in view of the on-going war in Benghazi. The Parliament’s Health Committee estimates the number of the injured people to be 23,000.

The fact that the injured people complain about the refusal of the competent authorities to send them abroad for medical treatment, delay their medical treatment abroad and waste their rights shows that the injured case is a random one that has not been properly considered and that corruption is rampant among the members of committees appointed to manage this case. The main problems suffered by the injured include the successive ignorance of the government to solve these cases instead of unduly addressing them. Those managing the committees who are appointed to follow up the injured persons' case are not physicians and have no idea about the responsibility that they are supposed to assume. Further, the State has remitted large amounts of money to missions in European countries where medical treatment is expensive and procedures associated with medical treatment are complex. The majority of the injured cannot bear with such complex procedures and thus cannot have access to the medical services provided in these countries if they have any close contacts with influential persons.

What is more is that before having access to medical services in these European countries, the injured have to endure suffering that aggravates their conditions and delays the treatment of their wounds.

The on-going political division in the country has aggravated the suffering of the injured as the Tobruk Parliament decided in August 2015 to dissolve all the committees appointed to manage the medical treatment of the injured abroad. This decision was made given the rampant financial corruption and public money wasting in the injured persons' case. The application of the decision was restricted only to the interim government’ embassies and health attachés. The decision has not been applied to embassies loyal to the National Congress in
Second: Political Division and its Impacts on the Health Sector

There is no doubt that the on-going division has impacts on and causes damage to the different sectors of the State. It also threatens the cohesion and effectiveness of the structure of the State’s institutions in the long term, even after putting an end to the division.

The existence of two governments has resulted in the exhaustion of the health sector and urged international organizations concerned with health and relief to intervene and re-declare that the health situation in Libya is seriously in danger. On several occasions, these organisations tried to fill in the blank stocks of children’s vaccines and medicines that are needed for diabetes, heart disease and cancers as well as in specialist and basic medical equipment needed in surgical and rescue procedures besides other medical materials whose unavailability puts the health and lives of citizens at direct risk.

Each of the two governments planned for long-term responsibilities which the Libyan State would assume once an end is put to the on-going division. For example, El Baida-based interim
government headed by Abdullah Al-Thani has issued over 39 decisions to accredit rural hospitals with a capacity of 10-20 beds in over 39 remote towns and villages. This has been done without adopting clear criteria for the transformation of the existing health units and centres to rural or public hospitals or for the creation of new hospitals in regions where there are hospitals located not far from population centres. It is expected to witness the issuance of decisions to appoint new staff and medical crews in the advanced stages of their implementation which will certainly aggravate employees overcrowding at the Ministry of Health.

Having reviewed the decisions published by the government of Mr. Abdullah Al-Thani; noting that these decisions were made by the President of the government and no decisions by the Ministry of Health were found yet, such decisions are so surprising in terms of the number of healthcare experts and practitioners with whom we communicated. No large population increases have been registered in areas addressed by the interim government’s decisions and thus the expansion of hospitals in remote towns and villages is not justified given the economic crisis experienced by the country.

Experts say that these decisions are particularly political in nature and that the huge financial cost that would be inflicted by the public treasury as a result of the financing provided to these centres or the new construction works is not clear. What is more is that some of the decisions stipulate for a specialised provision of legal entities and independent financial estates to these hospitals and centres.

Regions where the issued decisions approved the transformation of health centres into hospitals or the creation of public hospitals and specialised centres are: Jerdes, Mizdah, Diraj, Al Asab’a, Zintan, Rujban, Al Qubba, Al Abraq, Nzureik, AlGurdah, Bani Walid, Gandula, Tamanhant, Deryana, Bent Baya, Massa, Benina, Belkhather, As Sawani, Marawah, Benghazi, Um Al Jersan, El-Mechili, Al Gaygab, Ejkharra, Shuhadaa Tasawah, El Ezzeiat, Al Haniyah, Beer Al Ashhab, Kambut, Al Shati, Sebha and Al Ghraifa.

In the same context, the Tripoli-based National Salvation Government did not publish the decisions relating to the health sector. However, it is certain that the two governments have put on the public treasury financial and administrative obligations that will
constitute additional burdens on the national reconciliation government.³

Third: Key Indicators and Standards of the Performance of the Health Sector in Libya

This part of the report will address the main indicators used to evaluate the health sector as per the statements presented on the Ministry of Health’s official website which is as follows:

- Key financial indicators.
- Percentage of individuals who suffer from chronic diseases by age group.
- Percentage of the spread of some chronic diseases among the two sex groups.
- Top 15 infectious diseases.
- Percentage of smokers.
- Distribution of patients by the place where healthcare services are received.
- Percentage of children immunised against childhood diseases.
- Health development indicators in Libya.
- Indicators relating to the coverage of primary healthcare services.

According to the data made available by the World Bank, the spending on healthcare is considered to be very high. It turns out that the per capita share of expenditures on healthcare from the total spending in many countries does not exceed two hundred dollars per year. According to the World Bank figures, the per capita share of the expenditures on healthcare in Libya registered USD 433.⁴

³ Source: The interim government’s website, see below a number of these decisions:

1- https://scontent-lhr3-1.xx.fbcdn.net/hphotos-xapt1/v/t1.0-9/11700867_811881478931960_2519670026261075083_n.jpg?oh=6d8674c7275b2268688b7f17482d9b9&oe=577F00D7
2-https://scontent-lhr3-1.xx.fbcdn.net/hphotos-xfa1/v/t1.0-9/11209627_769728026480639_8520639674716347_n.jpg?oh=9a10f1205e98671ae255725d18566c&oe=5748066
3-https://scontent-lhr3-1.xx.fbcdn.net/hphotos-xfp1/t31.0-9/11209627_769728026480639_8520639674716347_n.jpg?oh=9a10f1205e98671ae255725d18566c&oe=5748066
4-https://scontent-lhr3-1.xx.fbcdn.net/hphotos-xtf1/t31.0-9/10999250_76972808913968_4553435509100139095_n.jpg?oh=2fdff1e496e27b02b66d4f&oe=578308f6
5-https://scontent-lhr3-1.xx.fbcdn.net/hphotos-sf1/t31.0-8/s960x960/11263108_777850045668437_1534801322399883888_o.jpg
6-https://scontent-lhr3-1.xx.fbcdn.net/hphotos-sf1/t31.0-8/s960x960/11053095_807085112744930_77559104949387923_o.jpg
7-https://scontent-lhr3-1.xx.fbcdn.net/hphotos-sf1/t31.0-8/s960x960/112375245_881291145324236_876193930756541124_o.jpg

⁴http://goo.gl/Ju7kHy
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Key Financial Indicators of the Ministry of Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of funds allocated to the Ministry of Health in the general budget</td>
<td>8.3 %</td>
</tr>
<tr>
<td>Health spending rate from GDP</td>
<td>4.0 %</td>
</tr>
<tr>
<td>Per capita share of the total expenditure on health</td>
<td>960</td>
</tr>
<tr>
<td>Percentage of State spending on the health sector of the total spending on health</td>
<td>93%</td>
</tr>
<tr>
<td>Per capita share of the Ministry of Health’s budget in USD</td>
<td>892</td>
</tr>
<tr>
<td>Percentage of spending on health out of pocket</td>
<td>7 %</td>
</tr>
</tbody>
</table>

Average life expectancy at birth 75
Total health expenditure per capita (US $) 433
Total health expenditure as a percentage of GNP 4.3

The above table shows that the allocated amount to the Ministry of Health is 8.3% of the general budget. The health spending rate from GDP approximately amounts to 4% and the State incurs approximately 93% of total health spending, according to official figures made available by the Ministry of Health. These figures are good compared to health spending in the rest of the Arab states.

Percentage of individuals who suffer from chronic diseases by age group

Source: The Libyan Ministry of Health

The above figure shows that the percentages of individuals who suffer from chronic diseases are concentrated in the older aged groups. The rate amounts to 54.1% in the groups aged above 60 years old, whereas among children it is...
3.6% among those under 9 years old.

Percentage of the spread of some chronic diseases among the two sex groups

The above figure shows that the percentage of the spread of some chronic diseases among the two sexes is more concentrated in females. The percentage of high blood pressure is approximately 4.4% in females and 3.2% in males, and the percentage of diabetes is 4.2% in females and 3.7% in males. These percentages are considered to be low when compared with the rest of Arab States.

Top 15 cases of infectious diseases in Libya

<table>
<thead>
<tr>
<th>#</th>
<th>Disease</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diarrhoea</td>
<td>6995</td>
</tr>
<tr>
<td>2</td>
<td>Flu</td>
<td>6574</td>
</tr>
<tr>
<td>3</td>
<td>Hepatitis</td>
<td>1574</td>
</tr>
<tr>
<td>4</td>
<td>Amoebic dysentery</td>
<td>1133</td>
</tr>
<tr>
<td>5</td>
<td>streptococcal sore throat</td>
<td>1038</td>
</tr>
<tr>
<td>6</td>
<td>Smallpox</td>
<td>886</td>
</tr>
<tr>
<td>7</td>
<td>Hepatitis C</td>
<td>884</td>
</tr>
<tr>
<td>8</td>
<td>Tuberculosis</td>
<td>644</td>
</tr>
<tr>
<td>9</td>
<td>Extra pulmonary tuberculosis</td>
<td>533</td>
</tr>
<tr>
<td>10</td>
<td>Leishmaniasis (oriental sore)</td>
<td>469</td>
</tr>
<tr>
<td>11</td>
<td>Typhoid fever and paratyphoid (suspected cases)</td>
<td>314</td>
</tr>
<tr>
<td>12</td>
<td>Food Poisoning</td>
<td>276</td>
</tr>
<tr>
<td>13</td>
<td>Measles</td>
<td>230</td>
</tr>
<tr>
<td>14</td>
<td>Bacterial meningitis</td>
<td>251</td>
</tr>
<tr>
<td>15</td>
<td>Dysentery</td>
<td>195</td>
</tr>
</tbody>
</table>

Source: The Libyan Ministry of Health.

The above table shows cases of infectious diseases. It shows that diarrhoea is the most spread and that the number of those suffering from diarrhoea is 6995. Then, flu follows with 6574 cases.
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Percentage of smokers spread by age group

[Graph showing percentage of smokers by age group]

Source: The Libyan Ministry of Health

The above figure shows that smoking is spread among the age groups from thirty to fifty years.

Distribution of patients by the place where healthcare services are received

[Graph showing distribution of patients]

Source: The Libyan Ministry of Health

From the above figure, it is apparent that public hospitals constitute 45.2% of healthcare institutions where healthcare services are provided in Libya. Thus, means of good healthcare must be provided in these hospitals and sufficient funding must be provided to upgrade the health system in Libya.

Percentage of children immunised against childhood diseases

[Graph showing percentage of children immunised]

Source: The Libyan Ministry of Health

It is noted from the above figure that the percentage of children immunised against childhood diseases, mainly tuberculosis, polio and measles, is high. This proves that despite the harsh conditions, the Ministry of Health managed to provide the necessary vaccines for the majority of the children and to immunise children against childhood diseases.
Key Health development indicators in Libya

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>11,907</td>
</tr>
<tr>
<td>Dentists</td>
<td>3,091</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>1,182</td>
</tr>
<tr>
<td>Nursing and midwifery personnel</td>
<td>39,630</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number per 10,000 citizens</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of physicians per 10,000 citizens</td>
<td>20</td>
</tr>
<tr>
<td>Number of dentists per 10,000 citizens</td>
<td>6</td>
</tr>
<tr>
<td>Number of pharmacists per 10,000 citizens</td>
<td>6</td>
</tr>
<tr>
<td>Number of nursing and midwifery personnel per 10,000 citizens</td>
<td>71</td>
</tr>
</tbody>
</table>

Source: The Libyan Ministry of Health

The table shows that the number of physicians per ten thousand citizens has reached twenty. As the number of dentists per ten thousand citizens is around six, whereas the number of pharmacists per ten thousand citizens is also six and the number of nurses per ten thousand Libyan citizen is 71. These indicators seem to be relatively high compared to the rest of Arab States.
Key indicators relating to the coverage of primary healthcare services in Libya

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population with access to local health services</td>
<td>100</td>
</tr>
<tr>
<td>Urban</td>
<td>100</td>
</tr>
<tr>
<td>Rural</td>
<td>100</td>
</tr>
<tr>
<td>Infants immunised against tuberculosis</td>
<td>100</td>
</tr>
<tr>
<td>Infants fully immunised with DPT</td>
<td>98.6</td>
</tr>
<tr>
<td>Infants fully immunised against poliomyelitis</td>
<td>97.7</td>
</tr>
<tr>
<td>Infants immunised against tuberculosis</td>
<td>96.58</td>
</tr>
<tr>
<td>Infants fully immunised against hepatitis</td>
<td>97.7</td>
</tr>
<tr>
<td>Pregnant women given doses of tetanus toxoid</td>
<td>28.1</td>
</tr>
<tr>
<td>Population with access to safe drinking water</td>
<td>97.6</td>
</tr>
<tr>
<td>Population with adequate excreta disposal facilities</td>
<td>99.04</td>
</tr>
<tr>
<td>Pregnant women attended by trained personnel</td>
<td>93.1</td>
</tr>
<tr>
<td>Deliveries attended by trained personnel</td>
<td>99.88</td>
</tr>
<tr>
<td>Infants attended by trained personnel</td>
<td>99</td>
</tr>
<tr>
<td>Married women (15-49) using contraceptives</td>
<td>59.9</td>
</tr>
</tbody>
</table>

Source: The Libyan Ministry of Health

The above table shows very important indicators related to the coverage of primary healthcare services in Libya such as population with access to local health services, infants immunised against tuberculosis, deliveries attended by trained personnel, etc.
Fourth: Key challenges facing the health sector

The situation of healthcare and health insurance in Libya is considered to be a difficult case file that is surrounded by many challenges and issues. These latter can be summed up as follows:

- The deterioration of the infrastructure of the health sector as apparent from the disruption of the health services base in terms of the number of health units of technical crews and necessary equipment.
- Lack of vision and appropriate strategies needed for advancing the sector, addressing its key bottlenecks in addition to the absence of bridging the gap between the sector and the beneficiaries from the services provided by the sector.
- Problem of good funding and financial management of the sector’s allocation in a way that would prevent public money wasting and ensure effective funding.
- Rampant corruption in the sector, rendering the sector one of the most money wasting and corrupt sectors.
- The sector is sagging and its size is large in terms of the big number of employees. The health sector is the second largest service sector after the education sector in terms of the number of employees. This has negatively affected the sector’s ability to provide good services to citizens.
- The lack of the least levels of coordination among the public sector units in a given city and those in other cities as well as between the public sector and the private one. The situation in private clinics is not better than the situation in public hospitals, as private clinics also lack modern equipment and technologies\(^5\).
- Accumulations of the liberation war which have doubled financial and technical burdens on the health sector, mainly the injured persons' case that has sapped a lot of money from the sector allocations or the funds allocated for the emergency budget which could have been used to reform and develop the sector.

\(^5\) For more details on opinion polls conducted by the Libya is Here Program on problems experienced by hospitals and on the role of the Ministry of Health, see: https://hunasotak.com/article/18791
- The significant decline in the sector’s performance has greatly doubled the fear of public opinion and non-confidence in the medical services provided by the health sector. The loss of confidence in the health sector is a major challenge that requires a doubled effort and long time to restore public confidence in the sector.

- The defective system of auxiliary parties, including companies contracting with the Ministry of Health which monopolise the market and prevent any competitors from making success. These auxiliary parties have such a very strong influence on the Ministry’s employees and form a hotbed of corruption in the Ministry.

- Poor control over the movement of medicine and the lack of control over pharmacies. The drugs or medicine market has become an open trade. Many of those operating in this kind of trade are not medicine specialists. The practice of the medicine trade has become as exactly as food trade and medicine traders have no idea about its maintenance and storage. Moreover, in what concerns bad or expired medicines, are disposed to only their traders’ or pharmacists conscious seeing that they are not subject to accountability.

- The impacts of political and geographic division on the sector’s institutions and medical units which may result in the disintegration of the health institutions and institutions’ poor control and inability to provide health services to the different parts of the country. This challenge is real and may develop very negatively.

**Fifth: Evaluating the Performance of the Health Sector as per Citizens’ estimations**

The latest survey conducted by the Libyan Healthcare Society in USA in participation with approximately 1510 citizens to assess the rebuilding of the health system in Libya, has concluded the following results:

1- With regard to the need to rebuild the health sector, 1.6% answered with NO, 1.8% said that they are NOT SURE and the majority reached 96.9% answering with YES.

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2. With regard to the form of the health system desirable to citizens, 60% of respondents supported the adoption of a health system exiting in another State after making the necessary amendment, while 20% of the respondent saw that a new health system should be introduce for Libya.

3. Approximately 31% of the respondents supported the adoption of a health system from North America, while 29% of the respondents said they prefer the adoption of a health system from the UK and Ireland.

4. When asked a question about who assumes responsibility for the rebuilding of the health sector in Libya, 77.6% of the respondents said it is the Ministry of Health while 58.8% said that health authorities and practitioners assume responsibility for rebuilding the health sector in Libya.

5. When answering the question about who assume responsibility for funding the health sector, 75.8% of the respondents said that it is basically the Libyan government that assume responsibility for funding the health, 7.3% think that citizens are the responsible, while 16.9% provided another option.

6. 54.9% of the respondents view that the government’s role in the health sector is to finance the health sector without a direct involvement in providing services meaning that health institutions have their independent administrations. About 40.6% think that the government should not only finance the health sector but also directly provide all the health services, meaning that it should own the health centers and have the capacity to hire this latter’s employees. Only 4.5% said that the government should neither finance the health sector nor provide services.

7. In relation to health insurance plans and the how they are managed, on the one hand, 66.6% percent of the respondents saw that both the national health institutions and private health insurance institutions should be in charge. On the other hand, 20.3 % saw that it is the general national health insurance instructions that should be in charge. Besides, 8.2% private and multiple health insurance committees hold responsibility, while 4.9% provided another opinion.
8- When asked a question about who assumes the responsibility for regulating health professions, respondents answered as follows:

<table>
<thead>
<tr>
<th></th>
<th>Separate Professional Authorities</th>
<th>Government and Health Ministry</th>
<th>Other Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other than Doctors in Libya</td>
<td>29.4%</td>
<td>66.1%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Other than Doctors Outside Libya</td>
<td>33.2%</td>
<td>57.9%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Doctors Inside Libya</td>
<td>45.3%</td>
<td>48.6%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Doctors Outside Libya</td>
<td>65%</td>
<td>28.5%</td>
<td>6.5%</td>
</tr>
</tbody>
</table>
From the one hand, respondents who are not physicians believe that the government or the Ministry of Health have the responsibility of regulating health professions. From the other hand, physicians/doctors in Libya disagreed on who assumes this responsibility. Nearly half of them said it is the government that takes this responsibility while the other half said that independent professional bodies assume responsibility for the regulation of health professions. The majority of physicians outside of Libya believe that professional organisations that are independent from the State should assume responsibility for the regulation of health professions.

Based on the results of the above survey, it could be concluded that the majority of respondents believe it to be necessary to rebuild the health system in Libya and to adopt a health system from a developed country after the introduction of some amendments taking the Libyan situation into account, rather than creating a new health system for Libya. They also believe that the State should provide funding for the development of the health sector and should not directly intervene in the provision of services. Also, respondents disagreed on some important issues, urging the provision of comprehensive education for both citizens and professionals on these issues. This show a dire need of a broad and mutual dialogue that should be initiated between the mentioned parties for the purpose of views convergence and the selection of the most the appropriate view as much as possible.

Sixth: Requirements for the promotion of the health sector

- Libya is in need of a comprehensive strategy for the promotion of the health sector in general. As an accurate plan that takes control over the joints of health insurance, pharmaceutical policy, family health and primary healthcare should be adopted as the basis for the provision of health services.
- Hospitals and health centres that were destroyed during the war must be reconstructed along with a continuous supply of medicines and necessary medical products.
- Importance must be given to the pharmaceutical policy and
legislation and regulations must be developed and must consider all the stages of dealing with medicine including the purchase, manufacture, prescription and dispensing measures.

- Adequate budgets must be provided for the Ministry of Health to cover the deficit in medicines and supplies and in staff salaries.
- Financial corruption in the health sector inside and in health offices abroad must be fought and dealt with. This because public money wasted in these offices is estimated to be more than nine billion dollars.
- The philosophy of total quality management must be fully integrated in the health facilities strategy and this strategy must be derived from its core mission. Material and human potential must be provided in order to achieve total quality and upgrade the level of services in the health sector and empower these services to compete with global services.
- All the public hospitals operating within the health sector must be required to pay attention to quality costs - whether apparent or hidden, measure these costs and disclosure data about them in separate reports.
- The medical staff including doctors, nurses and technicians must be capacitated in a way that would improve their performance and reduce reliance on the instable foreign labour which increases the cost of the health sector management.
- The Libyan health law no more keeps pace with modern methods of diagnosis, treatment and research and therefore it must be developed in line with modern treatment techniques, especially in the field of organ transplantation and blood transfusions.
- Health insurance associated with social security is the key to develop the care provided to the physical and psychological health of citizens.
- The medical treatment provided to injured persons must be restricted to one State that is subject to tight control and continued follow-up with a

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7 Imad Al Hussein Hamouda Ibrahim , Accounting Framework to Measure the Cost of Total Quality in the Health Services Sector in Libya, Master Thesis, Khartoum.

8 Proposed Reform of the Health System in Libya ... by Dr. Nuri Hweij ... Professor Dr. Mohammed Saleh Al Arabi. Available at: http://goo.gl/k8SbyL
view to prevent dispersion of public spending. The cost of medical treatment and living conditions in this country must be low.

- Information technology and computers must be introduced to the different departments – both of treatment and administration, including telemedicine given Libya’s huge area.

**Conclusion**

The health system in Libya is currently facing significant challenges, mainly with connection with resources allocated to it, in view of the deteriorating security conditions and the lack of political reconciliation. Health institutions are urged to effectively and efficiently use their resources to meet the beneficiaries’ changing and increasing needs. The optimal use of these resources requires the availability of clear and accurate data on the flow of resources and this latter’s’ impact on the quality and performance of health services. What is more is that Improving, renewing and developing the performance of the health sector are neither optional to the administration nor voluntary, but, in the current situation, they are necessary for the survival of the health system.

Health experts depend more than ever on the health insurance and believe that health insurance is the solution that would guarantee comfort for the Libyan society. In the past, Libyan oil companies, banks, communications and airlines concluded contracts with insurance companies to provide services only to their employees.

The currently applicable health insurance covers all different diseases and aims at providing comprehensive high quality medical services to citizens at affordable costs. However, according to the statements made by Libya’s former representative in the World Health Organization Dr. Redha Al Okali, the percentage of health insurance beneficiaries in the country doesn’t exceed 10% of the population that counts six million people.
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About the Libyan Organization of Policies and Strategies

The Libyan Organization of Public Policies and Strategies (LOOPS) is an independent, nonprofit and nongovernmental institution founded in December 2014 in Tripoli, Libya. A representative branch was founded in Istanbul in January 2015.

The organization carries out research and studies related to emerging policy and strategy issues with the aim of generating effective and successful policies and providing support to decision-makers. The organization devotes its efforts to improving the performance of Libyan institutions and advancing the economic and social welfare of the Libyan people. It seeks to spread the notions and concepts of quality, good governance, strategic planning and a culture of excellence so as to improve the performance of Libyan institutions.

LOOPS aspires to promote and spread knowledge about public policies and strategies to the state through the dissemination of statistics, studies and periodic reports. It also organizes conferences, workshops and forums as platforms for discussion, the exchange of opinions and spreading knowledge.

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