

Libya

Draft Primary Health Care Vital Signs Profile



\$ FINANCING

EMRO WHO estimates

PHC spending:

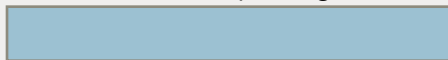


Prioritization of PHC:

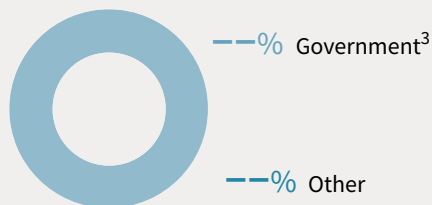
Overall health spending¹



Government health spending²



Sources of PHC spending:



CAPACITY

Primary Health Care Progression Model⁴

Governance



Inputs



Population Health & Facility Management



PERFORMANCE

Access Index⁵



Quality Index⁵

SARA (2017), Regional Core Indicators Booklet (2018)



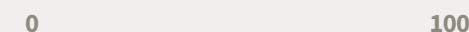
Service Coverage Index

2019 UHC Global Monitoring Report, PAFAM (2014)



EQUITY

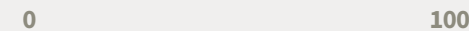
Access: % with perceived barriers due to cost, by wealth quintile



Coverage of RMNCH⁶ services, by mother's education



Outcomes: Under-five mortality⁷, by residence



COUNTRY CONTEXT AT-A-GLANCE

GDP per capita

(PPP int'l dollars)
WDI (2019)

\$15,803

Living in poverty

(Under \$1.90 int'l dollars / day)
WDI (2018)

—%

Government health spending as % of GDP⁸

WHO GHED (2011)

4%

Life expectancy at birth

(Years) WHO (2016)

72

Maternal mortality⁹

(Per 100,000 live births)
WHO est. (2017)

72

Neonatal mortality

(Per 1,000 live births)
WHO est. (2018)

6

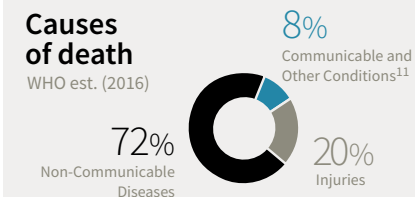
Premature NCD mortality¹⁰

(Probability)
WHO est. (2016)

20%

Causes of death

WHO est. (2016)



Note: Indicator values presented here may differ from country data sources due to the use of standardized categories and methods to enhance international comparability. See Indicator Description Sheet for details.

Note: Scores for the Capacity, Performance, and Equity domains are color-coded to reflect good (green), medium (yellow), and poor (red) performance, where comparable data are available. Cut-offs can be found in the Indicator Description Sheet. Scores based on data from non-comparable sources are colored gray. Finance indicators are not color-coded because these indicators lack common targets.

1. Current PHC expenditure as % of Current Health Expenditure (CHE)
2. Domestic general government PHC expenditure as % of domestic general government health expenditure
3. Domestic general government PHC expenditure as % of current PHC expenditure
4. The PHC Progression Model uses mixed methods to assess foundational capacities of PHC on a scale from 1 (low) to 4 (high)
5. Because different data/indicators are used in each country, composite index values may not be comparable across countries. See page 2 for the specific indicators used in this VSP.

6. The composite coverage index is a weighted score reflecting coverage of eight RMNCH interventions along the continuum of care (http://www.who.int/gho/health_equity/report_2015/en/)
7. Deaths of children before age 5, per 1,000 live births
8. Domestic general government health expenditure as % of gross domestic product (GDP)
9. Maternal mortality: 11.6; HIC annual statistic report 2016
10. Probability of dying between ages 30 and 70 from cardiovascular disease, cancer, diabetes, or chronic respiratory disease
11. Communicable, maternal, perinatal, and nutritional conditions
Last updated 12/2020


World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

unicef
 for every child

Libya SCORE PERCENTAGE SOURCE YEAR
ACCESS
Financial
No recent indicator available from international or national data sources
Geographic
No recent indicator available from international or national data sources
QUALITY 47
Comprehensiveness

| | | |
|---|-------|-----------|
| Avg. availability of 5 tracer RMNCH services | 19% | SARA 2017 |
| Avg. availability of services for 3 tracer communicable diseases ⁺ | 0.45% | SARA 2017 |
| Avg. availability of diagnosis & management for 3 tracer NCDs | 48% | SARA 2017 |

Continuity

| | | |
|---|-----|---------------------------------------|
| DTP3 dropout rate* | 1% | Global estimate 2019 |
| Treatment success rate for new TB cases | 59% | Regional core indicators booklet 2018 |

Person-Centeredness
No recent indicator available from international or national data sources
Provider availability
No recent indicator available from international or national data sources
Safety

| | | |
|----------------------------|-----|-----------|
| Adequate waste disposal | 36% | SARA 2017 |
| Adequate infection control | 55% | SARA 2017 |

SERVICE COVERAGE 57
Reproductive, Maternal, Newborn and Child Health

| | | |
|--|-----|-------------|
| Demand for family planning satisfied with modern methods | 47% | PAPFAM 2014 |
| Antenatal care coverage (4+ visits) | 66% | PAPFAM 2014 |
| Coverage of DTP3 immunization | 97% | PAPFAM 2014 |
| Care-seeking for suspected child pneumonia | 83% | PAPFAM 2014 |

Infectious diseases

| | | |
|--|-----|--------------------------------------|
| Tuberculosis cases detected and treated with success | 32% | UHC Global Monitoring Report 2019 |
| People living with HIV receiving anti-retroviral treatment | 44% | National AIDS program, NCDC-MoH 2019 |
| Children under 5 with diarrhea receiving ORS | 61% | PAPFAM 2014 |

Non-Communicable Diseases (NCDs)

| | | |
|---|-----|-----------------------------------|
| % of population with normal blood pressure*** | 53% | UHC Global Monitoring Report 2019 |
|---|-----|-----------------------------------|

⁺TB services only offered at specialty clinics, not included in calculation *Indicators where lower values are preferable were transformed before inclusion in the index. The modified indicator was defined as 100-X, where X is the original percentage shown in this table. **Country-specific (proxy) indicator, used in absence of globally comparable survey data. ***Percentage of adult population with normal blood pressure is based on age-standardized estimates. These distributions are rescaled to provide finer resolution before inclusion in the index. Rescaled indicator = (X-50)/(100-50)*100, where X is the prevalence of normal blood pressure. For more details see Tracking UHC: 2017 Global Monitoring Report. Note: Summary scores for the domains of Access, Quality, and Coverage are calculated by taking the average of indicator values within each subdomain, and then taking the average across subdomain scores.