

# Libya Primary Health Care Vital Signs Profile



## \$ FINANCING

EMRO WHO estimates

### PHC spending:

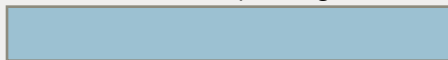


### Prioritization of PHC:

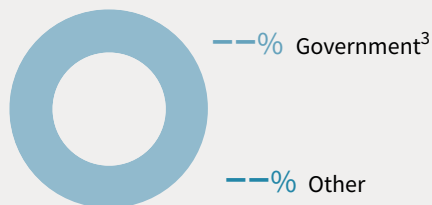
Overall health spending<sup>1</sup>



Government health spending<sup>2</sup>



### Sources of PHC spending:



## CAPACITY

Primary Health Care Progression Model<sup>4</sup>

### Governance



### Inputs



### Population Health & Facility Management



## PERFORMANCE

### Access Index<sup>5</sup>



### Quality Index<sup>5</sup>



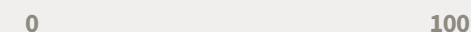
### Service Coverage Index

2019 UHC Global Monitoring Report, PAFAM (2014)

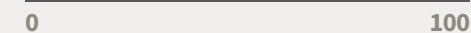


## EQUITY

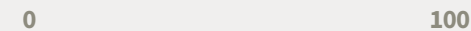
### Access: % with perceived barriers due to cost, by wealth quintile



### Coverage of RMNCH<sup>6</sup> services, by mother's education



### Outcomes: Under-five mortality<sup>7</sup>, 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 GDP<sup>8</sup>

WHO GHED (2011)

4%

### Life expectancy at birth

(Years) WHO (2016)

72

### Maternal mortality<sup>9</sup>

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

72

### Neonatal mortality

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

6

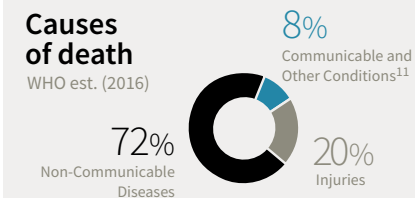
### Premature NCD mortality<sup>10</sup>

(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/](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 8/2020


**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
Avg. availability of services for 3 tracer communicable diseases <sup>+</sup>	0.45%	SARA
Avg. availability of diagnosis & management for 3 tracer NCDs	48%	SARA

**Continuity**

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

**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
Adequate infection control	55%	SARA

**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%	UNC 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%	UNC 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.