



Post-Conflict Health System Assessment: The Case of Libya

Department of Primary Care & Public Health
School of Public Health, Faculty of Medicine
Imperial College London, Charing Cross Campus

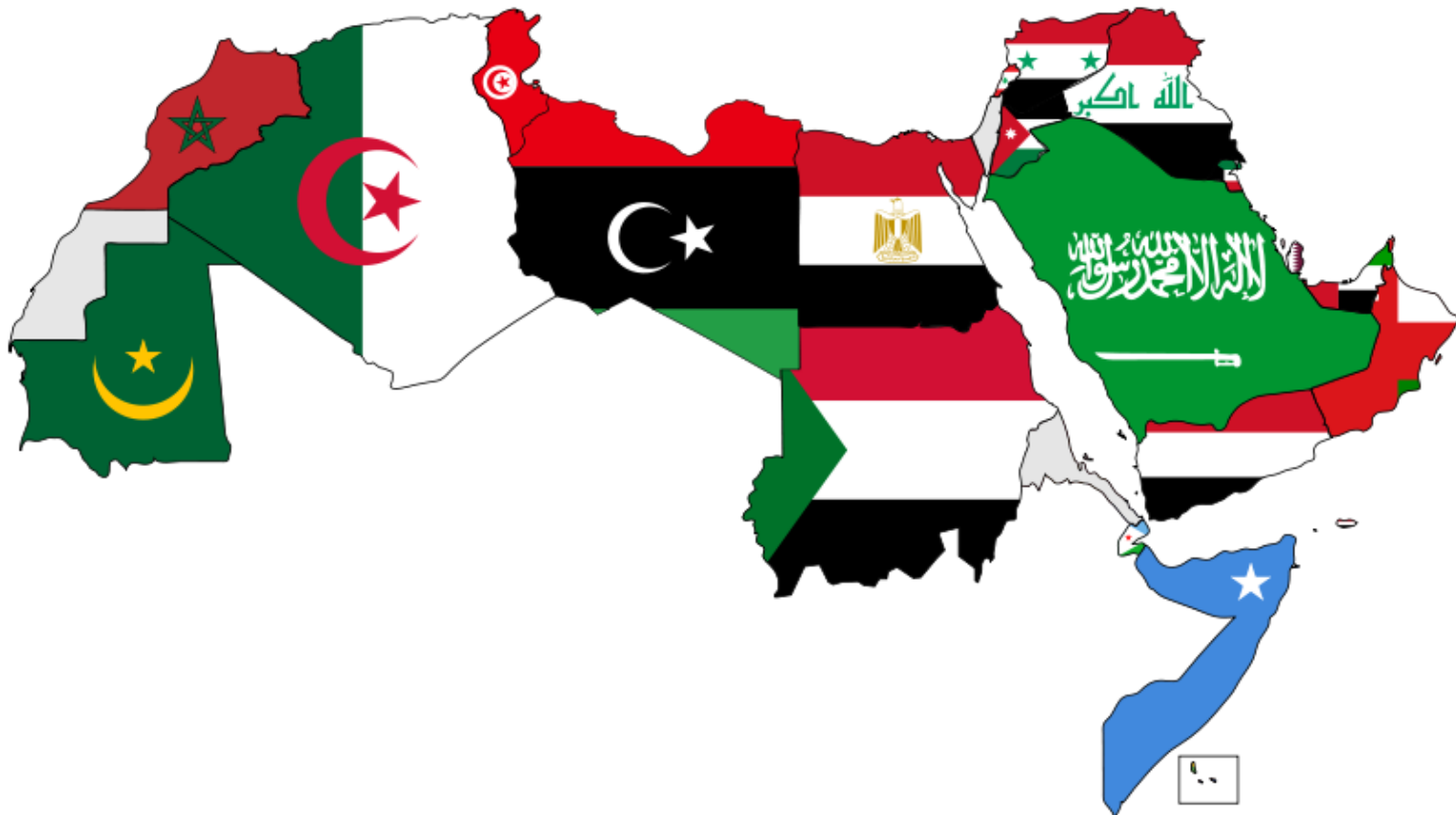
25th September 2013

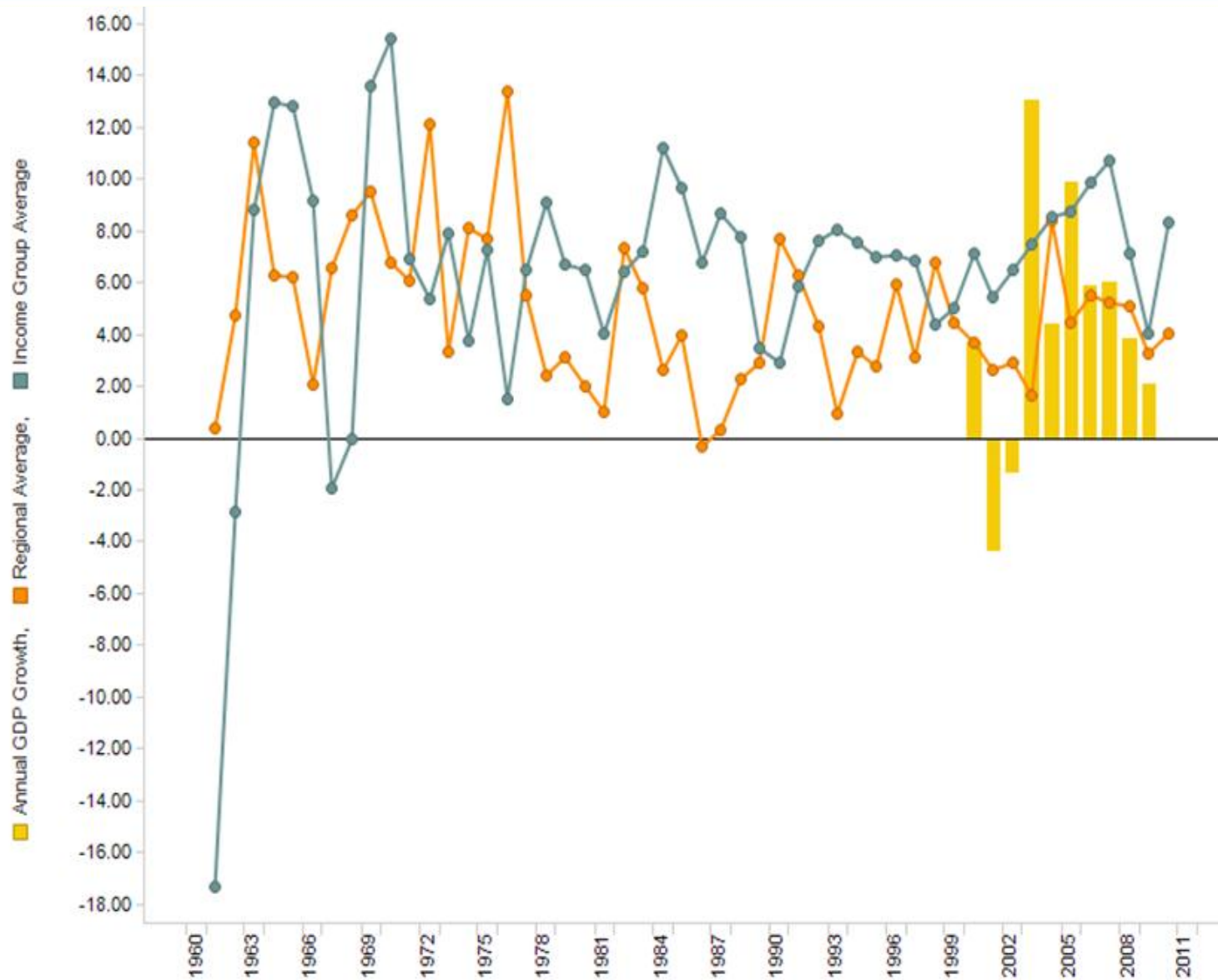
Sondus Hassounah, MBBS MPH

Context of our mission

- In November 2012, The WHO Collaborating Centre was requested to carry out an *in-depth assessment of Libya's health system* with focus on *key system functions* to be followed by the *production of a road map* for a better operating, efficient post-conflict version of that Health system.
- The assessment involved an in-depth a desk review; field visit; and interview with key informants, and resulted in the production in 2 reports.
- The assignment took 3 months to complete; including a 11 day visit to Tripoli by Salman Rawaf, Elizabeth Dubois & Sondus Hassounah: WHOCC ICL/ Mohamed Abdel Aziz: El-Zanaaty Egypt/ Ibrahim Beit ElMal: WHO-Libya .
Our support from London Ghanim ElSheikh, Mays Raheem, Elzbieta Augustyniak: WHOCC ICL

1. Brief: Libya, country stats
2. Going about the assessment (what the work involved)
3. Our main findings





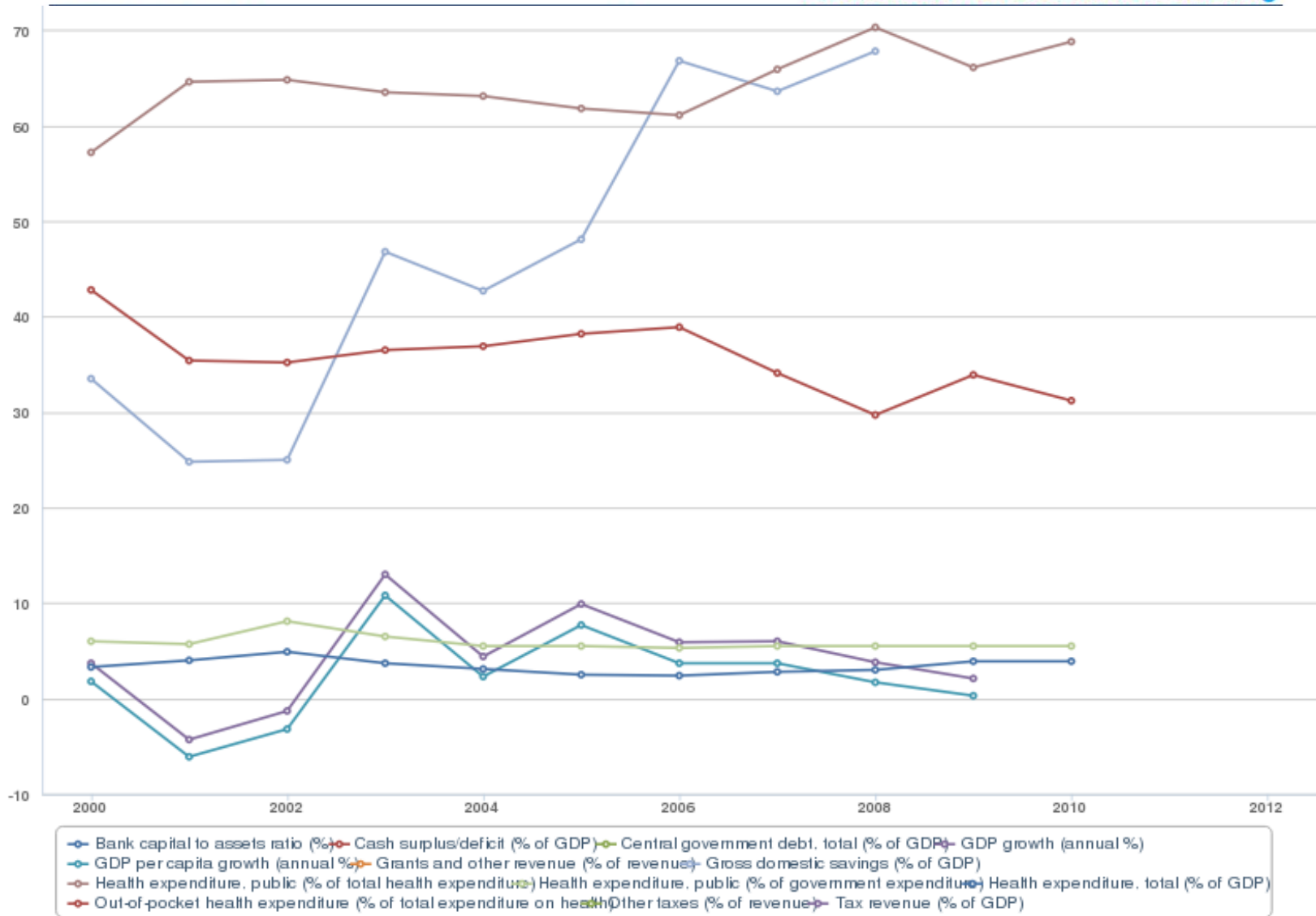
Country Overview

Libya is an Upper middle income country in the Middle East & North Africa region.

- Population of 6,355,000 (22.1% rural).
- Life expectancy at birth is 74.8 years (MENA av. 72.5 years).
- Fertility rate 2.6 per woman (Regional av.: 2.8 / Income grp av.: 1.8).
- Under-five mortality rate 16.9 per 1,000 (MENA av. 28.3 / Income grp av.: 18.9)
- Percentage of births attended by skilled health personnel per year 99.8%

Background on the Libyan Health System

- Libya had 96 hospitals with 20,289 beds, 25 specialized units with 5,970 beds, 1,355 primary health centres, 37 polyclinics and 17 quarantine units.
- Libya had 10,230 doctors of whom 8,612 (84%) were Libyan and 1,618 (16%) were foreign. This amounts to 1.7 doctors for every 1000 citizens.
- According to official figures, 100% of the population had access to health care services.
- Routine immunization coverage is more than 90%



The review aims to:

- Identify gaps and shortages;
- Identify challenges and opportunities for health system reform and;
- Identify future directions.



1. Desk Review

2. Map key topics to address

Policy – Finance -Service Delivery – Governance - Medical Education and Postgraduate Training - Laws and Regulations - Population Engagement – Management and Leadership Capacity

3. Map Key Challenges to Address

Based on the desk review, aggregate and list key challenges based on which targeted Stakeholders interviews will take place to draw on vital information and inform future strategy.


4. Map out Key Stakeholders to involve

5. Create work Agenda based on time available in the field with stakeholders


6. Draft Key Questions to use for stakeholders interviews and meetings

WHOCC / ICL Diagnostic tool - Our 12 Domains

1. Governance and stewardship
2. Policy making and strategic planning
3. Finance and resource allocation
4. Human Resources for Health (HRH)
5. Standards, regulation, monitoring and enforcement (public & private sectors)
6. Health and managerial information
7. Public Health
8. Service delivery (health, healthcare, ambulance services, and others)
9. Support for research and development
10. Technical assistance and capacity building
11. Direct management
12. International collaboration and cooperation



Imperial College
London




WHO Collaborating Centre
Public Health Education and Training

WHOCC Consultative Assignment
In-depth Health System performance Analysis
Libya 2012


Key Stakeholder Feedback

Governance and Health Policy
Using brief sentences, describe Libya's Governance/Health Policy model.

	Strengths	Weaknesses
Internal Influences	Elements of the health system that work well:	Characteristics that delay delivery and/or hinder good
External Influences	External conditions that can help to meet objectives:	External conditions that can delay deliverables:



Imperial College
London



WHO Collaborating Centre
Public Health Education and Training

WHOCC Consultative Assignment
In-depth Health System performance Analysis
Libya 2012

Key Stakeholder Feedback

Governance and Health Policy
Using brief sentences, describe Libya's Governance/Health Policy model.

	Strengths	Weaknesses
Internal Influences	Elements of the health system that work well, contributes to meeting system objectives and performance:	Characteristics that delay delivery and/or hinder good system performance:
External Influences	Opportunities	Challenges
External Influences	External conditions that can help to meet objectives:	External conditions that can delay deliverables:

1. How do you view the current Governance/health Policy structure in Libya? (tick all that apply):
2. Describe the model's best feature(s):
3. Describe the model's weakest feature(s):
4. Is the current model responsive to the population's needs? ___Yes ___No If not, please explain.



Analysis of Function, justification and action required

Function/ Operation	Current Status	Part of Command & Control	Justification (Add/modify/Abolish)	Action(s)
3.2 National Budget: revenue (<i>recurrent and capital</i>), resource allocation and management	Function of MoF	1. Resource allocation is built by the MoF at the stage of annual budget assessment.	System must be changed radically both in term of revenue settings (MoF) and resource allocation.	<p>Budget Setting (revenue and Capital):</p> Resources allocated for health (both revenue and capital) should be increased to the WHO recommendation of 10% of the Governmental Expenditure. <p>Capital Projects:</p> <p>Resource Allocations:</p> The current system of resource allocation is driven by the MoF and based on historical expenditure adjusted to projected expansion of each health district, hospital, health organization etc (see attached tables).

1. Identify Scope, Frame and dates of assessment

2. Identify relevant topic areas to reflect priorities of the assessment

System Function	Performance indicator		Remarks
Governance	<ul style="list-style-type: none"> Existence of national policy, strategy & plans Facilitating social participation & partnership Decentralization 	<ul style="list-style-type: none"> Regulating the health system Holding the system actors accountable 	<ul style="list-style-type: none"> -Updated policies and strategies -Disseminating information
Financing	<ul style="list-style-type: none"> National health financing policies Per capita government expenditure on health Pooling risks 	<ul style="list-style-type: none"> Allocating resources Accounting and financial management 	<ul style="list-style-type: none"> -Targeting the uncovered -Budgeting
Human Resources	<ul style="list-style-type: none"> Human resources policies and strategies Managing workforce 	<ul style="list-style-type: none"> Human resources data Estimates for loss of workforce 	<ul style="list-style-type: none"> -Pre-service education, hiring supervision and compensation
Service Delivery	<ul style="list-style-type: none"> Planning of service delivery Existing packages Managing continuum of integrated services Managing service quality 	<ul style="list-style-type: none"> Utilization rates Managing outreach services Collaboration between public and private 	<ul style="list-style-type: none"> -Using evidence to identify population needs -Functional Referral system
Health Information	<ul style="list-style-type: none"> Routine information system functionality Number of facility routinely collecting data Data quality assurance 	<ul style="list-style-type: none"> Functional disease surveillance Disseminating information 	<ul style="list-style-type: none"> - Conducting systematic data quality audits
Health Technology	<ul style="list-style-type: none"> Existence of health technology national policy Availability of national standard list of drugs, vaccines, supplies and equipment Mechanisms of quality assurance, safety and standardization 	<ul style="list-style-type: none"> Functioning national regulatory authority for medicines, for blood and for vaccines National policy for medical devices 	<ul style="list-style-type: none"> - Updated policies



1. War injuries	<ul style="list-style-type: none"> • They have heavy implication on health system • Block hospital beds • Displace other patients • consume huge amount of resources (supplies, workforce etc) • Emotional stress on staff (higher than normal circumstances)
2. Hospitals	<p>The Immediate Problems:</p> <ul style="list-style-type: none"> - Hospital Hygiene - Blood safety - SOPs - Lack of expat staff (almost all left before and during the conflict) - Governance, leadership and management issues
3. Mental Health	<p>- Post traumatic syndrome, emotional stress, anxieties all increase in the post conflict period and may last for significant period of time. The impact on children may be for the whole generation.</p>
4. Public Expectations	<p>This will radically change after the conflict:</p> <ul style="list-style-type: none"> - Increased demands - Lack of tolerance and Aggressive behaviours -High expectations putting unnecessary pressure on staff
5. International supports	<ul style="list-style-type: none"> • Many countries will volunteer (or sometime invited) to provide services (mainly emergency); providing temporary infrastructures and staff; provide equipment (mainly second-hand) and staff etc. • Without coordination by WHO and National Government the international support will not be able to achieve its desired aim.

Main Findings-

The Challenges:

1. Lack of Evidence
2. Quality of care and productivity
3. Dearth of primary health care facilities (local clinic and district hospitals)
4. Chronic need for maternal and antenatal care services.
5. Dire need for mental health and psychological support services (as of February 2012, only 14 psychiatrists serving the entire population).
6. Treatment Abroad (TA)
7. Prevalence of HIV drug-injecting users (87% in Capital).
8. Road traffic accidents (RTA) are one of the most significant public health issues in Libya.
9. Lack of Leadership
10. Ambiguous MoH Policy

Main Findings (cnt.)

The Strengths:

1. Commitment
2. Drive for development
3. Finance (availability)
4. Workforce (production at the lower end)
5. Support of the international community; any recovery and reconstruction effort should be a Libyan-owned process, with international community offering advice, material and technical services.

Main Findings (cnt.)

The “Quick Wins”:

1. Primary Health Care (PHC): Develop and strengthen Libya’s primary health care in line with the 2008 WHO World Health Report: ‘Primary Care, Now More than Ever’
2. Medicines: for the public, the availability and distribution of medicine is a major problem and simply must be addressed.
3. Income incentives: one of the most common issues raised by all health professionals was salaries. To strengthen the health system a major review of the salaries and incentives (especially for staff working in rural and remote areas, taking into account the Libyan geography) should be conducted as early as possible with the support of Parliament (Transitional Council);
4. Communication strategy: the public’s confidence in the health service is at its lowest in Libya. The local press is rampant with speculative rumours and bad news linked to health and the health service. The MoH and the Government should transparently articulate to their public how they plan to re-build a strong health system and one capable of meeting the population’s needs.
5. Immediate Public Health measures (wider social determinants of health)

Main Findings (cnt.)

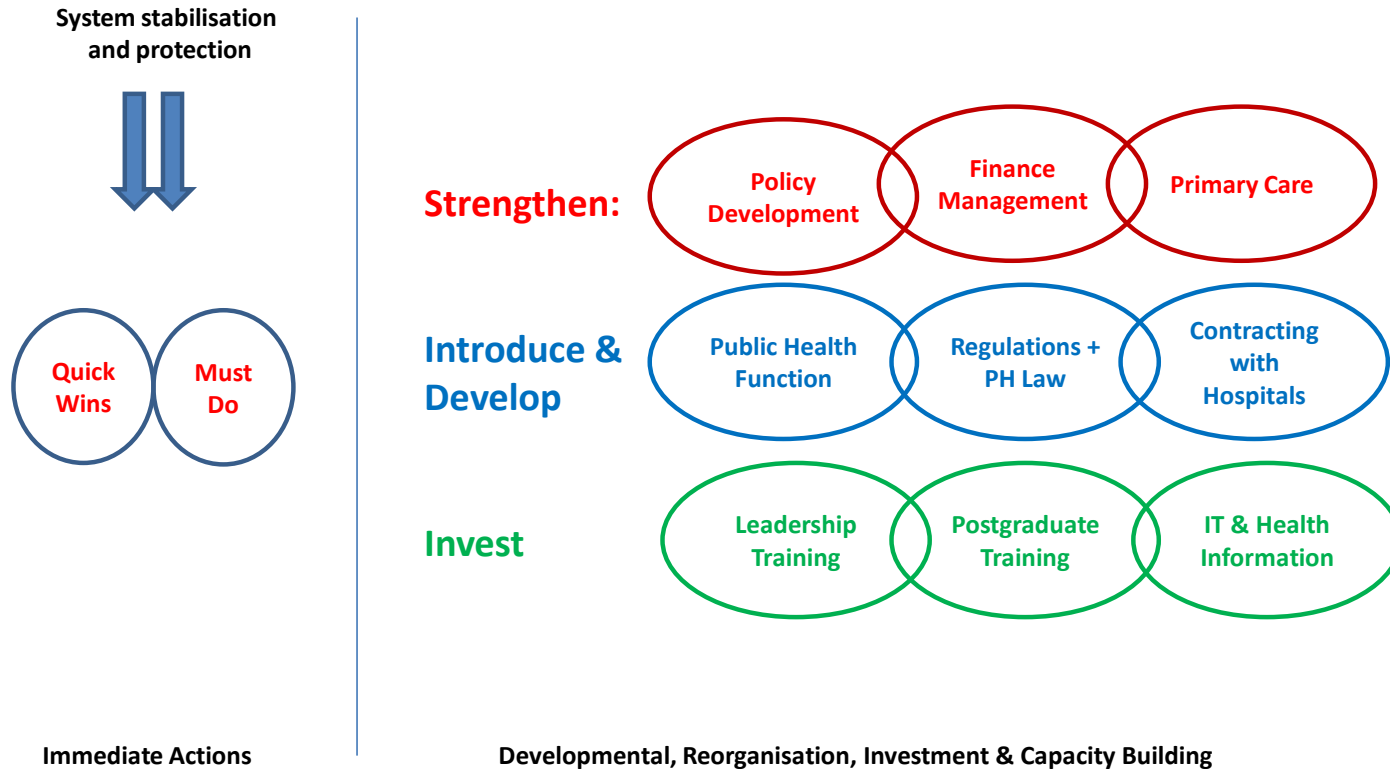
The “Must Do’s”:

To establish an organisation better able to respond to the current challenges facing the country’s health system, the MoH should consider the following as 'must do' actions:



1. Create a post of Director of Public Health (or Chief Medical Officer) at MoH with clear defined functions;
2. Focus quickly on leadership training for MoH staff to embed strategic thinking, works and operations. Furthermore the government should invest in preparing the next generation of leaders at all levels;
3. Establish Public Laws and Regulations;
4. Develop a Master Plan (Road Map) by the end of April 2013; all stakeholders should operate within its frame.



To summarize....

Libya: Health System Development 2013





<p>Imperial College London</p>	 <p>WHO Collaborating Centre Public Health Education and Training</p>
<p>Part 1 Libya: Post-Conflict Health System Assessment Main Report</p>	
	
	<p>Professor Salman Rawaf Director, WHO Collaborating Centre for Public Health Education and Training Imperial College London</p> <p>January 2013</p>

<p>Imperial College London</p>	 <p>WHO Collaborating Centre Public Health Education and Training</p>
<p>Part 2 Libya: System & Operation Diagnostic Tool[©] Technical Report</p>	
	
	<p>Professor Salman Rawaf Director of WHO Collaborating Centre for Public Health Education and Training Imperial College London</p> <p>January 2013</p>

Thank you