Summary report on the

Workshop on health system strengthening in Libya

WHO-EM/HRH/639/E

Tunis, Tunisia
22–24 June 2016

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1. Introduction

Libya has witnessed a considerable decline in its health system capacity since the revolution in 2011, particularly since the escalation of hostilities following the June 2014 elections. The fragility of the national health system and health programme implementation is due to key gaps affecting the six health system building blocks. Specifically, in the context of the current crisis, the health system faces significant shortcomings with respect to service delivery, pharmaceutical management, financing, information management, human resources and health governance.

One of the major deficiencies being faced is low quantity and quality of the health workforce across different professions and specialties. Acute shortages and uneven geographic distribution of health workers are common. Libya's emergency situation requires the presence of a strengthened human resources strategy to respond to the acute needs of vulnerable populations. In the current context, limited opportunities exist to rapidly enhance the human resources base and skill-mix. Planning frameworks, results-based budgeting, forecasting the needs for medicines and supplies, meaningful health management information systems and strengthening of primary health care are key interventions linked to a health workforce strategy.

Realizing that the Ministry of Health in Libya will not be capacitated in the short to medium term to respond to these challenges alone, indigenous institutional mechanisms and capacities are being sought to provide fast-track alternatives for enhancing the skill-mix of available human resources for health. One such available mechanism is existing capacities in the Libyan International Medical University, Benghazi, which offers knowledge and skill base in many important areas of public health.

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean, with the Libyan Ministry of Health, organized a workshop on health system strengthening in Libya. The workshop was held in Tunis, Tunisia from 22 to 24 June 2016, with the participation of various stakeholders. The specific objectives of the workshop were to:

- review current situation, challenges and health system development needs and opportunities;
- agree on priority interventions and next steps in strengthening the health system;
- define the roles and contributions of different stakeholders, mainstreaming the available capacities of institutions in Libya;
- explore and agree on technical cooperation with WHO and other development/humanitarian partners to implement the agreed interventions.

The expected outcomes of the workshop were:

- agreement on health system strengthening interventions to address challenges faced in Libya;
- major activities for 2016–2017 as part of WHO's work plan;
- WHO's role in health system strengthening based on agreed interventions.

Dr Jaffar Hussein, WHO Representative in Libya, opened the workshop. He highlighted that stakeholder involvement, especially academia, was key to success of transforming the health system of Libya. Dr Badereddin Annajar, Director General, National Centre for Disease Control, Libya stressed that focus should be on the primary care level, and called upon stakeholders to contribute to health system strengthening. He noted that a well-financed human resources and administrative system is needed to support proper functioning of the health system.

Dr Jaffar Hussein highlighted that Libya's health system is centralized and suffers from fragmented decision-making. A strategic health plan to set out the Government's vision is lacking; the health system is responsive rather than proactive, and faces weak institutional capacity. Refugees, migrants and internally displaced persons are an additional burden to public health services, and disease outbreaks occur in detention centres. He noted that funding requirements for health in the 2016 Libya Humanitarian Response Plan were US$ 50.4 million, but only US$ 5 million was received.

Dr Mohamed Saad Ambarek, President of the Libyan International Medical University, stressed that previous interventions were no longer valid because the country situation had changed dramatically. Water and sewage management systems are inadequate and disease outbreaks have occurred. Libya is facing severe shortages of medicines and vaccines. Weak decision-making, weak institutions, lack of a health information system, poor health system performance at all levels, and lack of standards, regulations and a procurement system need to be addressed.

2. Summary of discussions

It was noted that the current European Union (EU) Libya Health System Strengthening (LHSS) Programme does not address health information systems and essential medicines. Data are collected on implementation of the project. The LHSS2 proposal will be executed by WHO, and will include health information systems and pharmaceuticals.

During the workshop, five core components/building blocks of health system strengthening were discussed – health financing, service delivery, health workforce, health information systems, and access to essential medicines – as well as emergency preparedness and response.

Health workforce development

Libya faces significant health workforce challenges in ensuring access to quality services. Departure of expatriate health workers and outward migration of national health professionals have led to staff shortages, increased workload and a distressed health workforce. Gaps between payroll-based data and actual staffing patterns are observed, implying increased absenteeism/ghost workers. Safety and security of health workers is a concern for all. Other challenges include weak governance capacities, lack of strategic plans, low investment, imbalanced student recruitment, disconnection between Ministry of Health and Ministry of Education, and faculty shortages. Further issues are disrupted continuous professional development; disrupted health workforce regulation; lack of incentives for better distribution, productivity and performance; and communication challenges. A number of interventions were identified to address the challenges in health workforce governance, health professional education and employment and deployment. Priority actions for 2016–2017 are provided in the road map.

Essential medicines and health technologies

Target 3.8 of the Sustainable Development Goals (SDGs) focuses on ensuring universal health coverage, including access to safe, effective, quality medicines. Drug management supply systems and regulatory systems underpin institutions facilitating access to medical products (medicines, vaccines, medical devices, diagnostics and other health technologies). The WHO framework for access to essential medicines has four components: selection, pricing, financing and delivery systems.

Problems in assuring availability, affordability, quality and rational use of new medical products are universal throughout the world. Access to newly developed products presents political, social, ethical

and economic challenges. Essential medical products are only one element in the continuum of care, treatment and support; they are, however, an important element. Models of supply system reforms – from fully public to fully private – were discussed, including semi-autonomous, direct delivery and prime vendor systems.

Integrated service delivery

Family practice approach: a 2015 assessment on the status of family practice in the Eastern Mediterranean Region highlighted challenges faced and priority actions to overcome gaps and weaknesses. The following needs were identified to support family practice in Libya: (i) strong political commitment to improve service delivery considering the current emergency situation; (ii) training of qualified family physicians supported by well-trained family practice teams; (iii) activating community participation to improve service delivery; and (iv) piloting of family practice programmes, and creation of a well- structured service delivery model to scale up at country level. Participants agreed on the following interventions to scale up family practice: (i) organizing WHO online bridging programme for capacity-building of general practitioners on family medicine; (ii) implementation of family practice programme on a gradual basis with priority given to key elements; (iii) reactivating family folders for recoding clients' history; and (iv) developing clinical guidelines for an essential health services package.

Quality and patient safety: the scope of work on quality and patient safety at primary health care and hospital level was discussed. Participants encouraged reviewing ongoing interventions that reflect priorities in Libya such as health care-associated infections (HAIs), surgical safety and medication safety. Additional emergent priorities, due to the conflict, include the security of health care institutions and safety of health care professionals. Concrete actions in response to

these priorities include developing a programme for prevention of HAIs; developing critical standards required to safeguard safety; and raising awareness of decision-makers, health care professionals and the community on the importance of safe health care services.

Health care financing

The various options available to countries in designing their health financing systems were discussed, including the key features of social health insurance to ensure its contribution towards universal health coverage. The following needs for health financing were identified: generating evidence through national health accounts and a health financing system review; building national capacities in prepayment arrangements (e.g. social health insurance, purchasing authority); and, effective monitoring of progress towards universal health coverage in its three dimensions.

Health information systems

Regional programmes for the improvement of health information systems and civil registration and vital statistics (CRVS) systems were discussed. It was stressed that health information systems should be integrated into health systems. The capacity and function of health information systems need to be assessed, especially data quality and underlying system issues affecting data quality. It was noted that health management information systems are sometimes used for payment purposes and not for indicator purposes, which makes the use of datasets difficult or even impossible.

Participants were informed on the regional framework for health information systems, targets for SDG 3 and reporting on the Region’s 68 core health indicators at population, facility and household level.

According to the findings of a rapid assessment survey, core indicators are inadequately reported in Libya; data quality is often poor. Various regional organizations exist, however, which can be linked to for data collection. The Regional Office provides support to produce effective policy briefs and also offers capacity-building courses.

Emergency preparedness and response

The principles, policies and practices of emergency risk management for health were reviewed. It was emphasized that leadership and governance was at the heart of health system strengthening as well as being central to effective emergency preparedness and response. The humanitarian planning cycle and Humanitarian Needs Overview for Libya were discussed, with respect to needs identification in emergencies. Focusing on actions, the 2017 Humanitarian Response Plan for Libya identifies three priority health objectives: improving access to health, reducing disease transmission and strengthening health structures. It was noted that Libya has an emergency plan; however, it has not been utilized or updated. This plan should be reviewed and updated to meet current needs, including hospital emergency management. Special training courses will be considered for Libya's participation.

3. Road map for 2016–2017

Workshop participants discussed and agreed a road map for health system strengthening activities in Libya. The multi-criteria decision analysis tool was used for prioritizing key health interventions in the short, medium and long term. Participants agreed that a monitoring framework should be used to iteratively improve plans over the 18-month timeline of the road map.

Service delivery

	Activity	Responsible unit	Stakeholders	Time-frame
1	Strengthen accident and emergency services in health facilities	Ministry of Health/Hospital Directorate	WHO, Ministry of Health, UNDP	6–12 months
2	Secure the health facility environment	Ministry of Health/Administration unit	Ministry of Interior, Ministry of Health, WHO	6–12 months
3	Reform primary health care organogram to be technically independent	Ministry of Health/Department of Planning/Department of Public Health Services	WHO, Ministry of Health, UNDP	12–18 months
4	Enforce national health referral system	Libyan Board of Medical Specialities, Ministry of Health/Hospital Directorate/Department of Public Health Services	WHO, Ministry of Health, UNDP	6–12 months
5	Integrate service delivery with other building blocks (e.g. health workforce, health financing)	Ministry of Health	Ministry of Health, WHO	12–18 months
6	Establish independent centre for accreditation and quality assurance	Ministry of Health/Department of Quality Management	WHO, EU	6 months

Essential medicines and health technologies

	Activity	Responsible unit	Stakeholders	Time-frame
1	Collaborate with the Stabilization Facility in Libya project to determine list of essential medicines and medical devices	Ministry of Health/Pharmacy Administration	WHO, UNDP, EU, local authorities	6 months
2	Conduct survey on availability/ status of medical devices in health facilities at all levels	Ministry of Health/Pharmacy Administration	WHO, UNDP, local authorities, Medical Supply Organization	6 months
3	Become part of professional networks to attend: (i) technical briefing seminar on essential medicines and health products in WHO headquarters, Geneva (Oct 2016); (ii) ICDRA in South Africa (Nov/Dec 2016)	Ministry of Health/Pharmacy Administration	WHO	(i) Oct 2016 (ii) Nov/Dec 2016
4	Develop a medicine supply and inventory control system for Medical Supply Organization	Medical Supply Organization	WHO, UNDP, EU	12–18 months
5	Establish a national regulatory authority and update medical product regulations	Ministry of Health/Pharmacy Administration	WHO	12–18 months

Health information system

	Activity	Responsible unit	Stakeholders	Time-frame
1	Undertake situation analysis and plan for strengthening health information system	Health Information Centre, Ministry of Health	WHO, EU, Bureau of Statistics and Census	3 months
2	Train doctors on death certification based on ICD-10 and WHO-recommended death certification guidelines	Health Information Centre, NCT, Ministry of Health	WHO, EU, universities, NCT	12 months
3	Organize training of training for coders on ICD-10 at hospital level	Health Information Centre, Ministry of Health/Department of Public Health Services	WHO, universities, hospitals, Ministry of Health/Department of Quality Management	6 months
4	Implement health examination survey at national level or take representative subnational sample	Health Information Centre, National Centre for Disease Control	WHO, EU, Bureau of Statistics and Census	15 months
5	Develop dashboard based on National Health Observatory for high-level policy-makers	Health Information Centre	Ministry of Health, EU	6 months
6	Train heads of statistical units at primary health care and hospital levels	Health Information Centre, Ministry of Health/Department of Public Health Services	Health Information Centre, Ministry of Health/Department of Public Health Services	6 months

Health workforce

	Activity	Responsible unit	Stakeholders	Time-frame
1	Undertake a comprehensive assessment of health workforce situation and develop strategic plan	Health Information Centre	Ministry of Health, Ministry of Planning, EU	6 months
2	Strengthen health workforce governance and management through capacity-building programmes	Universities	Ministry of Health, Ministry of Higher Education	12 months
3	Upgrade skills of nurses through bridging courses and build capacity through training-of-trainers programmes	Nursing schools	Ministry of Health, universities, Ministry of Labour	12 months
4	Strengthen continuous professional development programmes	Libyan Board of Medical Specialities, hospitals	Ministry of Health, Ministry of Higher Education	18 months

Health financing and governance

	Activity	Responsible unit	Stakeholders	Time-frame
1	Undertake first round of national health accounts and work towards institutionalization	Ministry of Health/Directorate of Financial Affairs	Ministry of Finance, Ministry of Planning, WHO, EU	12 months
2	Develop a health financing regulatory framework	Ministry of Finance	Ministries, House of Representatives, ERC, WHO, EU, academia	6 months
3	Build capacity in strategic planning and health financing/financial management at national, regional, subregional (municipality) and health facility levels	Ministry of Health/Planning Department	Ministry of Health, National Council for Economic Development , WHO, EU	12–18 months
4	Develop and introduce guidelines on corporate governance/management at public hospitals and primary health care centres at municipality level	Hospital directors and regional directors	Ministry of Health/Department of Quality Management/Legal Affairs/Internal Audit, WHO, EU, academia	12 months
5	Introduce cost accounting system at health facility level	Ministry of Health/Directorate of Financial Affairs	Ministry of Health/Directorate of Financial Affairs, Ministry of Planning, Ministry of Finance, WHO, EU	24 months

Emergency preparedness and response

	Activity	Responsible unit	Stakeholders	Time-frame
1	Establish emergency preparedness and response (EPR) unit at central level and sign decree	Ministry of Health	Ministry of Finance, Ministry of Defence, Ministry of Interior, WHO	4 months
2	Establish multi-ministerial EPR committee, led by Ministry of Health, and organize first meeting	Ministry of Health	Ministry of Finance, Ministry of Defence, Ministry of Interior, WHO	5 months
3	Organize EPR training (simulation and competency-based, longitudinal curriculum)	Ministry of Health, WHO	Ministry of Finance, Ministry of Defence, Ministry of Interior, WHO	12 months
4	Establish incident management system (including contingency planning)	Ministry of Health, WHO, International Committee of the Red Cross and Red Crescent	Ministry of Finance, Ministry of Defence, Ministry of Interior, WHO	18 months
5	Use health diplomacy and organize first meeting on health as a bridge for peace	Ministry of Health, WHO	Ministry of Finance, Ministry of Defence, Ministry of Interior, WHO	18 months

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