

AF



General data

POPULATION, 2023
6,888,388

PHYSICIANS/1000 INH, 2020-2022
-

NURSES/1000 INH, 2020-2022
-

LIFE EXPECTANCY, 2022
73.19

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income

HUMAN DEVELOPMENT INDEX RANKING, 2023
106

GDP PER CAPITA (US\$), 2023
6,172.81

HEALTH EXPENDITURE, 2021
0

UNIVERSAL HEALTH COVERAGE, 2021
62



WHO FRAMEWORK
FOR PALLIATIVE CARE
DEVELOPMENT

- (A) EMPOWERMENT OF PEOPLE AND COMMUNITIES
- (B) POLICIES
- (C) RESEARCH
- (D) USE OF ESSENTIAL MEDICINES
- (E) EDUCATION AND TRAINING
- (F) PROVISION OF PC

LEVEL OF
DEVELOPMENT

1 2 3 4

EMERGING
PROGRESSING
ESTABLISHED
ADVANCED

Libya

(F) Provision of PC (Specialised Services)

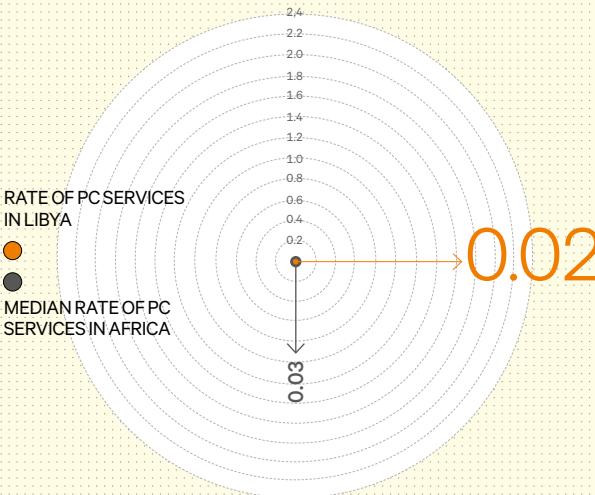
Total number
of Specialised
PC services

1

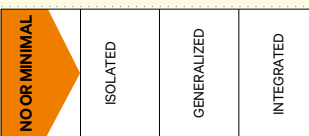
Rate of PC services
per 100,000 inhabitants

0.02

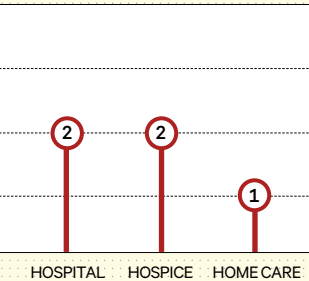
Libya in the context of African continent



Geographic
distribution and
integration of PC
services



Level of development
of different types of
PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION
AND INTEGRATION

1

TOTAL NUMBER

0

AF

Libya

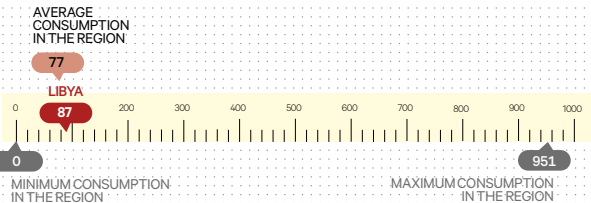
(D) Use of essential medicines

Opiods
consumption
(excluding
methadone)

87

S-DDD/MILL INHABITANTS/DAY

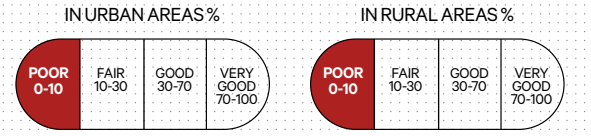
Libya in the context of African continent



Overall availability of essential medicines
for pain and PC at the primary level



General availability of immediate-release oral
morphine at the primary level



(C) Research

PC-related
research articles

1

Existence of PC
congresses or scientific
meetings

1



National Association: No.
Consultants: Masaud Waled.

Data collected: From December 2023
to March 2024.
Date validated by consultants: Yes
Endorsed by National PC Association: N/A
Edition: Edited by Atlantes Research
Team (University of Navarra, Spain).

(E) Education & Training

Medical schools
with mandatory PC
teaching

0/18

Nursing schools
with mandatory PC
teaching

0/9

Recognition of PC specialty

1

(B) Policies

National PC plan
or strategy

1

Responsible authority
for PC in the Ministry of
Health

2

Inclusion of PC in the basic
health package at the
primary care level

1

(A) Empowerment of people
and communities

Groups promoting
the rights of PC
patients

2

Advanced care
planning-related
policies

1



<div>Ind1</div> <div>Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.</div>	<div><div><div></div><div>2</div><div></div><div></div></div><div>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.</div></div>	<div>In Libya, there are no formalized associations or civil society groups specifically dedicated to promoting the rights of patients in need of palliative care. However, national health authorities, oncology centres, hospitals, and academic institutions have supported early activities related to palliative care. Initiatives from the Pain Management Association, WHO-supported training, and informal community actions have contributed to awareness-raising and capacity-building efforts across different settings.</div>
<div>Ind2</div> <div>Is there a national policy or guideline on advance directives or advance care planning?</div>	<div><div><div>1</div><div></div><div></div><div></div></div><div>There is no national policy or guideline on advance care planning.</div></div>	<div>Currently there is no established national policy or guideline specifically addressing advance directives or advance care planning. The healthcare system is still in the process of development and recovery, and frameworks for palliative care and end-of-life decision-making are relatively underdeveloped. While some hospitals and healthcare providers may incorporate some ACP elements informally, these practices are not standardized or widely implemented across the country. Additionally, cultural and religious values often play a significant role in end-of-life care decisions, which may influence the adoption of formal policies related to advance directives.</div>
<div>Ind3</div> <div><div>3.1. There is a current national PC plan, programme, policy, or strategy.</div><div>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</div></div>	<div><div><div>1</div><div></div><div></div><div></div></div><div>Do not know or does not exist.</div></div> <div><div><div>1</div><div></div><div></div><div></div></div><div>Not known or does not exist neither standalone nor is included in another national plan.</div></div>	<div>Libya currently does not have a formalised national palliative care plan, programme, policy, or strategy. Some efforts to integrate palliative care into the health system exist but remain fragmented and limited in scope. The establishment of the National Cancer Control Authority presents an opportunity to develop a comprehensive national strategy aligned with international standards. The International Palliative Outcome Scale (iPOS) has been translated into the local language, Krio, and is being used by the Connaught Palliative Care Unit, with potential for use in evaluation.</div>

<div>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</div>	<div><div><div>1</div><div></div><div></div><div></div></div><div>Not known or does not exist.</div></div>	
<div>Ind4</div> <div>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</div>	<div><div><div>1</div><div></div><div></div><div></div></div><div>Not at all.</div></div>	
<div>Ind5</div> <div><div>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</div><div>5.2. The national authority has concrete functions, budget and staff.</div></div>	<div><div><div></div><div>2</div><div></div><div></div></div><div>The authority for palliative care is defined but only at political level without coordinating entity defined.</div></div> <div><div><div></div><div>2</div><div></div><div></div></div><div>There are concrete functions but do not have a budget or staff.</div></div>	<div>There is a dedicated palliative care department for cancer patients within the National Cancer Control Authority. The National Cancer Control Authority includes an Administration of Diagnosis, Treatment, and Palliative Care for cancer patients. While it has a defined scope, budget, and functions, and focuses exclusively on cancer patients, there is considerable potential to optimize its operations and improve its overall impact.</div>







<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p>1</p> <p>There are no national congresses or scientific meetings related to palliative care.</p>	<p>It remains unclear whether Chronic diseases or cancer National conferences have a track or section specifically on Palliative Care.</p>
<p>Ind7</p> <p>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</p>	<p>1</p> <p>Minimal or non-existent number of articles published on the subject in that country.</p>	<p>A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, did not identify any peer-reviewed articles on palliative care in Libya that all met the inclusion criteria for this indicator.</p>
<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p>Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020–2022.</p> <p>87</p> <p>S-DDD PER MILLION INHAB /DAY</p> <p>COUNTRY VS REGION</p> <p>AVERAGE CONSUMPTION IN THE REGION</p> <p>LIBYA</p> <p>MINIMUM CONSUMPTION IN THE REGION</p> <p>MAXIMUM CONSUMPTION IN THE REGION</p>	<p>0 100 200 300 400 500 600 700 800 900 1000</p> <p>0 77 87 951</p>

<p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</p> <p>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</p>	<p>1</p> <p>Poor: Between 0% to 10%.</p> <p>1</p> <p>Poor: Between 0% to 10%.</p>	<p>Based on the 2017 Service Availability and Readiness Assessment report, there is limited availability of essential medicines for pain management and palliative care at the primary care level across the country. Challenges such as logistical constraints, ongoing conflicts, and supply chain issues have significantly impacted the healthcare system, hindering the consistent provision of basic palliative care medicines in primary healthcare facilities.</p>
<p>Ind10</p> <p>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>	<p>1</p> <p>Poor: Between 0% to 10%.</p> <p>1</p> <p>Poor: Between 0% to 10%.</p>	

AF Libya

<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p>	<p>0/18</p> <p>0/18</p> <p>0/9</p> <p>0/9</p>	<p></p> <p>Palliative care is not formally integrated into medical or allied health education curricula in Libya. However, some universities may include elements of palliative care within courses such as oncology, internal medicine, or pain management. Informal exposure to palliative care may occur during clinical rotations in teaching hospitals, particularly within oncology or internal medicine departments.</p>
<p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>There is no process on specialization for palliative care physicians.</p>	

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<p>Ind13</p> <p>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p> No or minimal provision of palliative care specialized services or teams exist in the country.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Not at all.</p>	<p>There is a private palliative care center at the capital city.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.03</p> <p>LYBIA 0.02</p> <p>MINIMUM RATE IN THE REGION 0</p> <p>MAXIMUM RATE IN THE REGION 1.68</p> <p>1 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p> No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <p> PPC TEAMS</p>	<p>Currently, Libya does not have a fully developed system of specialized palliative care services or teams specifically for children. There is a lack of structured, specialized pediatric palliative care services across the country.</p>