EM

Libya

General data

POPULATION, 2024
7,381,023

PHYSICIANS/1000 INH, 2020-2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle

HUMAN DEVELOPMENT INDEX RANKING, 2023
115

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

HEALTH EXPENDITURE, 2021
-

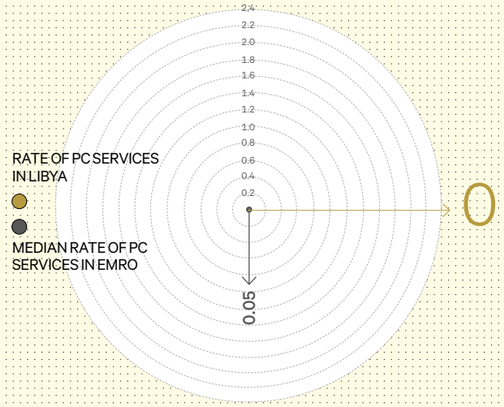
UNIVERSAL HEALTH COVERAGE, 2021
62

Ⓕ Provision of PC (Specialized Services)

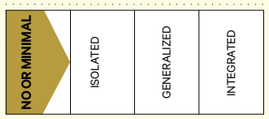
Total number of Specialized PC services: **0**

Rate of PC services per 100,000 inhabitants: **0**

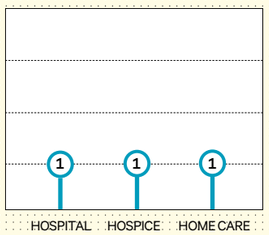
Libya in the context of EMRO



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

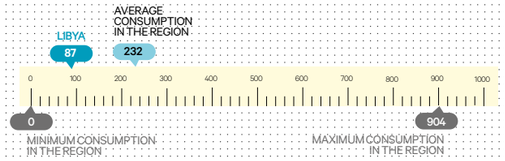
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1

TOTAL NUMBER: N/A

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **87** S-DDD/MILL INHABITANTS/DAY

Libya in the context of EMRO



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

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

Ⓒ Research

PC-related research articles: 1

Existence of PC congresses or scientific meetings: 1

National Association: No.
Consultants: Masaud Waled.

Data collected: December 2023-March 2024.
Report validated by consultants: Yes
Endorsed by National PC Association: N/A
Report reviewed by the Ministry of Health
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **0/18**

Nursing schools with mandatory PC teaching: **0/9**

Recognition of PC specialty: 1

Ⓑ 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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 2

Advanced care planning-related policies: 1

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People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

2

Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted.

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 centers, 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.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

1

There is no national policy or guideline on advance care planning.

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.

Policies

Ind 3

3.1. There is a current national PC plan, program, policy, or strategy.

1

Do not know or does not exist.

3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.

1

A national palliative care plan is in preparation.

Libya currently does not have a formalized national palliative care plan, program, 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.

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Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

1

Not at all.

No evidence found.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

2

The authority for palliative care is defined but only at political level without coordinating entity defined.

There is a dedicated palliative care department for cancer patients within the National Cancer Control Authority. This authority includes an Administration of Diagnosis, Treatment, and Palliative Care specifically 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.

5.2. The national authority has concrete functions, budget and staff.

2

There are concrete functions but do not have a budget or staff.

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Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

1

There are no national congresses or scientific meetings related to palliative care.

It remains unclear whether national conferences on chronic diseases or cancer include a specific track or section dedicated to palliative care.

Ind 7

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.

1

Minimal or nonexistent number of articles published on the subject in that country.

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.

Medicines

Ind 8

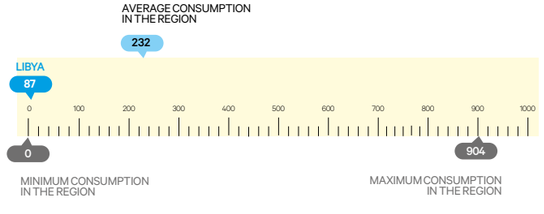
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2022.

87

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



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Medicines

Ind 9

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.

1

Poor: Between 0% to 10%.

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.

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.

1

Poor: Between 0% to 10%.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

No evidence found.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

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Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)	0/18	Palliative care is not formally integrated into the 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.
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/18	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).	0/9	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/9	

Ind 12

Existence of an official specialization process in palliative medicine for physicians, recognized by the competent authority in the country.	1 ○ ○ ○ There is no process on specialization for palliative care physicians.	No evidence found.

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Provision of PC / Specialized Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	1 ○ ○ ○ No or minimal provision of palliative care specialized services or teams exist in the country.	A private centre specializing in palliative care is known to exist in the capital city; however, no publicly available information could be found regarding its structure, services, or scope of activity.
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.	1 ○ ○ ○ Not at all.	
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1 ○ ○ ○ Not at all.	
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	1 ○ ○ ○ Not at all.	
13.5. Total number of specialized PC services or teams in the country.	0	RATE OF SPECIALIZED PC SERVICES/100,000 INH MEDIAN RATE IN THE REGION 0.05 LIBYA 0 0 MINIMUM RATE IN THE REGION 1.60 MAXIMUM RATE IN THE REGION ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1 ○ ○ ○ No or minimal provision of palliative care specialized services or teams for children exists in country.	Currently, Libya does not have a fully developed system of specialized palliative care services or dedicated teams specifically for children. There is a lack of structured and specialized pediatric palliative care services across the country.
14.2. Number of pediatric specialized PC services or teams in the country.	N/A PPC TEAMS	