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Commentary

Perspective on health care in India and Libya: a short commentary

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With a few years of teaching medical students and witnessing the status of medical education and health care delivery in Libya, for a decade or more, a reflection of what is happening in Libya, the country which has given respect and economic freedom to a teacher like me. The Republic of India, a South Asian country is the seventh largest nation by area, the second most populous country and the most populous democracy in the globe. One of the fundamental rights of the Indian constitution is the 'Right to life' which translates to "Right to Health". India is a Federal country with 29 states and eight union territories [1]. Indian health care is taken care of by the States by organizing and delivering health care and the Central Government takes responsibility for international health treaties: medical education, prevention of food adulteration, quality control in drug manufacturing, national disease control and family planning. Indian health care under the public sector is provided free to people who are below the poverty line. Indian Public Health sector caters to 18.0% of total patient care and 44.0% of total in patient care. The total expenditure for health care is around 04.0% of the GDP and out-of-pocket expenses are around 69.0%. If it is calculated the cost of health care is around 1700 Indian rupees/capita/year [2]. It is true of Libya also. It has its national health a policy with free medical care and policy to cater to the needs of the Libyan people. With the civil unrest, and a transient locally elected government, Libya finds itself in very critical situation related to its economy and public services including public health. The hospitals built and their destruction because of the civil war lie in a very demanding conditions with poor supply chains and logistics to maintain the necessary demand and supply situation. The health care personnel physicians, nurses and public health workers are competent. They have to operate in a trying condition to save lives with limited healthcare facilities in the form of drug, medicine and medical equipment.

The health care delivery system in India is a network of primary health sub-centers which is the first point of contact between the village community and the health care workers. Each sub-center caters to 3 000 to 5 000 population. Six sub-centers cluster together to form primary health care (PHC), the first contact point between the community and the physicians. It has physicians, and few health care workers with three to five beds. PHCs cater to the health needs of 20 000 to 30 000 people. The next level of the health care system is the community health care center (CHC). It has specialists in medicine, surgery, gynecology and pediatrics. It has 30-bed strengths with paramedical and health care workers, laboratory, x-ray unit and a pharmacy. It takes care of the

health of 80 000 to 1 20 000 population. The next level is the District Level Hospitals which work around the clock to provide emergency services to obstetric care and blood bank. There are about 6.3 lac beds in the nation with two lac beds in the rural areas. The private sector provides extra care to affordable patients whose services are regulated by a national accreditation body. There are about 29 000 PHCs with controlled by 25 000 physicians which still need 3 500 more physicians. About 10 lacs physicians are registered with Indian Medical Council to manage the health care delivery. Yet, the nation has not reached the WHO guideline of one physician per 1 000 people. It is roughly around 0.7 per 1 000 people. To support and add to the shortage of physicians India launched the Ayush program (Ayurveda, Unani, Siddha and Homeopathy) in November 2014. There are about 7.5 lacs of such physicians [2]. There are nearly 600 Medical Colleges in India, 269 government medical colleges admitting 35 000 medical undergraduates and private medical colleges with another 350 000 admissions. Hitherto, India needs more physicians. India has a population of nearly 130 crores with 29 states with 22 different languages in 13 different dialects. There are 6.5 lac villages and 4000 cities with a geographical area of 3 287 km [1, 2]. The health care delivery in India is, therefore, very complex though highly organized. There are still children in the rural areas more likely to die before the completion of one year and 1.9 times before the age of five years. The neonatal mortality rate is high and with additional incentives, funding, and facilities, India is looking forward to improving its healthcare delivery in the public sector [2, 3]. Even with such systems in place, India has to improve its healthcare delivery. Libya is an oil-rich country with a population of 6 422 772 and a Gross National Income (GNI) per capita of USD 16 270 (PPP). In February 2011, Libya was plunged into an all-out civil conflict. The civil unrest has put the country in great turmoil though the citizens of Libya are peace-loving with good academia dealing with medical education and health centers [4].

Libya faces the burden of disease in the form of non-communicable diseases, largely due to demographic and lifestyle changes. In 2012, WHO reported that the years of life lost from non-communicable diseases in Libya are three times higher than from communicable diseases [4]. Basic health status indicators for Libya are mixed (**Table 1**). Life expectancy and health-adjusted life expectancy (HALE) are among the best in the Middle East and North Africa (MENA) region at 73 and 64 years, respectively. On the other hand, maternal and infant mortality rate is 51 per 100 000 live births and 24 per 1 000 live births, respectively, which are on par with MENA but behind the averages of EU member states and other upper-middle-income countries [4]. The information and the data available are variable and need more studies to understand the present status of health care delivery system in Libya [5]. The comparison of highly populated countries like India with Libya is to provide a panoramic view of healthcare delivery system. With the rejuvenation of community health centers and the focus on improving health care delivery including other civil amenities may bring into focus the need for stable governance and the role of a responsible citizen to keep the welfare of the country above the local tribe or other factors that disrupt the nation's peace, health and economy.

Table 1: Basic health status indicators for Libya

	Libya	MENA (Mean)	EU 27 (Mean)	Upper Middle Income (Mean)
Physicians (per 10,000)	19.0	18.3	33.2	17.0
Nurses and midwives (per 10,000)	68.0	15.6	65.0	26.1
Hospital beds (per 10,000)	37.0	21.6	61.0	39.0

Middle East and North Africa (MENA), EU-Europe Union

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