

Point of View Short Article: The Primary Health Care Services in Libya

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In this short article I am going to display the current situation of Primary Health Care services in my country Libya and talk about some of the pitfalls that need to be fixed in order to improve the Primary Health Care outcome as it is the core of all other health services.

In order to give a true definition to primary care we need to describe the different types of health care services we deliver to patients, in addition, we must identify who are the primary care providers whether they were physicians or non-physicians health care providers.

According to the American Academy of Family Physicians AAFP there are five definitions related to primary care services, the first definition is Primary Care which is the care provided by physicians specifically trained for, it includes health promotion, disease prevention, health maintenance, counselling, patient education, diagnosis and treatment of acute and chronic illnesses, the second definition is Primary Care Practice which serves as the patient's first point of entry into the health care system, the third definition is Primary Care Physician who is a specialist in Family Medicine, internal medicine or pediatrics who provides definitive care to the undifferentiated patients at the first point of contact, the fourth definition is Non-Primary Care Physicians providing Primary Care Services, and the fifth definition is Non-physicians Primary Care Providers [1].

In the recent years the role of primary care has expanded in Libya in terms of providing centers, where there is currently approximately 1177 primary care facilities across the country, but not in terms of training physicians to become PCP specialists, Libya is an intermediate level income country where the majority of its income comes from petro chemical industry, overall, the health services has changed from a high prevalence of infections and significant morbidity and mortality rates due to infection to one where morbidity and mortality is more often linked to non-communicable chronic diseases, and this shows that the health care services has improved. For example, the immunization coverage for tuberculosis is more than 97% and more than 95% for measles [2].

Despite all these improvements in primary health care services I still believe that there is a huge gap in comprehending the exact role of a Primary Care Provider in terms of their importance in the general structure of health care and also knowing the limits of primary care services, for example a PCP must know when to refer their patients to the next level of health care service, and from my point of view this pitfall is due to the lack of a well-structured training program.

The increasing burden of chronic illnesses raises the importance of the role of primary care providers to educate patients about self-care, enabling activation and supporting chronic care. But unfortunately for many primary care providers in Libya supporting self-management and patients activation has not been part of their training, moreover, it is not part of how they understand their roles as clinicians some do not embrace the strategies that involve partnering with patients to improve self-management and supporting patient behavior changes and do not see this as an important part of their role [3].

There is growing body evidence that involving patients in their own management would result in better health outcomes and lower costs.

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In conclusion, in order to improve our health care services outcome we must give the appropriate attention towards Primary Health Care and its role in enhancing the public health outcome and the improvement should not just be by increasing the number of institutions but also by providing a high quality training programs to all primary care providers.

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