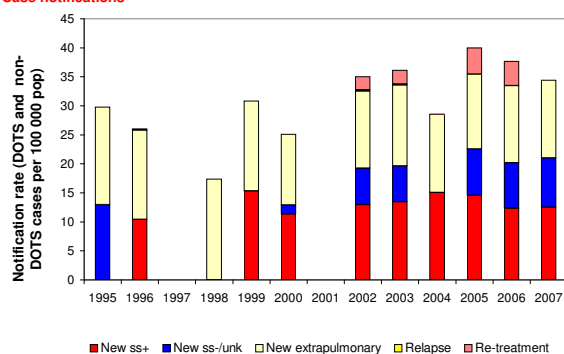


# Libyan Arab

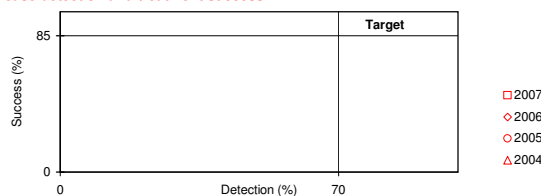
## Surveillance and epidemiology

Population (thousands) <sup>a</sup>	6 160	
<b>Estimates of epidemiological burden, 2007<sup>b</sup></b>		
	All	In HIV+ people
<b>Incidence</b>		
All forms of TB (thousands of new cases per year)	1.1	–
All forms of TB (new cases per 100 000 pop/year)	17	–
Rate of change in incidence rate (%), 2006–2007	-3.3	–
New ss+ cases (thousands of new cases per year)	0.5	0
New ss+ cases (per 100 000 pop/year)	7.7	0
HIV+ incident TB cases (% of all TB cases)	–	–
<b>Prevalence</b>		
All forms of TB (thousands of cases)	1.1	0
All forms of TB (cases per 100 000 pop)	17	0
2015 target for prevalence (cases per 100 000 pop)	23	–
<b>Mortality</b>		
All forms of TB (thousands of deaths per year)	0.1	0
All forms of TB (deaths per 100 000 pop/year)	1.2	0
2015 target for mortality (deaths per 100 000 pop/year)	2.5	–
<b>Multidrug-resistant TB (MDR-TB)</b>		
MDR-TB among all new TB cases (%)	2.4	–
MDR-TB among previously treated TB cases (%)	35	–

### Case notifications



### New ss+ case detection and treatment success

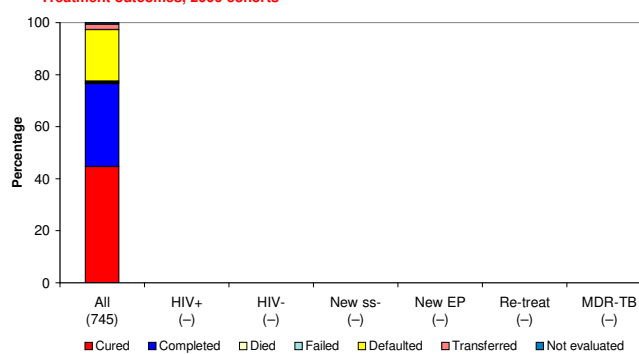


Note: case detection rate is for the year indicated. The associated treatment success rate is for one year prior.

### Total notifications, 2007

Notified new and relapse cases (thousands)	2.1
Notified new and relapse cases (per 100 000 pop/yr)	34
Notified new ss+ cases (thousands)	0.8
Notified new ss+ cases (per 100 000 pop/yr)	13
as % of new pulmonary cases	60
sex ratio (male/female)	4.0
DOTS case detection rate (% of estimated new ss+)	162
Notified new extrapulmonary cases (thousands)	0.8
as % of notified new cases	39
Notified new ss+ cases in children (<15yr) (thousands)	0.0
as % of notified new ss+ cases	1.4

### Treatment outcomes, 2006 cohorts



Note: Numbers under the bars are the numbers of patients included in the cohort.

	2000	2001	2002	2003	2004	2005	2006	2007
DOTS coverage (%)	100	–	–	100	100	100	100	100
Notification rate (new & relapse cases/100 000 pop)	25	–	33	34	29	35	33	34
% notified new & relapse cases reported under DOTS	100	–	100	100	100	100	100	100
Notification rate (new ss+ cases/100 000 pop)	11	–	13	13	15	15	12	13
% notified new ss+ cases reported under DOTS	100	–	100	100	100	100	100	100
Case detection rate (all new cases, %)	112	–	156	168	149	193	188	200
Case detection rate (new ss+ cases, %)	113	–	138	149	175	176	154	162
Treatment success (new ss+ patients, %)	–	–	61	62	64	69	77	–
Re-treatment success (ss+ patients, %)	–	–	–	–	–	–	–	–

Note: notification, case detection and treatment success rates are for the whole country (i.e. DOTS and non-DOTS areas combined).

## DOTS expansion and enhancement

### Overview of services for diagnosis of TB and treatment of patients

Description of basic management unit	–
Number of units (DOTS/total), 2007	– / 24
Location of NTP services	
Rural	–
Urban	–
NTP services part of general primary health-care network?	Not applicable
Location where TB diagnosed	
Rural	–
Urban	–
Diagnosis free of charge?	Yes (all suspects)
Treatment supervised?	All patients in all units
Intensive phase	Health-care worker, Community member, Family member
Continuation phase	Health-care worker, Community member, Family member
Category I regimen	2HRZE / 4HR
Treatment free of charge	All patients in all units
External review missions	last: – next: –

### Political commitment

National strategic plan?	Yes (2008 – 2015)
Mechanism for national interagency coordination?	Yes (established 2008)
National Stop TB Partnership?	Yes (established –)

### Financial indicators, 2009 (see final page for detailed presentation)

	%
Government contribution to NTP budget (incl loans)	–
Government contribution to total cost TB control (incl loans)	–
Government health spending used for TB control	–
NTP budget funded	–

### Per capita health financial indicators, 2009

	US\$
NTP budget per capita	–
Total costs for TB control per capita	–
Funding gap per capita	–
Government health expenditure per capita (2005)	–
Total health expenditure per capita (2005)	–

**DOTS expansion and enhancement (continued)****Quality-assured bacteriology**

National reference laboratory? Yes

All TB laboratories performing EQA of smear microscopy or DST under the supervision of the National Reference Laboratory

	Smear					Culture			DST				
	Number	per 100 000 <sup>a</sup>	EQA	% adeq perf		Number	per 5 000 000 <sup>a</sup>		Number	per 10 000 000 <sup>a</sup>	EQA	% adeq perf	
2007	24	0.4	0	24	100	3	2.4	0	3	4.9	0	3.0	100
2008	-	-	0	-	-	-	-	0	-	-	0	-	-

Note: for routine diagnosis, there should be at least one laboratory providing smear microscopy per 100 000 population. To provide culture for diagnosis of paediatric, extrapulmonary and ss-/HIV+ TB, as well as DST for re-treatment and failure cases, most countries will need one culture facility per 5 million population and one DST facility per 10 million population. EQA column shows number of labs for which EQA was done. Adeq perf; adequate performance for microscopy based on results of EQA.

**System for managing drug supplies and laboratory equipment**

	Central level			Peripheral level		
	2005	2006	2007	2005	2006	2007
Stock-outs of laboratory supplies?	-	No	No	-	No	No
Stock-outs of first-line anti-TB drugs?	No	No	No	No	No	No

**Monitoring and evaluation system, and impact measurement**

				Burden and impact assessment		last	next
NTP publishes annual report?	Yes	(since 1996)		In-depth analysis of routine surveillance data	Yes	2006	2010
% of BMUs reporting to next level in 2007				Prevalence of disease survey	Yes, national survey	-	-
Case-finding	100 %	Treatment outcomes	100 %	Prevalence of infection survey	Yes, national survey	-	-
				Drug resistance survey	-	-	-
				Mortality survey	Yes	-	-
				Analysis of vital registration data	Yes	-	-

**Development of human resources, 2007**

Number of TB posts 0 Percentage of TB posts filled 0 %

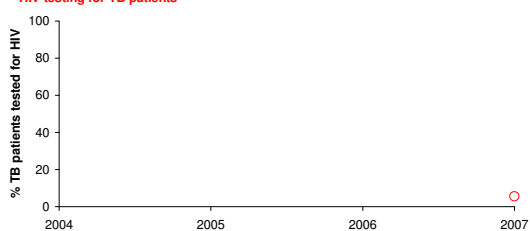
Note: percentage calculation restricted to categories of posts for which both the total number of posts and the number of posts filled reported.

**MDR-TB, TB/HIV and other challenges**

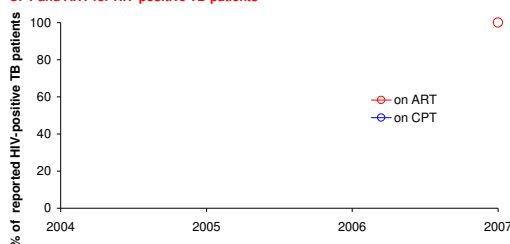
	2005	2006	2007
	number (% of estimated ss+ MDR-TB)		
Estimated incidence of ss+ MDR cases	44	44	43
Diagnosed and notified	8 (18)%	- (-)%	1 (2.3)%
Registered for treatment	- (-)%	- (-)%	- (-)%
GLC	-	-	-
non-GLC	-	-	-

**Detection and treatment of HIV in TB patients, 2007**

TB patients for whom the HIV test result was known	116
as % of all notified TB patients	5.5
TB patients with positive HIV test	116
as % of all estimated HIV+ TB cases	-
HIV+ TB patients started or continued on CPT	-
as % of HIV+ TB patients notified	-
HIV+ TB patients started or continued on ART	116
as % of HIV+ TB patients notified	100

**HIV testing for TB patients****Screening for TB in HIV-positive patients, 2007**

HIV+ patients in HIV care or ART register	116
Screened for TB	116
as % of HIV+ patients in HIV care or ART register	100
Started on TB treatment	116
as % of HIV+ patients in HIV care or ART register	100
Started on IPT	116
as % of HIV+ patients without TB in HIV care or ART register	-

**CPT and ART for HIV-positive TB patients****High-risk groups, 2007**

Number of close contacts of ss+ TB patients screened	0
Number of TB cases identified among contacts	0
% of contacts with TB	-
Contacts started on IPT	0
% of contacts without TB on IPT	-

**Contributing to health system strengthening****Practical Approach to Lung Health (PAL), 2007**

Number and proportion of health facilities with PAL services

Number of health-care facilities providing PAL services - As % of total number of health-care facilities -

**Engaging all care providers****Public-Public and Public-Private approaches (PPM), 2007**

	Number collaborating (total number of providers)		% total notified TB Diagnose:Treated	
	Public sector	Private sector	Public sector	Private sector
Number of Providers collaborating with the NTP <sup>2</sup>	-	(-)	-	-
	-	(-)	-	-

**International Standards for Tuberculosis Care (ISTC)**

ISTC endorsed by professional organizations? -

by which organizations:

0

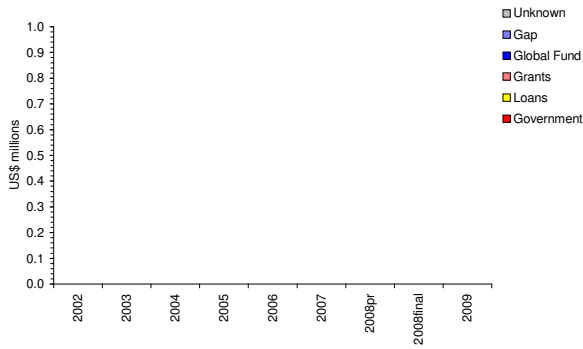
ISTC included in medical curriculum? -

**Enabling and promoting research****Programme-based operational research, 2007**

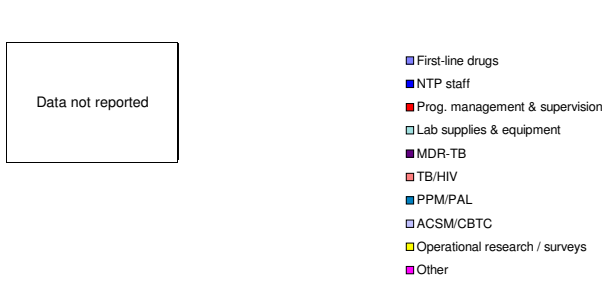
Operational research budget (% of NTP budget) - %

Financing

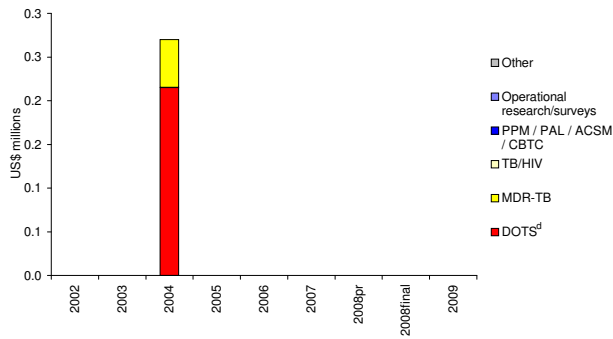
NTP budget by source of funding



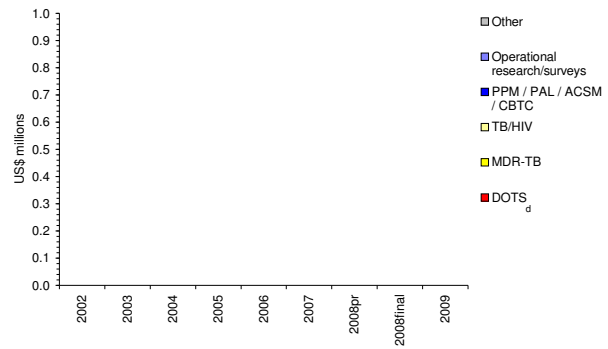
NTP budget line items in 2009



NTP budget by line item



NTP funding gap by line item



Footnotes

- a World population prospects – the 2006 revision. New York, United Nations Population Division, 2007.
- b For data sources and analytical methods, see annexes 2 and 3 of *Global tuberculosis control: epidemiology, strategy, financing: WHO report 2009*. Geneva, World Health Organization, 2009 (WHO/HTM/TB/2009.411). The report is also available on-line at [www.who.int/tb/publications/global\\_report](http://www.who.int/tb/publications/global_report).
- c For a definition of public and private sector and the categories of provider considered in each case, see Chapter 2 of the above-mentioned report and the 2008 WHO TB data collection form.
- d DOTS includes the following components: first-line drugs, NTP staff, programme management and supervision, and laboratory supplies and equipment.