

LETTER TO EDITOR

Applicability of the World Health Organization's Healthcare Systems Framework in Libya (Letter)

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To the Editor,

I read with interest the study by Aburawi and colleagues (1), but remain rather unclear as to what the aim of the survey was; explore the views of healthcare workers on the WHO Health System Framework (WHO-HSF) 6 pillars model (2,3)? or their own views about Libyan healthcare system and the problems it faces? or was it an attempt to use the WHO-HSF model as a diagnostics tool to evaluate current Libyan healthcare system?

From the methodological point of view, it remain unclear if the used survey was validated and how? Some of the stems are poorly phrased or vague and fail to clearly indicate what the respondent is required to do: answer a question or agree with a statement? Examples include statements like: "importance of clinical governance for Libya" in table 2; which is neither a question nor a statement; "Juridical matters can improve health services", such a statement is so vague and can have

varying interpretations, and one will question if a survey stem like this can ever be validated. The same can be said about the statement "Arrangements for achieving diversity in sufficient numbers are a requirement for developing a health workforce" (Table 5).

It is also unclear what a leading question like "Should evidence-based medicine be applied in Libya?", or statements like "The British health model is better than all others", or "Evidence based medicine is not required in Libya" are meant to answer in relation to the WHO-HSF? Some stems seem inaccurate; e.g. "clinical governance is the most scientific way to achieve a successful health system." Clinical governance is an overarching concept and not a "scientific way".

In addition the statement in table 3 "The cost of treating the patients including the wounded by depositing the value in a saving accounts for the patients (run by governmental insurance company) for the individual

patient to spend on health services only can solve the current problem of wasted finance", is so clearly based on the Singaporean model of healthcare, that unless one is well versed on that system, the question is so vague, rendering it useless.

The analysis of responses per gender, age group and location of practice added very little to the scientific merit of the study, especially that the characteristics of respondents in each group were omitted. The cited results could have been skewed by selection bias and the significant under powering of the study (4).

Some of the conclusion the authors come to when discussing their results run contrary to the provided results; e.g. in table 6 the statement "Decision making level of HTA application has to be progressively decentralized to achieve its ultimate goal" had 40% agreement rate, and yet the authors state that "respondents generally agreed that the process of procurement of pharmaceuticals and health technology should be decentralized with more powers given to local and regional health authorities to control their pharmaceuticals and health technology budget, but with a central regulatory control."

The stated aim of the LH500 is to evaluate the Libyan health system using the WHO-HSF six building blocks, and the survey as reported falls way short of this goal. What was provided was more of a conference report that was heavily tainted by the authors' personal views and aspirations. Although many of these views may be valid, but the methodology used is questionable. There is probably little contention that healthcare services in Libya are in need of an overhaul, but this should also include the quality of healthcare research and publishing. In addition, the current study highlights the difficulties in conducting medical research in a non-native language, which is an area worthy of systematic studies on its own right (5).

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