

COMMENTARY article

Navigating pharmacoeconomics in Libya: Our current landscape

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Received: 07-08-2024, **Accepted:** 31-08-2024, **Published:** Preprint

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HOW TO CITE THIS

Elkalmi RM (2024) Navigating pharmacoeconomics in Libya: Our current landscape.
Mediterr J Pharm Pharm Sci. 4 (3): 39-40. [Article number: 167]. <https://doi.org/10.5281/zenodo.13622609>

Keywords: Healthcare services, implementation, pharmacist, pharmacy education

Pharmacoeconomics (PE) is a relatively newly developed and fast-changing discipline [1]. PE plays a crucial role in healthcare decision-making by evaluating the costs and outcomes of different treatment options. In Libya, however, the implementation of PE evaluations faces various challenges that hinder its effective integration into healthcare systems. This communication analyses the current needs and prospects of PE by examining the challenges in its implementation, the benefits of integrating it into healthcare decision-making, and strategies to enhance its utilization in the country's healthcare landscape. By exploring these different aspects, it is possible to gain a comprehensive understanding of Libya's status and potential advancements in PE. In Libya, the earliest records related to PE trace back to the late 19th century, specifically around 1835 during the Turkish colonization. During that time, various documents documented details such as drug prices, direct costs associated with specific diseases, expenditures on essential pharmaceuticals, and annual inventories of health and pharmaceutical institutions [2]. Over the past 80 years since modern Libya's establishment after the colonial era, Libyan authorities have consistently published annual statistical reports. These reports cover expenditures on medicines, pharmaceuticals, and therapeutic materials, as well as the stock levels in healthcare facilities [3]. However, despite this data, there remains a significant lack of literature in PE, with a few exceptions that do not meet the standards expected of PE studies.

Challenges in implementing PE in Libya are multifaceted and pose significant barriers to its effective utilization. Firstly, the lack of data and resources for PE evaluations hampers the ability to conduct comprehensive cost-effectiveness analyses. Without robust data on treatment costs and patient outcomes, decision-makers cannot make informed choices regarding resource allocation in healthcare. Additionally, there is limited awareness and training in PE among healthcare professionals in Libya, leading to a gap in the expertise needed to perform and interpret PE studies accurately [1]. Moreover, the inadequate healthcare infrastructure in the country further exacerbates the challenges of conducting PE evaluations, as the requisite support systems and expertise are lacking. Integrating PE into healthcare decision-making in Libya offers a range of benefits that can optimize resource allocation and improve patient outcomes. Cost-effectiveness analysis provides policymakers with valuable insights into which interventions deliver the best value for money, enabling them to prioritize healthcare services that offer the greatest benefits to the population. By basing decisions on evidence from PE evaluations, healthcare providers can enhance patient outcomes through the implementation of cost-effective interventions that have been proven to be clinically effective. Further, the transparency and accountability that PE evaluations bring to healthcare policy decisions can foster public trust and confidence in the healthcare system, ultimately leading to improved governance and resource

management. To enhance the utilization of PE in Libya, several strategies can be implemented to address the existing challenges and promote its integration into healthcare decision-making processes [4]. Capacity building through training programs and workshops can help upskill healthcare professionals in PE methods and principles, enabling them to conduct and interpret PE evaluations effectively. Collaboration with international institutions can facilitate knowledge transfer and the adoption of best practices in PE, leveraging global expertise to enhance the quality of studies conducted. Also, advocacy for policy reforms that prioritize PE evaluations in healthcare planning and budgeting can create a conducive environment for the widespread adoption of PE in the country's healthcare system, ensuring that decisions are evidence-based and cost-effective.

Conclusion: The evaluation of PE reveals challenges and opportunities for its integration into healthcare decision-making processes. By addressing the current needs through capacity building, international collaboration, and policy advocacy, Libya can harness the benefits of PE to optimize resource allocation, improve patient outcomes, and enhance transparency in healthcare policy decisions. Moving forward, a concerted effort to overcome the challenges and capitalize on the potential of PE will be essential in shaping a more efficient and effective healthcare system in Libya.

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Conflict of interest: The author declares the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Ethical issues: Including plagiarism, informed consent, data fabrication or falsification, and double publication or submission were completely observed by the author.