

## Libya



© United Nations Cartographic Section

The structure of the Libyan Government is a democracy in transition having recently elected the General National Congress from which a new constitution will be developed; all political authority is vested in the Government in Tripoli. Libya, with a per-capita income (PPP current international) of US\$ 16,897 is ranked 64 out of 186 countries in HDI, dropping from 53 in 2010. The Gender Inequality Index for Libyans is 0.216 and ranks 64 out of 186 dropping from 51 in 2011. Libya is one of the driest countries in the world, with only 7percent of its land receiving annual rainfall of over 100 mm. About 95% of the country is desert. Total mean annual runoff calculated or measured at the entrance of the wadis in the plains (or spreading zones) is roughly estimated at 200 million m<sup>3</sup>/year.

### HEALTH & DEVELOPMENT

Total population, thousands <sup>1</sup>	6,355
% population Under 15 <sup>1</sup>	30.0
Population distribution % urban <sup>1</sup>	78.0
Life expectancy at birth(2009) <sup>1</sup>	72
Fertility rate, total (births per woman) <sup>1</sup>	2.6
Under 5 mortality rate per 1000 live births <sup>1</sup>	17.0
Maternal mortality ratio per 100 000 live births <sup>1</sup>	58.0
Total expenditure on health as %e of GDP (2009) <sup>1</sup>	3.3
General government expenditure on health as % of the total government budget (2009) <sup>1</sup>	5.5
Human Development Index Rank, out of 186 countries <sup>2</sup>	64
Per Capita Gross Domestic Product (PPP current international US\$, 2009) <sup>3</sup>	16,897
Adult (15+) literacy rate <sup>4</sup>	88.5
Adult male (15+) literacy rate <sup>4</sup>	93.7
Adult female (15+) literacy rate <sup>4</sup>	83.2
% Population with sustainable access to water source <sup>1</sup>	N/A
% Population with sustainable access to improved sanitation <sup>1</sup>	97.0

Sources

<sup>1</sup>WHO: World Health Statistics 2012, [http://www.who.int/gho/publications/world\\_health\\_statistics/2012/en/index.html](http://www.who.int/gho/publications/world_health_statistics/2012/en/index.html), 24 March 2013.

<sup>2</sup>UNDP: Human Development Report 2013, <http://hdr.undp.org/en/reports/global/hdr2013/download/>

<sup>3</sup>World Development Indicators & Global Development Finance, <http://www.worldbank.org/>, 24 March 2013.

<sup>4</sup>WHO: Regional Health Observatory <http://rho.emro.who.int/rhodata/>, 24 March 2013.

**Health System:** The country is providing comprehensive health care including promotive, preventive, curative and rehabilitative services to all citizens free of charge through primary health care units, health centres and district hospitals. In addition to Districts secretariats of health, the army and the National Oil Company provide health services to members of the armed forces and company employees. A growing private health sector is also emerging, although currently it has a limited role. In the public sector there are 9 medical schools, 7 dental schools and 6 pharmacy schools producing human resources for health. In addition, 14 nursing schools and 9 allied health sciences and technical institutions produce allied health personnel. The government has decided to encourage the expansion of private clinics and hospitals. As well, serious attempts are being made to introduce the family physician practice along with the necessary rules. Establishment of the Health Information and Documentation Centre to coordinate collect and report on national health data has been a positive step towards the development of national health information system. The Libyan pharmaceutical sector is predominantly public, with the government aiming to provide medicines to all citizens.

**Life courses:** Health indicators and level of literacy among women are very good.

**Communicable Diseases:** A hepatitis B and C sero-prevalence survey completed in 2004 showed prevalence rates for hepatitis B of 2.18%, and hepatitis C of 1.19%. A vaccination programme for Haemophilus influenza type B has been initiated. Poliomyelitis has been eradicated, and a surveillance programme for polio as well other communicable diseases is in place. Based on the national sero-prevalence surveys in 2004, the prevalence rate of AIDS is at 0.13% of the general population. Although the country has a low incidence of tuberculosis, 60% of cases occur in the productive age group of 15–56 years.

**Noncommunicable Diseases:** Cardiovascular diseases, hypertension, diabetes and cancer contribute significantly to mortality and morbidity and have put a considerable strain on health expenditure. The main causes of death are cardiovascular diseases (37%), cancer (13%), road traffic injuries (11%) and diabetes (5%). The prevalence of risk factors for noncommunicable diseases has risen as a result of changing lifestyles. More than 30% of the adult male population smokes regularly. Approximately 1.2 percent of the population is blind, mainly due to cataract. Trachoma remains endemic in some pockets in the country. Road traffic crashes, which result in 6 deaths per day and even higher figures for disability, account for a significant burden of disease. The country recently carried out a national STEPS survey. Psychosocial stressors were identified as a key challenge during the conflict and post recovery phase.

**Emergency and Humanitarian Crises:** has recently been designated as recovery country as per the UNCT of Libya and as such the UN mission is supporting the Libyan state.

## PARTNERS

UNICEF, UNDP, UNHCR, UNAIDS, FAO, UNESCO, UN-HABITAT, UNFPA, and EC

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• Recognized that the health status (as measured by key health indicators) are good;</li> <li>• Observed a high level of literacy and empowerment of women in economy and development;</li> <li>• Committed to a new environment of cooperation within the international scene;</li> <li>• Promoted a willingness of Western countries to collaborate with Libya.</li> </ul>	<ul style="list-style-type: none"> <li>• Committed to undertaking health sector reform;</li> <li>• Harmonization of national policies and strategies with the decentralized shabiat system;</li> <li>• Developed a health care financing and universal coverage;</li> <li>• Developed a human resources system for assessment, production and management;</li> <li>• Streamlined and strengthened PHC referral system;</li> <li>• Developed a comprehensive programme for prevention and control of noncommunicable diseases;</li> <li>• Mobilized adequate, timely, additional resources from internal and external resources for implementation of health programmes;</li> <li>• Developed a coordinating mechanisms and procedures for close collaboration between health and health related ministries and institutions;</li> <li>• Developed effective partnership between private and public health sectors;</li> <li>• Required functionality of procurement system for medical supplies;</li> <li>• Enhanced access to quality mental health and psychosocial care services required.</li> </ul>

## WHO STRATEGIC AGENDA 2010-2015

The Government of Libya and WHO collaboration will focus on the following strategic priorities:

- **Health System Strengthening:** Developing a long term national vision for health development and reform and up-grade the health system, strengthening the national system for human resources development and strengthening policies and measures for strengthening partnership and coordination.
- **Noncommunicable diseases:** Up-grading the national health promotion, education, healthy life style, control non-communicable, mental health and road traffic accidents and injuries prevention programmes.
- **Life-courses:** Developing national policies and mechanisms for maximizing the contribution of programmes/ sectors dealing with environmental and social determinants of health.
- **Communicable diseases:** Maintaining the good progress on control of communicable disease and strengthening surveillance and capacity for epidemic and pandemics.
- **Emergency preparedness and response:** Strengthening preparedness and capacities for emergency.

## ADDITIONAL INFORMATION

WHO country page: <http://www.who.int/countries/lby/en/>

© World Health Organization 2013 - All rights reserved.

The Country Cooperation Strategy briefs are not a formal publication of WHO and do not necessarily represent the decisions or the stated policy of the Organization. The presentation of maps contained herein does not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delineation of its frontiers or boundaries.

This brief is available online at <http://www.who.int/countryfocus>  
WHO/CCO/13.01/Libya

Updated May 2013