HEALTH SITUATION

The ongoing civil conflict and fighting have interrupted many of the health programs and are impacting negatively on all aspects of health and on the health sector with large-scale displacements, damage to vital infrastructure including health facilities and thousands of dead and injured, in 2013 an estimated 3606 death (60.1%) caused by road traffic and 6840 are war death. An estimated 1.33 million people are in need of humanitarian assistance (0.94 million are targeted in 2017). The health profile in Libya had changed in the last decade with an increasing burden of non-communicable diseases due to demographic and life style changes. In 2012 cardiovascular diseases accounted for 37% of causes of death followed by cancer 13% and Road Traffic Injuries accident. Similarly, obesity rates have been increasing in the last decade. HIV infections are rising especially among Intravenous Drug Users.

Currently the health services provision is disrupted in many areas due to security constraints, damage or closure of health facilities and even some of the main warehouses, departure of many foreign health professionals and reduced budgetary provision for purchasing of medicines and supplies. The health provision for some marginalized groups (Tawarga and Tawaragea) and some regions (South) and those in the conflict zone as Sirte are particularly scarce. Trauma and obstetric care are difficult to access in security compromised areas and current provision of mental health care services, psychosocial counseling and care for disabilities is inadequate to meet the needs of the post-conflict population.

Libya signed the Framework Convention on Tobacco Control (FCTC), which was officially ratified on 7 June 2005; nevertheless, smoking remains one of the major causes of the increased cardiovascular diseases rate. Libya in 2013 has also signed the protocol IULCT trade

Libya made significant progress towards achieving the targets of the MDGs up till the end of 2013, however the continuity of the intensified clashes in many areas in Libya till 2017 and the diminishing health care services in most of Libya (with special burden of EPI and reproductive health service provision ) have impacted on the MDG goals achievement.

HEALTH POLICIES AND SYSTEMS

The public health sector is the main health services provider. Health care services are delivered through a network of primary health care units, centers, polyclinics, and rehabilitation centers, general hospitals in urban and rural areas and tertiary care specialized hospitals. Since 2012, the health strategic plan of the Government of Libya aimed to improve equitable access and the quality of health services as well as access to psychosocial support and protection of vulnerable groups, such as children and IDPs. Different health policies were reviewed/developed in view of these plan and some of them were approved, while others are pending for approval. The increased clashes and administrative disputes since mid-2014 have led to the freezing of the implementation and approval of the new health policies till date. The health sector is highly dependent on foreign health workers and the ongoing civil conflict has led to their departure. The PHC network especially in the main cities is debilitated and a substantial part of the health expenditure is spent on sending Libyans for treatment abroad, however there was no budget allocated for the MOH in 2015 -16 except for the salaries.

The Emergency medical system had collapsed. Hospitals are struggling to cope with the casualties. With the aim of improving the preventive health care and the detection and response to diseases, National Center for Disease Control (NCDC) was established in 2002 in Libya to guide different programs on communicable diseases. In 2010 the same center was designated to guide the non-communicable diseases preventive and control programs. The NCDC has 51 adult vaccination Centers and a network of 36 program managers implementing the immunization program at district level. The reporting and communication within the network has improved than 2014 and currently most of sentinel sites are reporting regularly to NCDC.

The continued interrupted supply chain making it difficult to sustain the provision of specialized medicines for HIV, TB and even big number of essential medicines as well as disruption of prevention programs and initiates.

Care for patients with chronic diseases is compromised due to limited access as well as shortage of medicines, doctors and supplies. There are shortages in human resources for health.

In May 2009, the Libyan government Issued a decree banning smoking in public places and airports and increased the penalties for those who violate the ban. This has led to a decrease in the number of cigarettes sold and a reduction in the number of smokers. However, illegal smoking remains widespread in many areas of Libya.

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### Strategic Priorities

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<th>Strategic Priority</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| **STRATEGIC PRIORITY 1:** Developing long term national vision for health development and reforming and upgrading the health system | - Develop wide scale consultation system with all key stakeholders including the establishment of a national health forum and supporting setting policies, national strategies and reforms  
- Assist in development and implementation of updated primary health care and family practice projects and in defining the exact roles, responsibilities and functions of various levels in PHC referral system.  
- Strengthen the supply chain management and update regulation of medicines, vaccines and health technologies, including quality assurance of imported medicines.  
- Promote the use of standards, norms and criteria for rational use of health technologies and equipment in the public and private sectors.  
- Strengthen the capacity for analysis and use of health information (HIS) in policy, planning and management.  
- Strengthen the utilization and expansion of e-health in recording, education and services. |
| **STRATEGIC PRIORITY 2:** Strengthening the national system for human resources development through evidence based policy formulation, better coordination and strategic partnerships | - Assist in developing a national plan for human resources in consideration of the national health profile and in consultation with key authorities and concerned stakeholders, an HRH information system, and a system for continuous professional development for all health personnel.  
- Strengthen the accreditation system for institutions that are educating human resources for health and review curricula.  
- Strengthen the national regulatory systems, supported by appropriate legislation, to certify, register and license health personnel.  
- Formulate required plans of action and implement nursing education reforms outlined in the national nursing education strategy developed with support from WHO in 2005, with special focus on entry into professional practice (pre-registration) education. |
| **STRATEGIC PRIORITY 3:** Upgrading the national health promotion, education, healthy lifestyle, road safety and injury prevention programmes | - Develop or strengthen evidenced based health education/communication strategies and programmes with special focus on mothers, schoolchildren and youth.  
- Strengthen road safety and injury prevention through a multisectoral collaborative programme with partners, with special focus on youth and involvement of parents.  
- Support the establishment of a national elderly health care programme. |
| **STRATEGIC PRIORITY 4:** Upgrading the national programmes for mental health and prevention and control of noncommunicable diseases | - Monitor and evaluate non-communicable diseases prevention and control efforts including strengthening of surveillance systems.  
- Promote research for the prevention and control of noncommunicable diseases through the establishment of national reference centres and networks.  
- Promote partnerships for the prevention and control of noncommunicable diseases through the appropriate crosssectoral approach and collaboration with concerned professional associations.  
- Upgrade health care delivery and incorporate the control and management of non-communicable diseases into the primary health care system, with establishment of disease specific registry. |
| **STRATEGIC PRIORITY 5:** Developing national policies, strategies and mechanisms with the aim of maximizing the contribution of programmes and sectors that deal with environmental and social determinants of health | - Develop an evidence-based strategy and methodologies to promote and document the contribution of health related sectors to health development.  
- Develop evidenced-based strategies and approaches to enhance collaboration between health and related sectors and civil society organizations.  
- Scale up the environmental health authority in the GPCHE to fulfil its regulatory and surveillance role. |