The ongoing civil conflict and armed 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. Security constraints, damage, or closure of health facilities and some main warehouses, departure of foreign health professionals and reduced budgetary provision for medicines and supplies are among main reasons for health services provision. An estimated 1.056 million people are in need of humanitarian assistance in health sector (0.76 million are targeted in 2018 by health partners). The Service Availability and Readiness Assessment (SARA) survey carried out by WHO in 2016-2017 covered all 1,656 public health facilities in Libya and determined that 17.5% of hospitals were closed, and 20% PHC facilities were non-functional. While the general readiness score for the provision of basic services by functioning hospitals was 69%, general readiness score for primary health care facilities was only 45%, indicating that the capability to provide basic health services in these facilities is severely constrained. The greatest limitation was found in the availability of basic medicines across the country, with a score of only 16%. The health profile in Libya has 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 accidents. Similarly, obesity rates have been increasing in the last decade. HIV infection rates are rising especially among intravenous drug users but only eight facilities in Libya offer counselling and testing for HIV. The availability of preventive and curative services for children 0-5 in Libya is limited. Over one-third of municipalities cannot provide child health care to their constituents. Where PHC facilities do offer them, the service package is generally limited, focusing primarily on diagnosis and treatment of malnutrition, and treatment of pneumonia. Trauma and obstetric care are difficult to access in security compromised areas and current provision of mental health care services. UNHCR and the interim Government's National Strategy and Vision and aims to support the areas of security, democratic governance, transitional justice, social reconciliation, economic recovery and basic health services. Such an intervention in Libya is to be carried out closely coordinated their strategies for 2018 through the development of the Humanitarian Response Plan, and will continue to build and expand on this cooperation during the implementation of the UN Strategic Framework for 2019-2020 that has started with a view to complement current humanitarian efforts and support stabilization efforts and post-conflict recovery in Libya.
## WHO COUNTRY COOPERATION STRATEGIC AGENDA (continuing in 2018)

### Strategic Priorities

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<tr>
<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 fulfill its regulatory and surveillance role |