

Libyan Arab Jamahiriya



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The Libyan Arab Jamahiriya is an oil-producing country, with its main income coming from oil revenue. The administrative system of the country is highly decentralized. The country is divided into 33 *shabiat*s (districts). Each *shabiat* has its functional secretariats to plan, implement, monitor and evaluate development projects and services. A central coordination body is entrusted with consolidation of national plans, budgeting and reporting. The literacy and educational enrolment rates are highest in North Africa. The gradual reintegration of the Libyan Arab Jamahiriya into the international economy is leading to significant privatization.

HEALTH & DEVELOPMENT

Health status has improved: The Government provides free health care to all citizens. The country has achieved high coverage in most basic health areas. The mortality rate for children aged less than 5 years fell from 160 per 1000 live births in 1970 to 20 in 2000. In 1999, 97% of one-year-old children were vaccinated against tuberculosis and 92% against measles.

Disease control: The priority areas are: noncommunicable diseases, HIV/AIDS prevention and control, tuberculosis (TB) and disease surveillance. A strategic plan for 2005–2009 for HIV/AIDS includes the introduction of a harm reduction programme, voluntary testing and counselling. Cardiovascular diseases, hypertension, diabetes and cancer account for significant mortality and morbidity. The risk factors contributing to noncommunicable diseases also include emerging obesity and high level of smoking. Road traffic accidents (RTA) result in 4–5 deaths per day and are a major burden of disease.

Health services: The General People's Committee (GPC) through the Central Health Body is responsible for direction and performance of health services and health status. The actual execution is the mandate of the *shabiat*. Almost all levels of health services (promotive, preventive, curative and rehabilitative) are decentralized, except Tripoli Medical Centre and Tajoura Cardiac Hospital, which are centrally run. A growing private health sector is emerging. The Government encourages the expansion of private clinics and hospitals. The family physician practices and health insurance are being introduced. The country enjoys a very high rate of primary health care.

Health information system: The objective of national health information system strategy supports and enhances the CCS and all its strategic elements, including disease surveillance, burden of disease studies, health promotion, monitoring of national health related Millennium Development Goals (MDGs).

Water supply and sanitation: The Great Man-made River (GMR) project is transporting fresh water from underground aquifers in the south-east to supply major urban areas in the north. Also 11 new water desalination plants are being built. The environmental problems include over-exploitation of groundwater resources, pollution and poor waste management. A national approach is needed to link the environmental health activities, including food safety to related disease control programmes.

Total population (2005) ¹	6 100 000
% population under 15 (2005) ¹	32.4
Population distribution: % rural (2005) ¹	15
Life expectancy at birth in years (2004) ¹	69.5
Under 5 mortality rate per 1000 live births (2001) ¹	31
Maternal mortality ratio per 100 000 live births (2001) ¹	40
Total expenditure on health as % of GDP (2003) ¹	4.1
General government expenditure on health as % of general government expenditure (2003) ¹	5.9
Human Development Index Rank, out of 177 countries (2004) ²	64
Adult male (15+) literacy rate (%) (2003) ¹	91
Adult female (15+) literacy rate (%) (2003) ¹	81

References:

¹ The Work of WHO in the Eastern Mediterranean Region – Annual Report of the Regional Director, Cairo, EMRO, 2006

² Human Development Report, New York, UNDP, 2006.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> The gradual reintegration of the Libyan Arab Jamahiriya into the international economy is leading to better availability of medicines and health technologies Health care is available to all citizens free of charge by the public sector. A growing private health sector is emerging and health insurance is being considered. The country boasts the highest literacy and educational enrolment rates in North Africa. The Government is substantially increasing the development budget for health services. Clear-cut and comprehensive strategies have been prepared for HIV/AIDS and TB 	<ul style="list-style-type: none"> The human resources for health planning, production and management pose considerable challenge. There is an urgent need for improving the health information system in a way that it is maintained as part of the health system in a coordinated manner to serve all health care delivery areas Coordination among national institution is a challenge. Also procedures and application protocols are needed for better management and accountability. The highest toll of morbidity and mortality are related to noncommunicable diseases, but diseases such as HIV/AIDS, hepatitis, measles and tuberculosis still pose a problem. The high prevalence of smoking and road traffic accidents are challenges for health and all related sectors.

PARTNERS

Currently, the Libyan Arab Jamahiriya receives no external funds as development aid from any source of any kind. The contribution of UN agencies other than WHO to health development has been relatively scarce. UNDP is actively working in the health sector through two UN thematic groups. The HIV/AIDS group has been functional since 2003. The UNDP to conduct rapid assessment of drug abuse and the drug abuse thematic group has just been formed. Technical cooperation existed with Italy.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • After lifting the embargo and the reactivation of the Libyan Arab Jamahiriya's relationship with the United States of America and Europe, it is expected that technical support will be offered in health sector development and especially in health system reform. • There are efforts to try to involve other countries as well • The contribution of UN agencies is expected to be strengthened in the near future and the continued cooperation with UNICEF will strengthen the UN team in the country. 	<ul style="list-style-type: none"> • Existence of many institutions which lead to problems related to coordination of health programmes. This may hinder partnership. • To establish norms, procedures and identify priorities for collaboration with the partners and external assistance. • To develop a comprehensive health sector review and seek potential external partners to participate in its implementation.

WHO STRATEGIC AGENDA (2005- 2009)

WHO cooperation with the Libyan Arab Jamahiriya will focus on these issues and technical support is needed in the following strategic directions:

- Attainment of better health and quality of life
- Governance and institutional development
- Human resources development
- Redesigning the health care system
- Quality, clinical excellence and performance management
- Health care financing
- Development of national health information system
- Information and communication technology for healthcare
- Drugs and health technology
- Reducing the burden of disease



ADDITIONAL INFORMATION

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

EMRO country profile page <http://www.emro.who.int/emrinfo/index.asp?Ctry=liy>

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