World Health Organization

Eastern Mediterranean Region

LIBYA ANNUAL REPORT 2024

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Acronyms and abbreviations

AFP	acute flaccid paralysis
AMR	antimicrobial resistance
EPI	Expanded Programme on Immunization
HIS	health information system
HeRAMS	Health Resources and Services Availability Monitoring System
IPC	infection prevention and control
IHR	International Health Regulations
MoU	memorandum of understanding
NCDs	noncommunicable diseases
RCCE	risk communication and community engagement
PHC	primary health care
PTSD	post-traumatic stress disorder
SDGs	Sustainable Development Goals
SOPs	standard operating procedures
TB	tuberculosis
UHC	universal health coverage
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
WASH	water, sanitation and health
WHO	World Health Organization

Foreword

Dr Ahmed Zouiten

WHO Representative in Libya

The year 2024 was a critical chapter in Libya's health sector – a year marked by both complex humanitarian challenges and meaningful strides toward health system transformation. Despite the continued impact of political instability, population displacement and climate-related emergencies, the WHO Country Office, in partnership with the Ministry of Health and other national stakeholders, remained steadfast in its mission to protect and promote the health of all people in Libya.

This annual report reflects the collective efforts undertaken to strengthen the national health systems to enhance service delivery and respond to emerging health threats across the country. In 2024, WHO supported Libya in advancing the digitalization of its health information systems, implementing large-scale immunization campaigns, enhancing mental health and psychosocial services and reinforcing primary health care. These efforts have laid the foundation for improved public health outcomes and more resilient, data-driven service delivery, particularly at the community and primary care levels.

The report also highlights key emergency responses, including WHO's swift support during the continued Sudanese refugee influx and the aftermath of extreme weather events. From emergency medical deployments and expanded water, sanitation and health interventions, to the launch of Libya's first formal national mental health strategy and operationalization of the One Health approach, the milestones presented in this report demonstrate WHO's deep and sustained engagement across multiple levels of Libya's health system.

Last year also saw the finalization of several national roadmaps and frameworks, including strategies for HIV, reproductive and maternal health, infection prevention and control and health emergency preparedness. These strategic documents represent a shift toward long-term sustainability and national ownership.

As we look ahead, WHO remains fully committed to supporting Libya's journey toward universal health coverage, health security and sustainable development. The challenges are significant but so too is the resilience, commitment and potential of the Libyan people and health institutions. This report is not only a record of what was accomplished, it is a call to action for continued investment, coordination and innovation in service of the health and dignity of every person in Libya.

"The challenges are significant but so too is the resilience, commitment and potential of the Libyan people and health institutions"

Milestones in 2024

Jan 2024

WHO paid a two-day field visit to Al Bayda and Derna, and delivered mobile clinics, medicines and medical supplies to strengthen and expand the **functionality of health services** in the affected areas

May 2024

WHO and health authorities endorsed the national strategy for **mental health** in Libya

Jun 2024

WHO organized a series of advanced training in Al Bayda in favour of 85 health personnel working in Derna's hospitals and **hospitals in the flood-affected areas**

Sep 2024

WHO and health authorities in Tripoli held the first meeting of Libya's **One Health** Task Force Core Group

Nov 2024

In a pioneering initiative in Libya, WHO, in partnership with health authorities, trained 20 primary care physicians to improve early **childhood cancer detection** and streamline referrals for prompt diagnosis and treatment

Dec 2024

WHO intensified its efforts to raise **HIV/AIDS awareness** across Libyan cities as part of a month-long campaign marking World AIDS Day on 1 December

Executive summary

The 2024 Libya annual report provides a comprehensive overview of the WHO's efforts to support and strengthen Libya's health system amidst persistent political instability, humanitarian crises and emerging health challenges. This summary highlights the critical priority areas and key findings that will guide strategic planning and resource allocation moving forward.

Significant progress has been made in the digital transformation of Libya's health information systems, particularly through the integration of platforms, such as DHIS2 and HeRAMS. These advancements have improved data collection and analysis capabilities. However, challenges remain in ensuring consistent and high-quality reporting across health facilities nationwide.

Access to safe water and adequate sanitation continues to be a major concern. Coverage of safe drinking water has declined from an estimated 95% in 2011 to 64% in 2019, while deficiencies in wastewater treatment infrastructure pose ongoing risks to public health. These challenges are especially present in underserved and conflict-affected regions, where waterborne diseases and poor hygiene conditions threaten vulnerable populations.

The mental health impact of prolonged conflict and instability is profound. Around 22% of the affected population suffer from various mental health conditions. WHO's capacity-building initiatives have equipped over 230 health care and education personnel with the skills needed to address these needs, culminating in the adoption of Libya's first formal National Mental Health Strategy in early 2025, which is an important milestone in strengthening psychosocial support services.

Noncommunicable diseases (NCDs) remain a growing burden requiring coordinated multisectoral action. The national five-year NCD strategy, covering 2025 to 2029, has been finalized, alongside expanded training for more than 130 health care providers focused on breast and cervical cancer screening and early detection.

WHO logistics teams dispatch medical supplies to health facilities across Libya. © WHO

A health worker vaccinates a child during outreach in a displacement camp in Libya. © WHO

These efforts are critical to reducing the long-term impact of chronic illnesses on the population.

Immunization campaigns continue to play a vital role in protecting public health, with supplementary immunization activities reaching approximately 1.35 million children across Libya in 2024. Despite challenges, such as vaccine hesitancy and logistical constraints, causing regional disparities, notable progress was made in controlling measles and rubella, contributing to the maintenance of Libya's polio-free status.

Infection prevention and control (IPC), alongside antimicrobial resistance (AMR), have received significant attention. The establishment of Libya's first national IPC programme and AMR committee marks an institutional step forward, with ongoing efforts focused on improving implementation, surveillance and laboratory capacity.

Emergency preparedness was strengthened through Libya's inaugural all-hazards risk profiling and the joint external evaluation (JEE) self-assessment, conducted under the International Health Regulations (IHR 2005) framework. These assessments identified key risks, such as flooding, population displacement and respiratory disease outbreaks, informing improved emergency health planning.

The influx of over 85 000 Sudanese refugees in 2024 placed considerable strain on health services. WHO's coordinated emergency medical deployments, mobile clinics and mental health support have been essential in responding to the urgent needs of refugee and host communities in affected areas.

Tuberculosis (TB) remains a significant public health challenge, particularly among migrants and displaced populations. WHO's support in expanding diagnostic capacity and integrating care has been pivotal. HIV treatment coverage improved to 44%, with continued efforts to reduce stigma and increase access to testing and care.

Finally, the deployment of community health workers to remote and underserved regions, combined with enhanced digital health data systems, has improved service delivery and strengthened health monitoring capabilities, bringing essential care closer to vulnerable populations.

While Libya has made considerable progress across its health sector, numerous challenges persist. Continued investment is vital to sustain progress in health information systems, WASH infrastructure, mental health services, immunization equity and emergency preparedness.

Health information system

In 2024, the World Health Organization (WHO) continued its leadership efforts in strengthening Libya's national health information system (HIS), in close collaboration with the Ministry of Health. All activities were aligned with the 2024–2025 HIS operational plan, with a particular focus on the digitalization of the health sector, expansion of the Health Resources and Services Availability Monitoring System (HeRAMS), guiding monitoring of the health-related Sustainable Development Goals (SDGs), enhancing the registration of cause of death data, strengthening functionality of the DHIS2 platform and improving data quality, analytics, and evidence-based decision-making across all levels of health service delivery.

Libya's health system continues to face considerable challenges, including fragmented health information systems, inefficiencies in patient and hospital management, and outdated infrastructure. These challenges have been further compounded by ongoing political instability, which has limited the Government's ability to modernize the health sector.

To address these gaps and build a more resilient and patient-centred health care system, the Ministry of Health and WHO have prioritized digital transformation. A five-year roadmap, 2025–2030, was developed to support the creation of an integrated, digitally enabled health system aimed at achieving universal health coverage (UHC) and improving care delivery for all Libyans. This roadmap promotes the adoption of integrated digital health solutions, including electronic health records and hospital management systems, using open-source platforms tailored to Libya's needs.

In 2024, WHO launched a comprehensive assessment of the national HIS using the SCORE Health Data Technical Package. This global framework guides countries in strengthening data systems through five key interventions: surveying populations and health risks, registering births

81 International Classification of Diseases (ICD) coders and physicians from selected public hospitals across Libya were trained

WHO and partners train health workers in accurate death certification, in line with the International Classification of Diseases. © WHO

and deaths (including causes), optimizing health service data, reviewing progress and performance and enabling data use for policy and action. The assessment process began with a multisectoral workshop held in Tripoli on 2–3 October 2024, followed by nationwide data collection from November 2024 to January 2025. The findings are under processing by the WHO Regional Office for the Eastern Mediterranean and will be used to inform the revision of Libya's national HIS strategy.

WHO also continued supporting improvements to civil registration and vital statistics. As part of this effort, WHO supported capacity-building on the use of the International Classification of Diseases (ICD) coding system, now integrated into the DHIS2 platform. In 2024, 81 ICD coders and physicians from selected public hospitals across Libya were trained. Additionally, a roadmap for rolling out HeRAMS at the primary health care (PHC) level nationwide was developed, following a scoping exercise to assess needs and feasibility of implementation of the system.

In support of Libya's digital health transformation, WHO organized four training workshops in the western and central regions. These sessions, conducted for the first time, jointly targeted Health Services Administration Officers and HIS focal points at the municipality level. The workshops aimed to raise awareness of national digital health initiatives and build capacity to use DHIS2 and HeRAMS platforms for improved data collection, reporting and evidence-based health planning.

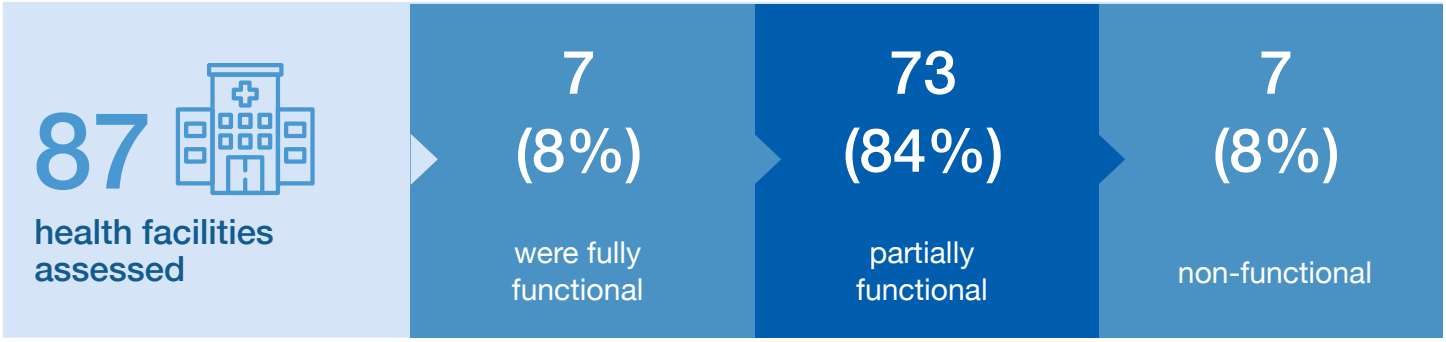
To enhance the technical capacity of the Ministry of Health's Health Information Centre, WHO supported the participation of two of the Centre's core team members in advanced training on DHIS2 Tracker Data Capture and Analysis. The training, delivered by the University of Oslo and HISP India, was held in New Delhi from 18 to 23 November 2024 to strengthen national capacity to provide technical support and improve the sustainability and performance of the DHIS2 platform.

While DHIS2 achieved 100% national geographic coverage by March 2023, consistent reporting from health facilities remains a challenge. In response, WHO and the Ministry of Health initiated supervisory site visits to monitor compliance, identify challenges and implement corrective measures. The first round of visits took place in Suq Aljuma Municipality (Tripoli) from 16 to 23 December 2024, targeting five health facilities. Key focus areas assessed included data entry compliance, reporting timeliness and completeness and local data management capacity. These visits led to noticeable improvements in DHIS2 data quality and reporting compliance. Additional supervisory visits are planned for 2025, targeting health facilities across eastern and southern Libya.

In response to the Sudanese refugee emergency in Al Kufra, eastern Libya, WHO conducted a detailed assessment of health service availability in refugee-hosting areas, including Al Kufra, Ejdabia and Al Ghatroun. Of the 87 health facilities assessed, only 7 (8%) were fully functional, 73 (84%) partially functional, and 7 (8%) non-functional. Key barriers to functionality included staff shortages, lack of medical supplies and insufficient equipment. WHO developed a digital dashboard to visualize these data, enabling interactive browsing of health facility status in refugee-hosting areas. Facility caseloads in these areas are monitored through the DHIS2 platform.

WHO also supported the development of dedicated tools and dashboards for monitoring caseloads reported by emergency medical teams and mental health and psychosocial support teams.

Finally, in collaboration with the Ministry of Health and national stakeholders, WHO finalized a comprehensive guide for reporting national health indicators designed to support effective monitoring and evaluation of Libya's health system performance.



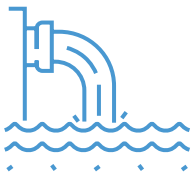
Water, sanitation and hygiene interventions

Access to safe water, sanitation and hygiene (WASH) services remains a serious public health challenge in Libya, with an annual renewable water resource of only 108 cubic metres per person, far below the internationally recognized threshold of 1000 cubic metres. Libya relies heavily on non-renewable groundwater sources, which account for 97% of total water use across domestic, agricultural and industrial sectors. Besides physical water scarcity, outdated infrastructure, limited wastewater treatment and gaps in institutional coordination continue to hinder the delivery of essential WASH services.

Despite a reported 95% coverage of safe drinking water in 2011, national access had dropped to an estimated 64% by 2019. The shortfall is increasingly met by private water vendors and trucking services, often drawing from inadequately regulated or saline sources. Sanitation access remains a growing concern. As of 2022, approximately 540 000 people lacked access to basic sanitation—an increase from 490 000 in 2015. Only 69% of the population is connected to a sewerage system, and just 10% of wastewater receives treatment. These figures highlight the ongoing risks to public health, particularly in densely populated and underserved areas.

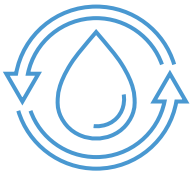
69%

of the population is connected to a sewerage system



10%

of wastewater is treated



WHO teams on the ground in Zliten, assessing the health landscape and reinforcing public and environmental well-being. © WHO

In 2024, WHO supported national authorities in addressing key WASH priorities through both emergency response and system-strengthening initiatives, focusing on the most affected areas, including Zliten and Al Kufra.

In Zliten, located in northwestern Libya, rising groundwater levels in recent years have severely impacted residential and agricultural zones, with the situation escalating into an emergency in early 2024. On 5 February 2024, the Government declared a state of emergency following the worsening conditions, which led to the evacuation of several families. In coordination with local authorities, including the Zliten Municipality Council, Disease Surveillance Department, and Environmental Sanitation Department, WHO conducted a rapid field assessment to evaluate the extent of the crisis and provide technical guidance. The assessment concluded with several key recommendations, including the need for immediate groundwater withdrawal, the establishment of a dewatering system to protect infrastructure and public health, and enhanced surveillance of waterborne and vector-borne diseases. WHO further recommended the development of a groundwater monitoring plan, improved water quality testing in accordance with national and WHO standards, and the disinfection of shallow wells, particularly those used by households and water tankers.

In parallel, WHO responded to the escalating humanitarian needs in Al Kufra, southeastern Libya, following a sharp increase in Sudanese refugee arrivals. Refugees are primarily housed on informal farms that lack adequate access to clean water, sanitation facilities, and solid waste services, significantly increasing the risk of disease outbreaks. In coordination with local health authorities, WHO conducted a WASH assessment in refugee-hosting areas to determine water contamination risks and assess the condition of sanitation and waste management systems. The assessment informed WHO's targeted support, which included the provision of essential hygiene supplies, water storage solutions, emergency latrines, water purification tools and resources for vector control. These interventions were designed to benefit both refugee and host communities and to reduce the risk of WASH-related health threats.

In both contexts, WHO's work aligns with its broader mandate to support national health systems in strengthening environmental health services and preventing disease outbreaks linked to inadequate WASH infrastructure. In addition to immediate response activities, WHO continues to advocate for a more structured national water quality monitoring programme and greater integration of WASH within Libya's health emergency preparedness and response frameworks.

As WASH-related vulnerabilities persist across Libya, WHO remains committed to supporting the Ministry of Health and national partners in improving access to safe water and sanitation services as a critical foundation for health, dignity and disease prevention.

WHO conducted a rapid field assessment to evaluate the extent of the crisis and provide technical guidance. The assessment concluded with several key recommendations, including:

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the establishment of a dewatering system to protect infrastructure and public health

enhanced surveillance of waterborne and vector-borne diseases

Mental health and psychosocial support

The ongoing political instability and security challenges in Libya have had a profound impact on the mental, emotional and social well-being of the population. Although no official national data exist on the prevalence of mental health conditions, WHO estimates that approximately 22.1% of individuals in conflict-affected populations, such as Libya, suffer from mental health conditions at any given time. This includes 13% experiencing mild forms of depression, anxiety, or post-traumatic stress disorder (PTSD), 4% with moderate forms, and 5.1% living with severe conditions such as schizophrenia, bipolar disorder or severe PTSD.

In 2024, WHO intensified its efforts to address the growing mental health needs across Libya, particularly in underserved and high-risk areas. Southern Libya remains particularly vulnerable due to chronic shortages in mental health professionals, lack of access to specialized services and overall limitations in mental health care infrastructure. In response, WHO continued to provide technical support to the Ministry of Health with the goal of strengthening the national mental health system and improving psychosocial well-being.

As part of capacity-building efforts, WHO trained 95 doctors on the use of the WHO Mental Health Gap Action Programme Humanitarian Intervention Guide (mhGAP-HIG), alongside ongoing supervision and technical mentorship. Over 60 nurses received training in psychological first aid and stress management techniques to improve frontline response capacity. Furthermore, 80 school personnel were trained using the WHO School Mental Health Package to promote mental well-being among children and adolescents in educational settings. Mental health considerations were also integrated into reproductive health programming, where more than 90 doctors, nurses and midwives were trained on managing mental health issues

Derna education staff attend a training workshop on the school mental health package. © WHO

affecting women, including those related to trauma and gender-based violence.

In May 2024, WHO organized a national workshop that brought together mental health professionals and key stakeholders from across Libya. The workshop facilitated the finalization of Libya's National Mental Health Strategy, which prioritizes mental well-being as a cornerstone of a resilient and healthy society. This marks the first time Libya has adopted a formalized mental health strategy, which was officially endorsed by the Ministry of Health in January 2025, with technical support from WHO.

In the context of emergencies, WHO continued to deliver mental health and psychological support services through its multidisciplinary response teams. Following the devastating floods in eastern Libya, more than 3000 individuals received specialized mental health consultations between September 2023 and March 2024. These services were essential in addressing the psychological impact of displacement, loss and trauma.

In Al Kufra, where refugee and migrant populations have grown significantly, WHO deployed psychiatrists to the psychiatric centre to enhance access to mental health services. Approximately 1500 specialized mental health consultations were provided in 2024 to individuals, including refugees and migrants, with varying mental health conditions. WHO also supported the centre by supplying essential psychotropic medications to ensure continuity of care.

To further strengthen the coordination of mental health responses in Al Kufra, WHO worked closely with the National Libyan Authority for mental health and psychosocial support to convene regular coordination meetings with key partners. These included the Ministry of Health, the United Nations Refugee Agency, United Nations Population Fund, International Medical Corps, International Organization for Migration, United Nations Children's Fund (UNICEF), International Crescent of the Red Cross and other humanitarian actors involved in supporting refugees and migrants.

Through its technical leadership, direct service delivery and capacity-building initiatives, WHO continues to play a central role in shaping and strengthening Libya's national mental health and psychological support response, contributing to long-term health system resilience and improved mental health outcomes for both host and displaced populations.

3000

individuals received specialized mental health consultations between September 2023 and March 2024 following the devastating floods in eastern Libya

1500

specialized mental health consultations were provided in 2024 to individuals, including refugees and migrants, with varying mental health conditions

90

doctors, nurses and midwives were trained on managing mental health issues affecting women, including those related to trauma and gender-based violence

80

school personnel were trained using the WHO School Mental Health Package to promote mental well-being among children and adolescents in educational settings

Noncommunicable diseases

In 2024, WHO Libya, in collaboration with national and international partners, continued to advance efforts to reduce the burden of noncommunicable diseases (NCDs) in Libya. Through policy development, capacity-building and multisectoral coordination, significant progress was made in prevention, early detection and improved management of NCDs.

Two consultative meetings were held in June with representatives from 21 ministries and entities, resulting in a robust final draft of the national multisectoral NCD strategy. This draft was subsequently reviewed by the WHO Regional Office to ensure alignment with global best practices and regional health priorities. The final version of the strategy, which spans five years from 2025 to 2029, is now ready for launch in early 2025. It will serve as a guiding framework to coordinate and strengthen Libya's response to NCDs across all sectors.

A high-level meeting on 10 June brought together the Ministry of Health, targeted departments and the National Cancer Control Authority to reaffirm commitment to the "Improving health outcomes for children with cancer in Libya" project.

Following this, project activities officially resumed on 1 November. WHO continued to work closely with paediatric oncology departments in Tripoli, Benghazi and Misrata, focusing on capacity-building, ensuring essential medication supplies and strengthening palliative care and psychosocial support for children and their families.

As part of efforts to enhance early detection of breast cancer – the most common cancer among women in Libya – WHO collaborated with the Libyan Society of Radiology and the National Cancer Control Authority during the Second Libyan Society of Radiology Conference in Misrata.

A total of 53 radiologists from across Libya were trained in advanced breast imaging techniques, including ultrasound, mammography, MRI and ultrasound-guided biopsy procedures.These specialists will be certified to lead the national breast cancer screening programme under the National Cancer Control Authority, further expanding Libya's capacity for early detection and diagnosis.

As part of ongoing efforts to strengthen cervical cancer prevention in Libya, WHO supported a series of training of trainers workshops, in collaboration with the Ministry of Health/National

WHO held an awareness workshop to strengthen cervical cancer prevention. © WHO

Centre for Disease Control, and with support from the European Union (EU). The first workshop was held in October in Tripoli, followed by two additional workshops in December in Misrata and Benghazi.

Each three-day workshop brought together 30 PHC professionals, including gynaecologists, general practitioners, nurses and midwives, to build their capacity in human papillomavirus (HPV) awareness, cervical cancer screening and early detection. These workshops were designed to ensure that trained professionals can cascade this knowledge within their respective PHC centres, enhancing the reach and sustainability of cervical cancer prevention efforts across the country.

Libya was one of the earliest countries in the Region to introduce the HPV vaccine, demonstrating strong national commitment to reducing the burden of cervical cancer and improving women's health. The workshops received positive feedback from participants, who highlighted the practical relevance of the sessions and expressed readiness to integrate this learning into daily practice.

In 2024, WHO supported the implementation of three training of trainers workshops in Benghazi, Tripoli and Misrata to improve the early recognition and timely referral of childhood cancer cases. These workshops were funded by St. Jude Children's Research Hospital and delivered in collaboration with the Primary Health Care Institute, as part of the Global Initiative for Childhood Cancer. Over three days in each city, a total of 60 general physicians from 37 PHC centres were trained in the early identification of childhood cancer signs and the appropriate referral pathways. The workshops included practical case studies and interactive discussions, led by paediatric oncology experts from Tripoli, Benghazi and Misrata.

These efforts have already led to positive results on the ground, with trained physicians actively referring suspected cases to specialized care facilities. This early detection and rapid referral is crucial to improving outcomes and survival rates for children with cancer in Libya.

In October 2024, WHO provided technical and logistical support for 10 specialized workshops held during the 10th annual Libya Cardiac Society conference in Misrata. These workshops targeted junior physicians and cardiology trainees, equipping them with essential skills and knowledge in cardiovascular disease prevention and emergency care. The workshops focused on key topics, including echocardiography (ECG), ECG interpretation, and advanced cardiac life support. Interactive sessions and practical demonstrations provided participants with hands-on experience, reinforcing best practices in managing cardiovascular emergencies and improving long-term outcomes for patients.

By collaborating with the Libya Cardiac Society and local health authorities, WHO is strengthening the capacity of Libya's health care workforce to address the growing burden of cardiovascular diseases, a leading cause of mortality and morbidity in the country.

Beyond these activities, WHO provided ongoing support to integrate NCD services into PHC and strengthen routine NCD surveillance. Technical discussions were held with the Ministry of Health on implementing the WHO HEARTS package, a comprehensive approach for managing cardiovascular diseases in PHC settings. Discussions focused on updating the national diabetes management guidelines to reflect the latest global recommendations and best practices.

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60 general physicians

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In 2024, WHO deepened its partnership with the National Cancer Control Authority to advance Libya's efforts in cancer prevention, early detection and care. Throughout the year, WHO worked closely with the National Cancer Control Authority to coordinate high-level dialogue and strengthen national initiatives. One of the key achievements was facilitating a series of discussions with the Authority, WHO Regional Office, the International Atomic Energy Agency and the International Agency for Research on Cancer. These discussions laid the groundwork for a potential joint IMPACT review mission in 2025, an important milestone that would provide a comprehensive external review and tailored recommendations to optimize Libya's cancer control efforts.

In addition, WHO and the National Cancer Control Authority focused on strengthening national cancer screening programmes and enhancing the national cancer registry. These initiatives are critical to improving early detection and building a more reliable, data-driven approach to cancer prevention and treatment across Libya.

A further highlight of WHO's collaboration with the National Cancer Control Authority in 2024 was the strengthened focus on palliative care. In July, a regional consultant for palliative care from the WHO Regional Office visited the National Cancer Control Authority and shared a draft national plan for palliative care. This engagement set the stage for future work to integrate palliative care as a core component of Libya's cancer control efforts.

6

health care staff from various hospitals were trained by WHO after completing six months of supervised palliative-care training

30

gynaecologists, GPs, nurses and midwives were trained to strengthen their capacity in HPV awareness, cervical cancer screening and early detection

Health officials and partners take part in a high-level consultative workshop on Libya's national strategy to prevent and control noncommunicable diseases. © WHO

Health officials and partners take part in a high-level consultative workshop on Libya's national strategy to prevent and control noncommunicable diseases. © WHO

Reproductive, maternal and child health

In 2024, WHO supported the assessment and strengthening of reproductive, maternal and child health services under the EU-funded One Health Project. In June and November a comprehensive readiness assessment was conducted in selected PHC centres in Tripoli, Benghazi, Zawiya and Sabha to evaluate the availability and capacity of services, with a focus on reproductive, newborn and child health. The assessment covered infrastructure, human resources, medical supplies and service delivery across facilities in Sabha (south), Benghazi (east), Zawiya and Souq Al Jumaa (west). Both preventive and curative services were evaluated.

Findings from the assessment revealed critical gaps, particularly in reproductive health services. None of the 19 PHC centres assessed were providing family planning services, although 13 were offering antenatal care (Fig. 1).

To address these gaps, WHO supported the training of 33 nurses and midwives in December 2024 on the delivery of sexual and reproductive health services. The training focused on improving access to services and equipping providers to identify, support, and to refer women and girls survivors of violence for appropriate care. The nurses and midwives were trained to ensure the availability of equitable access to services (preconception, antenatal and postnatal service) as part of UHC services. They were also sensitized on identifying, providing basic support and safely referring survivors when needed for more specialized services.

In the area of child health, the assessment found that 15 of the 19 centres were providing preventive and curative services for children under 5. However, there were gaps in the availability of essential child health interventions. Only 26% of PHC centres reported providing vitamin A, zinc and iron supplementation, and just 32% provided oral rehydration salts for children with diarrhoea. Additionally, while 58% of general practitioners used growth charts during consultations, only 74% utilized appropriate height and length measurement equipment. To improve child health care, WHO trained 23 general practitioners and paediatricians in December 2024 on the Integrated Management of Neonatal and Childhood Illness (IMNCI) approach, equipping them with skills to diagnose and manage common childhood illnesses effectively.

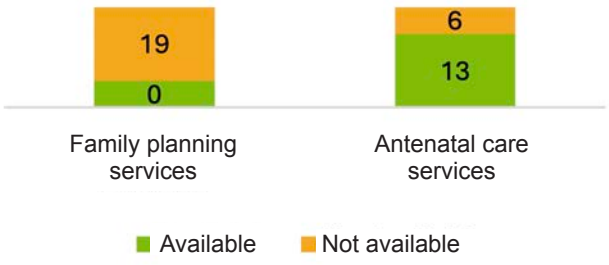

Fig. 1. Availability of reproductive health services in 19 PHC centres

WHO and the Ministry of Education train school staff on the health impacts of violence. © WHO

Between 22 January and 15 February 2024, WHO, in collaboration with the Ministry of Education and the School Health Directorate, conducted an awareness campaign on the health consequences of violence targeting 18 primary and secondary schools in nine municipalities across western Libya. The campaign reached 1490 school personnel, including teachers, principals and social workers. Of those reached, 98% were female participants. The campaign aimed to enhance the capacity of educational institutions to detect and appropriately respond to violence affecting children.

Nutrition

Malnutrition remains a major public health concern in Libya, particularly in crisis-affected areas. Undernutrition severely impacts physical health, cognitive development, immunity and long-term recovery, especially among vulnerable groups, such as children, pregnant and lactating women.

In response to the large-scale influx of Sudanese refugees into Al Kufra, WHO, in line with the global United Nations division of labour, assumed responsibility for the medical management of severe acute malnutrition. From August to December 2024, WHO emergency medical teams conducted nutritional screening in refugee settlements and host communities in Al Kufra, prioritizing children, pregnant women and lactating mothers. Over 9000 individuals were screened during this period, enabling early identification and referral of malnutrition cases.

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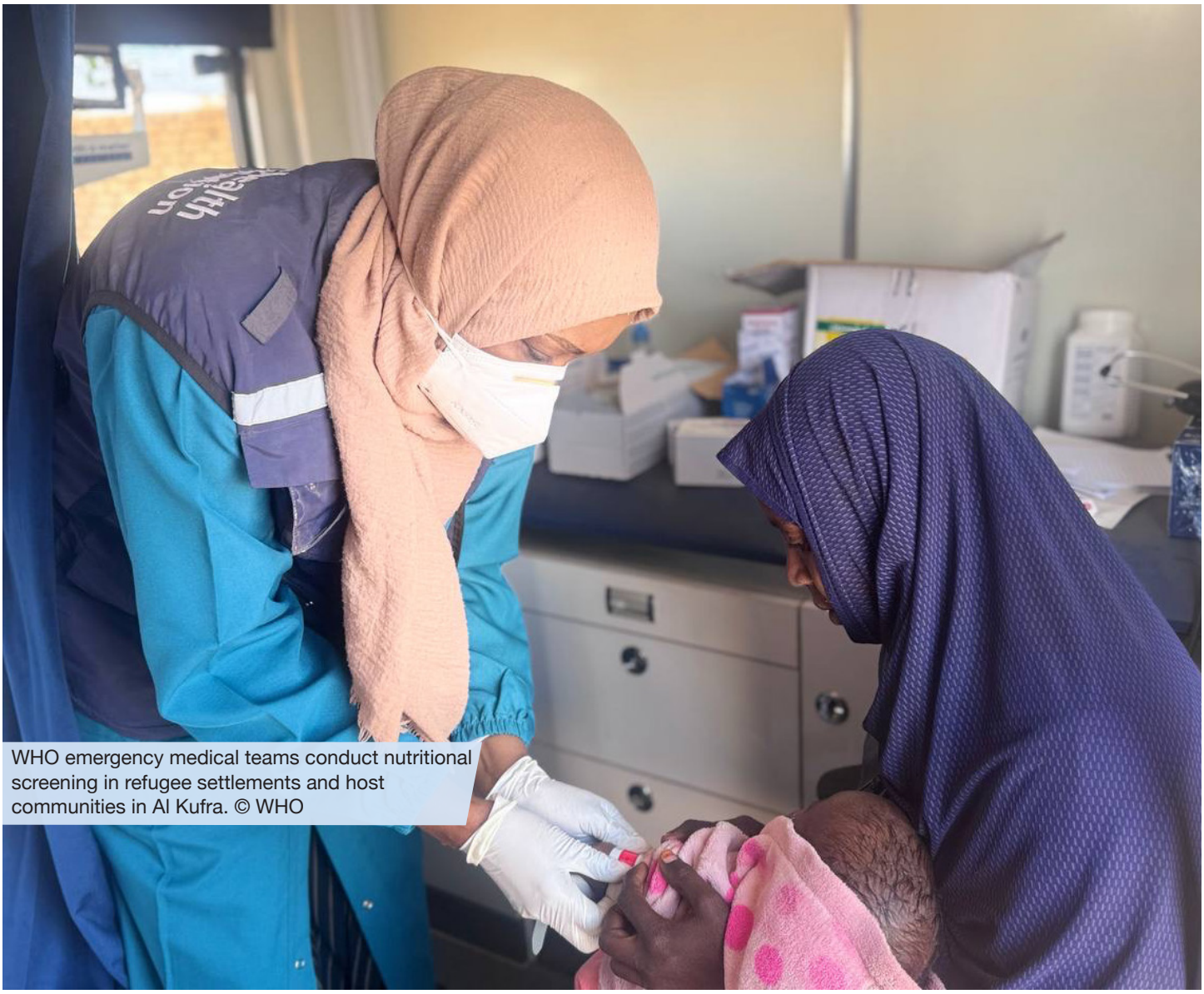


WHO emergency medical teams conduct nutritional screening in refugee settlements and host communities in Al Kufra. © WHO

Gender-based violence

Violence whether against children or women remains a significant public health concern in Libya. It violates basic human rights and poses long-term risks to physical, mental, sexual and reproductive health. According to the *Global status report on preventing violence against children, 2020*, the Region has the third highest child homicide rate globally. Beyond mortality, many children and women suffer from violence-related injuries, trauma and long-term developmental consequences.

WHO in Libya has adopted a multisectoral and integrated approach to addressing violence across health programmes. The Country Office has worked toward institutionalizing violence response mechanisms by embedding them within national strategies for mental health, sexual and reproductive health, HIV/sexually transmitted infections and child and adolescent health. WHO has also worked closely with the Ministry of Health to integrate essential services for survivors of violence, particularly violence against women and children, into the Essential Package of Health Services, with an emphasis on delivery through PHC systems.

In response to the Sudanese refugee crisis in Al Kufra, WHO prioritized the provision of survivors of violence-related health services. Training was conducted for general practitioners, nurses and midwives to ensure their ability to recognize, support and treat survivors, especially women and adolescent girls. WHO also supported capacity-building for emergency medical teams, providing training on LIVES (Linking Immediate and Victim-centered Emergency Services) and LIVESCC (Linking Immediate and Victim-centered Emergency Services in Conflict Contexts) and clinical management of rape protocols to strengthen survivor-centred care.

Following the success of the campaign, a second phase was launched in August 2024 to focus on children with disabilities. Between August and November, the campaign reached 151 participants, including shadow teachers and education specialists. The initiative significantly improved understanding and handling of violence affecting children with disabilities and contributed to increased institutional focus on the needs of this marginalized group. The campaign also empowered school staff to share information with their peers, contributing to broader awareness and institutional change.

23
general practitioners and paediatricians were trained on the Integrated Management of Neonatal and Childhood Illness (IMNCI) approach

33
nurses and midwives were trained on the delivery of sexual and reproductive health services

Two workshops were conducted for teachers in special needs school on the impact of violence on student health. © WHO

Infection prevention and control and antimicrobial resistance

In 2024, WHO continued its close collaboration with the Ministry of Health to strengthen national systems for infection prevention and control (IPC) and to address the growing threat of antimicrobial resistance (AMR). WHO provided substantial technical support for the establishment and operationalization of key national structures and strategies.

WHO assisted the Ministry of Health in establishing the national IPC programme and the country's first national AMR Committee, both significant milestones in enhancing Libya's capacity to manage health care-associated infections and AMR.

Between 2022 and 2024, Libya demonstrated measurable progress in meeting the minimum requirements for a national IPC programme, as reported in the WHO tracking AMR country self-assessment survey (TrACSS). This improvement reflects strengthened institutional capacity, increased awareness and the systematic implementation of IPC standards across health facilities.

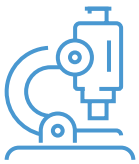
To further implement IPC practices at the facility level, cascaded training sessions were conducted for members of IPC committees in health institutions. A total of 91 participants (39 male, 52 female) from medical centres, hospitals, polyclinics, dialysis centres and PHC centres were trained. The training focused on WHO's IPC core components at the facility level, with particular emphasis on the role of IPC during health emergencies, success factors for effective IPC interventions and standardization of practices to reduce the incidence of health care-associated infections.

In collaboration with WHO, the Ministry of Health finalized, endorsed and printed the national IPC policies and standard operating procedures (SOPs). Formally approved by both the Ministry of Health and the Office of the Prime Minister, these documents provide the foundational framework for IPC implementation and oversight nationwide.

The results of this assessment offer critical insight into the current AMR landscape in Libya and will inform the development of the national action plan on AMR. This action plan is scheduled for development with the support of a WHO regional technical mission to Libya in April 2025.

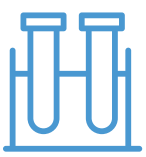
With WHO technical support, the Ministry of Health conducted a comprehensive AMR assessment across 12 designated surveillance sites throughout Libya, which aimed to:

evaluate the status of AMR surveillance and antibiotic use



assess laboratory capacity for antimicrobial susceptibility testing using the Laboratory Assessment of Antibiotic Resistance Testing Capacity tool

evaluate IPC performance using the Infection Prevention and Control Assessment Framework



assess laboratory readiness according to the Global Antimicrobial Resistance and Use Surveillance System (GLASS) methodology.

Expanded Programme on Immunization

In 2024, WHO played a crucial role in supporting the country's Expanded Programme on Immunization (EPI), demonstrating operational excellence under challenging circumstances. In collaboration with the Ministry of Health and the National Centre for Disease Control, WHO provided comprehensive technical assistance, operational support and guidance throughout the planning, implementation and monitoring phases of the November 2024 supplementary immunization activities.

The supplementary immunization activities targeted measles-rubella and polio (bOPV) vaccines, aiming to close immunity gaps, increase herd immunity and reduce the incidence of vaccine-preventable diseases. WHO's support was instrumental in capacity-building, risk communication and logistics coordination, contributing to improved vaccination coverage and public health outcomes. Despite significant challenges, including political instability, logistical constraints and vaccine hesitancy, WHO's interventions enhanced the performance of Libya's immunization programme, ensuring high standards of service delivery and disease surveillance.

This report highlights the achievements of the WHO Office in Libya, detailing how its interventions supported the country's immunization goals while addressing operational challenges. It focuses on the supplementary immunization activities and disease surveillance systems, particularly measles-rubella and acute flaccid paralysis (AFP) surveillance, as routine immunization coverage data for other antigens were not available (Fig. 2).

The analysis emphasizes WHO's vital role in enhancing monitoring and evaluation systems, risk communication and community engagement, while also providing strategic recommendations for future immunization programmes.

In 2024, immunization remained a crucial public health intervention in Libya, significantly reducing morbidity and mortality from vaccine-preventable diseases. Surveillance systems effectively tracked the epidemiological status of measles, rubella and polio, reporting 860 suspected measles-rubella cases, with 207 measles and 60 rubella cases confirmed. Most cases were concentrated in Al Bayda, Tobruk, Sabha and Benghazi, predominantly affecting children under 15 years. Thirty-six percent (36%) of vaccine-eligible children were unvaccinated, revealing significant immunity gaps. The detection of the B3 measles genotype underscored the need for strengthened outbreak response measures.

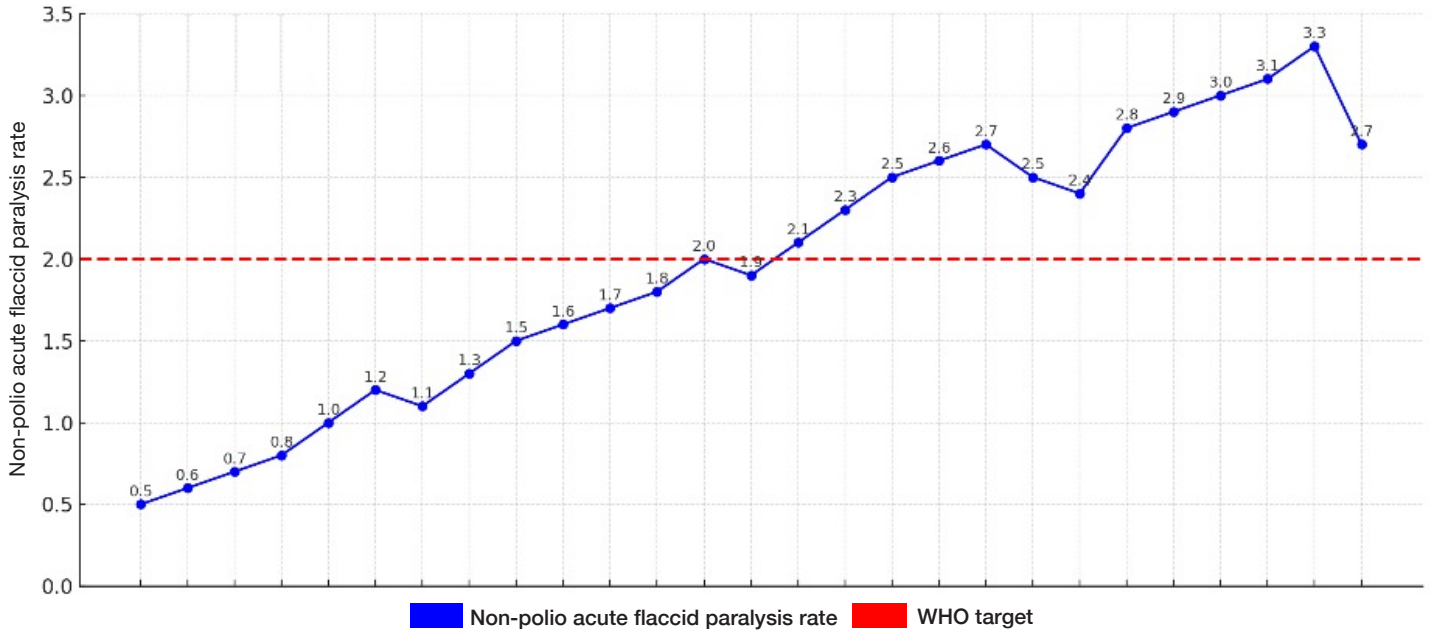


Fig. 2. Number of non-polio acute flaccid paralysis cases per 100 000 population under 15 years, Libya, 1998–2024

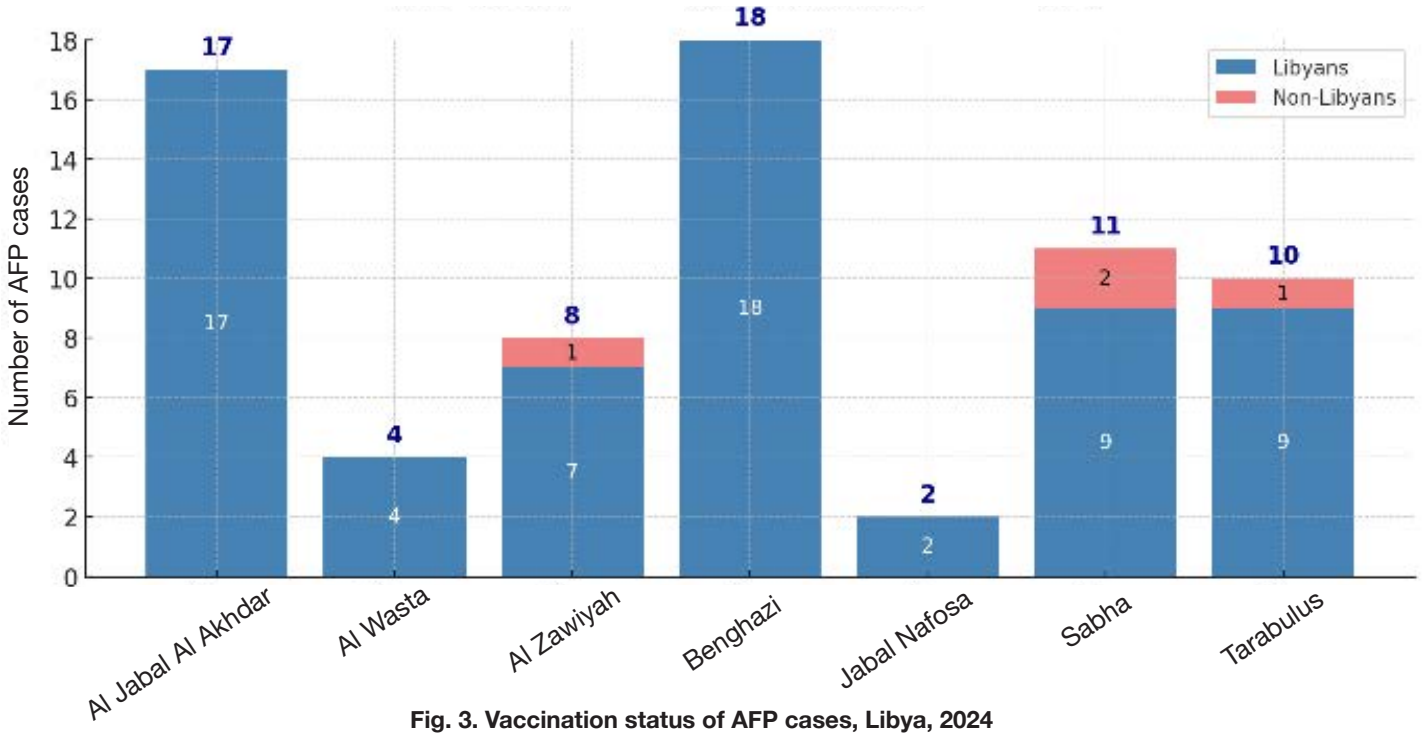


Fig. 3. Vaccination status of AFP cases, Libya, 2024

AFP surveillance reported 70 AFP cases in 2024, a decrease from 115 cases in 2023, maintaining a non-polio AFP rate of 2.7 per 100 000 children under 15, in line with WHO standards. However, only 3% of stool samples were transported to laboratories within the required three days, reflecting logistical challenges. Despite this, the stool adequacy rate remained high at 93%, ensuring reliable AFP surveillance data.

A nationwide multi-antigen immunization campaign was conducted between 9 and 15 November, targeting measles, rubella and polio. The November 2024 supplementary immunization activities targeted approximately 1.35 million children under-6 years across all 100 municipalities in Libya, achieving 49.63% coverage for measles-rubella and 52.49% for polio (bOPV). Significant regional disparities were observed, with high coverage in Rabiana, Zueitina and Al-Qayqab, attributed to strong community mobilization and the influx of children from neighbouring areas. Low coverage in Bin Ghashir Palace (19.97%), Suq Al Jumaa (22.13%) and Al Jafara (24.96%) was primarily due to vaccine hesitancy and misinformation (Fig. 3).

Independent post-campaign monitoring identified two main reasons for non-vaccination: refusals (59%), driven by misinformation and safety concerns, and absences (41%), linked to logistical constraints, communication gaps, transportation challenges and population mobility.

Libya's EPI achieved significant progress in maintaining its polio-free status, with no cases of wild poliovirus or vaccine-derived poliovirus detected in 2024. The high stool adequacy rate in AFP surveillance (93%) exceeded WHO standards, ensuring accurate case classification and robust surveillance data. The national supplementary immunization activities, despite low overall coverage, contributed to a noticeable reduction in

1.35 million

children under-6 years were targeted across all 100 municipalities in Libya

49.63% coverage for measles-rubella

52.49% for polio (bOPV)

Vaccination supervisors trained for the national polio and measles campaign targeting under 6. © WHO

measles cases by increasing herd immunity among vaccinated children.

The WHO Country Office in Libya demonstrated leadership and operational excellence in supporting the November 2024 supplementary immunization activities, achieving the following key successes.

Strategic planning and technical guidance: WHO provided comprehensive technical and operational support throughout the campaign phases, including readiness assessments, micro-planning and capacity-building. WHO's involvement ensured strategic alignment with global immunization standards and facilitated effective resource allocation and logistics management.

Capacity-building and training: WHO organized five training workshops in Tripoli and Benghazi, training 108 participants on micro-planning, campaign implementation and monitoring. Additionally, three back-to-back workshops from 1 to 6 September 2024, trained 73 vaccination supervisors on campaign objectives, effective vaccine management and risk communication.

Risk communication and community engagement (RCCE): WHO effectively countered misinformation and promoted vaccine acceptance by engaging local influencers, religious leaders and community-based organizations. WHO's community awareness packages were culturally tailored and disseminated

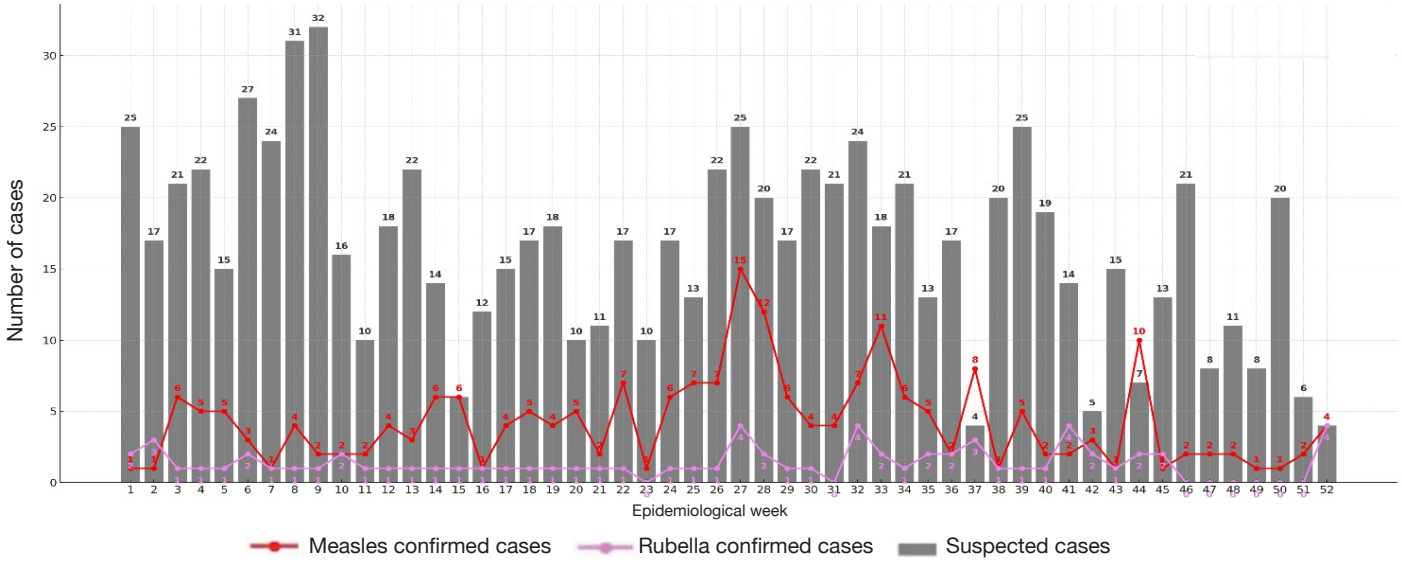


Fig. 4. Weekly reported suspected and confirmed measles and rubella cases in Libya, 2024

Workshop on monitoring and reporting adverse effects following vaccination. © WHO

through social media, radio broadcasts and community networks.

The 2024 supplementary immunization activities in Libya successfully enhanced herd immunity and reduced the incidence of measles and rubella cases, despite significant challenges. The campaign highlighted the importance of strategic planning, real-time monitoring and community engagement in achieving public health goals.

WHO's technical and operational support was central to the campaign's implementation, capacity-building and surveillance enhancements. Moving forward, sustained investment in immunization infrastructure, community engagement and workforce development is essential to achieving universal vaccine coverage and maintaining Libya's polio-free status.

Despite these achievements, the WHO Office in Libya encountered several challenges, including:

Vaccine hesitancy and misinformation

Systematic rumours and misinformation on social media significantly impacted vaccination uptake, particularly in urban centres. Despite WHO's RCCE initiatives, persistent misinformation continued to undermine public confidence in vaccine safety

Logistical constraints and cold chain limitations

The campaign faced logistical challenges, including cold chain limitations, vaccine stockouts and transportation, affecting vaccine distribution and coverage. Remote and conflict-affected areas were impacted due to poor infrastructure and security concerns

Regional disparities

Disparities in coverage were observed between urban and rural areas, influenced by vaccine hesitancy and access barriers. Urban centres experienced lower coverage due to misinformation, while rural areas achieved higher coverage through mobile outreach and community engagement

Malaria

Malaria remains a critical global health concern, with the African Region bearing a disproportionately high burden. According to WHO, 95% of global malaria cases and 96% of malaria deaths occurred in this Region in 2020. Children under-5 years of age account for approximately 80% of all malaria-related deaths in the Region. Additionally, the rising incidence of drug-resistant malaria strains poses a significant threat to malaria control and elimination efforts worldwide.

Travel and migration play a key role in shaping malaria epidemiology, particularly in non-endemic or previously malaria-free areas like Libya. Most malaria cases reported in Libya in recent years have been imported, typically involving individuals arriving from endemic countries, such as those in sub-Saharan Africa. These imported cases increase the risk of local transmission and put additional pressure on public health systems.

Libya was declared malaria-free by WHO in 1973, following implementation of a comprehensive malaria eradication programme that began in April 1959 with WHO support. Historically, malaria was prevalent in various parts of Libya, especially in the southern and northern regions. Endemic areas once included Taruga, Ain Zara, Tajoura, Tiji, Al Josh, Janzour, Al Maya, Al Maamoura, Al Ajilat and Sabratha, with sporadic cases in Wadi Kaam and Al Khums. Notably, Derna and Al Athrun experienced an outbreak in 1956, resulting in 150 reported cases.

Between 2000 and 2021, the National Centre for Disease Control confirmed 575 new malaria cases within Libya, 97.22% of which were imported.

60 laboratory technicians were trained on malaria diagnosis (microscopy, RDTs), biosafety, SOPs, and control strategies in a WHO-supported workshop at Libya's National Centre for Disease Control

Trainees inspect potential mosquito breeding sites during a WHO-supported malaria control workshop. © WHO

These individuals contracted malaria abroad and presented with symptoms upon entering the country. Deaths due to malaria were recorded only during the period 2017 to 2021, with six fatalities (1.04%).

The influx of migrants continues to strain health services and complicates malaria control efforts. Health facilities often lack the necessary resources for timely testing and treatment of infected individuals, further increasing the risk of reintroduction of the disease.

In 2024, the National Centre for Disease Control recorded 349 malaria cases (Table 1), including eight fatalities. The geographical distribution of deaths was as follows: five in Sabha, and one each in Kufra, Benghazi, and Tripoli. Of the total cases, 277 were male and 72 were female.

The highest number of infections was recorded in November, while February saw the lowest number of reported cases.

In response to the increased risk of malaria resurgence, particularly in the context of the influx of Sudanese refugees to Al Kufra and southern Libya, WHO and the National Centre for Disease Control developed a joint plan to strengthen malaria vector surveillance, laboratory diagnostics and case management.

A mission by the vector control programme of the WHO Regional Office was conducted from 23 to 30 August 2024 to support the National Centre for Disease Control's efforts to enhance national capacity for identifying *Aedes* and *Anopheles* mosquito vectors.

During this mission, a five-day training of trainers workshop was held on morphological identification of primary malaria and dengue vectors. Thirteen health professionals participated, including staff from the National Centre for Disease Control, Zoonotic Disease Administration and the Vector-Borne Diseases Control Department in Tripoli. Participants also included representatives from Derna (2) and Sabha (1). Most attendees were postgraduate students or graduates specializing in medical laboratory sciences, microbiology, zoology or life sciences.

Furthermore, WHO supported the Zoonotic Disease Administration at the National Centre for Disease Control in building laboratory diagnostic capacity. A training session was conducted from 22 to 30 December 2024, targeting 60 laboratory technicians from the southern and western regions. The training covered malaria diagnosis using microscopic examination, rapid diagnostic tests (RDTs), biosafety protocols and the principles of SOPs. It also included awareness sessions on malaria control strategies in Libya.

These capacity-building efforts aim to improve early detection, accurate diagnosis and timely treatment of malaria, ultimately contributing to the prevention of malaria resurgence in Libya and maintaining its malaria-free status.

Table 1. Number of malaria cases, 2024

Nationality	Number of cases
Sudan	250
Libya	48
Chad	17
Niger	10
Somalia	7
Nigeria	7
Ethiopia	4
Eritrea	3
Mali	1
Mauritania	1
Syrian Arab Republic	1
Total	**349**

Source: National Centre for Disease Control, Libya

One Health approach

In alignment with WHO's commitment to the One Health approach, significant strides have been made in strengthening national preparedness and response capacities in Libya. This multisectoral approach addresses interconnected health threats at the human-animal-environment interface and has been reinforced through key milestones achieved in 2024.

A landmark agreement between WHO and the Istituto Superiore di Sanità was signed on 5 June 2024, marking a major step forward in the operationalization of One Health initiatives in Libya. This agreement leverages the technical expertise of both WHO and Istituto Superiore di Sanità to support the Libyan Ministry of Health and the National Centre for Disease Control and the National Centre for Animal Health in enhancing the country's response to zoonotic and vector borne diseases. The signing ceremony took place at Istituto Superiore di Sanità headquarters in Rome and was attended by Italian Agency for Development Cooperation Director Marco Rusconi.

WHO facilitated the formation of an interdisciplinary and multisectoral One Health Task Force, composed of 25 experts from key national bodies. These included the National Centre for Disease Control, Ministry of Health, Ministry of Agriculture and Animal Resources, Ministry of Environment, National Centre for Animal Health, Food and Drug Control Centre, Ministry of Local Government and the General Administration of Environmental Sanitation Affairs.

The Task Force convened for three meetings on 6 and 13 August and 7 October 2024. The primary objective was to draft a memorandum of understanding (MoU), which outlines a governance and coordination structure for One Health implementation in Libya.

Between 3 and 5 September 2024, WHO hosted a national preparatory consultation workshop under the EU-funded One Health project. The workshop aimed to map One Health stakeholders and achieve consensus on Libya's priority zoonotic disease list. Forty-two participants attended, representing a wide spectrum of expertise, including public health, animal health, food safety, epidemiology and environmental sciences.

Libya officially launches the One Health approach in Tripoli to unite efforts across human, animal and environmental health. © WHO

The stakeholder mapping revealed a robust network for One Health institutionalization. Key actors, such as the National Centre for Disease Control, Ministry of Health, and National Centre for Animal Health emerged as central institutions in surveillance, coordination, and response to zoonotic and vector-borne diseases. The Ministry of Local Affairs was recognized for its role in implementing health policies locally, while the Food and Drug Control Centre and Environmental Sanitation Affairs play pivotal roles in regulatory oversight for food, drug and environmental safety.

During the national preparatory consultation workshop, stakeholders agreed on a national list of priority zoonotic diseases, which informed the procurement strategy for diagnostic equipment. A comprehensive list of equipment, kits, and supplies needed for the National Centre for Disease Control and the National Centre for Animal Health to diagnose priority zoonotic and epidemic-prone diseases was compiled and discussed with the WHO Regional Office laboratory specialist. Procurement processes have since been initiated.

On 3 November 2024, Libya commemorated One Health Day with the signing of a national MoU under the theme “Together to protect health in Libya.” This MoU establishes a governance and coordination mechanism for One Health implementation. The launch ceremony was co-chaired by His Excellency Mr Ramadan Abu Janah and Dr Ahmed Zouiten, WHO Representative in Libya. Dignitaries present included the EU Ambassador to Libya Mr Nicola Orlando, the Italian Ambassador to Libya Mr Gianluca Alberini, and representatives from United Nations agencies and nongovernmental organizations (NGOs).

Another key achievement was the development of a training needs assessment to identify areas requiring capacity-building within the Libyan health workforce. The assessment will inform the design of targeted One Health training programmes to ensure personnel are equipped to manage disease control challenges effectively. The training needs assessment was developed, in consultation with the WHO Country Office and WHO in Lyon.

Together, these milestones reflect Libya’s growing commitment and progress toward institutionalizing a comprehensive One Health approach that addresses emerging health threats through coordinated multisectoral action.

Stakeholder mapping during Libya’s national consultation to institutionalize the One Health approach. © WHO

Emergency preparedness and response

In 2024, WHO, in coordination with the Ministry of Health, strengthened the national framework for health emergency preparedness through two pivotal interventions: the all-hazards risk profiling using the Strategic Toolkit for Assessing Risks (STAR) and the 2025 joint external evaluation (JEE) self-assessment process, conducted under the IHR (2005).

Strategic risk profiling with STAR

In May 2024, Libya conducted its inaugural all-hazards risk profiling workshop utilizing WHO's STAR tool. The workshop, held in Tripoli, engaged 52 experts from 15 institutions, including the Ministry of Health, Ministry of Environment, the National Centre for Disease Control, Civil Protection, Agriculture, Interior and academic bodies. WHO provided technical facilitation and resource support throughout the process.

A total of 24 hazards were systematically identified and assessed across five dimensions: likelihood, severity, exposure, vulnerability and capacity. The top five hazards identified were flooding, migrant/ population displacement, respiratory pathogens (such as influenza and COVID-19), chemical spills and heatwaves. This exercise culminated in the development of a national risk register and heat map, which now serve as essential tools guiding emergency health planning and priority-setting in Libya.

A WHO-supported mobile clinic provides essential health services to vulnerable communities during outreach activities. © WHO

WHO's technical team supported the creation of the STAR analytical dashboard and trained Ministry of Health staff on risk prioritization methodologies. This landmark exercise enabled Libya to develop its first evidence-based national health risk profile, informing the design of the national emergency preparedness and response plan. It also marks a major advancement in risk-informed health system planning and aligns with compliance requirements under IHR Articles 5 and 13.

Internal evaluation self-assessment

In 2024, Libya took a significant step forward in strengthening national health security by completing its first internal JEE self-assessment under the IHR 2005 framework. This comprehensive process involved over 100 stakeholders from more than 25 institutions across sectors, such as health, border control, environment, animal health, civil protection and emergency management, ensuring broad regional representation.

WHO facilitated the assessment by providing technical tools, orientation and guidance throughout the scoring and validation stages. This assessment served as Libya's first multisectoral review of its public health preparedness architecture and laid the groundwork for the forthcoming external JEE mission planned for late 2025.

Key strengths identified include functional surveillance and laboratory systems, robust routine immunization coverage and effective coordination through the national IHR focal point. However, critical gaps remain in emergency risk assessment, response coordination, logistics, biosafety, antimicrobial resistance containment, IPC programmes, and preparedness for chemical and radiological emergencies.

The JEE self-assessment has established a vital national baseline to inform strategic investment, donor coordination, and the development of a multi-year roadmap for IHR capacity-building. It has also emphasized whole-of-government engagement and positioned IHR compliance as a top national health security priority.

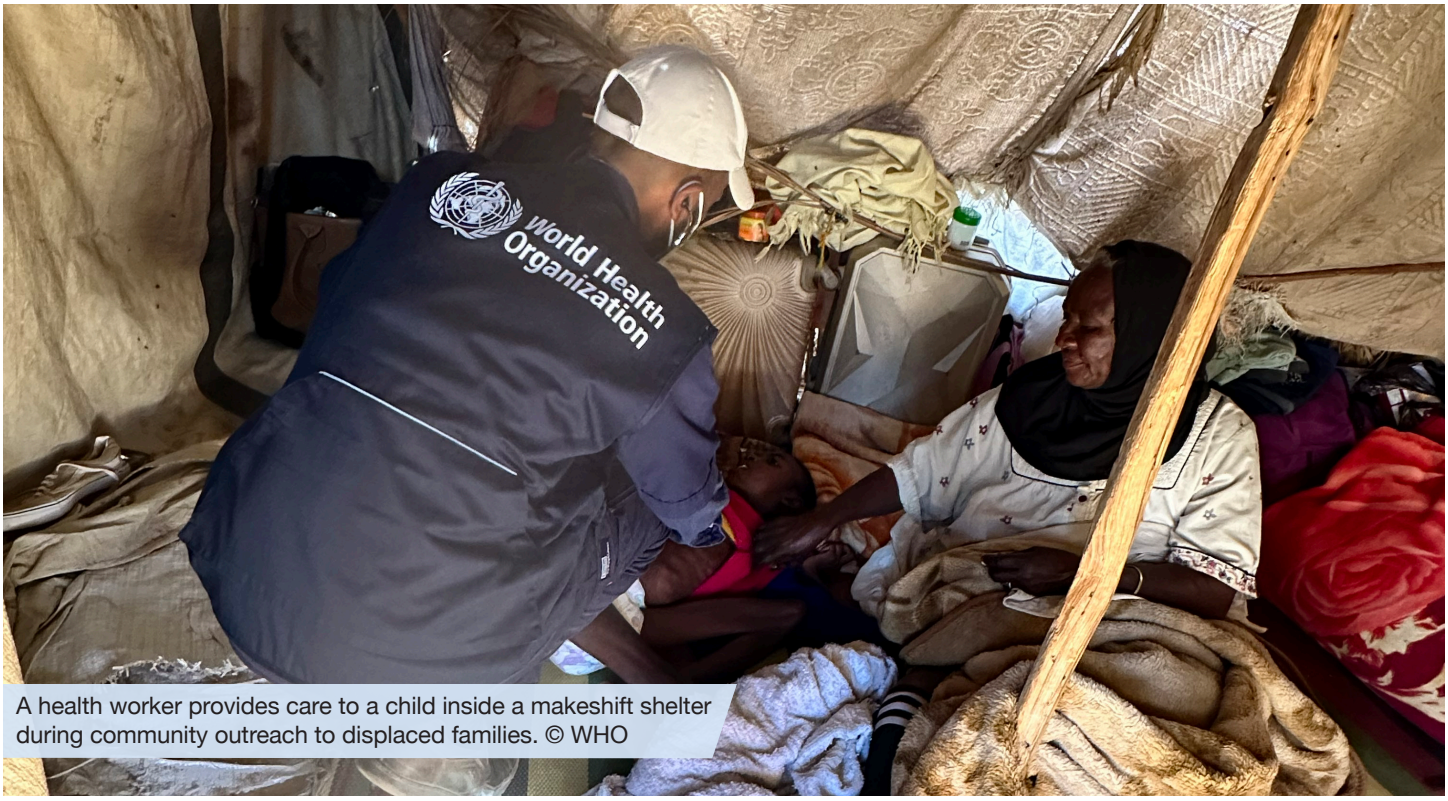
WHO facilitated the entire STAR risk profiling process, including funding, tools, training and reporting. It led the technical coordination of the JEE internal evaluation to ensure alignment with global IHR benchmarks. Additionally, WHO mobilized cross-sectoral stakeholders to enhance national ownership of IHR implementation and integrated STAR and JEE findings into the emergency preparedness country support plan. Support was also provided for proposals to mobilize external resources.

Emergency care system assessment

Between September and November 2024, WHO conducted a comprehensive emergency care system assessment through an online survey followed by a national strategic consensus workshop in Tripoli, supported by WHO headquarters and Regional Office. Over 50 national stakeholders participated, representing all levels of emergency care including pre-hospital services, hospitals, policy-makers, NGOs and disaster response teams.

The assessment revealed that while Libya's emergency care system shows potential, it suffers from fragmentation, lack of coordination and chronic underinvestment in critical functions. Governance gaps include the absence of a functional national agency overseeing emergency care and weak inter-agency coordination. Facility-based care is hampered by limited triage practices, absence of standardized emergency protocols, and under-equipped critical care units with insufficient staffing. Pre-hospital care coverage remains below 25%, with two main ambulance providers operating independently without coordination, and no centralized dispatch or regulatory framework in place.

Workforce development is a major challenge, as in-service emergency care training is not mandatory, and emergency medicine specialization has yet to be institutionalized. Data collection and quality improvement efforts are hindered by the lack of a centralized system and inconsistent clinical documentation. Emergency preparedness is further compromised by the absence of a national Emergency Operations Centre (EOC) and no structured emergency simulation exercises conducted in 2024.



A health worker provides care to a child inside a makeshift shelter during community outreach to displaced families. © WHO

Hospital safety index

A practical training workshop on the WHO Hospital Safety Index (HSI) version 3.0 was held on 27–28 November 2024 in Tripoli. Forty-two (42) senior health and disaster management officers from public hospitals participated. Organized by the Ministry of Health's Emergency Department with support from WHO headquarters, Regional Office and country office, the workshop equipped participants with the skills to identify structural and non-structural risks, calculate resilience scores and assess emergency preparedness and disaster management components.

The HSI training emphasized integrating safety assessment results into hospital management plans and national decision-making processes. It reinforced WHO's 151-point operational guide for assessing hospital functionality during disasters. This initiative builds on Libya's 2024 baseline assessment covering 15 critical hospitals across the western, eastern, central and southern regions, supporting prioritization of safety upgrades and readiness investments. These efforts are particularly critical following the 2023 floods and facilitate policy shifts toward institutionalizing HSI as a decision-support tool for hospital investment and licensing.

Health emergency situation monitoring

Recognizing Libya's dynamic health emergency context, WHO expanded health intelligence capacity by deploying 18 field coordinators nationwide. These coordinators provided timely, field-based reports on incidents affecting public health services, infrastructure and population health.

In 2024, WHO's field coordinators ensured comprehensive coverage across eastern, western and southern Libya. Their incident monitoring included disruptions to health facilities, public health risks, disease outbreaks, natural disasters and access challenges. Consolidated reports were shared with national and municipal authorities to inform timely decision-making and targeted support. Real-time monitoring enhanced WHO's and the Ministry of Health's ability to anticipate health service disruptions, mobilize rapid assessments and plan operational responses.

WHO experts facilitate hospital safety index workshop sessions in Tripoli. © WHO

Building capacity for emergency preparedness and response

In 2024, WHO continued supporting the Ministry of Health's Emergency Directorate in strengthening national capacities to prepare for and respond to health emergencies, disasters and mass casualty incidents.

Emergency care training (basic and advanced) was delivered in Al Bayda (June 2024) to 63 health care workers, focusing on lifesaving skills, such as CPR, use of automated external defibrillators, airway management and emergency team coordination. Post-training evaluations showed significant improvements in clinical readiness.

Emergency management principles workshops were held in Tripoli (July 2024) and Benghazi (December 2024) for 49 Ministry of Health officials and senior health staff. These sessions covered disaster cycle management, Incident Command System, emergency operations planning and facility coordination, resulting in improved governance understanding and application.

Twelve Libyan emergency unit directors participated in the WHO Academy mass casualty management course in Lyon, France (November 2024). The course combined six online modules with three days of intensive face-to-face training, including group work, tabletop exercises and full simulation scenarios. Participants earned internationally recognized certification and enhanced competencies in decision-making, patient triage, and resource management under stress, strengthening inter-facility collaboration and real-world emergency responsiveness. These advances are expected to improve hospital mass casualty protocols, reduce morbidity and mortality, and integrate lessons into emergency planning and coordination.

Strategically, these efforts developed a cadre of trained emergency care providers, trainers and managers across Libya, established foundations for mass casualty management units within major hospitals, and enhanced Libya's capacity to respond to both sudden disasters and complex emergencies.

Oxygen scale-up plan

Oxygen therapy remains a critical life-saving intervention across all health service levels, particularly in surgery, trauma, maternal care and critical illnesses. In 2024, WHO, in collaboration with Libya's Ministry of Health, significantly advanced efforts to strengthen the national oxygen ecosystem, crucial in the aftermath of COVID-19 and rising humanitarian health needs, including refugee influxes.

The approach included oxygen needs assessments, data-driven decision-making via the LIVE Oxygen Platform, field evaluations, technical support and scaling of oxygen production, distribution and monitoring capacities nationwide.

The Live Oxygen Platform was operationalized nationally, providing a real-time dashboard mapping oxygen and biomedical equipment across over 50 health facilities in Tripoli, Misrata, Almargeb, Zwara, Sabha and Benghazi. The assessment covered pressure swing adsorption (PSA) plants, oxygen tanks, cylinders, manifolds and piping. Findings showed that only 25% of PSA plants were fully functional.

Biomedical engineers contracted by WHO conducted assessments in 48 hospitals and health care centres, revealing that over 70% had partial or non-functional oxygen systems. Key gaps included technical failures, lack of preventive maintenance, insufficient backup solutions and limited geographic coverage outside major cities.

In response, a National Technical Group for Oxygen Systems was established under WHO's guidance, including representatives from the Ministry of Health, biomedical engineers, WHO officers and partners. The group coordinates national oxygen scale-up efforts, rehabilitation of PSA plants and oversees data collection. Strategic recommendations for 2025 focus on prioritizing PSA plant rehabilitation, expanding oxygen mapping, developing maintenance strategies, enhancing technician training and strengthening emergency oxygen contingency planning.

Response to the floods in eastern Libya

Following the devastating floods caused by Storm Daniel in September 2023, WHO rapidly mobilized emergency response efforts in eastern Libya, focusing on Derna, Al Marj, Al Bayda and surrounding municipalities. From September 2023 to February 2024, WHO coordinated the distribution of supplies, restoration of health services, provision of mental health support and offered technical guidance to national counterparts.

In June 2024, a high-level review meeting convened over 90 stakeholders, including donors and national authorities, to evaluate the response, share lessons learned and recommend strategic actions for future emergencies.

Key emergency response achievements included the delivery of 78.6 tons of medical supplies via charter flights and local dispatches, totalling 458 cubic metres. WHO distributed 1059 medical kits, 247 medical equipment items and deployed 10 ambulances alongside 15 mobile clinics. Support extended to 32 hospitals, 15 PHC centres and 15 additional health facilities.

Health facility assessments led by WHO covered 331 facilities across five affected districts. Findings showed 16% fully functional, 77% partially functional and 7% non-functional facilities, with staffing shortages and medical supply gaps identified as primary barriers to service delivery.

Coordination efforts included nine health sector meetings attended by 22 partners, development of a 4Ws registry and dashboard to track partner activities and health facility status, and live Power BI dashboards providing real-time assessment, logistics and epidemiological updates.

Surveillance and outbreak response were strengthened through training 50 rapid response team members, 68 laboratory technicians and 67 medical doctors. WHO supported integrated disease surveillance and response pilot implementations in Shahat, Ajdabiya and Benghazi, issued 37 daily epidemiological bulletins and distributed over 1000 cholera rapid tests along with 106 cholera kits.

A WHO team member provides medical supplies to families affected by Storm Daniel as part of the emergency response. © WHO

Strengthening primary health care and community health outreach

In early 2024, WHO supported a study visit to Oman aimed at exploring its PHC system, with particular attention to the integration of family medicine. The Libyan Primary Health Care Institute gained valuable insights into effective PHC structures and best practices to inform Libya's ongoing health sector reforms.

In May, WHO, in collaboration with the Institute and the National Centre for Disease Control, convened a national consultative workshop to initiate the development of community health outreach services. The workshop led to the recommendation of establishing a national operational framework to institutionalize this approach. With technical support from the WHO Regional Office, a draft framework was developed and officially endorsed by the Director General of the Primary Health Care Institute.

Following the endorsement, a series of training workshops were conducted, qualifying over 150 health care workers to serve as community health workers. These community health workers were strategically deployed to remote and underserved areas, including hard-to-reach desert communities and informal settlements.

One of the key focus areas was Al Kufra, a remote region in southeastern Libya that hosts vulnerable populations, including Sudanese refugees. The community health outreach model enabled the delivery of essential primary care services in areas where conventional health facilities were limited or inaccessible. Community health workers played a vital role in bridging the gap between communities and the formal health system promoting health, supporting early case detection and delivering basic health services at the household level.

To facilitate implementation, a standardized community health outreach services package was developed. This package, aligned with WHO's UHC Service Planning Delivery and Implementation (SPDI) platform, was validated through a national consensus workshop held in Benghazi in November 2024.

150 health care workers were qualified through a series of training workshops to serve as community health workers

WHO teams support community health outreach in remote desert settlements, linking families to essential primary care. © WHO

WHO refugee response

Since April 2023, Libya has experienced a growing humanitarian crisis due to an influx of Sudanese refugees fleeing conflict in Sudan. By mid-2024, over 85 000 Sudanese refugees entered Libya, primarily via Al Kufra and Al Qatroun, settling in 51 informal farm locations and one detention centre.

In response, the Ministry of Health declared a public health emergency in March 2024 to address the increased disease burden and strain on health care system. WHO led the health task force, in collaboration with national authorities, the National Centre for Disease Control, United Nations agencies and international NGOs, focusing on four strategic pillars: equitable access to lifesaving care, strengthened outbreak preparedness and surveillance, integration of mental health and psychosocial support services and enhanced health system coordination.

WHO deployed 26 emergency medical staff to 13 facilities across key areas and provided 208 essential medical and emergency kits. Five mobile clinics were activated to serve informal refugee settlements, with two additional units in procurement. In 2024, WHO teams delivered 19 265 consultations, including nutritional screening, sexual and reproductive health services and mental health referrals.

Disease surveillance efforts included health certificate screening for 140 520 refugees and support for cholera investigation and training. WHO identified a high burdens of hepatitis B, HIV, TB and malaria and reinforced surveillance through training and sample transport support. However, gaps remain in laboratory capacity and event-based surveillance.

Mental health support included deployment of four mental health doctors and one supervisor, 822 mental health and psychosocial support service consultations and training of frontline staff in psychological first aid and trauma-sensitive care. WHO provided psychotropic medicines to Al Kufra's mental health centre.

During the August 2024 floods in Al Kufra, WHO's mobile clinics managed 613 urgent consultations, supported by emergency kits to maintain health care services amid hospital closures.

Challenges included medicine and fuel shortages, limited laboratory capacity, surveillance limitations in rural and informal settlements, and poor sanitation infrastructure, increasing waterborne disease risks.

Strategic priorities for 2025 focus on establishing digital surveillance, enhancing outbreak readiness, expanding mobile clinic outreach and sustaining field health teams and supplies in underserved areas.

WHO support during winter and rainfall events

The last quarter of 2024 saw widespread heavy rainfall and flooding across Libya, affecting regions, including Al Kufra, Sabha, Ghat, Misrata, Ajdabiya and Sabratha. These events disrupted essential services and damaged health infrastructure.

WHO, in partnership with the Ministry of Health, led emergency interventions to ensure continuity of care. Following floods in Al Kufra, mobile clinics were activated and emergency kits deployed after hospital closures.

In Sabha, joint assessments and response actions ensured emergency service continuity. Flood response in Ghat and Tahala included the delivery of emergency paediatric kits and support to displaced populations.

In Misrata, Ajdabiya, Tokra and Sabratha, WHO monitored health facility status and addressed urgent health needs, such as respiratory illness spikes. In Tarhouna, emergency medical kits were provided in response to rainfall-induced service disruptions.

Strategic follow-up measures include strengthening seasonal preparedness, enhancing municipal coordination, conducting rapid damage assessments and integrating climate-sensitive emergency planning into national frameworks.

A WHO team member assesses health needs and supports displaced families following heavy rains and flooding. © WHO

HIV response

In Libya, the 2024 national estimate for people living with HIV (PLHIV) was approximately 8271, with females comprising 36%. The adult HIV prevalence remains stable at 0.1%, comparable to regional averages. Notably, 90% of PLHIV have been diagnosed; however, viral suppression data remain unavailable. Treatment coverage reached 44%, surpassing the regional average, while AIDS-related deaths remained low.

HIV service delivery included eight operational antiretroviral therapy (ART) centres, with prevention of mother-to-child coverage at 78%. Voluntary counselling and testing sites are limited, and stigma continues to hinder access.

A major advancement was the transition from efavirenz-based regimens to WHO-preferred dolutegravir-based therapies, which enhanced viral suppression and reduced side-effects.

Strategic planning efforts culminated in the finalization and costing of the national HIV strategic plan, 2023–2027, developed through a national workshop involving stakeholders from government, NGOs and partners. This process fostered a more structured, sustainable HIV response.

Community awareness campaigns in six cities reached over 650 individuals, improving knowledge of HIV prevention and promoting stigma reduction and self-testing options.

Efforts to enhance HIV testing and linkage to care included increased uptake during World AIDS Day campaigns, integration of HIV services in refugee health programmes and promotion of ART initiation, though challenges remain, particularly for migrants and youth.

WHO supported the procurement of a six-month stock of ART medicines and the rollout of dolutegravir-based regimens, yet supply chain fragility persists, requiring continued donor support.

Collaboration between HIV and TB programmes was strengthened, with the promotion of HIV testing among TB patients and the development of integrated care models.

8271 people living with HIV in Libya according to the 2024 national estimate

650 individuals were reached during community awareness campaigns in six cities to improve knowledge of HIV prevention and promoting stigma reduction and self-testing options

Stakeholders take part in a WHO-supported workshop to finalize and cost the national HIV strategic plan (2023–2027). © WHO

Tuberculosis control

TB remains a significant global health threat, ranking as the second leading cause of death from a single infectious agent worldwide after COVID-19. In 2023, approximately 10.6 million people fell ill with TB globally, with 1.3 million deaths among HIV-negative individuals. The Region accounted for roughly 8% of global TB cases, facing unique challenges, such as fragile health systems, humanitarian crises and migration dynamics that exacerbate transmission and hinder diagnosis and treatment.

In Libya, TB continues to pose a serious public health concern. National data for 2024 reported 2705 new TB cases, corresponding to an estimated incidence rate of 59 per 100 000 population, moderately lower than the regional average but higher than many middle-income countries globally. Alarmingly, 54% of TB cases occur among migrants and displaced populations. The TB mortality rate increased by 28% compared to 2015, while TB/HIV co-infection remained low at 3.6%, though this subgroup experiences higher risks of treatment failure. The treatment success rate for drug-sensitive TB was 62%, below both the global average (88%) and regional target (85%).

In 2024, WHO Libya provided technical, operational and policy support to accelerate national TB elimination efforts, focusing on expanding early diagnosis, strengthening decentralized care and improving treatment outcomes.

Key interventions included expanding TB diagnostic capacity through deployment of 13 GeneXpert machines, six ultra-mobile X-ray systems, and three digital radiology units. WHO supported the drafting of the national TB laboratory manual, 2024, standardizing diagnostic protocols to align with international best practices. Laboratory assessments identified infrastructure and human resource gaps, prompting targeted support.

Integration of TB services into PHC was scaled up in 11 pilot centres across Sabha, Tripoli, Al Bayda and Misrata. Over 120 PHC medical officers

Workshop on TB prevention and care held in Sebha. © WHO

Given that migrants and refugees represent 54% of new TB cases, WHO prioritized early detection and linkage to care among these high-risk groups. Mobile screening was expanded in informal settlements and detention centres, supported by six ultra-mobile X-ray units. While screening capacity improved, challenges persist in hospitalization and treatment availability, necessitating strengthened referral pathways.

A WHO health worker conducts TB screening inside an ultra-mobile X-ray unit. © WHO

received training on case detection, management, referral pathways and X-ray interpretation. Supervisory visits confirmed improved implementation, enhanced referral linkages and increased collaboration with community health workers.

Health promotion efforts included regional training for more than 70 community health workers, focusing on stigma reduction, counselling and patient adherence support. Educational materials on TB signs and prevention were disseminated to extend community awareness.

WHO led efforts to improve TB data management, training over 150 statisticians, clinicians, and laboratory staff in key regions to enhance case notification and reporting. These improvements have bolstered surveillance quality and facilitated evidence-based policy-making.

Managing drug-resistant TB (DR-TB) remained a challenge, with 63 MDR/RR-TB cases mainly in Tripoli and Benghazi. WHO supported standardization of admission and discharge criteria and advocated for decentralization of DR-TB treatment and improved access to second-line drugs.

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pilot centres across Sabha, Tripoli, Al Bayda and Misrata scaled up the integration of TB services into PHC

150
statisticians and laboratory staff were trained to strengthen TB data management, case notification and reporting

Risk communication and community engagement

In 2024, WHO made significant strides in enhancing RCCE, a vital pillar of public health preparedness and response. Amid ongoing challenges, including displacement, migration, disease outbreaks and vaccine hesitancy, RCCE played a key role in ensuring communities were informed, engaged and empowered to safeguard their health and well-being.

Building media capacity for health promotion

With support from the EU, WHO launched a nationwide initiative to strengthen the capacity of media professionals to deliver effective public health communication. A total of 117 journalists and media professionals were trained to promote health awareness among both Libyan citizens and migrant communities.

The first phase involved training 63 journalists from diverse media platforms (print, radio, television and digital) representing municipalities such as Benghazi, Sabha and Nalut. Specialized workshops focused on communicable disease prevention, with particular emphasis on TB and viral hepatitis. Training highlighted the media's critical role in health reporting and enhanced participants' ability to produce evidence-based, accurate and culturally sensitive content, especially in the context of displacement and migration dynamics affecting disease patterns in Libya.

63 International Classification of Diseases (ICD) coders and physicians from selected public hospitals across Libya were trained

Journalists and media professionals take part in a WHO workshop on risk communication and community engagement to strengthening evidence-based health reporting. © WHO

Sessions provided practical strategies for countering misinformation, encouraging early diagnosis and treatment and enhancing public understanding of infectious disease risks.

Ahead of the national immunization campaign against polio, measles, and rubella, WHO conducted two extensive RCCE training workshops in Tripoli and Benghazi. These workshops engaged 54 additional media professionals, including regional media officers from the National Centre for Disease Control, enhancing coordination and message consistency across Libya's decentralized health communication networks.

The campaign, held from 9 to 16 November 2024, targeted all children aged 0–6 years, regardless of prior vaccination status. WHO's RCCE efforts focused on improving public understanding of the campaign's importance, increasing vaccine uptake and addressing vaccine hesitancy. Journalists were provided with key messages and tailored communication materials to support nationwide dissemination of accurate, compelling information.

A core objective of the RCCE strategy was to build public trust and counter misinformation and disinformation surrounding vaccines. WHO prioritized transparent, inclusive, and community-centred messaging, engaging media influencers, local networks, and trusted community figures to enhance campaign visibility and credibility.

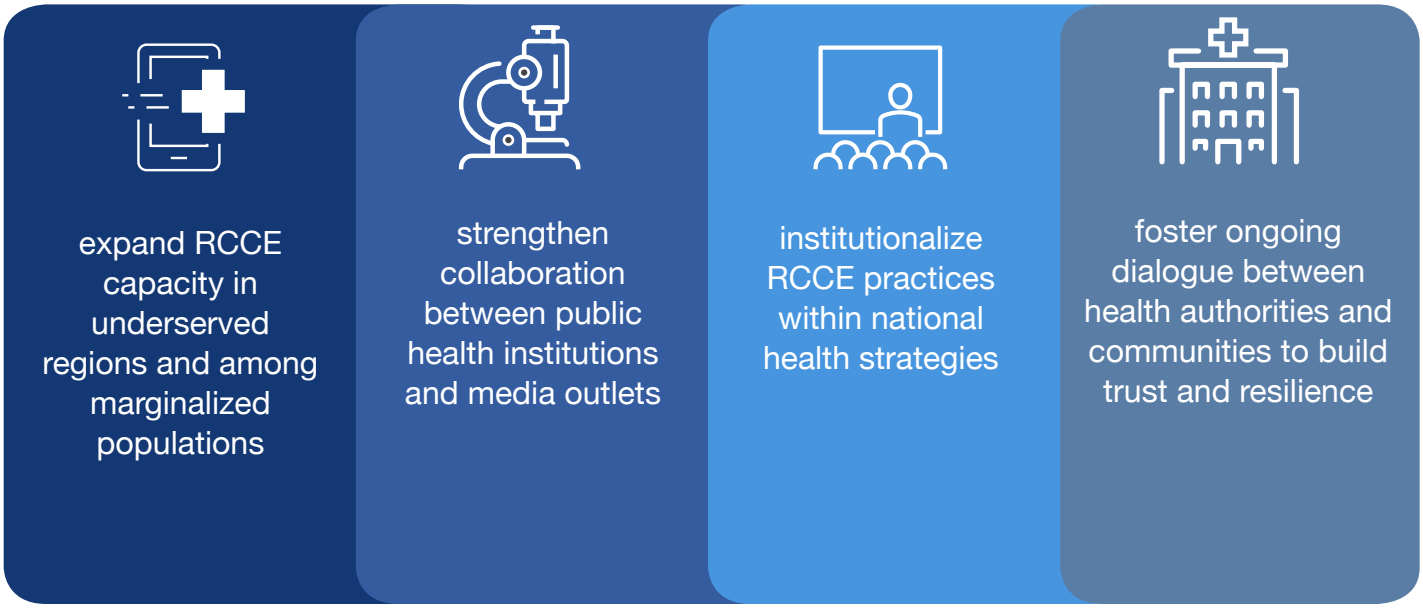
Enhancing community engagement and addressing misinformation

WHO also prioritized message development, in collaboration with community actors in 2024. This approach strengthened two-way communication and addressed public concerns through trusted local channels.

Training local media personnel and equipping them with accurate public health information created a multiplier effect, transforming journalists into active advocates for health promotion and helping to build a more responsible media environment prepared for future public health emergencies.

During the immunization campaign, WHO supported real-time monitoring of public feedback and rumor tracking, enabling adaptive messaging that was responsive to community perceptions. This model ensured that communications remained relevant, culturally sensitive and timely.

The RCCE interventions in 2024 represent a crucial investment in Libya's public health infrastructure. WHO amplified accurate health messaging, mitigated harmful rumours and promoted informed decision-making. Looking ahead, WHO will continue to:



Communicable disease surveillance

Integrated disease surveillance

In early 2024, WHO supported the Ministry of Health and the National Centre for Disease Control in updating Libya's notifiable communicable disease list. The updated list includes 47 diseases or conditions. This collaboration also extended to the development of national surveillance SOPs. The WHO team reviewed and finalized these SOPs, which were later endorsed by the Director-General of the National Centre for Disease Control.

WHO also provided ICT equipment to surveillance officers working in integrated disease surveillance and distributed 100 electronic devices to facilitate timely submission of weekly reports.

The pilot implementation of integrated disease surveillance was launched in 10 municipalities selected by the National Centre for Disease Control. Surveillance officers from each municipality, along with staff from two health facilities per municipality, were trained on integrated disease surveillance implementation and the use of electronic reporting tools.

In response to a significant influx of Sudanese refugees in Al Kufra in April 2024, WHO supported the National Centre for Disease Control in conducting a situation analysis. A joint mission was undertaken to assess the situation and to develop a response plan. This included three rounds of training for surveillance officers, clinicians and rapid response teams to strengthen disease detection and response capabilities.

WHO and the National Centre for Disease Control continue to monitor the epidemiological situation in Al Kufra, while also enhancing laboratory diagnostic capacities. Reagents for cholera, hepatitis A, B, and C, malaria and typhoid were procured for the National Centre for Disease Control branch in Al Kufra.

Activities in municipalities affected by floods continued in 2024. These included training for surveillance officers and rapid response teams in the eastern region, as well as incident management training for emergency responders. Awareness workshops were also held for physicians in flood-affected areas, emphasizing the importance of disease notification and the surveillance system.

Event-based surveillance

Event-based surveillance is a newly established system in Libya. WHO supported the development of national event-based surveillance guidelines and conducted training sessions for surveillance officers and community health workers. In 2024, implementation efforts focused on flood-affected regions, particularly in relation to waterborne diseases. Seven training workshops were held in Benghazi, attended by over 175 community volunteers.

Integrated influenza and other respiratory disease surveillance

WHO trained 25 officers from influenza sentinel surveillance sites and the central level team on the EMFLU 2.0 platform – an upgraded tool for data sharing between sentinel sites, laboratories, central offices and the WHO Regional Office. The training was conducted from 12 to 14 February 2024 in Tunis. Following the training, the tool was officially launched and adopted across all levels.

WHO's support for laboratory confirmation of influenza and other respiratory diseases remains ongoing. In preparation for the 2024–2025 influenza season, 1000 cartridges were allocated to strengthen laboratory diagnostic capacity.

175
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100
electronic devices to facilitate timely submission of weekly reports

Resource mobilization and international support

At the end of 2023, the Libyan response shifted from a humanitarian framework to the United Nations Sustainable Development Cooperation Framework (UNSDCF) to better align the UN's work with the achievement of SDG 3 targets. As a result, 2024 witnessed a significant reduction in funding.

Despite this challenge, the WHO Country Office in Libya mobilized over US$ 8.1 million in 2024. Of this, approximately US$ 3.4 million supported WHO's core activities, while US$ 4.7 million was allocated to emergency response efforts in the East, particularly for the Derna floods and the influx of Sudanese refugees.

For the first time, in 2024, the EU Delegation in Libya did not allocate any new funding to WHO or the broader health response. WHO continued implementing previously awarded funds. Gavi, the Vaccine Alliance, emerged as WHO Libya's largest funding partner, contributing US$ 4.3 million for 2024 and 2025.

Table 2. Funding for strategic priorities by donor, 2024

Donor Name	Strategic priorities (US$)	Funding in response to the Sudanese refugee influx in Al Kufra (US$)
Gavi, the Vaccine Alliance	7456	–
United Nations Development Programme	37 541	–
European Civil Protection and Humanitarian Aid Operations	–	1 473 708
Central Emergency Response Fund	–	2 049 672
L'Agenzia Italiana per la Cooperazione allo Sviluppo	289 882	–
Centers for Disease Control and Prevention	8299	–
UNITAID	3222	–
Norway	–	355 854
GIZ	708 827	–
National Oil Corporation	57 121	–
WHO Foundation	–	50 399
European Union	2 304 636	–
U.S. Agency for International Development	–	795 287
Subtotal	3 416 984	4 724 920
TOTAL	**8 141 904**	

WHO also received US$ 1.4 million from the U.S. Department of State Bureau of Population, Refugees and Migration. However, following the U.S. election, the Trump administration suspended the agreement, which was later permanently terminated.

As a result, WHO Libya is now facing severe funding gaps, affecting both life-saving interventions and critical coordination efforts, including in areas such as mental health, NCDs, communicable diseases, immunization, AMR, emergency preparedness, and HeRAMS.

Thank you

Way forward 2025

Based on a comprehensive analysis of progress and challenges in 2024, the following strategic priorities have been identified to optimize health system performance and resilience.

- Strengthen coordination frameworks with the Ministry of Health and relevant coordination bodies
- Prioritize strategic direction and formulate comprehensive health policies and strategies
- Enhance health governance, stakeholder cohesion and multisectoral collaboration
- Institutionalize an all-hazards approach to emergency preparedness and response efforts
- Align technical assistance with current global health standards and guidelines
- Accelerate digital transformation initiatives to improve health service delivery, with a focus on PHC

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