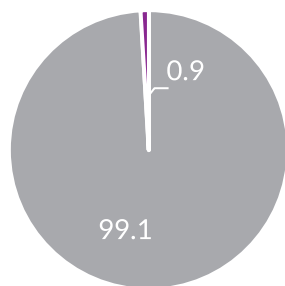


Libya

Demographics

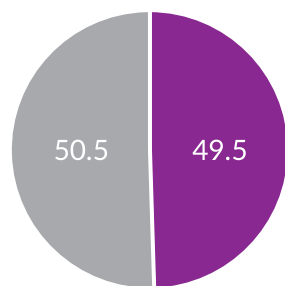
Total population (2020)	6 871 287
Life expectancy at birth (years) female/male (2019)	76/70
Under-5 mortality rate (per 1000 live births) (2019)	12
Gross domestic product per capita (current US\$) (2020)	3699.2

Population as percentage of regional total, 2020



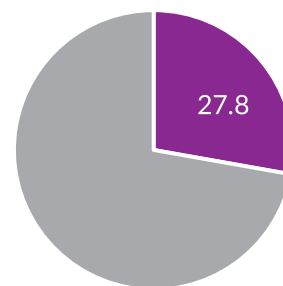
■ Region ■ Libya

Percentage of female and male population, 2020



■ Female ■ Male

Population aged 0-14 of total population, 2020



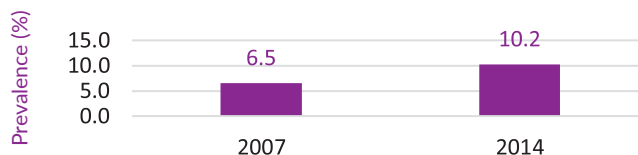
■ 0-14 ■ > 14

Source: The World Bank

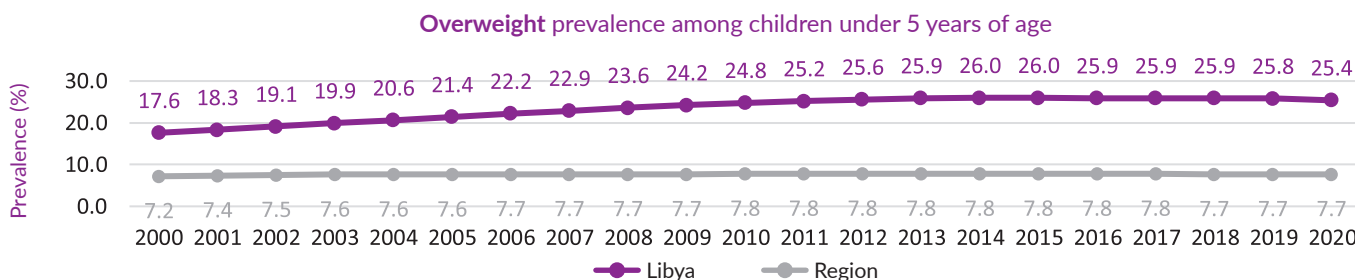
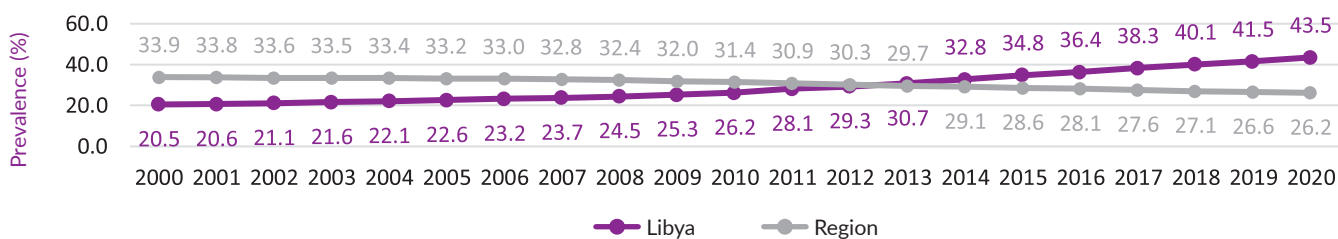
Child malnutrition

The prevalence of wasting among children under five in Libya increased from 6.5% in 2007 to 10.2% in 2014. The prevalence of stunting was estimated to have doubled over the past two decades, starting at 20.5% in 2000 and reaching 43.5% in 2020. During the same period, the prevalence of overweight in children under five increased from 17.6% to 25.4%, remaining at a significantly higher level than the regional average.

Wasting prevalence among children under 5 years of age



Stunting prevalence among children under 5 years of age



Source: WHO Global Health Observatory.

Note: The UNICEF/WHO/WB joint child malnutrition estimates for stunting and overweight are modelled at logit (log-odds) scale using a penalized longitudinal mixed-model with a heterogeneous error term. The country modelled estimates are generated using the JME country dataset, which uses the collection of national data sources. Due to this method, estimates may differ from official estimates of Member States (i.e., the stunting prevalence from a household survey for a given country in a given year is not reported as the prevalence for that country in that year; rather, it feeds into the modelled estimates). The methodology is described here: <https://www.who.int/publications/i/item/9789240025257>. Wasting is defined as a percent weight-for-height that is two or more standard deviations below the median. Stunting is defined as a percent height-for-age that is two or more standard deviations below the median. Overweight is defined as a percent weight-for-height that is two or more standard deviations above the median.

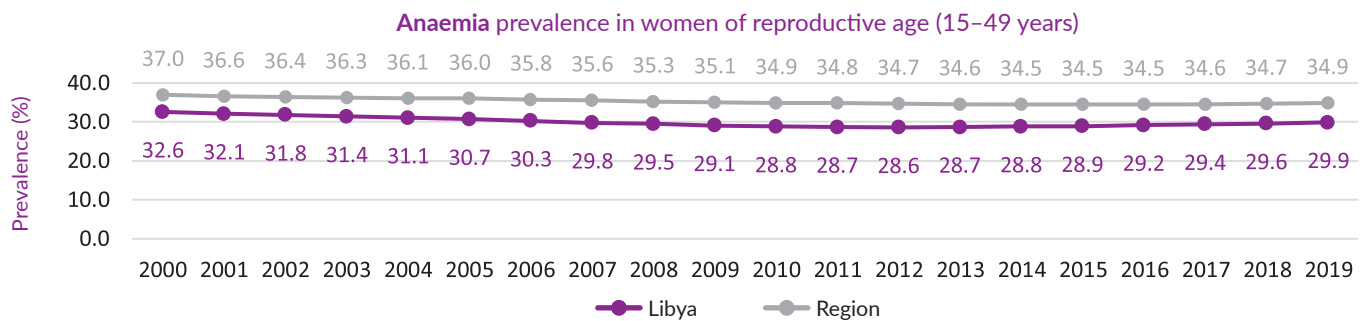
Infant and young child feeding

The prevalence of early initiation of breastfeeding (within one hour of birth) in Libya was 28.8% in 2014.

Source: UNICEF.

Anaemia in women of reproductive age

The prevalence of anaemia among women of reproductive age (pregnant and non-pregnant women combined) was estimated to decrease slightly from 32.6% in 2000 to 29.9% in 2019.

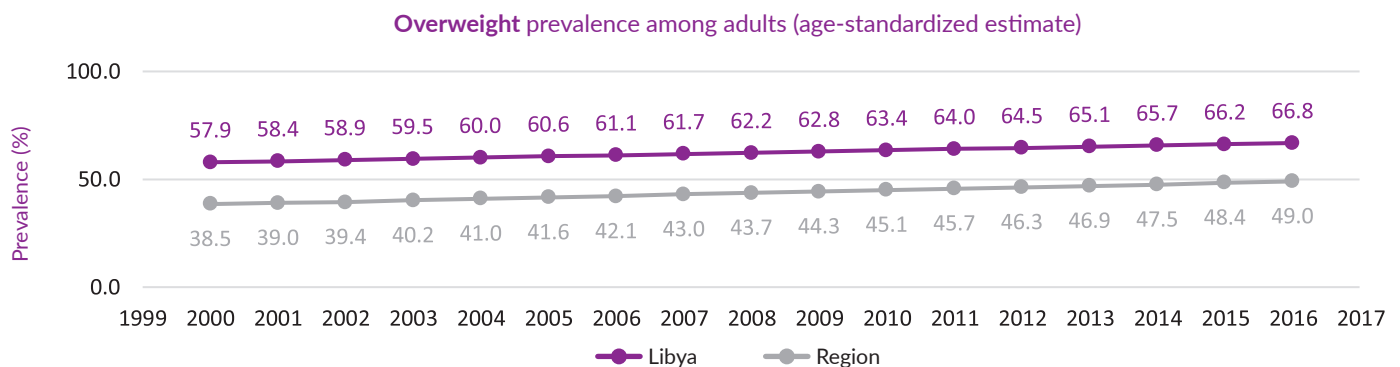


Source: WHO Global Health Observatory.

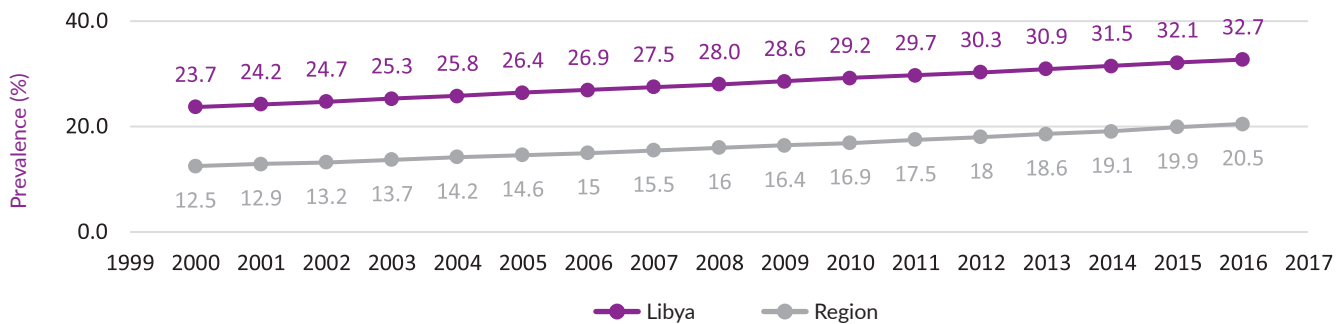
Note: The WHO global anaemia estimates are derived from a hierarchical Bayesian mixture model that uses all available data to make estimates for each country and year. In the model, estimates for each country are informed by data from that country itself, if available, and by data from other countries, especially those in the same region. Due to this method, the estimates may differ from official estimates of Member States. The methodology is described here: https://cdn.who.int/media/docs/default-source/anaemia-in-women-and-children/hb-methods-for-gather.pdf?sfvrsn=da0fbb5f_11 and here <https://pubmed.ncbi.nlm.nih.gov/25103581/>.

Overweight and obesity

A significant increase in the prevalence of overweight among adults in Libya has been recorded between the years 2000 and 2016 (from 57.9% to 66.8%). Moreover, the prevalence of overweight among children and adolescents aged 5–19 has risen in Libya from 23.7% in 2000 to 32.7% in 2016.



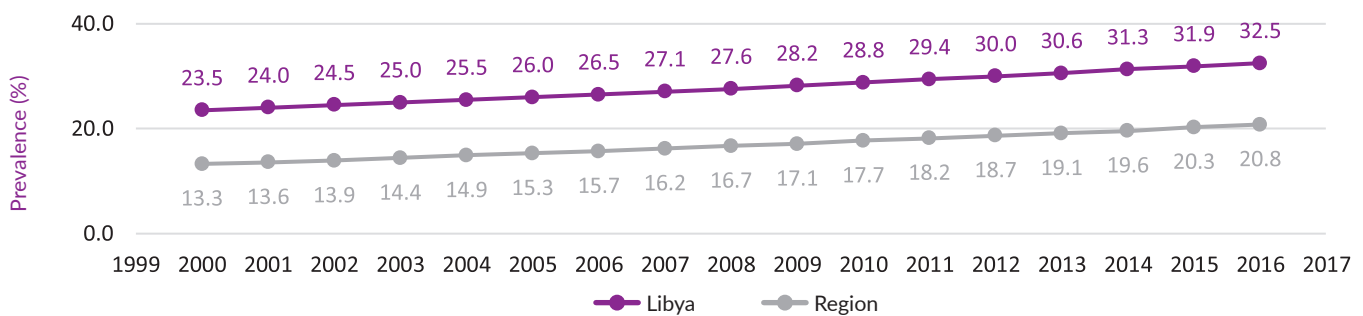
Overweight prevalence among children and adolescents (5-19) (crude estimate)



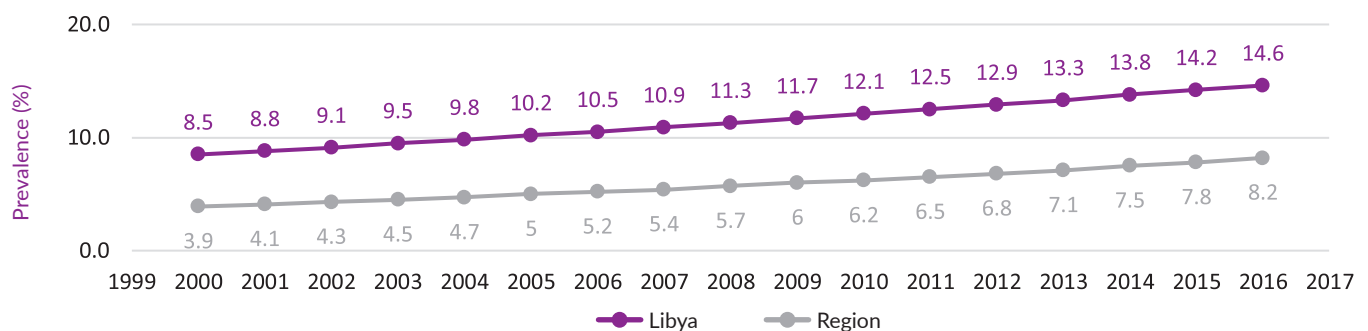
BMI = body mass index. (Overweight in adults is defined as a BMI of 25 or greater, and in children and adolescents as a BMI one or more standard deviations above the median. Obesity in adults is defined as a BMI of 30 or greater, and in children and adolescents as a BMI two or more standard deviations above the median.)

Obesity is the reported risk factor responsible for the second highest total number of disability-adjusted life years (DALYs) in Libya in 2019.¹ The prevalence of obesity increased from 23.5% to 32.5% between 2000 and 2016. Similarly, the prevalence of obesity among children and adolescents aged 5–19 significantly increased between 2000 and 2016 from 8.5% to 14.6%

Obesity prevalence among adults, (age-standardized estimate)



Obesity prevalence among children and adolescents 5–19 years (crude estimate)



Source: WHO Global Health Observatory, Institute for Health Metrics and Evaluation.

Note: The WHO estimates for overweight and obesity are derived from a Bayesian hierarchical model, which uses NCD-RisC database of population-based data. The model has a hierarchical structure in which estimates for each country and year are informed by its own data, if available, and by data from other years in the same country and from other countries, especially those in the same region with data for similar time periods. Due to this method, the estimates may differ from official estimates of Member States. The methodology is described here: <https://pubmed.ncbi.nlm.nih.gov/29029897/>.

¹ Country profiles [website]. Seattle, WA: Institute for Health Metrics and Evaluation, University of Washington; 2021 (<https://www.healthdata.org/results/country-profiles>, accessed 11 July 2022).

Micronutrient status

The iodine intake in Libya was insufficient (defined as < 100 µg/L), as the estimated median urinary iodine concentration among school children was 90 µg/L in 1993.²

Nutrition policies and strategies

Key national programmes

Date

Development of national nutrition strategy or action plan	✗
Plan of action for obesity prevention ^a	✓
Strategy or plan of action on infant and young child feeding	✗
Code of marketing of breast milk substitutes	✗
Child growth monitoring	✗
School feeding programme	✗

Policies	Policy to reduce salt/sodium consumption	Tax on sugar sweetened beverages	Policy to limit trans-fatty acid intake	Policy to reduce the impact of marketing of food to children	Policy on salt iodization ^{a, b}	Front-of-pack nutrition labelling for food	Wheat flour fortification
	✗	✗	✗	✗	✓	✗	✗

✓ =Policy/programme implemented ✗ =Policy/programme not implemented

^a Programmes/actions in Libya. In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (<https://extranet.who.int/nutrition/gina/en/programmes/1483>, accessed 6 June 2022).

^b Doggui R, Al-Jawaldeh H, Al-Jawaldeh A. Trend of iodine status in the Eastern Mediterranean Region and impact of the universal salt iodization programs: a Narrative Review. Biol Trace Elem Res.2020; 198, 390–402 doi: 10.1007/s12011-020-02083-1.

² Doggui R, Al-Jawaldeh H, Al-Jawaldeh A. Trend of iodine status in the Eastern Mediterranean Region and impact of the universal salt iodization programs: a Narrative Review. Biol Trace Elem Res.2020; 198, 390–402 doi: 10.1007/s12011-020-02083-1.

Ministry of Health Website: <https://www.health.gov.ly/>

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