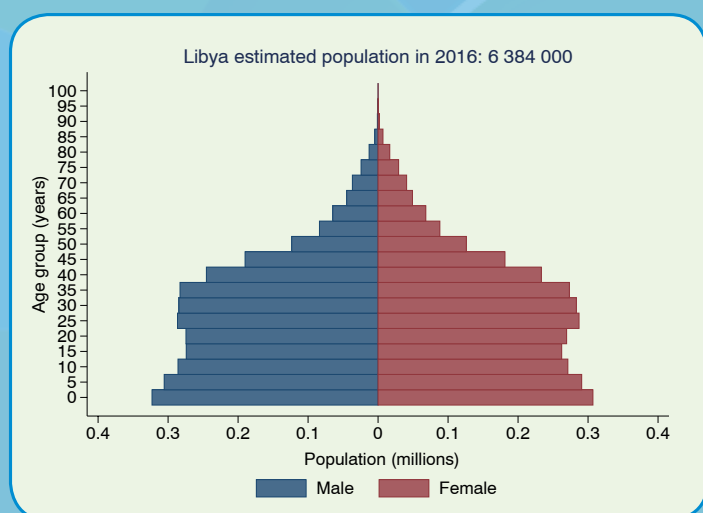




Universal health coverage

Primary health care facilities per 10 000 population (2013)	2.8
Hospital beds per 10 000 population (2012)	37.0
Modern contraceptive prevalence rate (2015)	28
Antenatal care visits (4+ visits) (2014)	66.3
Measles immunization coverage among 1-year olds (%) (2016)	97
Tuberculosis treatment success rate of new bacteriologically confirmed cases (%) (2015)	61
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2016)	97
General government expenditure on health as % of GDP (2014)	3.7
General government expenditure on health as % of total government expenditure (2014)	4.9

Estimated population in 2016



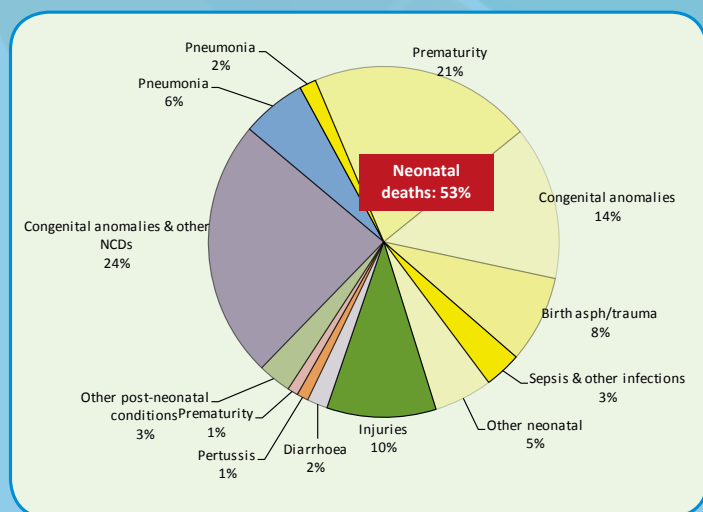
Selected determinants of health

Population living in urban areas (%) (2016)	88
Annual GDP growth (%)	...
Number of refugees ^a (2016)	9 301
Number of internally displaced persons ^b (2016)	174 510

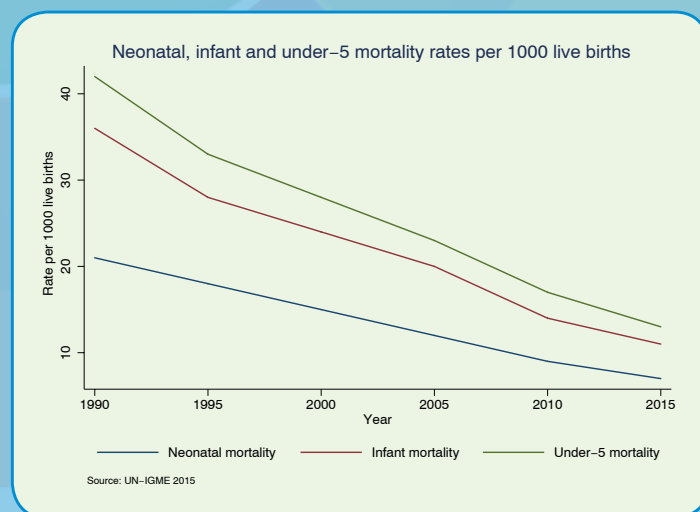
^a Including persons forcibly displaced from their country of origin due to persecution, war, or violence, as recognized and reported by UNHCR.

^b Including persons forcibly displaced due to conflict, remaining in their own country, as recognized and reported by UNHCR.

Distribution of causes of death among children aged <5 years (%)



Neonatal, infant and under-5 mortality rates per 1000 live births



Selected SDGs health-related indicators*

1 NO POVERTY

Population below the international poverty line % ...

Proportion of employed population below the international poverty line (ILO estimate, 2016)	Male %	3.7
	Female %	1.8

2 ZERO HUNGER

Children under 5 who are (2015)		
stunted	%	21.0
wasted	%	6.5
overweight	%	22.0

4 QUALITY EDUCATION

Literacy rate (15-24 years) (2014)	Total %	88
	Male %	92
	Female %	83

Net primary school enrolment ratio per 100 school-age children	Total ratio	...
	Male ratio	...
	Female ratio	...

5 GENDER EQUALITY

Demand for family planning satisfied with modern methods (UN Population Division estimate, 2015)	%	70.8
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6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2015)	%	...
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Access to improved sanitation facilities (World Health Statistics, 2015)	%	97
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8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2012)	Total %	19
	Male %	15.9
	Female %	25.1

11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) (WHO/CEHA, 2014)	Total	61.1
	Urban	58.2

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2011-2015)	19.6
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*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2015)	70.1	75.6	72.7
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2015 estimate)	—	—	9
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	7
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	11
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	13
Tobacco use among persons 15+ years (%)
Overweight (18+ years) (%) (2014)	68.7
Obesity (18+ years) (%) (2014)	33.1
Raised blood pressure among persons 18+ years (%) (2014)	21.9
Raised blood glucose among persons 18+ years (%) (2014)	17.0
Raised cholesterol among persons 18+ years (%)
Mortality between ages 30 and 70 from cardiovascular disease, cancer, diabetes, chronic respiratory disease per 10 000 (2015)	20
Cancer incidence per 100 000 (2012)	75.1

Universal health coverage (UHC) means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of Sustainable Development Goal 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.

3 GOOD HEALTH AND WELL-BEING



ENSURE HEALTHY LIVES
AND PROMOTE WELL-BEING
FOR ALL AT ALL AGES

Voluntary National Review

N/A

National Focal Point for 2030 Agenda

Mr Esam Garba, Ministry of Planning

National Focal Point in Ministry of Health for health-related SDGs

Prof Dr Nureddin Araibi, Advisor of HE The Minister of Health

1. How is Libya incorporating the 2030 Agenda into its development policy and planning?

Six years since the ousting of Gaddafi in October 2011, heightened major socio-economic uncertainty, a deeply volatile political settlement, and significant delays in the peace process continue to hamper Libya's political and economic transition to sustainable peace in the long term. The Presidential Council (PC) and Government of National Accord (GNA) continue to struggle with a protracted political and security crisis and face a daunting series of problems in effectively extending state authority over all Libyan territory, ensuring security, delivering services, and restoring economic growth, while also building public trust. SDGs are not high on Government agenda, though UN agencies are flagging it constantly whenever appropriate.

It remains a serious challenge, as noted in recent reports, that at the political level, the GNA is yet to meet the expectations of sizable sections of the society for being an inclusive caretaker government. It is alarming to find the Central Bank of Libya getting fragmented, with the Ministry of Finance becoming increasingly fragmented too. At present, Libyan public administration is finding it increasingly problematic to present a unified budget presentation (in terms of total revenues and expenditures).

2. How is Libya incorporating SDG 3 targets in health policy, strategy, and planning?

Though early drafts of health development strategy exist, there is no health policy in Libya. The Ministry of Health (MoH) is committed to lead the process of developing a national health sector recovery strategy with support from WHO and related development agencies. The social effects of the protracted crisis have been severe. Libya, once a wealthy country, now faces a situation where 20% of its population needs protection and humanitarian assistance. The 2009 Millennium Development Goals (MDG) Report for Libya stated that the country was on track to attain the MDGs by 2015. Today, 1.3 million Libyans are in need of humanitarian assistance amidst chronic insecurity fuelled by regional violent extremism. Public service infrastructure – especially electricity, banking and health services – is collapsing throughout the country. Households are struggling to make ends meet with rapidly soaring price inflation and lack of cash. Some hospitals and other public health facilities have come to a grinding halt without access to adequate supplies,

skilled health workforce, or steady provision of electricity. The risk of prolonged deterioration of social services like health and education for which Libya has proudly shown progress in past years.

3. Are there any major partnerships in Libya for advancing the 2030 Agenda?

UN agencies are actively supporting Libya and the Libyan people at this critical time, particularly on the humanitarian side. Meanwhile, development work is gaining momentum where a recent multi-agencies Taskforce was formed and researched the development needs in four sectors namely water, energy, education and health aiming to identify existing information sources, their quality and focus on any information gaps so that analytical work is pursued and fed into sector development programmes. In these regards, SDGs was a cross cutting theme and WHO was taking the lead in representing health sector report and embraced the SDG 3 and the entailed targets and indicators. Capacity building for the MoH is in progress and needs to continue over the immediate to medium term.

4. Are there any major partnerships in Libya for advancing the health-related SDGs?

A number of international NGOs exist in Libya and can contribute to attaining SDGs. In addition, the World Bank has engaged in health sector development over the recent period and is planning to bring additional resources and partner with WHO and other actors in the health sector towards advancing access to essential health services and narrowing the gaps of Universal health coverage.

5. Has Libya reoriented its National Health Policies, Strategies, and Plans to incorporate Universal Health Coverage?

No, however, as preparatory steps have started for the MoH, supported by WHO and partners, to embark on developing the new health sector recover strategy, the SDGs will be adopted and incorporated.