Libya

Date: 20 March 2025

Public Health Situation Analysis (PHSA)

Typologies of emergency	Main health threats	WHO grade	Security level (UNDSS)[1]	INFORM (2025)[2]
Conflict Food security Displacement Epidemics Nutrition	Cholera and acute watery diarrhoea (AWD) Poliomyelitis (cVDPV2) Maternal Health Risks Non-communicable diseases (NCDs) Measles/Rubella/ Acute Flaccid Paralysis (AFP)	**G3 (Sudan refugee crisis; IASC System-Wide Scale-Up activated for Sudan)**	**High (5):** Eastern Libya, Southern Libya, Tarabulus (Tripoli) and Western Libya.	**Risk Index** 4.3/10 (Medium) **Global Risk Ranking** 56 out of 191 countries

SUMMARY OF CRISIS AND KEY FINDINGS

More than a decade of civil conflict has left Libya's critical infrastructure in a state of near collapse. Although a ceasefire agreed in 2020 continues to hold, sporadic clashes still occur.[3] At the height of the conflict, hundreds of thousands of people were displaced, and thousands more were killed or injured.[4]

As of 10 February 2025, It is estimated that over 240 000 Sudanese refugees have arrived in Libya since April 2023.[5] Living conditions for Sudanese refugees are worsening due to the continued influx of newly arrived families, the winter season and the limited space available in settlements. Overcrowding severely restricts movement between shelters and compromises ventilation, increasing the risk of disease outbreaks.[6]

Health issues are rising amongst refugees, especially among vulnerable groups like children, women and older people with chronic illnesses. Women lack reproductive health services, including antenatal care and hygiene education. Children do not have access to routine immunizations but instead rely on occasional vaccination campaigns, leaving them at risk of preventable diseases. Older people struggle with untreated chronic conditions such as diabetic foot, needing consistent care. [7] In December 2024 the number of reported HIV and hepatitis C cases increased compared with previous months, while hepatitis B and malaria reported cases decreased compared with November 2024.[8]

Heavy rainfall and strong winds affected north-western Libya (in particular the Tripolitania region) over 5-6 December 2024, causing floods and some severe weather-related incidents that have resulted in casualties and damage.

Libya is still recovering from the impact of Storm Daniel which caused the collapse of two dams following a record-breaking storm, and resulted in the deaths of over 4251 people.[9] The affected districts, home to approximately 1.51 million people, suffered severe destruction due to the collapse of two dams, leading to infrastructure damage, water contamination, and health risks.[10] These challenges were compounded by disrupted health care services, especially for vulnerable groups such as children, women and patients with chronic disease. [11]

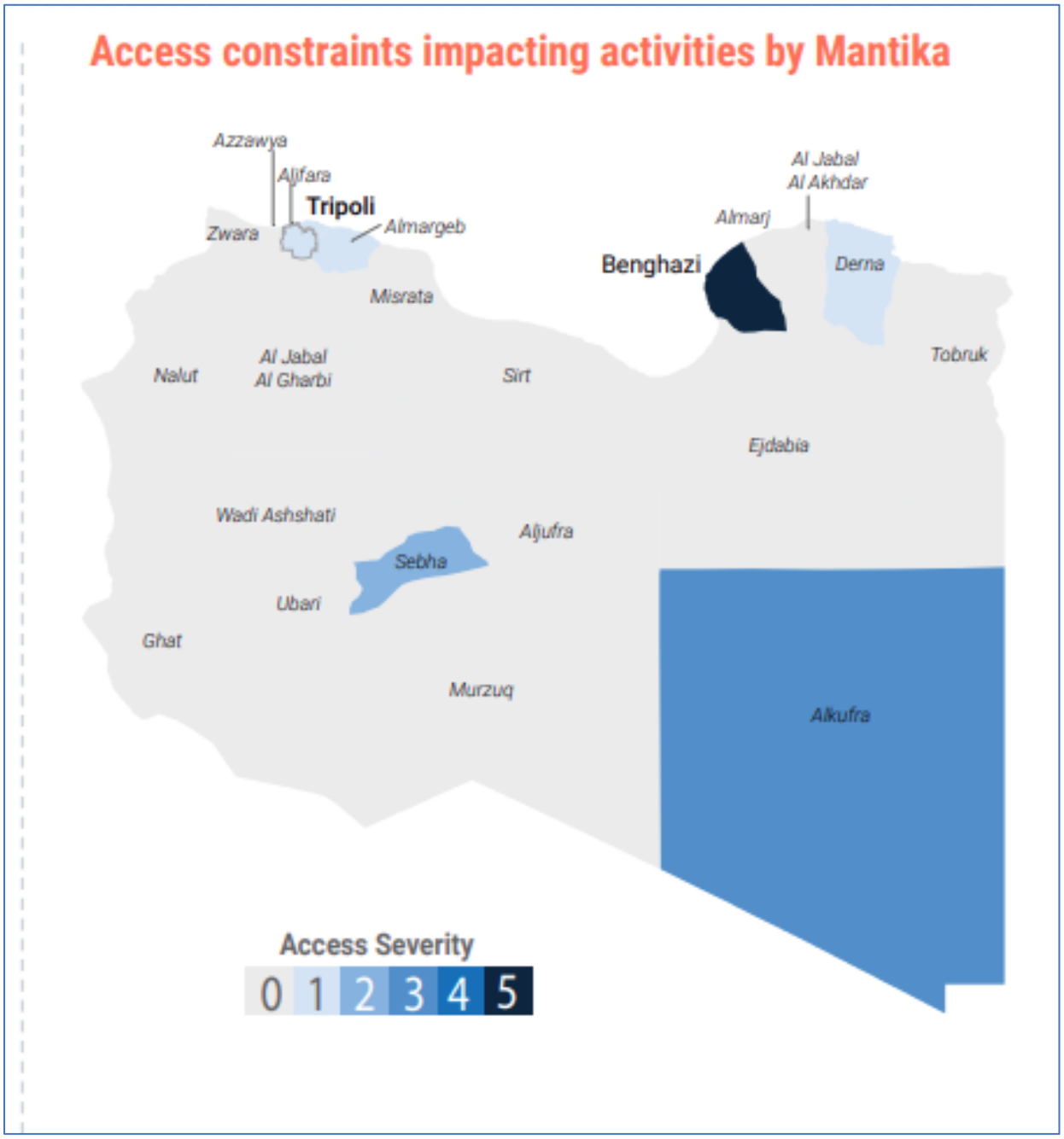

Figure 1- Access constraints impacting activities by Mantika (administrative district) (OCHA, February 2024)[12]

HUMANITARIAN PROFILE

PEOPLE IN NEED (PiN) 2023

PiN: 328 560[13]

More recent figures are not available.

HEALTH NEEDS

With limited recent figures, following the floods in 2023, **WHO identified 2.47 million people in need of health services.** [14]

SUDAN REFUGEE INFLUX

As of 10 February 2025, It is estimated that **over 240 000 (60% male) Sudanese refugees** have arrived in Libya since April 2023.[15]

DISPLACEMENT

IDPs: 125 802 (2023)[16]

Migrants: 824 131 (2025)[17]

Humanitarian Response To Date

Humanitarian needs continued to decline in 2022, prompting humanitarian agencies to focus on protection and prevention measures and risk reduction, while transitioning to a Humanitarian-Development-Peace Nexus approach.[18] The 2023 Humanitarian Overview confirmed Libya's transition from a humanitarian focus to recovery, stabilization, and development context, marked by a gradual reduction in humanitarian needs. The number of people in need of lifesaving assistance decreased to 328 560. However, Libya continued to face numerous socio-economic challenges, including limited liquidity and currency devaluation, alongside a lack of established political frameworks.[19]

The 2023 United Nations Libya Flood Flash Appeal highlighted its profound impact directly affecting some 884 000 people across five provinces and particularly in devastated areas such as Derna, where over 30 000 people were displaced, prompting urgent calls for humanitarian assistance. Additionally, vulnerable groups such as migrants and internally displaced persons (IDPs) face increased risks, further complicating an already intricate humanitarian situation.[20]

In February 2025, 20 humanitarian partners sought US$106.6 million under the Libya chapter of the Regional Refugee Response Plan (RRP), to support 375 000 Sudanese refugees, 70 000 people in host communities, and 1000 third-country nationals. In close coordination with the State of Libya, this response aims to provide essential assistance, from emergency relief to longer-term solutions.[21]

Conflict and Insecurity

The country's history of conflict and political instability are key drivers of vulnerability. In the past decade, the country has experienced upheavals including civil war, foreign intervention, and factional power struggles. A 2020 ceasefire brought some respite, but delayed elections in 2022 fuelled tensions. Limited territorial integrity contributes to low resilience. Weak state institutions foster a fragmented political landscape and allowing armed non-state actors to flourish. Prolonged displacement and migrant risks exacerbate the humanitarian crisis. [22]

The security situation in western Libya remained highly volatile, with ongoing competition among armed groups over territorial control leading to various incidents.[23] On 27 August 2024, near the Ra's Judayr border crossing, armed clashes were reported between Zuwara armed forces and forces of the Western Coast Military Region affiliated with the Ministry of Defence, after the Zuwara armed forces demanded that the Western Coastal Military Region forces withdraw from the border crossing. According to unconfirmed reports, the clashes led to civilian casualties and temporary road closures.[24]

Violent extremist organizations reportedly continued to operate across Libya, providing logistical and financial support for their activities in the Sahel. Smuggling and trafficking in persons continued to be major revenue streams for both violent extremist organizations and criminal networks, indicating a possible convergence of interests.[25]

The crisis over the leadership of the Central Bank had a deeply destabilizing impact on the economic and financial situation in Libya. Following the declaration of force majeure by the National Oil Corporation for the Shahara oil field on 7 August 2024, Fil oil field on 2 September 2024 and the Sidr export terminal on 12 September 2024, Libyan oil exports had reportedly decreased to around 194 000 barrels per day by early September. Concurrently, the Libyan dinar depreciated from 7.1 to 8.0 dinars to the United States dollar in the parallel market, compared with the official rate of 4.8 Libyan dinars.[26]

Sudanese Refugee Influx

Since mid-April 2023, the conflict in Sudan has led to the displacement of more than 11 million people, with more than 2 million crossing into neighbouring countries to find safety.[27] Thousands of displaced people have taken shelter in Kufra, a remote and sparsely populated area located in southeastern Libya. Without proper registration and tracking in place it is difficult to determine how this has increased over the last two months; however, the influx continues at a steady rate, with approximately 400 to 500 people arriving in informal camps daily.[28]

As of 10 February 2025, It is estimated that over 240 000 Sudanese refugees have arrived in Libya since April 2023.[29] This includes 42 463 individuals who were registered post-conflict, bringing the total number of Sudanese registered by UNHCR at its registration centre in Tripoli to 62 126.[30] Due to the irregular nature of entry, the ad hoc data shared by authorities, and the vast remote land border with Chad, Egypt, and Sudan, combined with movements towards cities along the coast, it remains challenging to provide an accurate number of Sudanese refugees.[31]

In recent months, interagency missions observed critical challenges faced in Al Kufra and affected areas, including poor living conditions, lack of health facilities, and food insecurity among children and families.[32] In January 2025, an IRC assessment reveals alarming gaps in basic necessities and opportunities for Sudanese refugees in Libya.[33]

Over 70% of surveyed households are living in inadequate housing, with many spending more than half their income on rent.[34] Access to livelihoods is also a major concern that restricts refugees' ability to meet their basic needs, with over half of respondents citing access to livelihoods as their primary challenge. Despite most refugees having completed secondary or university education their skills in critical fields like healthcare, education, and engineering remain underutilized due to systemic barriers.[35]

Al Kufra, in the southeast of Libya, was the first station for arrival of Sudanese refugees to Libya. The influx of Sudanese refugees into Al Kufra continues; the population movement is highly dynamic, and the locations of informal settlements are ever changing. The incoming Sudanese refugees primarily access healthcare through 16 local facilities, including 13 primary healthcare centres, one general hospital, a mental health centre, maternity centre, and a diabetes centre. The latest updates from the Emergency Operations Centre in Al Kufra report that more than 140 000 health certificates have been issued to male refugees over the age of 18 between January and 31 December 2024.[36]

Refugees in remote regions like Alkufra face particularly harsh conditions where food prices have increased due to disrupted supply chains, rising demand and fuel shortages, all worsened by the ongoing war in Sudan. The heightened cost of living adds to the challenges, with many refugees struggling to survive in substandard living conditions.[37]

Migration and Internal Displacement

Libya remains a country of destination and transit for migrants and refugees.[38] There is a total of 824 131[39] migrants from 44 nationalities across 100 municipalities (November- December 2024).[40] The largest migrant populations identified were in the coastal regions of Tripoli (16%), Misrata (10%), Benghazi (10%), Almargeb (6%), Ejdabia (6%), and Azzawya (6%).[41] Between 10 August and 30 November 2024, the Libyan Coast Guard intercepted 7516 migrants and refugees attempting to cross the Mediterranean Sea from Libya. From 1 January to 30 November 2024, the Libyan Coast Guard intercepted 20 839 migrants and refugees at sea and returned them to Libya, with 600 persons reported dead and 838 missing.[42]

The majority of displaced communities in the country originated from Benghazi between 2014 and 2017 due to the ongoing conflict at the time. While some IDPs have managed to return to their hometowns, many still face significant obstacles in returning to Benghazi and Derna, primarily due to the fear of persecution or reprisals from the ruling militias.[43] According to an IOM, as of December 2022, 705 426 (85%) internally displaced persons (IDPs) previously displaced by conflict have returned to their areas of origin, but some remain vulnerable and require additional support to achieve a durable solution. A further 125 802 persons remain internally displaced, including Libya's remaining conflict-displaced populations, plus those directly affected by Storm Daniel in September 2023 require continued assistance to meet their humanitarian needs and access solutions pathways.[44]

Humanitarian Access

In 2024, humanitarian and development operations in Libya continued to encounter access constraints, including bureaucratic delays, movement restrictions, security incidents, and logistical challenges. These obstacles disrupted the timely delivery of humanitarian assistance and development programmes.[45] Approximately 67% of the reported constraints stem from delays or denials of security clearances, movement permissions and coordination challenges between partners and local authorities.[46] Security-related incidents posed further challenges. Logistical challenges compounded these difficulties. Flooding in some areas rendered roads impassable, preventing affected populations from accessing services.[47]

Food Security

A key driver of vulnerability is food insecurity, brought about by declining agricultural outputs and heavy reliance on food imports. Prolonged conflict, the disruption of agricultural services, and global food price shocks contribute to the difficult economic situation. Libya's resilience is hampered by overreliance on hydrocarbons, a lack of diversification, and external shocks. Although Libya is an upper-middle-income country, challenges from conflicts, the COVID-19 pandemic and oil blockades persist, limiting its growth potential. [48]

During the Central Bank crisis, the international banking system largely halted transactions with Libya, which threatened to destabilize imports of essential goods. WFP reported significant increase in food prices across Libya in August and September 2024, and the western region saw the largest increases, 4.2% in August and 3.5% in September.[49] Prices also remained high in southern Libya owing to the impact of military operations and heavy rains in September that disrupted supply chains to the area. Kufrah in the south-east experienced the highest spike, with prices rising 13.4% above the national average, exacerbated by the influx of Sudanese refugees, which increased demand. [50]

The Full Minimum Expenditure Basket (MEB) in the southern region rose by +1.1% in December, reaching LYD 949.52, with significant increases driven by the non-food basket, particularly cooking fuel prices. Ongoing environmental challenges, such as heavy rains leading to road closures and supply chain disruptions, may have further affected market dynamics.[51]

Flooding, December 2024

Heavy rainfall and strong winds affected north-western Libya (in particular the Tripolitania region) over 5-6 December 2024, causing floods and some severe weather-related incidents that have resulted in casualties and damage. Media report, as of 13 December 2024, six fatalities, of which three in the Tarhuna village, Murqub district, two in the area of the Bani Walid city, Misrata district, and one more in the Garyan city, Jabal al Gharbi district, all in the Tripolitania region. In addition, media also report a number of flooded houses and some damaged houses by the strong wind across the region.[52]

Local authorities, supported by the Ministry of Local Governance (MoLG) and the Ministry of Social Affairs (MoSA), have been working to evacuate families, restore road access, and provide basic necessities such as blankets, mattresses, and psychological support. Several neighborhoods remain cut off, as of 10 December 2024.[53] In Bani Waleed, around 150 families have been affected by flooding with damage reported to houses, three schools, and key infrastructure such as roads and bridges. Livestock losses have further compounded the challenges faced by the community. In Qasr Akhyar, 150 families have been affected by the floods. In Ain Zara, flooding from the overflow of Wadi Al-Rabe'a

has displaced 100 families. The flooding has been exacerbated by unplanned construction, complicating evacuation efforts.[54]

Vulnerable Groups

- **Migrants:** Migrants face insecure tenure, including evictions, among segments of the Libyan population, including IDPs, refugees, migrants, and single or widowed women. Trafficking for extortion, labour exploitation, and sexual exploitation affects both Libyans and non-Libyans. Migrants, refugees, asylum seekers, and stateless people are particularly at risk.[55]
- **Women and girls:** Women, especially single mothers, widows, and female heads of households, face a significant risk of gender-based violence (GBV) across Libya.[56]
  Children: Child protection concerns include child marriage and child labour.[57]

HEALTH STATUS AND THREATS

Population mortality: The top causes of death (male and female) in 2021 were ischaemic heart disease, covid-19, stroke, road injury and kidney disease.[58] A summary of mortality indicators are provided below.

MORTALITY INDICATORS	Libya
Population (WHO, 2023)[59]	7.3 million
Life expectancy at birth (WHO 2021)[60]	72.2 years
Infant mortality rate (Deaths per 1000 live births) [61]	9
Under-five mortality rate (Deaths per 1000 live births) [62]	10
Maternal Mortality Rate (2020, modelled estimate, per 100 000live births)[63]	72

Vaccination coverage: Storm Daniel strained eastern Libya's health system, hitting vital facilities, such as Taknis Vaccination Center, Almkhaili Rural Hospital, and Albayada Rural Hospital, all key vaccination hubs, were critically damaged. This disruption to the health system heightens the risk of waterborne and vaccine preventable diseases, especially among children.[64] The roll-out of COVID-19 vaccines was slow compared with the rest of the region because of territorial insecurity, financial constraints, and a lack of medical equipment.[65] Repeated stockouts of critical vaccines continued to disrupt immunization schedules and put children at risk of life-threatening diseases. Libya still has no system to track its vaccine supplies.[66] A summary of vaccination coverage is provided below:

VACCINATION COVERAGE DATA (WHO, 2023)[67]	Libya
DTP-containing vaccine, 1st dose	74%
DTP-containing vaccine, 3rd dose	73%
Measles-containing vaccine, 1st dose (MCV1)	73%
Polio, 3rd dose	73%
Yellow fever vaccine	N/A

COVID-19 Vaccination: The below table provides an indication of COVID-19 vaccination rates as of October 2023[68]:

COVID-19 VACCINATION COVERAGE DATA (2023)[69]	Libya
% of population who received one dose	34%
Number of people who received one dose	2.3 million

OVERVIEW OF KEY DISEASE RISKS

KEY HEALTH RISKS IN COMING MONTH		
Public health risk	**Level of risk*** **	**Rationale**
Cholera and acute watery diarrhoea (AWD)		Cholera remains a concern, given regional outbreaks and Libya's history of a 1995 outbreak, and the more recent damaged to the health system in 2023. While the situation stabilized, the influx of Sudanese refugees since April 2023, from a country experiencing a cholera outbreak as of January 2025, increases the risk.
Poliomyelitis (cVDPV2)		Although Libya has been polio-free since 1991, it remains at considerable risk for imported poliovirus and cVDPV2 due to the presence of IDPs and refugees and the continued influx of migrants from polio-infected countries.[70]
Maternal Health Risks		Women continue to face difficulties in accessing basic emergency obstetric and newborn care due to physical and legal constraints, particularly for migrants, and a lack of qualified human resources and life-saving medicines, especially in the south.[71]
Non-communicable diseases (NCDs)		Ischemic heart disease and stroke have been the two top causes of deaths since 2009, and the prevalence of hypertensive heart disease and diabetes are increasing.[72]
Measles/Rubella/ Acute Flaccid Paralysis (AFP)		In 2024, Libya reported 860 suspected MR cases, with 207 confirmed measles cases and 60 confirmed rubella cases, reflecting active transmission and immunity gaps among vaccine-eligible children.[73] Although no government declared measles outbreaks were reported, indicating localized transmission.[74] In 2024, Libya reported 70 AFP cases in 2024, a decrease from 115 cases in 2023, reflecting significant decrease in the surveillance activities. However , the country maintained a non-polio AFP rate of 2.7 per 100 000 under-15 children, meeting WHO standards and ensuring robust case detection.[75]
Mental Health Conditions		There is a paucity of data on mental health services in Libya. In 2024, MSF teams carried out over 15 000 consultations for migrants. Of those suffering from mental health conditions, most had post-traumatic stress disorders linked to the violence they had endured.[76]
Protection risks (including GBV)		Women are subjected to multiple human rights abuses, including domestic violence, forced marriage, sexual violence and targeted online harassment. Societal pressures, harmful gender stereotypes, stigma and discriminatory laws further entrench discrimination against women and impunity for human rights abuses against them.[77] There are many risks to children in Libya, including child labour.[78]
Trauma, Injuries and Rehabilitation		For refugees, many find themselves in, including exposure to higher risks of violence, exploitation, arbitrary detention, hazardous living conditions, and abuse at the hands of smugglers and traffickers.[79] Since the beginning of 2024, 17 fatalities and 26 injuries from landmines and explosive remnants of war were reported, raising serious concerns about the widespread contamination from landmines and explosive remnants of war in Libya.[80]

Acute respiratory infections (ARIs), including COVID-19		In 2021, after heart disease, COVID-19 was the second top cause of death in Libya, amongst males and females.[81]
Hepatitis B & C		High rates of prevalence of viral hepatitis have been observed in various regions in Africa, but the prevalence in Libya is not well documented.[82] Throughout 2024, 2164 hepatitis B cases and 172 hepatitis C cases have been reported among Sudanese refugees.
HIV/AIDS		Information on persons living with HIV/AIDS in Libya continues to be very limited. Although increasing, the numbers of people living with HIV in Libya remains quite low, with between 7 500 and 9 000 adults and children living with the disease in 2021.[83]
Malnutrition		While Libya has made progress in some health and nutrition indicators, the health care system remains fragile and under-resourced.[84] Results of a 2022 SMART survey indicate a prevalence of Global Acute Malnutrition (GAM) of 3.8%, Severe Acute Malnutrition (SAM) of 1.2%, and Moderate Acute Malnutrition (MAM) of 2.6%. Rates of stunting — which had previously been reported as being between 21–40% across various sources — was found to at 8.2%, while overweight rates stood at 5.2%.[85]
Neglected tropical diseases (NTDs)		NTDs are highly endemic across much of the Middle East and North Africa (MENA). Leishmaniasis, especially cutaneous leishmaniasis, is endemic in Libya and elsewhere in the region. Both zoonotic (Leishmania major) and anthroponotic (Leishmania tropica) forms are endemic in MENA in rural arid regions and urban regions, respectively.[86]
Mpox		On 14 August 2024, WHO announced that the spread of mpox constituted a public health emergency of international concern. The outbreak of mpox due to clade Ib monkeypox virus (MPXV) continues predominantly in the Democratic Republic of Congo. As of February 2025, there are no cases reported in Libya or in neighbouring countries.
Tuberculosis (TB)		Amongst migrant communities, in 2024, MSF teams diagnosed and treated more than 250 people with tuberculosis. Sixteen died because they were not treated in time. MSF report that patients often present with tuberculosis when the diseases is at a late stage, leading to high mortality and further spread of the disease.[87] They seek medical care only as a last resort when their state of health has already seriously deteriorated.[88]
Red: ***Very high risk****. Could result in high levels of excess mortality/morbidity in the upcoming month.* *Orange:* ***High risk****. Could result in considerable levels of excess mortality/morbidity in the upcoming months.* *Yellow:* ***Moderate risk.*** *Could make a minor contribution to excess mortality/morbidity in the upcoming months.* *Green:* ***Low risk.*** *Will probably not result in excess mortality/morbidity in the upcoming months.*		

Cholera and acute watery diarrhoea (AWD)

Cholera remains a concern, given regional outbreaks and Libya's history of a 1995 outbreak, and the more recent damaged to the health system in 2023. While the situation stabilized, the influx of Sudanese refugees since April 2023, from a country experiencing a cholera outbreak as of January 2025, increases the risk. In February 2025, the WHO Eastern Mediterranean Region reported 14 422 new cholera/AWD cases across five countries. During this period, there were 3339 cholera cases reported in Sudan (3339) and 5479 cases of cholera/ AWD.[89] These challenges are compounded by disrupted

health care services, especially for vulnerable groups such as children, women and patients with chronic disease.[90]

Poliomyelitis (cVDPV2)

Although Libya has been polio-free since 1991, it remains at considerable risk for imported poliovirus and cVDPV2 due to the presence of IDPs and refugees and the continued influx of migrants from polio-infected countries.[91] Following the 2016 withdrawal of type 2 antigen from the oral polio vaccine in routine immunization; there has been a global increase in circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreaks.[92] In April 2022, the neighbouring country of Algeria reported the first cVDPV2 case which was followed by multiple detections from environmental samples (the latest in February 2025 to date).[93] Libya's AFP surveillance network must remain highly vigilant to early detect and thus promptly respond to potential poliovirus importations.[94]

Maternal Health Risks

Women continue to face difficulties in accessing basic emergency obstetric and newborn care due to physical and legal constraints, particularly for migrants, and a lack of qualified human resources and life-saving medicines, especially in the south. In 2022, the Ministry of Health and the Ministry of Higher Education, with UN support, developed the first national nursing and midwifery education policies, standard curricula, and regulatory framework.[95] In terms of Female Genital Mutilation (FGM), there is no legal prohibition, nor are there any documented cases.[96] A summary of key maternal and newborn health indicators are displayed in the below table:

MATERNAL AND NEWBORN HEALTH INDICATORS[97]	Libya
Postnatal care for mothers – percentage of women (aged 15-49 years) who received postnatal care within 2 days of giving birth (Female)	N/A
Antenatal care 4+ visits – percentage of women (aged 15-49 years) attended at least four times during pregnancy by any provider (Female)	66%
Skilled birth attendant – percentage of deliveries attended by skilled health personnel (Female)	100%
C-section rate – percentage of deliveries by caesarean section	N/A

Non-Communicable Diseases (NCD)

In 2019, 79% of all Libyan deaths and 78% of DALYS were caused by NCDs. The 'big four' (cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes mellitus) collectively account for two thirds of Libyan mortality. Ischemic heart disease and stroke have been the two top causes of deaths since 2009, and the prevalence of hypertensive heart disease and diabetes are increasing.[98]

Libya has shown limited progress towards achieving the diet-related non-communicable disease (NCD) targets. 42.8% of adult (aged 18 years and over) women and 28.1% of adult men are living with obesity. Libya's obesity prevalence is higher than the regional average of 20.8% for women and 9.2% for men. At the same time, diabetes is estimated to affect 19.2% of adult women and 17.9% of adult men.[99]

Measles/Rubella/ Acute Flaccid Paralysis (AFP)

Measles-Rubella (MR) surveillance is critical for tracking outbreaks, monitoring transmission patterns, and guiding immunization strategies to close immunity gaps. Libya maintained an active MR surveillance system, effectively detecting and responding to suspected and confirmed cases.[100] In 2024, Libya reported 860 suspected MR cases, with 207 confirmed measles cases and 60 confirmed rubella cases, reflecting active transmission and immunity gaps among vaccine-eligible children. No deaths were reported among the confirmed cases. For the rubella cases, 92% of confirmed rubella cases were in children under 15, with the majority in 1-4 years (23 cases) and 5-9 years (18 cases).

A total of 95% of vaccine-eligible confirmed cases were of Libyan nationality, with 34% receiving 0 doses of MMR vaccine, highlighting significant immunity gaps among eligible children. A total of 10%

of the cases had an unknown vaccination status, reflecting challenges in vaccination record-keeping and follow-up. [101]

Although no government declared measles outbreaks were reported, confirmed measles clusters were identified in Tobruk, Albida, Sabha, Benghazi, Sowsa, Omar Almokhtar, and Algathron, indicating localized transmission. Similarly, rubella outbreaks were detected in Shahhat, Albida, and Almerj, reflecting active circulation[102] A total of 97% of confirmed measles cases were in children under 15, with the highest incidence among 1-4 years (91 cases) and 5-9 years (33 cases).[103] Aljabal Alakhdar recorded the highest incidence of measles (203.2 per 1M) and rubella (33.9 per 1M), indicating a critical hotspot requiring targeted interventions.[104]

In 2024, Libya maintained a robust AFP surveillance system, meeting WHO-recommended surveillance performance indicators. Libya reported 70 AFP cases in 2024, a decrease from 115 cases in 2023, reflecting significant decrease in the surveillance activities. However , the country maintained a non-polio AFP rate of 2.7 per 100 000 under-15 children, meeting WHO standards and ensuring robust case detection.[105]

The highest number of AFP cases were reported in the Benghazi region (26%), followed by the Aljabal Alakhdar region (24%) and the Sabha region (16%). The western region consistently reported the highest number of cases, attributed to better access to healthcare services and active community-based surveillance. A total of 90% of AFP cases received at least one dose of Oral Polio Vaccine (OPV), reflecting good vaccination coverage among reported cases. A total of 6% of AFP cases were among non-Libyan nationalities, primarily Chadian, Nigerian and Sudanese children, reflecting population mobility and cross-border migration. The presence of zero-dose cases among non-Libyan children emphasizes the need for targeted outreach programs for migrant populations.[106]

Mental Health Conditions

There is a paucity of data on mental health services in Libya. There are no published data on the prevalence of mental health disorders in Libya before 2011, when the conflict began. However, WHO estimates that the prevalence of mental disorders (depression, anxiety, post-traumatic stress disorder, bipolar disorder, and schizophrenia) is 22.1% at any point in time in conflict-affected populations such as in Libya.[107] This includes 13% of people who suffer from mild forms of depression, anxiety, and post-traumatic stress disorder, 4% with moderate forms, and 5.1% for severe disorders (schizophrenia, bipolar disorder, severe depression, severe anxiety, and severe post-traumatic stress disorder).[108]

Following Storm Daniel in 2024, tens of thousands of people have lost loved ones, homes, livelihoods and all their belongings, putting them at significant risk of acute mental distress. [109] A 2021 assessment highlighted perceptions that increases in verbal/physical violence, sexual abuse, and family separation have directly contributed to an increase in psychological issues, manifested primarily as anxiety and depression in impacted individuals.[110]

Women, especially those subjected to domestic violence and related traumatic experiences, and people with disabilities appeared to be particularly vulnerable to such distress. The unmet need for mental health and psychosocial support was identified to be mainly driven by the lack of mental health facilities and safe spaces, along with a shortage of trained professionals and proper equipment/ medication, financial hardship, and a wide-spread fear of social stigma.[111] The southern regions of Libya face chronic shortages, accessibility issues, and gaps in workforce capacity and mental health services.[112]

In 2024, MSF teams carried out over 15 000 consultations for migrants. Of those suffering from mental health conditions, most had post-traumatic stress disorders linked to the violence they had endured. Faced with the risk of abduction and arrest by the police or militia, people are forced underground in isolated places where they are even more vulnerable.[113]

Protection risks (including GBV)

These risks are detailed in the Determinants of Health section of the report.

Trauma, Injury and Rehabilitation

For refugees, international migrants in Libya continue to face challenges and protection concerns, especially in urban settings and, even more so, in detention centres.[114] This is largely linked to their status in the country and the vulnerable situations many find themselves in, including exposure to higher

risks of violence, exploitation, arbitrary detention, hazardous living conditions, and abuse at the hands of smugglers and traffickers.[115]

In 2024, MSF teams carried out over 15 000 consultations for migrants. Of those suffering from mental health conditions, most had post-traumatic stress disorders linked to the violence they had endured. Faced with the risk of abduction and arrest by the police or militia, people are forced underground in isolated places where they are even more vulnerable. They seek medical care only as a last resort when their state of health has already seriously deteriorated.[116]

In February 2025, IOM expressed concern at the discovery of two mass graves in Libya containing nineteen bodies in Jakharrah (around 400 km south of Benghazi), while at least 30 more were found in a mass grave in the Alkufra desert in the southeast.[117] Last March the bodies of 65 migrants were found in a mass grave in the southwest of the country.[118]

Since the beginning of 2024, 17 fatalities and 26 injuries from landmines and explosive remnants of war were reported, raising serious concerns about the widespread contamination from landmines and explosive remnants of war in Libya.[119]

HI reported in 2022 that private facilities offered physical rehabilitation services, however they are expensive and inaccessible to many of Libya's most vulnerable populations. Furthermore, some beneficiaries have reported discrimination and safety concerns when referred to public health facilities.[120]

Acute respiratory infections (ARIs), including COVID-19

In 2021, after heart disease, COVID-19 was the second top cause of death in Libya, amongst males and females.[121]

Hepatitis B & C

High rates of prevalence of viral hepatitis have been observed in various regions in Africa, but the prevalence in Libya is not well documented.[122] Throughout 2024, 2164 hepatitis B cases and 172 hepatitis C cases have been reported among Sudanese refugees.

HIV (human immunodeficiency virus) / AIDS

Information on persons living with HIV/AIDS in Libya continues to be very limited. Although increasing, the numbers of people living with HIV in Libya remains quite low, with between 7 500 and 9 000 adults and children living with the disease in 2021. The HIV prevalence rate of adults (aged 15– 49) rate stood at 0.2 while the incidence of HIV in the same age group was 0.1 per 1000 population.[123]

It is estimated that around 37% of adults aged 15 years and above living with HIV are female while 63 are male. While it is estimated that there were less than 500 new HIV infections in 2021, the death rate from AIDS in the country in the same year was estimated as less than 200.[124]

Malnutrition

For Sudanese refugees arriving to Libya, malnutrition is prevalent. Findings from the latest nutrition screening in Alkufra showed that more than 30% of children under five among Sudanese refugees were acutely malnourished, far surpassing the WHO emergency threshold of 15% and the UNHCR standard in emergency settings of 10%.[125] Sudan is experiencing the worst acute food insecurity ever recorded, with 25.6 million people facing acute food insecurity.[126]

More broadly, Libya has made progress in some health and nutrition indicators, the health care system remains fragile and under-resourced.[127] Results of a 2022 SMART survey indicate a prevalence of Global Acute Malnutrition (GAM) of 3.8%, Severe Acute Malnutrition (SAM) of 1.2%, and Moderate Acute Malnutrition (MAM) of 2.6%. Rates of stunting — which had previously been reported as being between 21–40% across various sources — was found to at 8.2%, while overweight rates stood at 5.2%.[128]

Libya is 'on course' to meet one target for maternal, infant and young child nutrition (MIYCN).[129] No progress has been made towards achieving the target of reducing anaemia among women of reproductive age, with 29.9% of women aged 15 to 49 years now affected. Meanwhile, there is insufficient data to assess the progress that Libya has made towards achieving the low-birth-weight

target, nor is there adequate prevalence data.[130] The same result can be seen for exclusive breastfeeding. There is insufficient data to assess the progress that Libya has made towards achieving this target, nor is there adequate prevalence data.[131]

Libya has made no progress towards achieving the target for stunting, with 38.1% of children under 5 years of age affected, which is higher than the average for the Africa region (30.7%). There is insufficient data to assess the progress that Libya has made towards achieving the target for wasting; however, the latest prevalence data shows that 10.2% of children under 5 years of age are affected. This is higher than the average for the Africa region (6.0%). The prevalence of overweight children under 5 years of age is 29.6% and Libya is 'on course' to prevent the figure from increasing.[132]

Neglected Tropical Diseases, including leishmaniasis and leprosy

NTDs are highly endemic across much of the Middle East and North Africa (MENA). Leishmaniasis, especially cutaneous leishmaniasis, is endemic in Libya and elsewhere in the region. Both zoonotic (Leishmania major) and anthroponotic (Leishmania tropica) forms are endemic in MENA in rural arid regions and urban regions, respectively. Other endemic zoonotic NTDs include cystic echinococcosis, fascioliasis, and brucellosis. Great strides have been made towards elimination of several endemic NTDs, including trachoma in Libya. Conflict and human and animal migrations are key social determinants in preventing the control or elimination of NTDs in the MENA.[133]

Mpox

On 14 August 2024, WHO announced that the spread of mpox constituted a public health emergency of international concern. The outbreak of mpox due to clade Ib monkeypox virus (MPXV) continues predominantly in the Democratic Republic of Congo. As of February 2025, there are no cases reported in Libya or in neighbouring countries.

Tuberculosis (TB)

Amongst migrant communities, in 2024, MSF teams diagnosed and treated more than 250 people with tuberculosis. Sixteen died because they were not treated in time. MSF report that patients often present with tuberculosis when the diseases is at a late stage, leading to high mortality and further spread of the disease.[134] They seek medical care only as a last resort when their state of health has already seriously deteriorated.[135]

In 2023, 2421 new cases of TB were notified in Libya (32 per 100 000 population), representing an 47% increase over the previous year[136] Although official data for 2022 has not yet been published, preliminary figures indicate that 2 150 cases were notified (31 per 100 000 population) for the year. This apparent increase is likely due to the reactivation of TB diagnostic laboratories following the COVID-19 pandemic, as well as the overall strengthening of TB services in the country. Although the treatment success rate for TB patients in Libya remains low, it has increased by over 10% since 2018.[137]

DETERMINANTS OF HEALTH

Climatic Events

Libya is the sixth driest country in the world, making agriculture extremely difficult and creating elevated levels of vulnerability for rural communities that rely on climate-sensitive livelihoods.[138] Libya is one of the countries in the world most affected by the impact of disasters and climate change including extreme climatic events and in particular droughts, less regular rainfall, flooding, sand and dust storms.[139] The conflict in Libya has left the country extremely vulnerable to climate variability and is likely to increase the impacts on agricultural production and therefore the livelihoods, food and economic security of a significant proportion of the population and vulnerable groups such as migrants.[140]

Impact of Storm Daniel 2023

A recent UN study shed light on the catastrophic flood disaster in Derna, Libya in September 2023.[141] The research highlighted how aging infrastructure, political instability, climate change, and human decisions created the perfect storm for one of the deadliest floods in recent history.[142] The flooding, caused by the collapse of two dams following a record-breaking storm, resulted in the deaths of over 4251 people, along with 8500 missing.[143] The study utilized advanced satellite imaging techniques to

detect structural vulnerabilities in the dams, which had experienced significant subsidence over the years, compromising their integrity.[144]

The affected districts, home to approximately 1.51 million people, suffered severe destruction due to the collapse of two dams, leading to infrastructure damage, water contamination, and health risks.[145] Most of the health risks for flood survivors stem from the presence of contaminated water and poor hygiene and sanitation facilities. Risks include the threat of waterborne disease outbreaks such as acute watery diarrhoea and cholera, and vector-borne disease outbreaks such as typhoid fever, dengue, malaria and yellow fever. These challenges are compounded by disrupted health care services, especially for vulnerable groups such as children, women and patients with chronic disease. [146]

Socio-economic Challenges

In 2022, over 7% of Libyans were reported to be living below the international poverty line while 14.2% were estimated to be living below the national poverty line.[147] Libya's economic trends have been severely impacted by the ongoing instability, with losses estimated at $600 billion over ten years in constant 2015 dollars. Without conflict, Libya's 2023 GDP could have been 74% higher. Next to instability, key challenges include heavy reliance on oil, lack of diversification, low productivity, and declining health and education quality. [148]

While Libya is considered a middle-income country, it is heavily dependent on oil and gas revenues and an estimated 803 000 people, including displaced Libyans, asylum-seekers, refugees, and migrants, need humanitarian assistance. Despite the government's efforts, the influx of refugees from Sudan has stretched public services to the breaking point.[149] High unemployment, especially among young people and women, contributes to economic disenfranchisement. Limited resilience stems from low participation of women in the labour force.[150]

Protection Risks

Gender Based Violence (GBV): Women are subjected to multiple human rights abuses, including domestic violence, forced marriage, sexual violence and targeted online harassment. Societal pressures, harmful gender stereotypes, stigma and discriminatory laws, further entrench discrimination against women and impunity for human rights abuses against them. Victims and survivors often refrain from reporting abuses due to fear of retaliation, societal judgment and a lack of effective investigations to hold those responsible to account.[151]

Gender inequality and violence are complex loops affecting women and girls mostly as well as other at-risk groups. Nevertheless, not all women and girls experience violence proportionally; factors such as socioeconomic status, race, ethnicity, age, and disability status intersect to shape individuals' experiences of violence.[152]Factors such as social marginalization, physical limitations, and disrupted living conditions increase their risk of encountering abuse and exploitation. The intersectionality of their identities exacerbates their vulnerability, necessitating targeted interventions and support mechanisms to address diverse needs, including health needs.[153]

While women represent roughly half of the Libyan population, they account for a much smaller proportion of those in governance and political roles. Women occupy just 16.5% of seats in the Libyan House of Representatives (HOR); and 15% of seats in the High Council of State (HCS). [154] A study has highlighted continued barriers to women's political participation, including restrictive cultural norms, financial constraints and bureaucratic delays.[155]

Child Protection: There are many risks to children in Libya, including child labour. The 2022 REACH MSNA found that 79% of surveyed Libyan households resorted to livelihood coping strategies in the 30 days prior to data collection, 5% of which included child labour (5%). Refugee, asylum seeker, and migrant children are particularly at risk of child labour, as they often lack access to education and are required to assist with livelihood activities.[156]

Mine Risks: In 2021, the UN estimated that between 2.9–14.3% of Libya's population of 6.8 million were people with disabilities, many of which were attributed to ERW and other conflict-related injuries.[157] While Libya has managed to clean up about 36% of the hazardous land identified in Libya, about 436 million square meters remain contaminated in 2024.[158] In the previous five years, more than 400 people were injured or killed in explosive ordnance related accidents. Thirty-five of those happened in 2024, with twenty-six of those victims were children.[159]

Water, Sanitation and Hygiene (WASH)

Water scarcity, temperature rises and extreme events threaten water resources, agriculture and livelihoods. Governance deficits and a lack of national strategies magnify the impact of climate-related disasters, exemplified by the 2023 Derna incident. [160] This situation is already causing inter-communal competition over water resources.[161]

In Kufra, the buildup of solid waste around settlements poses a serious environmental hazard to the entire city. National authorities lack the capacity to manage the growing volume of waste, highlighting the urgent need support.[162] Additionally, there are not an adequate number of WASH facilities, such as latrines, at the settlement locations. Some refugee settlements have only one shared toilet for men and women, while others have paid toilets, costing 20 cents per use.[163] There is a lack of a continuous water sources, hygiene materials and proper wastewater management, with some locations accumulating wastewater ponds. National services are strained due to capacity shortages and the increasing number of newly arrived refugees. Combined with overcrowding, this has led to a deterioration in host community acceptance. [164]

The flooding crisis in September 2023 in Derna region left thousands of people without access to clean and safe drinking water, posing an imminent threat to their health and well-being. Contaminated water can lead to the spread of waterborne diseases, putting vulnerable populations, especially women and children, at increased risk. [165] An overview of WASH indicators can be viewed in the below table:

WASH INDICATORS[166]	Libya
Proportion of population using safely managed sanitation services	24%
Proportion of population using basic sanitation services	68%
Proportion of population using at least basic sanitation services	92%
Proportion of population using limited sanitation services	7%

HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

Key information on disruption of key health system components

ACCESS TO HEALTHCARE	DISRUPTION TO SUPPLY CHAIN	DAMAGE TO HEALTH FACILITIES	ATTACKS AGAINST HEALTH
			
Health care continues to be the most significant need for many people, particularly non-Libyan migrants and refugees.[167]	In 2022, an assessment of 116 primary health-care facilities found that most had experienced **acute shortages of antibiotics, insulin, blood pressure drugs, and other essential medicines.[168]**	A December 2024 assessment found that 8**% of the facilities are non-functioning, and 84% are operating** at partial functionality and require support to restore full capacity for effective health service delivery.[169]	*Limited information is available*

Healthcare Workers: Years of fighting resulted in an exodus of foreign health workers, which further undermined the sector and reduced the quality of care.[170] Primary health-care facilities across the country are short of specialists and medical supplies. During the floods in 2023, 101 health-care workers lost their lives in eastern Libya, adding further burden to the country.[171] In 2019, more people were killed in Libya as a result of assaults on health-care facilities than in any other country worldwide, according to the World Health Organization (WHO).[172]

Functionality: The COVID-19 pandemic has exacerbated the system's fragility [173] and exacerbated the situation and Libya's health-care system continues to be under resourced.[174] Not only are hospitals and clinics in a state of severe dilapidation, but medical personnel also struggle with a critical dearth of medicines, supplies, and equipment.[175] Many public health care facilities are closed and those that are open lack medicines, supplies and equipment. Many facilities have been directly attacked or damaged due to fighting and those that remain functional are overburdened or not maintained. [176]

In 2021, reports indicated that up to 90% of primary health care (PHC) centers were closed in some areas.[177] One-third of all health facilities in the south and east of Libya were not functioning and 73% in the south and 47% in the east were functioning only partially, mainly due to shortages of staff and medical supplies. Of the total number of health facilities assessed in 2021, 37% were reported to be either fully or partially damaged. The situation is even more critical in remote and hard-to-reach areas. Over the course of 2022, there have been recurrent surges of COVID-19 cases, and reported shortages of routine vaccines, life-saving medicines and human resources in health facilities across the country. [178]

In 2022, an assessment of 116 primary health-care facilities conducted by WHO and the Primary Health Care Institute found that most had experienced acute shortages of antibiotics, insulin, blood pressure drugs, and other essential medicines.[179]

Storm Daniel in 2023 had a catastrophic impact on health facilities and service delivery along Libya's east coast, particularly in Derna, Al Bayda, Shahat, Al-Sahel, and Jardis Al-Abeed.[180] According to HeRAMS, Storm Daniel severely impacted public hospitals and PHC facilities, with 84% reported as

either partially (77%) or non-functional (7%). The main challenges included staff shortages, followed by shortages of medicines, medical supplies, finances, and equipment, as well as building damage.

Assessing the capacity of the health facilities in refugee-affected areas has been a priority for WHO. Initiated in December 2024, the in-depth assessment of health facilities examined the functionality status, availability of essential resources and health services.[181] Findings revealed that 8% of the facilities are non-functioning, and 84% are operating at partial functionality and require support to restore full capacity for effective health service delivery.

Surveillance: Despite support from the WHO and other international agencies, Libya still has no nationwide information system to collate health data, monitor medical supplies, and assess health needs or service capacity.[182]

Access: Health care continues to be the most significant need for many people, particularly non-Libyan migrants and refugees who lack sustained access to primary and secondary health care. This includes limited access to appropriate health care for chronic and infectious disease, obstetric complications and mental health conditions and disorders.[183]

In 2021, a survey found that 54% of Libyan returnees have challenges accessing health services, followed by 52% of displaced Libyan households and 50% of surveyed Libyans.[184]

Migrants have also reported increased discrimination and stigmatization from staff at health care facilities.[185] With 787 000 migrants and refugees in Libya, many live with protection and access to healthcare, worsening injuries and traumas.[186]

Some areas of the country have been harder hit than others. In southern and eastern Libya, already marginalized during Muammar Gaddafi's forty-two years in power, many residents have limited or no access to basic medical services. In eastern Libya, unregulated private clinics—where treatment is relatively expensive yet often substandard—have proliferated. [187]

HUMANITARIAN HEALTH RESPONSE

As of 2025, there is no WHO-led Health Cluster active in Libya. The humanitarian response in Libya began shifting from emergency relief to early recovery and reconstruction. Continued support and collaboration among international and local partners are crucial to effectively address the humanitarian health needs in Libya and promote sustainable recovery.

INFORMATION GAPS / RECOMMENDED INFORMATION SOURCES		
Area	**Gap**	**Recommended tools / guidance for primary data collection**
Health status & threats for affected population	Surveillance data	Early Warning Alert and Response (EWAR) surveillance system Analysis of laboratory surveillance data Routine environmental monitoring
	Mortality (disease-specific)	Mortality survey Facility-based surveillance Prospective mortality surveillance
	Child health - malnutrition data	Anthropometric surveys (e.g., SMART) Desk-based nutritional risk assessment
Health resources & services availability	Information on Health services availability, disruption and functionality in several areas	HeRAMS (WHO)
	Limited information on health workers availability	HeRAMS (WHO)
	Limited information on attacks on healthcare	Surveillance System for Attacks on Health Care (SSA) (WHO)
Humanitarian health system performance	Information on quality of humanitarian health services provided to beneficiaries (accountability to affected populations)	Beneficiary satisfaction survey Strengthen monitoring framework and reporting on activities (distribution, service delivery, surveillance, etc.)
	Information on limited number of health partners in some regions	Health Cluster / OCHA / matrix 3/4/5Ws

WORLD HEALTH ORGANISATION (WHO) CONTACTS

- **Public Health Information Focal Point (WHO HQ):** Sinead McGrath (mcgraths@who.int), Nabil Tabbal (tabbaln@who.int) and Kazuki Shimizu (shimizuk@who.int)
- **Health Information Focal Point (Country Office)**: Fatma Giha (gihaf@who.int) and Rmadhan Mohamed Osman (osmanr@who.int)
- **Public Health Information Focal Point (Regional Office):** Khalid El Tahrir (eltahirkh@who.int), Jeremias Naiene (naienej@who.int), Aura Corpez (corpuza@who.int), and Farida Abougazia (abougaziaf@who.int)

ENDNOTES

[1] UNDSS (2024), Security Travel Advisory, available at: https://dss.un.org/Welcome-to-UNDSS?returnurl=%2f
[2] Inform Risk Index 2025 (2024), available at: https://drmkc.jrc.ec.europa.eu/inform-index
[3] Think Global Health (2024), Environment Rebuilding Libya's Health-Care System
[4] Think Global Health (2024), Environment Rebuilding Libya's Health-Care System
[5] UNHCR (2025), Sudan Situation: Sudanese Refugees and Asylum-Seekers in Libya (as of 9 Feb 2025)
[6] IMC (2025), Kufra Response Situation Report #14, January 21, 2025
[7] IMC (2025), Kufra Response Situation Report #14, January 21, 2025
[8] WHO (2025), Sudan conflict – Situation in refugee-hosting countries Multi-country External Situation Report n. 81, covering reporting period December 2024
[9] UNICEF (2023), https://www.unicef.org/emergencies/devastating-flooding-libya
[10] Libya, UN Common Operational Datasets (COD) 2022
[11] WHO (2024), Saving lives, preventing health risks and restoring health care services in the aftermath of the Libya floods
[12] OCHA (2025), Libya: Access Snapshot (October to December 2024)
[13] UN (2023), Libya Annual Country Report 2024
[14] WHO (2025), Libya, available at: https://www.who.int/emergencies/funding/health-emergency-appeals/2022/2023/2023-appeals/appeal-libya [accessed 13/2/25]
[15] UNHCR (2025), Sudan Situation: Sudanese Refugees and Asylum-Seekers in Libya (as of 9 Feb 2025)
[16] IOM (2024), Libya Crisis Response Plan 2024
[17] IOM (2025), Libya — Migrant Report 55 (November - December 2024)
[18] UN (2023), Common Country Analysis Report – Libya 2023
[19] UN (2023), Libya Annual Country Report 2024
[20] UN (2023), Libya Annual Country Report 2024
[21] UNHCR (2025), Humanitarian partners call for $106.6 million to respond to urgent needs of Sudanese refugees and their hosts in Libya [EN/AR]
[22] ESCWA (2024), Country risk analysis: Libya
[23] UN SC (2025), United Nations Support Mission in Libya - Report of the Secretary-General (S/2024/895) [EN/AR/RU/ZH]
[24] UN SC (2025), United Nations Support Mission in Libya - Report of the Secretary-General (S/2024/895) [EN/AR/RU/ZH]
[25] UN SC (2025), United Nations Support Mission in Libya - Report of the Secretary-General (S/2024/895) [EN/AR/RU/ZH]
[26] UN SC (2025), United Nations Support Mission in Libya - Report of the Secretary-General (S/2024/895) [EN/AR/RU/ZH]
[27] IMC (2025), Kufra Response Situation Report #14, January 21, 2025
[28] IMC (2025), Kufra Response Situation Report #14, January 21, 2025
[29] UNHCR (2025), Sudan Situation: Sudanese Refugees and Asylum-Seekers in Libya (as of 9 Feb 2025)
[30] UNHCR (2025), Sudan Situation: Sudanese Refugees and Asylum-Seekers in Libya (as of 9 Feb 2025)
[31] UNHCR (2025), Sudan Situation: Sudanese Refugees and Asylum-Seekers in Libya (as of 9 Feb 2025)
[32] WFP (2025), WFP Libya Country Brief, December 2024
[33] IRC (2025), Assessment of Vulnerabilities and Needs Among Newly Arrived Sudanese Refugees in Libya, November 2024
[34] IRC (2025), Assessment of Vulnerabilities and Needs Among Newly Arrived Sudanese Refugees in Libya, November 2024
[35] IRC (2025), Assessment of Vulnerabilities and Needs Among Newly Arrived Sudanese Refugees in Libya, November 2024
[36] Official MOH records by Al-Kufra Emergency Authority (2025)
[37] UNHCR (2025), UNHCR scales up response for Sudanese refugees arriving in Libya amid growing humanitarian needs [EN/AR]
[38] UN SC (2025), United Nations Support Mission in Libya - Report of the Secretary-General (S/2024/895) [EN/AR/RU/ZH]
[39] IOM (2025), Libya — Migrant Report 55 (November - December 2024)
[40] UN SC (2025), United Nations Support Mission in Libya - Report of the Secretary-General (S/2024/895) [EN/AR/RU/ZH]
[41] IOM-DTM round 55
[42] UN SC (2025), United Nations Support Mission in Libya - Report of the Secretary-General (S/2024/895) [EN/AR/RU/ZH]
[43] Carnegie (2024), Displacement-based Discrimination Impeding Access to Personal Documents
[44] IOM (2024), Libya Crisis Response Plan 2024
[45] OCHA (2025), Libya: Access Snapshot (October to December 2024)
[46] OCHA (2025), Libya: Access Snapshot (July to September 2024)
[47] OCHA (2025), Libya: Access Snapshot (October to December 2024)
[48] ESCWA (2024), Country risk analysis: Libya
[49] UN SC (2025), United Nations Support Mission in Libya - Report of the Secretary-General (S/2024/895) [EN/AR/RU/ZH]
[50] UN SC (2025), United Nations Support Mission in Libya - Report of the Secretary-General (S/2024/895) [EN/AR/RU/ZH]
[51] WFP (2025), WFP Libya Market Price Monitoring, December 2024
[52] ECHO (2025), Libya - Severe weather and floods, update (ECHO Daily Flash of 13 December 2024)
[53] OCHA (2025), Regional Office for the Middle East and North Africa: Libya - Flash update #1 - Floods (As of 10 December 2024)
[54] OCHA (2025), Regional Office for the Middle East and North Africa: Libya - Flash update #1 - Floods (As of 10 December 2024)
[55] ACAPS (2023), Libya
[56] ACAPS (2023), Libya
[57] ACAPS (2023), Libya
[58] WHO (2025), Data per country page, available at: https://data.who.int/countries/ [accessed 11/2/25]
[59] WHO (2025), Data per country page, available at: https://data.who.int/countries/ [accessed 11/2/25]
[60] WHO (2025), Data per country page, available at: https://data.who.int/countries/ [accessed 11/2/25]
[61] UNICEF (2024), Country Profiles, available at: https://data.unicef.org/country/dji/ [accessed 11/2/25]
[62] UNICEF (2024), Country Profiles, available at: https://data.unicef.org/country/dji/ [accessed 11/2/25]
[63] World Bank (2025), Maternal mortality rates, available at: https://data.worldbank.org/indicator/SH.STA.MMRT [accessed 11/2/25]

[64] UNICEF (2023), Libya Storm Daniel and Flooding Situation Report #4
[65] ESCWA (2024), Country risk analysis: Libya
[66] UN (2023), Common Country Analysis Report – Libya 2023
[67] WHO (2025), Data per country page, available at: https://immunizationdata.who.int/ [accessed 11/2/25]
[68] John Hopkins University (2024), Understanding Vaccination Progress, Global Dashboard available at https://coronavirus.jhu.edu/vaccines/international [accessed 11/2/25]
[69] John Hopkins University (2024), Understanding Vaccination Progress, Global Dashboard available at https://coronavirus.jhu.edu/vaccines/international [accessed 11/2/25]
[70] Expanded Programme on Immunization (EPI) Annual Report – Libya, 2024
[71] UN (2023), Common Country Analysis Report – Libya 2023
[72] Allen LN, Wild CEK, Loffreda G, Kak M, Aghilla M, Emahbes T, Bonyani A, Hatefi A, Herbst C, El Saeh HM. Non-communicable disease policy implementation in Libya: A mixed methods assessment. PLOS Glob Public Health. 2022 Nov 10;2(11):e0000615. doi: 10.1371/journal.pgph.0000615. PMID: 36962549; PMCID: PMC10021530.

[73] Expanded Programme on Immunization (EPI) Annual Report – Libya, 2024
[74] Expanded Programme on Immunization (EPI) Annual Report – Libya, 2024
[75] Expanded Programme on Immunization (EPI) Annual Report – Libya, 2024
[76] MSF (2025), Migrants face extreme violence and exclusion from healthcare in Libya [EN/AR]
[77] ICJ (2025), Libya: Urgent Action is Needed to Address Widespread Violence Against Women in the Country
[78] ACAPS (2023), Libya
[79] IOM (2025), Libya Crisis Response Plan 2024
[80] UN SC (2025), United Nations Support Mission in Libya - Report of the Secretary-General (S/2024/895) [EN/AR/RU/ZH]
[81] WHO (2025), Data per country page, available at: https://data.who.int/countries/ [accessed 11/2/25]
[82] WHO (2025), Daw MA, El-Bouzedi A; In association with Libyan Study Group of Hepatitis & HIV. Prevalence of hepatitis B and hepatitis C infection in Libya: results from a national population based survey. BMC Infect Dis. 2014 Jan 9;14:17. doi: 10.1186/1471-2334-14-17. PMID: 24405790; PMCID: PMC3893419
[83] UN (2023), Common Country Analysis Report – Libya 2023
[84] UN (2023), Common Country Analysis Report – Libya 2023
[85] UN (2023), Common Country Analysis Report – Libya 2023
[86] Hotez PJ, Savioli L, Fenwick A. Neglected tropical diseases of the Middle East and North Africa: review of their prevalence, distribution, and opportunities for control. PLoS Negl Trop Dis. 2012;6(2):e1475. doi: 10.1371/journal.pntd.0001475. Epub 2012 Feb 28. PMID: 22389729; PMCID: PMC3289601.
[87] MSF (2025), Migrants face extreme violence and exclusion from healthcare in Libya [EN/AR]
[88] MSF (2025), Migrants face extreme violence and exclusion from healthcare in Libya [EN/AR]
[89] WHO (2025), Multi-country cholera outbreak, external situation report #24 -20 March 2025
[90] WHO (2023), Saving lives, preventing health risks and restoring health care services in the aftermath of the Libya floods
[91] Expanded Programme on Immunization (EPI) Annual Report – Libya, 2024
[92] Expanded Programme on Immunization (EPI) Annual Report – Libya, 2024
[93] Expanded Programme on Immunization (EPI) Annual Report – Libya, 2024
[94] Expanded Programme on Immunization (EPI) Annual Report – Libya, 2024
[95] UN (2023), Common Country Analysis Report – Libya 2023
[96] UNDP (2019), Gender Justice & The Law
[97] UNICEF (2024), Country Profiles, available at: https://data.unicef.org/country/dji/ [accessed 11/2/25]
[98] Allen LN, Wild CEK, Loffreda G, Kak M, Aghilla M, Emahbes T, Bonyani A, Hatefi A, Herbst C, El Saeh HM. Non-communicable disease policy implementation in Libya: A mixed methods assessment. PLOS Glob Public Health. 2022 Nov 10;2(11):e0000615. doi: 10.1371/journal.pgph.0000615. PMID: 36962549; PMCID: PMC10021530.

[99] Global Nutrition Report (2025), available at: https://globalnutritionreport.org/resources/nutrition-profiles/africa/northern-africa/libya/ [accessed 25/2/25]
[100] Expanded Programme on Immunization (EPI) Annual Report – Libya, 2024
[101] Expanded Programme on Immunization (EPI) Annual Report – Libya, 2024
[102] Expanded Programme on Immunization (EPI) Annual Report – Libya, 2024
[103] Expanded Programme on Immunization (EPI) Annual Report – Libya, 2024
[104] Expanded Programme on Immunization (EPI) Annual Report – Libya, 2024
[105] Expanded Programme on Immunization (EPI) Annual Report – Libya, 2024
[106] Expanded Programme on Immunization (EPI) Annual Report – Libya, 2024
[107] WHO (2024), Libya Annual Report 2024
[108] WHO (2024), Libya Annual Report 2024
[109] WHO (2024), Saving lives, preventing health risks and restoring health care services in the aftermath of the Libya floods
[110] UN (2023), Common Country Analysis Report – Libya 2023
[111] UN (2023), Common Country Analysis Report – Libya 2023
[112] WHO (2024), Libya Annual Report 2024
[113] MSF (2025), Migrants face extreme violence and exclusion from healthcare in Libya [EN/AR]
[114] IOM (2025), Libya Crisis Response Plan 2024
[115] IOM (2025), Libya Crisis Response Plan 2024
[116] MSF (2025), Migrants face extreme violence and exclusion from healthcare in Libya [EN/AR]
[117] IOM (2025), IOM deeply alarmed by mass graves found in Libya, urges action
[118] IOM (2025), IOM deeply alarmed by mass graves found in Libya, urges action

[119] UN SC (2025), United Nations Support Mission in Libya - Report of the Secretary-General (S/2024/895) [EN/AR/RU/ZH]
[120] HI (2022), Libya: providing rehabilitation care to cases presenting complications
[121] WHO (2025), Data per country page, available at: https://data.who.int/countries/ [accessed 11/2/25]
[122] WHO (2025), Daw MA, El-Bouzedi A; In association with Libyan Study Group of Hepatitis & HIV. Prevalence of hepatitis B and hepatitis C infection in Libya: results from a national population based survey. BMC Infect Dis. 2014 Jan 9;14:17. doi: 10.1186/1471-2334-14-17. PMID: 24405790; PMCID: PMC3893419
[123] UN (2023), Common Country Analysis Report – Libya 2023
[124] UN (2023), Common Country Analysis Report – Libya 2023
[125] Libya Nutrition Sector Emergency Response Plan (NS-ERP) 2024-2025 - Libya MOH and Primary Health Care Institute
[126] IPC (2025), https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1159433/
[127] UN (2023), Common Country Analysis Report – Libya 2023
[128] UN (2023), Common Country Analysis Report – Libya 2023
[129] Global Nutrition Report (2025), available at: https://globalnutritionreport.org/resources/nutrition-profiles/africa/northern-africa/libya/ [accessed 25/2/25]
[130] Global Nutrition Report (2025), available at: https://globalnutritionreport.org/resources/nutrition-profiles/africa/northern-africa/libya/ [accessed 25/2/25]
[131] Global Nutrition Report (2025), available at: https://globalnutritionreport.org/resources/nutrition-profiles/africa/northern-africa/libya/ [accessed 25/2/25]
[132] Global Nutrition Report (2025), available at: https://globalnutritionreport.org/resources/nutrition-profiles/africa/northern-africa/libya/ [accessed 25/2/25]
[133] Hotez PJ, Savioli L, Fenwick A. Neglected tropical diseases of the Middle East and North Africa: review of their prevalence, distribution, and opportunities for control. PLoS Negl Trop Dis. 2012;6(2):e1475. doi: 10.1371/journal.pntd.0001475. Epub 2012 Feb 28. PMID: 22389729; PMCID: PMC3289601.
[134] MSF (2025), Migrants face extreme violence and exclusion from healthcare in Libya [EN/AR]
[135] MSF (2025), Migrants face extreme violence and exclusion from healthcare in Libya [EN/AR]
[136] WHO Libya TB country profile
[137] UN (2023), Common Country Analysis Report – Libya 2023
[138] UN (2023), Libya Annual Country Report 2024
[139] IOM (2025), Libya Crisis Response Plan 2024
[140] IOM (2025), Libya Crisis Response Plan 2024
[141] UNU (2025), Aging Infrastructure, Climate Change, and Political Instability Fueled Catastrophic Dam Collapse in Libya
[142] UNU (2025), Aging Infrastructure, Climate Change, and Political Instability Fueled Catastrophic Dam Collapse in Libya
[143] UNICEF (2023), https://www.unicef.org/emergencies/devastating-flooding-libya
[144] UNU (2025), Aging Infrastructure, Climate Change, and Political Instability Fueled Catastrophic Dam Collapse in Libya
[145] Libya, UN Common Operational Datasets (COD) 2022
[146] WHO (2024), Saving lives, preventing health risks and restoring health care services in the aftermath of the Libya floods
[147] UN (2023), Common Country Analysis Report – Libya 2023
[148] World Bank (2025), Libya Economic Monitor : Stabilizing Growth and Boosting Productivity (Fall 2024) [EN/AR]
[149] UNHCR (2025), Libya - Sudan Situation: Socioeconomic Profile, January 2025
[150] ESCWA (2024), Country risk analysis: Libya
[151] ICJ (2025), Libya: Urgent Action is Needed to Address Widespread Violence Against Women in the Country
[152] WHO (2025), Draft of Health Response to Violence against Women Strategic workplan for East Mediterranean Region (EMR)
[153] WHO (2025), Draft of Health Response to Violence against Women Strategic workplan for East Mediterranean Region (EMR)
[154] UNDP (2024), 'Violence affects society as a whole'
[155] UN SC (2025), United Nations Support Mission in Libya - Report of the Secretary-General (S/2024/895) [EN/AR/RU/ZH]
[156] ACAPS (2023), Libya
[157] ACAPS (2023), Libya
[158] UNSMIL (2024), Libyan Mine Action Center to develop country-wide strategy with UNSMIL support
[159] UNSMIL (2024), Libyan Mine Action Center to develop country-wide strategy with UNSMIL support
[160] ESCWA (2024), Country risk analysis: Libya
[161] IOM (2025), Libya Crisis Response Plan 2024
[162] IMC (2025), Kufra Response Situation Report #14, January 21, 2025
[163] IMC (2025), Kufra Response Situation Report #14, January 21, 2025
[164] IMC (2025), Kufra Response Situation Report #14, January 21, 2025
[165] IRC (2025), Libya: The IRC warns of public health crisis in flood affected areas
[166] UNICEF (2024), Country Profiles, available at: https://data.unicef.org/country/dji/ [accessed 11/2/25]
[167] WHO (2025), Libya, available at: https://www.who.int/emergencies/funding/health-emergency-appeals/2022/2023/2023-appeals/appeal-libya [accessed 13/2/25]
[168] Think Global Health (2024), Environment Rebuilding Libya's Health-Care System
[169] Functionality status. Available at: https://app.powerbi.com/view?r=eyJrIjoiYjVjNzBmMjQtNTgwYS00MmVjLTk3OTAtZjhhMmY4Y2JhOWVkIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9 [accessed 17/2/25]
[170] Think Global Health (2024), Environment Rebuilding Libya's Health-Care System
[171] Libya floods: preventing a public health crisis, Alhudiri, Inas et al. The Lancet, Volume 402, Issue 10415, 1828 - 1829
[172] Think Global Health (2024), Environment Rebuilding Libya's Health-Care System
[173] WHO (2025), Libya, available at: https://www.who.int/emergencies/funding/health-emergency-appeals/2022/2023/2023-appeals/appeal-libya [accessed 13/2/25]

[174] Think Global Health (2024), Environment Rebuilding Libya's Health-Care System
[175] Think Global Health (2024), Environment Rebuilding Libya's Health-Care System
[176] IOM (2025), Migrant Health available at: https://libya.iom.int/migrant-health [accessed 13/2/25]
[177] WHO (2025), Libya, available at: https://www.who.int/emergencies/funding/health-emergency-appeals/2022/2023/2023-appeals/appeal-libya [accessed 13/2/25]
[178] WHO (2025), Libya, available at: https://www.who.int/emergencies/funding/health-emergency-appeals/2022/2023/2023-appeals/appeal-libya [accessed 13/2/25]
[179] Think Global Health (2024), Environment Rebuilding Libya's Health-Care System
[180] HeRAMS in Libya. Available at: https://herams.org/project/72 [accessed 17/2/25]
[181] Functionality status. Available at: https://app.powerbi.com/view?r=eyJrIjoiYjVjNzBmMjQtNTgwYS00MmVjLTk3OTAtZjhhMmY4Y2JhOWVkIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9 [accessed 17/2/25]
[182] Think Global Health (2024), Environment Rebuilding Libya's Health-Care System
[183] WHO (2025), Libya, available at: https://www.who.int/emergencies/funding/health-emergency-appeals/2022/2023/2023-appeals/appeal-libya [accessed 13/2/25]
[184] IOM (2025), Migrant Health available at: https://libya.iom.int/migrant-health [accessed 13/2/25]
[185] UNICEF (2023), Libya Storm Daniel and Flooding Situation Report #4
[186] MSF (2025), Migrants face extreme violence and exclusion from healthcare in Libya [EN/AR]
[187] Think Global Health (2024), Environment Rebuilding Libya's Health-Care System