

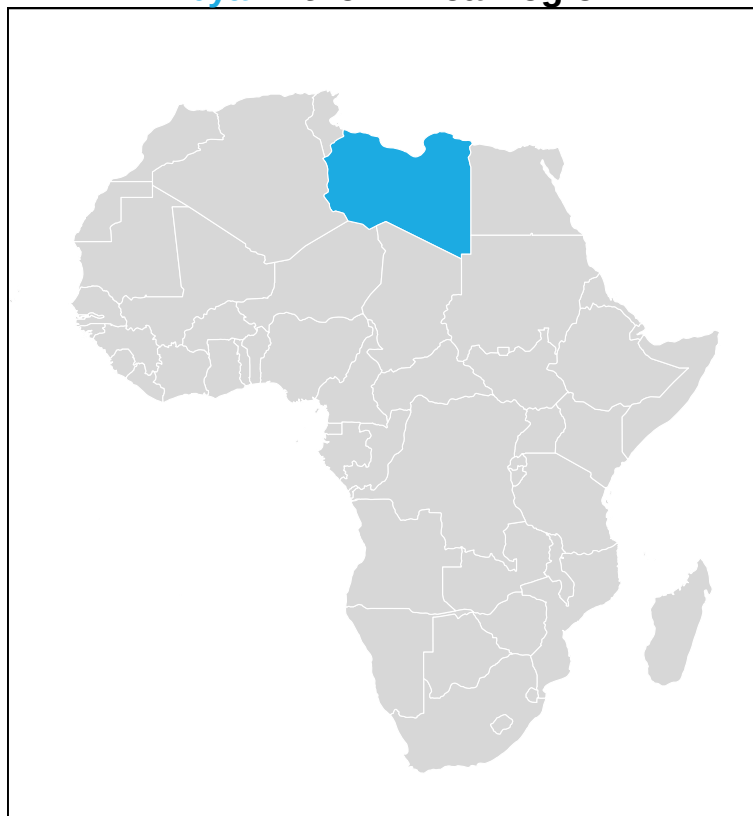
WUENIC Talking Points: Libya

Revision Year: 2025

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Libya in the 'Africa' region



Overview

- A total of 12 childhood vaccines are tracked for Libya; of these, 10 reached the 90% coverage target or higher in 2025.
- Coverage of the first dose of diphtheria-tetanus-pertussis-containing vaccine (DTP1) increased from 90% in 2024 to 97% in 2025, coverage of the third dose of DTP-containing vaccine (DTP3) increased from 86% in 2024 to 90% in 2025, and coverage of the first dose of the measles-containing vaccine (MCV1) increased from 89% in 2024 to 93% in 2025 in 2025.
- In 2025, the number of zero-dose children for DTP in Libya (4,000) was approximately 86% lower than the annual number proposed to achieve the IA2030 target of halving zero-dose children for DTP by 2030 (25,000), based on a linear trajectory of decline.

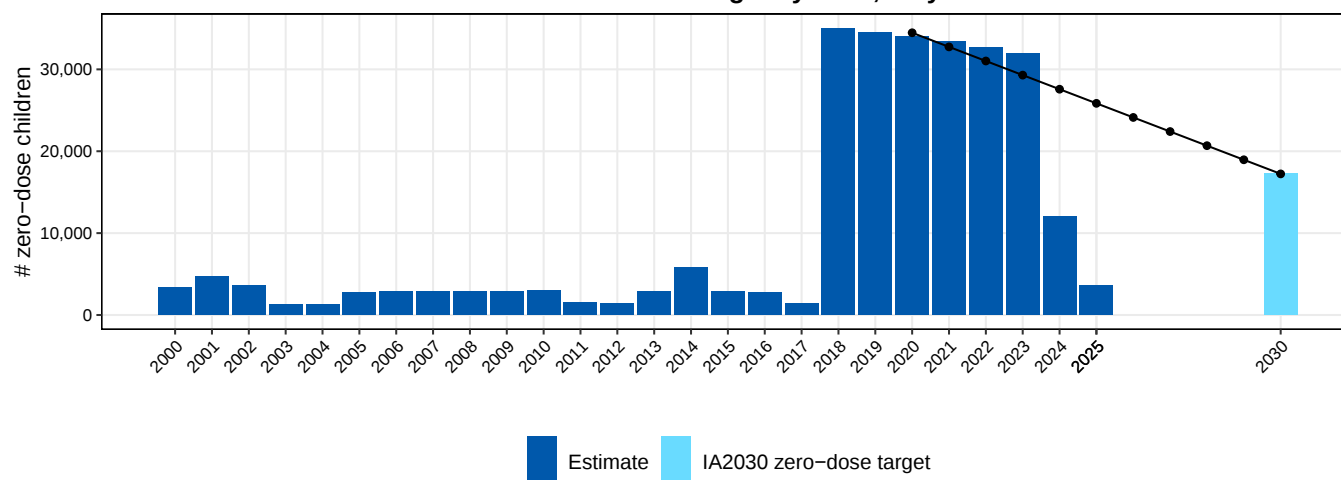
Vaccine coverage (%), Libya, 2000–2025

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
BCG	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	74	74	74	74	74	74	85	97
DTP1	97	96	97	99	99	98	98	98	98	98	98	99	99	98	96	98	98	99	74	74	74	74	74	74	90	97
DTP3	94	94	93	95	97	98	98	98	98	98	98	98	98	96	94	97	97	97	73	73	73	73	73	73	86	90
Hib3								56	98	98	98	98	98	96	94	97	97	97	73	73	73	73	73	73	86	90
HepB3	92	93	91	96	99	97	98	98	98	98	98	98	98	96	94	97	97	97	73	73	73	73	73	73	86	90
PCVC																39	71	96	95	72	73	73	73	73	89	92
RotaC																86	93	97	97	73	73	73	73	73	82	86
IPV1																98	98	99	74	74	74	74	74	74	90	90
IPVC																						73	73	73	86	90
MCV1	93	93	91	96	99	97	98	98	98	98	98	98	98	96	93	98	97	95	73	73	73	73	73	73	89	93
RCV1	93	93	91	96	99	97	98	98	98	98	98	98	98	96	93	98	97	95	73	73	73	73	73	73	89	93
MCV2		81	86	90	95	95	96	97	97	97	97	97	97	95	92	97	96	94	72	72	72	72	72	72	80	85
HPVc																								30	28	28



Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

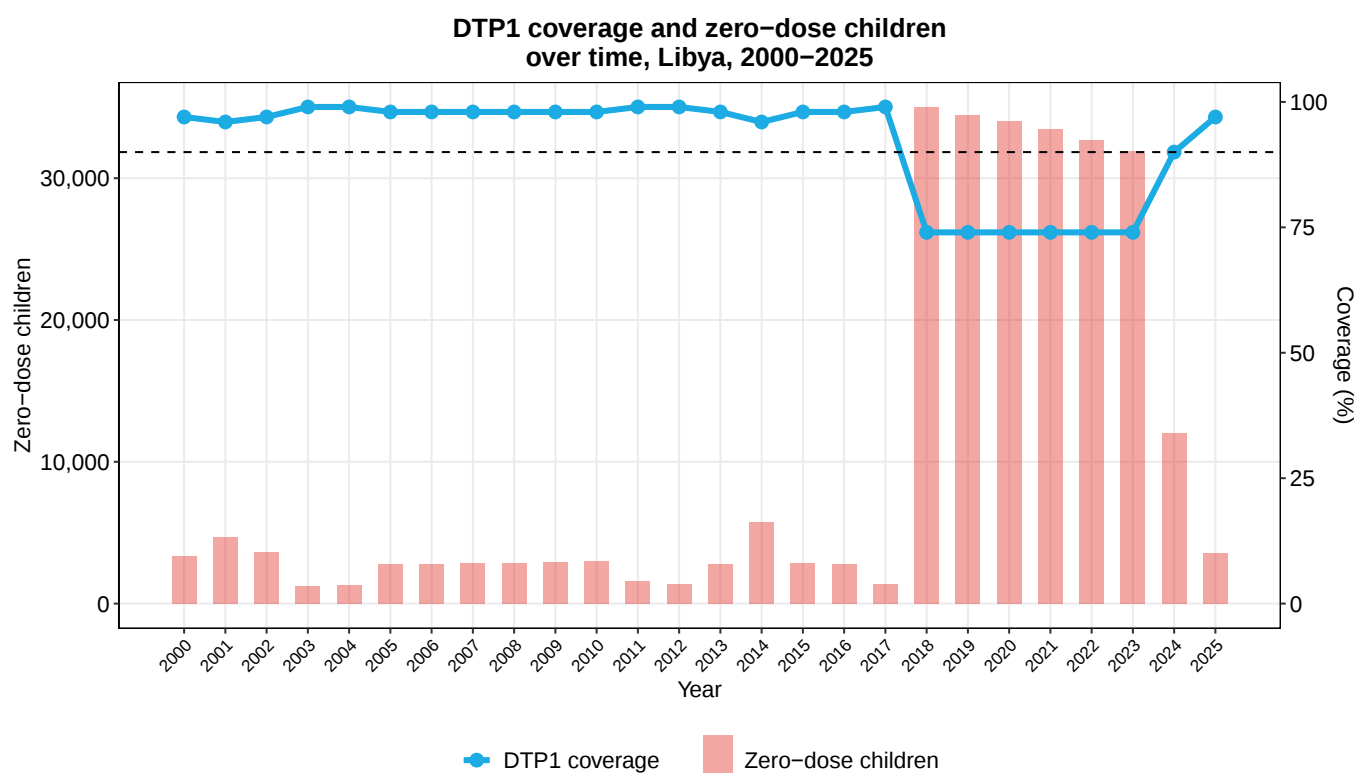
Estimated number of zero-dose children, 2000–2025 and target by 2030, Libya



Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.
 Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number of zero-dose children in 2019 in half by 2030.
 Dark blue bars are the estimated number of zero-dose children in 2000–2025, light blue bar is the target number of zero-dose children by 2030.
 The line and points show the yearly progress and trajectory to meet the target by 2030, based on a linear decline.

DTP1: Reaching zero-dose children

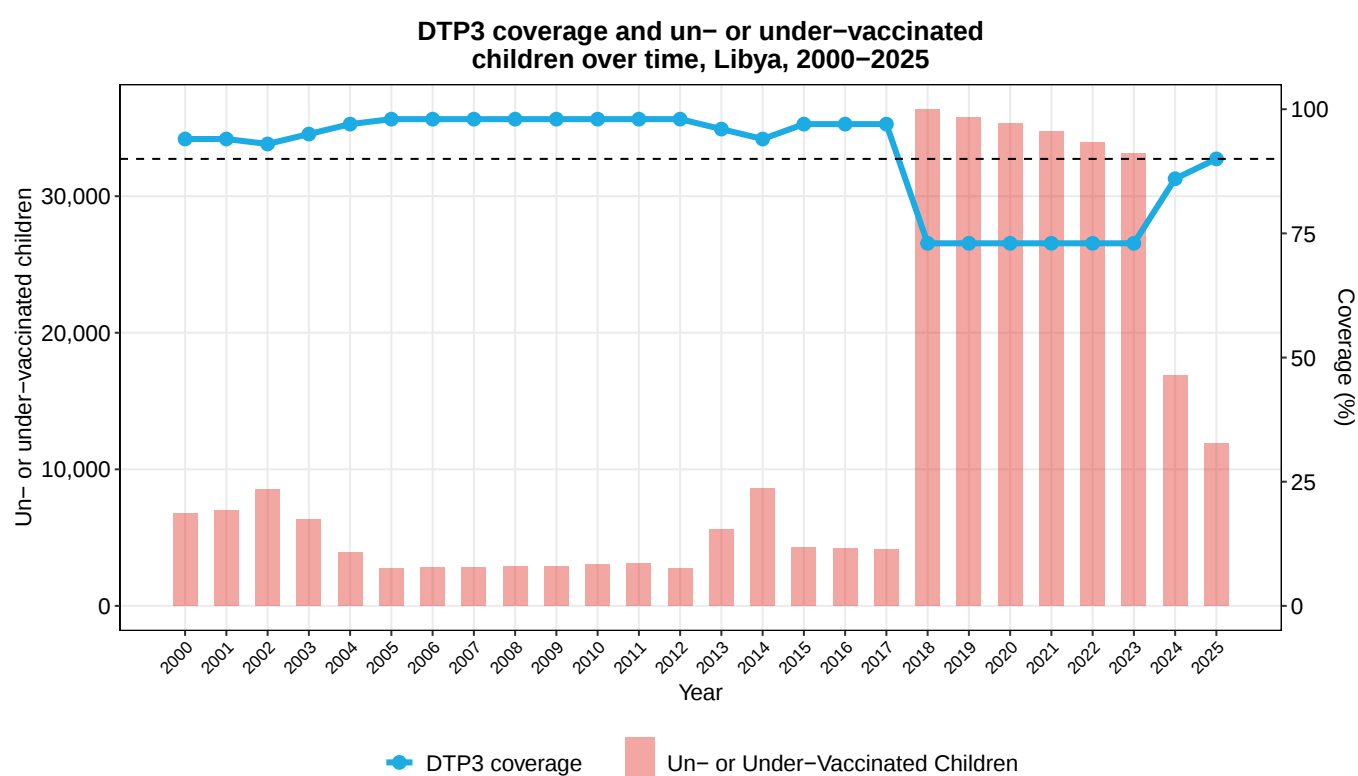
- Coverage of DTP1 stood at 97% in 2025. This is higher than in 2019 (74%) and higher than in 2024 (90%).
- The percentage of zero-dose children was 86 percentage points lower than the IA2030 target in 2025. There were approximately 4,000 zero-dose children in 2025, fewer than the 34,000 in 2019 and fewer than the 12,000 in 2024.
- Coverage of DTP1 in Libya (97%) was higher than the Middle East and North Africa regional average of 89% in 2025.
- DTP1-to-DTP3 dropout in 2025 was 7%, 6 percentage points higher than in 2019 (1%). Medium DTP dropout rates imply moderate ability to provide a complete vaccine series early in life.



Dotted line shows the IA2030 target of 90% coverage
Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

DTP3: A marker of routine immunization service delivery to children

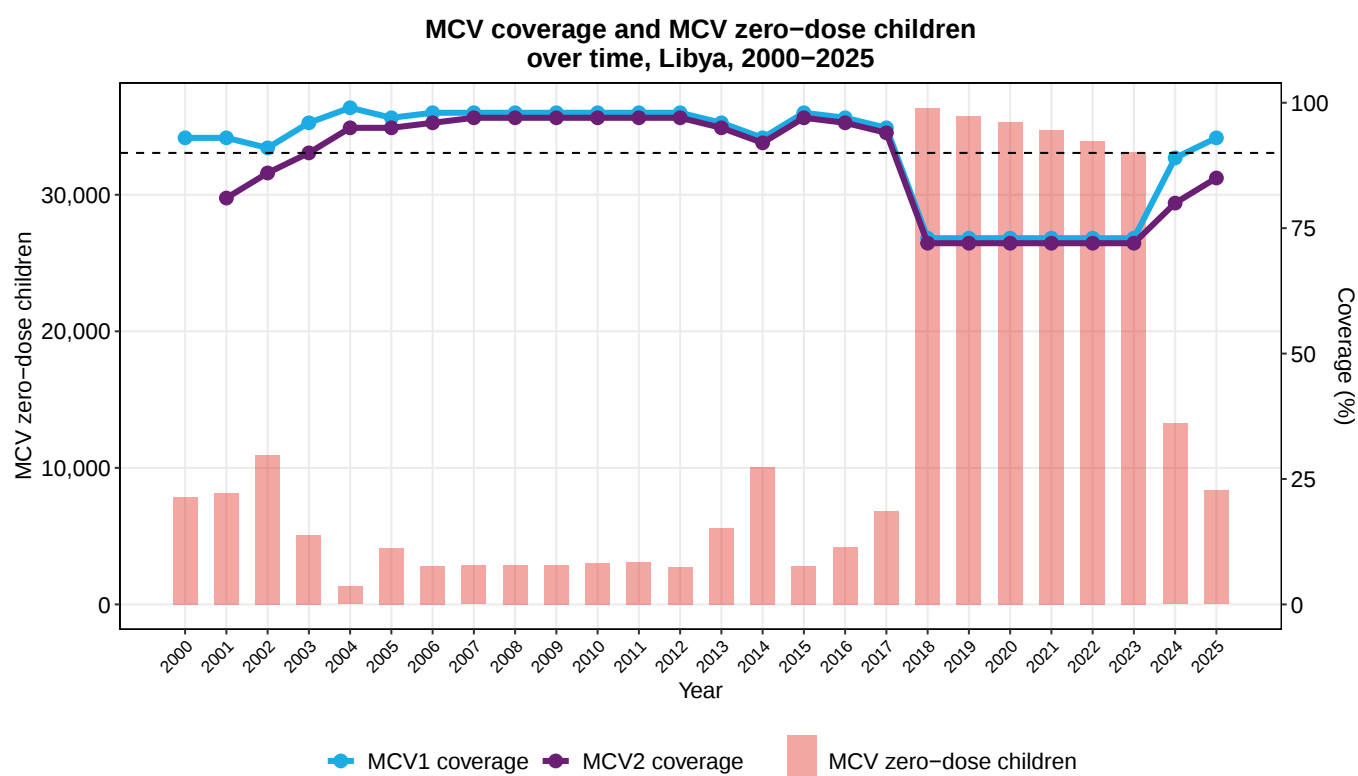
- Coverage of DTP3 stood at 90% in 2025. This is higher than in 2019 (73%) and higher than in 2024 (86%).
- The number of children vaccinated with DTP3 increased from 97,000 in 2019 to 107,000 in 2025.
- In 2025, there were 12,000 children un- or under-vaccinated in Libya.
- In 2025, 7% of children who received DTP1 did not receive DTP3. This 7% dropout rate was 6 percentage points higher than in 2019 (1%) and 3 percentage points higher than the 2024 dropout rate (4%).
- Coverage of DTP3 in Libya (90%) was higher than the Middle East and North Africa regional average of 83% in 2025.



Dotted line shows the IA2030 target of 90% coverage
Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

MCV: Canary in the coal mine

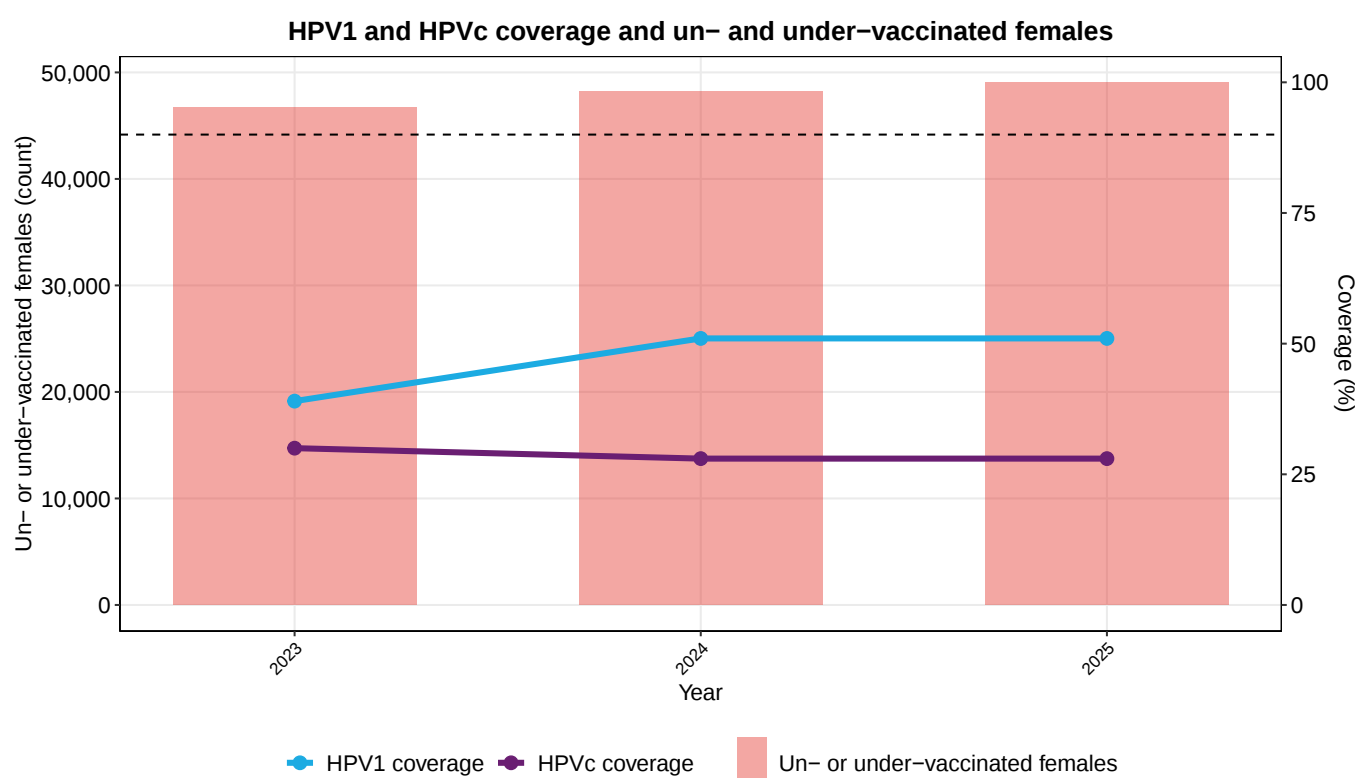
- Coverage of MCV1 stood at 93% in 2025. This is higher than in 2019 (73%) and higher than in 2024 (89%).
- Coverage of the second dose of the measles-containing vaccine (MCV2) increased from 72% in 2019 to 85% in 2025. This still leaves 8,000 children without any protection against measles and another 10,000 with only partial protection.
- In 2025, 4% of children who received DTP1 did not receive MCV1. This 4% dropout rate was 3 percentage points higher than in 2019 (1%) and 3 percentage points higher than the 2024 dropout rate (1%).
- Libya has achieved MCV1 coverage above 80% over all of the last 3 years.
- Coverage of MCV1 in Libya (93%) was higher than the Middle East and North Africa regional average of 84% in 2025.



Dotted line shows the IA2030 target of 90% coverage
 Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

HPV

- Programme coverage of HPV1 among females remained constant at 51% between 2024 and 2025, and coverage of the last dose (HPVc) also remained constant at 28%.
- HPVc coverage remains well below the IA2030 target of 90%.
- In 2025, approximately 33,000 females in Libya did not receive any HPV vaccination (un-vaccinated).
- Among Middle East and North Africa region peers, Libya ranked 3 out of 8 countries in HPVc coverage in 2025.



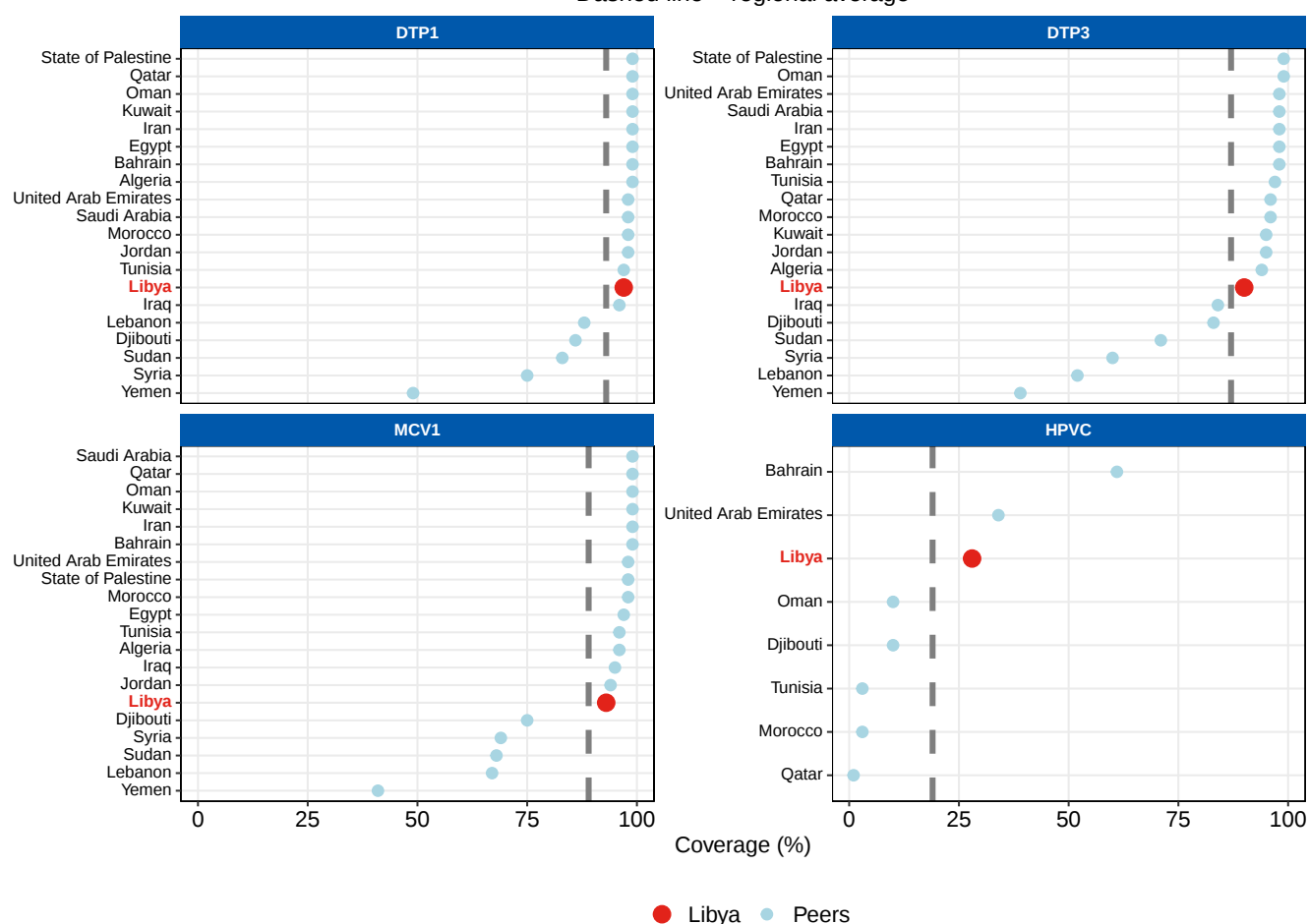
Dotted line shows the IA2030 target of 90% coverage
 Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

Regional Comparison

The chart below shows how Libya compares to other countries in the Middle East and North Africa region on DTP1, DTP3, MCV1, and HPVc coverage in 2025. The dashed line represents the regional average for each vaccine.

Coverage comparison: Libya vs. MENA peers, 2025

Dashed line = regional average



Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

Additional Vaccines

- Coverage of BCG stood at 97% in 2025. This is higher than in 2019 (74%) and higher than in 2024 (85%).
- Coverage of HepB3 stood at 90% in 2025. This is higher than in 2019 (73%) and higher than in 2024 (86%).
- Coverage of Hib3 stood at 90% in 2025. This is higher than in 2019 (73%) and higher than in 2024 (86%).
- Coverage of IPV1 stood at 90% in 2025. This is higher than in 2019 (74%) and the same as in 2024 (90%).
- Coverage of PCVC stood at 92% in 2025. This is higher than in 2019 (73%) and higher than in 2024 (89%).
- Coverage of RotaC stood at 86% in 2025. This is higher than in 2019 (73%) and higher than in 2024 (82%).

Additional vaccine coverage (%), Libya, 2000–2025

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
BCG	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	74	74	74	74	74	74	85	97
HepB3	92	93	91	96	99	97	98	98	98	98	98	98	98	96	94	97	97	97	73	73	73	73	73	73	86	90
Hib3								56	98	98	98	98	98	96	94	97	97	97	73	73	73	73	73	73	86	90
IPV1																98	98	99	74	74	74	74	74	74	90	90
PCVC															39	71	96	95	72	73	73	73	73	73	89	92
RotaC															86	93	97	97	73	73	73	73	73	73	82	86



Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

Appendix

WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Each year, WHO and UNICEF review national immunization data from Member States, including administrative and official coverage, survey estimates and contextual information, and use rules-based data triangulation approach to assess coverage. Estimates are produced independently, without borrowing data from other countries, and are not based on ad hoc adjustments. In some cases, they rely on a single source, typically nationally reported coverage. When data for a specific country-vaccine-year are unavailable, values from adjacent years are interpolated or extrapolated, and conflicting sources are assessed to determine the most reliable estimate, considering potential biases and expert opinion.

Methods:

- [Burton et al. 2009. WHO and UNICEF estimates of national infant immunization coverage: methods and processes](#)
- [Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach](#)
- [Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage](#)

These talking points present the latest WUENIC estimates (published 15 July 2026).

Definitions of immunization terms:

- Bacillus Calmette-Guerin (BCG): vaccine against tuberculosis
- Hepatitis B birth dose, given within 24 hours after birth (HepBB)
- Diphtheria, tetanus, and pertussis vaccine, first dose (DTP1) and third dose (DTP3)
- Hepatitis B vaccine, third dose (HepB3)
- Haemophilus influenzae type B vaccine, third dose (Hib3)
- Inactivated polio vaccine, first dose (IPV1) and last dose (IPVC)
- Measles containing vaccine, first dose (MCV1) and second dose (MCV2)
- Rotavirus vaccine, last dose (RotaC)
- Pneumococcal vaccine, last dose (PCV)
- Yellow Fever vaccine (YFV)
- Meningococcal A vaccine (MengA)
- Human Papillomavirus vaccine, first dose (HPV1) and last dose (HPVc)

Additional resources: <https://data.unicef.org/resources/immunization/>