

A Chronological Review of Social Welfare and Social Security Laws for People with Disabilities in Libya (1957~2020)

Abulhul Zeinab^{1,2}

¹Human Rights Research Center Organization (HRRCC), Alexandria, VA, USA

²Graduate Admissions Office, George Mason University, Fairfax, VA, USA

Email: zaino.abulhul@gmail.com

How to cite this paper: Zeinab, A. (2025). A Chronological Review of Social Welfare and Social Security Laws for People with Disabilities in Libya (1957~2020). *Open Journal of Social Sciences*, 13, 471-481.

<https://doi.org/10.4236/jss.2025.1312035>

Received: November 25, 2025

Accepted: December 27, 2025

Published: December 30, 2025

Copyright © 2025 by author(s) and Scientific Research Publishing Inc. This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

Abstract

This article offers a chronological overview of Libyan social welfare and social security laws for people with disabilities from 1957 to 2020. It traces the transition from colonial-era exclusion to early post-independence reforms, major expansions under Gaddafi, and how recent conflicts have impacted disability services and rights. The review highlights key legislative milestones, including *Social Security Law No. 72. (1973)* and *Disabilities Law No. 5 (1987)*, and examines how political instability, institutional fragility, and weak infrastructural constraints have limited effective implementation. This article seeks to provide social work practitioners, researchers, and policymakers with a comprehensive understanding of historical evolution of disability related welfare policies in Libya and structural conditional challenges in enforcement and service delivery continue to hinder their practice effectiveness.

Keywords

Libya, Social Security, Disability Rights, Disability Policy, Social Protection Systems, Welfare State Development

1. Introduction

This article provides a detailed timeline of the development of social welfare policies and social security laws for people with disabilities in Libya from 1957 to 2020. It offers a comprehensive, longitudinal analysis of disability policy across Libya's major political eras, addressing longstanding evidence gaps, as studies consistently show that disability research in Libya is scarce and unsystematic (Cusick & El-Sahly, 2018; Singh & Abudejaja, 1983). The review examines major

legislative and institutional reforms that have shaped Libya's social welfare system, and situates these within the country's historical and political transformations. By doing so, it demonstrates how formal legislative advances frequently overlapped with weak institutional capacity and uneven implementation. This contribution, therefore, fills a critical gap by providing the first structured, historical account of disability-related welfare policy in Libya, a country where conflict and institutional fragility have constrained long-term policy research.

2. Social Security under Italian Colonial Rule (1911-1943)

Before Italian colonization, Libya did not possess a centralized state administered social security system. Instead, social protection operated primarily through kinship, tribal solidarity and Islamic charitable institutions such as *awqaf*, which provided education, medical assistance, food distribution, and relief to impoverished families (Medici, 2011; Metz, 1989a).

Following Italy's invasion in 1911, the colonial administration established an economic and bureaucratic system aimed at consolidating political control, exploiting land and natural resources, and creating permanent settler colonies. These policies aligned with Italy's broader colonial ideology and Fascist expansionist strategy, which sought to transform Libya into an extension of Italian state rather than develop welfare systems for indigenous population (Noor, 2023).

To support settlers, soldiers, and colonial officials, the regime introduced modern social welfare programs similar to those in mainland Italy. These included access to state-funded healthcare, employment benefits, pensions, workplace injury insurance, and family allowance. However, these services were almost exclusively reserved for Italian nationals and colonial personnel, while Libyans were categorized as colonial subjects and systematically excluded from such protections (International Labour Office, 1958). Libyan workers were primarily excluded from the formal social insurance schemes established under Italian rule. The colonial social insurance system in Libya primarily protected Italian and other foreign settlers; although some provisions addressed work injuries and pensions, Libyans received only a minimal share of these benefits, if any (Imneina & Alfarsi, 2020). This dual system entrenched deep structural inequalities and restricted access to institutional welfare for the native population.

3. Transition under British Administration (1943-1951)

Following Italy's defeat in World War II, Libya came under British Military Administration in Cyrenaica and Tripolitania, while Fezzan remained under French supervision. The British authorities governed a territory severely affected by war, economic deprivation, and decades of colonial neglect (U.S. Department of State, 2009-2017).

The administration's primary objectives included restoring public order, rebuilding essential infrastructure and addressing humanitarian needs arising from widespread poverty, displacement and unemployment (Madi, 2018). During this

period, efforts were initiated to reconstruct key public institutions, particularly in education, health, agricultural development, and social welfare. In western Libya, British policies between 1942-1952 focused on reopening schools, employing local staff, and improving educational access, despite limited financial resources (Appleton, 1992). These measures marked the gradual reestablishment of structured public administration after prolonged colonial disruption. In parallel, the BMA permitted the revival of local charitable and mutual aids associations, which had been supported or restricted under Italian rule, thereby reviving layers of community social support (Madi, 2018).

By the late 1940s, these efforts though modest helped to set the stage of a more formal welfare architecture in the newly independent Libyan state. The British administration served as a transition government that helped build social policy foundations, supported local capacity building and foster conditions under which Libya's later social security frameworks should built (Metz, 1989b).

4. Early Post-Independence Reforms (1957-1968)

The social security law established in Libya in 1957 was a social insurance measure implemented in collaboration with the International Labor Office. Its purpose was to protect both Libyan and foreign employees equally. However, this law did not extend protection to individuals with disabilities. The benefits provided under the social security law were limited to employment insurance, which included coverage for employment injuries, sickness, unemployment, and old age (Wasfy, 1967).

During the rule of King Idris Al-Senussi, the Libyan government continued to operate under the old social security law, which was gradually implemented in three cities. Specifically, these laws were put into effect in Tripoli on March 28, 1959, Benghazi on December 31, 1960, and Sabha on December 19, 1962. The benefits of this law were available only to workers who became disabled due to a work-related injury or illness. The law provided such workers with a pension paid in advance as a portion of their salary while working. An insured worker was entitled to benefits such as an ill-health pension if he suffered from a permanent disability that prevented him from working by 30% or more. This pension was paid from the time the worker became eligible until the illness no longer prevented the worker from working (Social Security Fund Libya, n.d.; Cusick & El Sahly, 2018).

These early reforms represented Libya's first step toward establishing state responsibility for social protection, although disability-specific provisions remained narrowly defined and primarily focused on employment.

5. Welfare Expansion under Gaddafi (1969-1990)

Following the 1969 coup, the Libyan government focused on improving health care for all citizens (Country Profile: Libya, 2005). In that year, the Libyan government expanded the benefits outlined in the 1957 social security law. This augmented law, which was implemented in 1973, was known as Social Insurance Law

No. 72, and it included all native and foreign employees. The law not only ensured the rights of all citizens with or without disabilities but also provided specific provisions for disabled individuals. Section 5 of the law, titled Disabled Individuals, states that every disabled person is entitled to benefit from the law through either cash aid, in-kind assistance, or pensions. The law also stated that individuals who are unable to work or who have become disabled are entitled to the minimum wage. Furthermore, individuals with partial impairment were entitled to receive temporary assistance (*Social Security Law No. 72., 1973*). In this way, Libyan social welfare was comprehensive, providing benefits including employment injury and sickness compensation, disability pensions, and retirement pensions (*Metz, 1989b*), reassuring the audience of the government's commitment to all citizens, regardless of their abilities.

The Libyan government collaborated with many Eastern European and Arab countries to hire physicians and nurses. The rationale behind this decision was that the influx of healthcare practitioners would help treat and cure endemic diseases that caused disabilities and thereby prevent many Libyans from living healthy lives. At the time of this decision, 10% of the population was affected by trachoma and was visually impaired or completely blind (*Metz, 1989b*). Many other diseases, such as tuberculosis, mumps, measles, chickenpox, and cholera, harmed Libyan children's health, leading to lifelong disability for many.

Throughout the 1970s, the Libyan government improved social insurance by expanding the benefits available to Libyan and foreign employees. By 1980, the Libyan government had established two healthcare centers – one in Tripoli and another in Benghazi – to provide medical, rehabilitation, and other healthcare services to treat people with disabilities (*Metz, 1989b*).

The Libyan government formulated its health care policies alongside economic development projects and social and health development plans. Of these policies, the most emphasis was placed on ensuring that health care was available to the entire population, which was almost 3.2 million in 1981. The primary goals of the health care policies were to decrease the risk of disease, thus decreasing the size of the disabled population and providing health care services to people affected by World War II. Italian colonialism in Libya during World War II had a considerable negative impact on many Libyan people. Many Libyans were harmed by the explosive mines that had been planted in Libyan territory. Such effects have continued to impact the lives of many Libyans to this day (*Aboul-Enein & Trandberg, 2012; Mine Ban Policy- Libya, 2006*).

6. Legal Frameworks for Disability Rights (1981-2008)

In 1981, the Libyan government passed Disabilities Law No. 3. This was the first law issued in Libya specifically for individuals with disabilities. This law identified impairment as a partial or full impairment that prevents one from living a “normal” life. Such disabilities could be physical, emotional, or mental and could also be either congenital or acquired. The law also included individuals who suffered

from chronic diseases that prevented them from practicing everyday activities. The law categorized persons based on their disability, such as persons suffering from mental illness, blindness, deafness, dumbness, visual impairments, hearing impairments, amputation, paralysis, permanent physical disabilities, and chronic diseases, even if such ailments were not associated with a visible disability. According to the law, such people are entitled to governmental benefits, such as financial aid or in-kind assistance, based on their situation. The government merits sought to meet disabled individuals' needs, such as accommodations, subsidized domestic services, prosthetic devices, education, habilitation or rehabilitation, qualified shelters that meet individuals' psychological and health architectural specifications, suitable work for those who are qualified or rehabilitated, and follow-up health care services for employees, tax exemption, free public transportation, customs exemptions when traveling, and easy access to public areas (Law No. 3, 1981). This law provides disabled individuals the right to obtain home care, housing, education, prosthetic limbs, rehabilitation, financial assistance, and other social security benefits (Immigration and Refugee Board of Canada, 2004).

However, Law No. 3 lacks detailed implementation mechanisms, clear institutional responsibilities, and standardized procedures for educational or vocational integration. It focused primarily on welfare benefits without establishing strong administrative structures to coordinate disability services.

In 1986, Disabilities Law No. 3/1981 was replaced by Disabilities Law No. 5/1987, which introduced several significant improvements rather than just minor clarifications. First, it expanded and clarified disability categories, reducing ambiguity in eligibility criteria. Second, it established an equivalency certificate system that allows individuals completing rehabilitation programs to earn credentials recognized as equivalent to mainstream educational qualifications, a provision not present in Law No. 3. Third, it created the National Committee for Disabilities Care, an institutional body responsible for cross-sector coordination, policy development, legislative proposals, and international cooperation. Fourth, the law enhanced the framework for vocational rehabilitation and employment placement, focusing on social integration rather than solely providing welfare support. Finally, Law No. 5 more clearly defined ministerial responsibilities, especially those of the Ministries of Education and Social Affairs, thereby improving administrative accountability (Disabilities Law No. 5, 1987).

Despite this strong institutional foundation, available evidence suggests that the National Committee for Disabilities Care had limited practical effectiveness before 2011. Reports indicate that insufficient funding, lack of trained administrative staff and weak inter-ministerial coordination hindered the Committee's ability to carry out its mandate (Cusick & El-Sahly, 2018). Moreover, the absence of national disability statistics and reliable monitoring systems meant that the Committee could not effectively evaluate needs, track service delivery, or enforce compliance with disability legislation. As a result, while Law No.5 established a more comprehensive framework, its institutional mechanisms remained underdevel-

oped, and many of its goals were only partially implemented.

7. International Treaties and Policy Initiatives (2005-2008)

In 2005, the Libyan General People's Committee issued Decision No. 26 to increase the access of deaf and hard-of-hearing individuals to public transportation. As stated above, because Libyans fought in the Italian army in WWII, many of them were injured and became disabled (Aboul-Enein & Trandberg, 2012).

Later, in 2008, Libya made significant progress in caring for people with disabilities, protecting their rights, and helping them gain independence and contribute to society—especially after Libya signed the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which reaffirmed its official commitment to international disability rights standards to “protect the rights and dignity of people with disabilities” (United Nations, 2007). After ratifying the CRPD in 2008, Libya took several initial steps to align its domestic policies with the Convention's provisions. These included expanding disability registration systems through the Social Security Fund. According to the Social Security Fund, the number of registered disabled individuals that year was 73,892 (17.7% of the total population), including 13,145 children. Among the disabled population, 58% were males and 42% were females.

These efforts were detailed in the following set of decisions:

- 1) Decision No. 3035 allocates 5% of approved staffing positions for individuals with disabilities.
- 2) Decision No. 664 sets the fee for domestic service and aid for the handicapped.
- 3) Decision No. 665 was issued to specify educational standards.
- 4) Decision No. 666 pertains to establishing a national council to promote the rights of persons with disabilities.
- 5) Decision No. 667 entitles disabled children under 18 to a pension.

However, these measures remained limited in scope. Independent reviews of disability in Libya identify persistent data gaps and a lack of reliable information on accessibility, inclusive education, and enforcement mechanisms (Cusick & El-Sahly, 2018).

8. Post-Conflict Challenges and Developments (2011-2020)

Armed conflict since 2011 has severely weakened Libyan's healthcare infrastructure and social service delivery systems. A nationwide assessment of primary care facilities found that nearly one-third were non-operational, while many others functioned only partially due to structural damage, insecurity supply shortages and staff displacement (Allen et al., 2024). Military violence has led to the destruction of healthcare service facilities, leaving many injured individuals with complications such as infected wounds and compromised immune systems, which in turn has contributed to increased rates of permanent disability resulting in disabilities (Daw et al., 2019). Gunfire and explosions have also resulted in significant

physical injuries among adults and children, further straining already limited rehabilitations services. In response, the government established service institutions to provide social and health care for amputees and other war-affected individuals. International assistance, including casualties and addressing the hazards posed by unexploded ordnance (UK Home Office, 2012).

In addition, a Mental Health and psychosocial Support (MHPSS) assessment reported that approximately 40% of the Libyan population experiences mental conditions, while access to appropriate service remains limited due to stigma and shortage of specialized resources (WHO, 2017).

Despite the challenging, the temporary government has sought to enforce Disabilities Law No. 5/1987 and provide financial aid to disabled individuals for those who have a loss of impairment 80% entitled to the disability pension paid for a wife and children under age 18 and unmarried daughter (Social Security Administration, 2011). Furthermore, Cabinet Decision No. 120 (2012) emphasized the responsibility of the Ministry of social Affairs to deliver social services through specialized institutions, rehabilitation and programs for people with disabilities (Cabinet Resolution No. 120, 2012).

In 2014, the situation for disabled individuals became more difficult, as many of them lost their access to health care and rehabilitation centers while also suffering from a shortage of medication. Many people from across Libya ventured to Tripoli to flee from war and seek security and cures for their health issues, which has put much stress on the centers in this area (World Health Organization, 2017; Hamed, 2016; World Health Organization, 2017). On Revival International Day for disabled persons on December 3, 2018, many specialists in various social and medical fields declared their concern about the lack of public facilities and government departments suitable for helping people with special needs. For example, there were few wheelchair ramps or parking spaces for disabled individuals at these centers. The specialists considered these issues as a form of ignoring disabled individuals and infringing on their legitimate rights (Libya Observer, 2018).

On November 18, 2019, Ghassan Salame, the United Nations secretary-general's special representative to the UN Security Council, briefed the Council about a health sector assessment conducted in Libya in October 2019. The assessment revealed a sharp increase in unmet health needs, as more than 24% of healthcare facilities had been closed due to conflicts, power outages, and building damage. Furthermore, service delivery in many other healthcare facilities has been disrupted. Also, children could no longer attend school, as dozens of schools had been destroyed. In contrast, about 30 others were being used as shelters for the displaced (United Nations Department of Political Affairs, UNSMIL, 2019). This scenario is challenging enough for non-disabled individuals; the condition that disabled individuals are under must be unimaginably difficult.

Recently, some initiatives came from the Ministry of Education to pay attention to the education of people with disabilities. In 2019, the Ministry of Education issued resolution No 276 about helping children with disabilities who are rehabil-

itated in social needs centers associated with the Social Security Fund to complete their education in mainstream schools and link to public education to allow them to take their educational examination into mainstream schools ([Resolution No. 276, 2019](#)).

In 2020, the Education Ministry issued resolution No. 441 to allow children with disabilities to learn in an educational environment, but it did not specify how integration into mainstream schooling should occur ([Resolution No. 441, 2020](#)).

In addition, in 2020, the Cabinet, headed by Abdullah Al-Thani, issued resolution No. 273, amending specific special needs benefits regulations included in law No. 5 for the year 1987 to introduce home services for those with severe impairment ([Resolution No. 273 of the Regulation Benefits for the Disabled, 2020](#)).

However, these initiatives remained ineffective due to several structural barriers. First, Libya's prolong conflict caused widespread destruction and closure of health and education facilities. A WHO primary-care assessment found that nearly one-third of Libya's health facilities were non-functional or only partially operational due to damage, supply shortages and staff displacement ([Allen et al., 2024](#)). Second, repeated attacks on hospitals, clinics, and ambulances severely weakened services delivery capacities, making implementation of new disability programs nearly impossible ([UNSMIL, 2019](#)). Third, humanitarian analyses documented chronic shortages of medicines, lack of trained personnel and breakdown of administrative systems—all of which undermined the enforcement of disability-related regulations ([Saieh, 2021](#)). Due to the combined factors, the resolutions issued in 2019-2020 functioned more as symbolic commitments than as actionable reforms capable of improving conditions for persons with disabilities.

9. Conclusion

From colonial exclusion to post-independence inclusion, Libya's social welfare system for people with disabilities has undergone significant legal and institutional transformation. Although frameworks such as Law No. 5/1987 remain progressive, in design, persistent implementation gaps continue due to armed conflict, institutional fragility, limited enforcement capacity, and social stigma. Strengthened governance, sustained policy coordination, and inclusive infrastructural development are essential for Libya to fulfil its obligations under international disability rights conventions and achieve effective social protection for persons with disabilities.

Looking ahead, several lessons emerge from this historical review. The first disability policy in Libya has often progressed more on paper than in practice, underscoring the need for strong institutions capable of implementing legal commitments. Next, long-term instability has repeatedly disrupted service delivery, highlighting the importance of linking rights-based reforms to broader efforts to rebuild public administration, healthcare, and education systems. Third, the lack of reliable disability data throughout disability registries and the absence of robust monitoring systems remain a priority.

Future projects in Libya should therefore focus on establishing stable administrative structures, expanding accessible infrastructure, and investing in rehabilitation and community-based support services. Strengthening coordination among the Ministries of Health, Social Affairs, and Education, as well as empowering the National Committee for Disability Care, will be crucial for turning legislation into effective outcomes. Additionally, aligning national policies with the principles of the Convention on the Rights of Persons with Disabilities (CRPD) provides a framework for promoting inclusion, participation, and equal opportunity.

By incorporating these priorities into post-conflict recovery efforts, Libya can begin to bridge the long-standing gap between legal protections and real-life experiences, making sure that persons with disabilities are not only legally protected but also supported through effective, accessible, and fair services.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

References

- Aboul-Enein, Y., & Trandberg, D. (2012). *Arab Thoughts on the Italian Colonial Wars in Libya*.
<https://archive.smallwarsjournal.com/index.php/jrnl/art/arab-thoughts-on-the-italian-colonial-wars-in-libya>
- Allen, L. N., Hatefi, A., Kak, M., Herbst, C. H., Mallender, J., & Karem, G. (2024). A Rapid Mixed-Methods Assessment of Libya's Primary Care System. *BMC Health Services Research*, 24, Article No. 721. <https://doi.org/10.1186/s12913-024-11121-w>
<https://link.springer.com/article/10.1186/s12913-024-11121-w>
- Appleton, L. A. (1992). *Educational Development in Western Libya 1942-1952: A Critical Assessment of the Aims, Methods and Policies of the British Military Administration*.
<https://soas-repository.worktribe.com/output/391114>
- Cabinet Decision No. 120 (2012). *Resolution for Approving the Organizational Structure and Competencies of the Ministry of Social Affairs and Organizing Its Administrative Apparatus*. <https://security-legislation.ly/ar/node/32146>
- Country Profile: Libya (2005). *Library of Congress—Federal Research Division*.
<https://www.loc.gov/rr/frd/cs/profiles/Libya.pdf>
- Cusick, A., & El Sahly, R. (2018). People with Disability in Libya Are a Medicalised Minority: Findings of a Scoping Review. *Scandinavian Journal of Disability Research*, 20, 182-196. <https://doi.org/10.16993/sjdr.2>
- Daw, M., El-Bouzedi, A., & Dau, A. (2019). Trends and Patterns of Deaths, Injuries and Intentional Disabilities within the Libyan Armed Conflict: 2012-2017. *PLOS ONE*, 14, e0216061. <https://doi.org/10.1371/journal.pone.0216061>
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0216061>
- Hamed, R. (2016). *Rehabilitation Services in Post-Revolutionary Benghazi, Libya, from the Perspective of Disability Workers: A Case Study of the Benghazi Rehabilitation and Handicap Centre*. Doctoral Dissertation, University of Wollongong.
<https://scispace.com/pdf/rehabilitation-services-in-post-revolutionary-benghazi-libya-2e01slax8r.pdf>

- Immigration and Refugee Board of Canada. (2004). *Canada: Immigration and Refugee Board of Canada*.
[https://www.refworld.org/docid/41501c2d15.html%20\[accessed%2014%20December%202019](https://www.refworld.org/docid/41501c2d15.html%20[accessed%2014%20December%202019)
- Imneina, A., & Alfarsi, O. (2020). *Social Security Laws in Libya A Gender-Based Perspective*. Friedrich-Ebert-Stiftung (FES)-Libya Office.
<https://library.fes.de/pdf-files/bueros/libya-office/16680.pdf>
- International Labour Office (1958). Social Security and LL.O. Technical Cooperation in Libya. *International Labour Review*, 90, 292-320.
[https://webapps.ilo.org/public/libdoc/ilo/P/09602/09602\(1965-91\).pdf](https://webapps.ilo.org/public/libdoc/ilo/P/09602/09602(1965-91).pdf)
- Law No. 3 (1981). *Law No. (3) of 1981 Regarding the Disabled*.
<https://security-legislation.ly/ar/law/100898>
- Law No. 5 (1987). *Children with Disabilities Act (Art. 23)*.
[http://aladel.gov.ly/home/?p=1211"1211](http://aladel.gov.ly/home/?p=1211)
- Libya Observer (2018). *Revival International Day for Disabled Persons*.
<https://ar.libyaobserver.ly/article/2755>
- Madi, Y. (2018). *The Social, Cultural, and Political Impact of the British Military Administration on Libya, 1943-1951*. Doctor of Philosophy, University of Bangor.
<https://pure.bangor.ac.uk/ws/portalfiles/portal/20577813/file>
- Medici, A. M. (2011). *Waqfs of Cyrenaica and Italian Colonialism in Libya (1911-41)*. The American University in Cairo Press.
<https://doi.org/10.5743/cairo/9789774163937.003.0008>
https://www.researchgate.net/publication/216343247_Waqfs_of_Cyrenaica_and_Italian_Colonialism_in_Libya_1911-41
- Metz, H. C. (1989a). *Libya: A Country Study (4th ed.)* Library of Congress. Federal Research Division. <https://lccn.loc.gov/88600480>
- Metz, H. C. (1989b). *Libya: A Country Study*. Library of Congress.
https://tile.loc.gov/storage-services/master/frd/frdcstdy/li/libyacountrystud00metz_0/libyacountrystud00metz_0.pdf?utm_source=chatgpt.com
- Mine Ban Policy—Libya (2006). *Landmine and Cluster Munition Monitor*.
<http://archives.the-monitor.org/index.php/publications/display?url=lm/2007/libya.html>
- Noor, S. O. (2023). Late Colonialism and Postcolonial Development in Africa: A Comparative-Historical Analysis of Former Italian Africa.
<https://doi.org/10.33774/apsa-2023-x7rhj>
- Resolution No. 273 of the Regulation Benefits for the Disabled (2020). *The Amendment of the Regulation of Benefits for the Disabled*.
<https://www.facebook.com/569338166416218/posts/3459476737402332/>
- Resolution No. 276 (2019). *The Minister of Education Issues a Decision on a Special System for Studying and Exams for Students and Students of Special Groups*.
<https://www.facebook.com/Libyan.Medu/posts/%D9%82%D8%B1%D8%A7%D8%B1-%D9%88%D8%B2%D9%8A%D8%B1-%D8%A7%D9%84%D8%AA%D8%B9%D9%84%D9%8A%D9%85-%D8%B1%D9%82%D9%85-276-%D9%84%D8%B3%D9%86%D8%A9-2019%D9%85-%D8%A8%D8%B4%D8%A3%D9%86-%D8%A5%D8%B5%D8%AF%D8%A7%D8%B1-%D9%86%D8%B8%D8%A7%D9%85-%D8%AE%D8%A7%D8%B5-%D9%84%D9%84%D8%AF%D8%B1%D8%A7%D8%B3%D8%A9-%D9%88-%D8%A7%D9%84%D8%A7%D9%85%D8%AA%D8%AD%D8%A7%D9%86%D8%A7%D8%AA->

[%D9%84%D8%AA/2039407816176364](#)

Resolution No. 441 (2020). *Decision of the Minister of Education in the Government of National Accord Regarding Persons with Disabilities.*

<https://lana.gov.ly/post.php?lang=ar&id=178848>

Saieh, A. (2021). Hope for Libya's Healthcare after Ten Years of Conflict. *NRC.*

<https://www.nrc.no/perspectives/2021/hope-for-libyas-healthcare-after-ten-years-of-conflict>

Singh, R., & Abudejaja, A. (1983). Trend and Types of Disabled Persons in Libyan Arab Jamahiriya. *International Journal of Rehabilitation Research*, 6, 153-164.

<https://doi.org/10.1097/00004356-198306000-00002>

Social Security Administration (2011). *Social Security Programs throughout the World: Africa.*

<https://www.ssa.gov/policy/docs/progdsc/ssptw/2010-2011/africa/ssptw11africa.pdf>

Social Security Fund Libya (n.d.). Historical Overview. https://ssf.gov.ly/?page_id=463

Social Security Law No. 72 (1973). *Social Security.*

<https://security-legislation.ly/ar/node/33760>

U.S. Department of State (2009-2017). *Libya (0/102).*

<https://2009-2017.state.gov/outofdate/bgn/libya/26452.htm?safe=1>

UK Home Office. (2012). Home Office, Country of Origin Information Report - Libya.

<https://www.refworld.org/reference/countryrep/ukho/2012/en/89892>

United Nations (2007). *Convention on the Rights of Persons with Disabilities.*

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>

United Nations Department of Political Affairs [UNSMIL] (2019). *UN Country Team Results 2020 Report.*

https://unsmil.unmissions.org/sites/default/files/un_libya_2020_results_report_1.pdf

Wasfy, M. (1967). Social Insurance in the Kingdom of Libya. *International Social Security Review*, 20, 463-485. <https://doi.org/10.1111/j.1468-246X.1967.tb00013.x>

WHO (2017). Libya. WHO Is Where, When, Doing What (4WS) in Mental Health and Psycho-Social Support.

https://www.mhinnovation.net/sites/default/files/content/document/MHPSS.net%20and%20WHO%20Libya%202017%20MHPSS%204Ws%20Mapping_0.pdf

World Health Organization. (2017). Regional Office for the Eastern Mediterranean. Libya Health Profile 2015.

https://applications.emro.who.int/dsaf/EMROPUB_2017_EN_19620.pdf