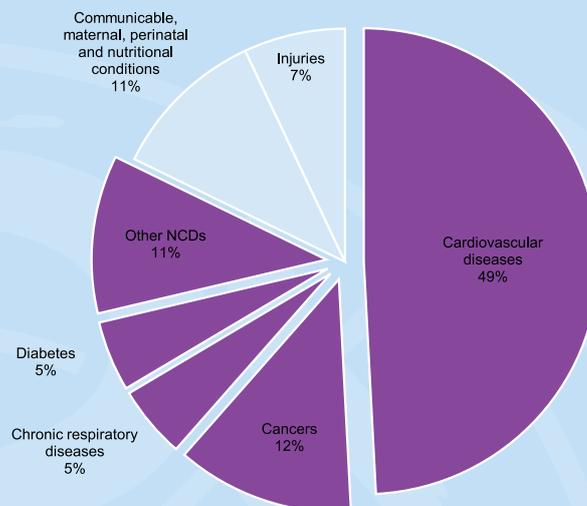


Tunisia: Health Systems Profile

Health status (2015)

Life expectancy at birth in years	<i>total</i>	75.3
	<i>males</i>	73.0
	<i>females</i>	77.8
Maternal mortality ratio per 100 000 live births	<i>total</i>	62

Proportional mortality (% of total deaths, all ages, both sexes)



Communicable diseases (2015)

Tuberculosis notification rate per 100 000 (2014)	28.5
Incidence rate of malaria per 1 000 population	...
Number of newly reported HIV cases	156

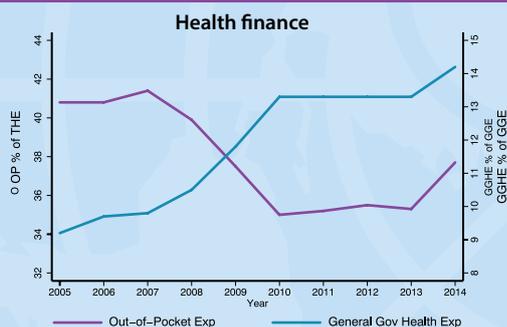
Behavioural risk factors

Estimated prevalence (%)	males	females	total
Current tobacco smoking (2014)*
Insufficient physical activity (2010)	23.5

Metabolic risk factors

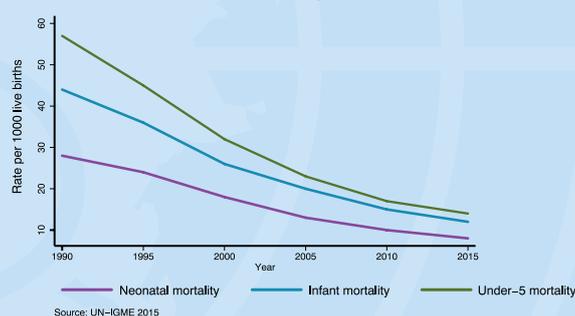
2014 estimated prevalence (%)	males	females	total
Raised blood pressure	24.4
Raised blood glucose	13.3
Overweight	62.9
Obesity	27.1

Expenditure and mortality trends



*GGHE % GGE is the general government health expenditure as % of general government expenditure
 **OOP % THE is the out-of-pocket expenditure as % of total health expenditure

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



Health system: selected coverage interventions

Antenatal care visits (4+ visits) (2012)	85.1
Measles immunization coverage among 1-year-olds (2015)	98.0
Treatment success rate of new bacteriologically confirmed TB cases (2013)	91.0
DTP3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2015)	98.0

Health system: finance (2014)

General government expenditure on health as % of general government expenditure	14.2
Out-of-pocket expenditure as % of total health expenditure	37.7
Per capita total health expenditure at exchange rate (US\$)	305

Health system: workforce (2015)

Health workforce per 10 000 population	
Physicians	13.0
Nurses/midwives	40.9
Dentists	3.1
Pharmacists	2.3

Health system: information (2012-2015)

Percentage of births registered	95.0
Percentage of deaths registered	90.0

Health system: medicines and medical devices (2013)

Availability of selected essential medicines and medical products in health facilities (%)	public	70.0
	private (2012)	80.0
Number of scanners (in public facilities) per million population ^a	CT	8.9
	MRI	2.0

Health system: service delivery (infrastructure) (2013)

Primary health care facilities per 10 000 population	1.9
Hospital beds per 10 000 population (2011)	21.8

... No data available

^a Computed tomography (CT) and Magnetic resonance imaging (MRI)

* Age-standardized estimated

Please note the data sources are in the attachment

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities - Tunisia 2016

Strengths	Weaknesses
<ul style="list-style-type: none"> • More than 90% of the Tunisian population covered by a public prepayment mechanism, whether based on mandatory individual contributions (CNAM) or non-contributive and funded by general budget (AMG) • There is a list of predefined illnesses for which patients are fully reimbursed for expenses in private or public sector unless they have a separate health insurance coverage • Public health facilities offer preventive and curative services for a number of other conditions for free at point of care for the population regardless of their income • Established National Health programmes for NCD Maternal Mortality, Immunization, IMCI and others • Presence of strong local pharmaceutical industry with important production of generic and bio equivalent drugs • Good public medical infrastructure: 23 university hospitals, 35 regional hospitals, 109 district hospitals and 2085 primary care centers distributes over the 24 governorates • Family medicine is now included as a specialty in the university training curricula of medical faculties • Large number of qualified health professionals including practitioners and pharmacists • The "INAsante" (National Agency for accreditation in health care), established in 2012, continues to grow in capacity and first accreditations are planned for 2018 • accreditation in health care) 	<ul style="list-style-type: none"> • Out-of-pocket payments on health care still represent a large share of total health expenditure (37.9%) despite the existence of the health insurance system • Geographic disparity in the distribution of health care providers and in accessibility to specialized services in remote areas • Health system and public health care facilities centralized management impedes responsiveness to local needs, accountability and transparency • Fragmented health information system; available data are not well used for informed decision making • Lack of incentives to performance (effectiveness and quality); limited capacity in relation to strategically purchase health care services; resource based health planning; accreditation and certification systems are not yet operational • Weak regulation and control, and limited engagement and partnership with the private sector (despite the fact that the private sector represents 50% of practitioners and 25% of hospital beds) • Primary care not well coordinated with higher levels and does not always respond to the community health needs. Cadre of family physicians has yet to be introduced • Low bed occupancy rates at regional hospitals due to the absence of specialists and to the lack of a well-defined care pathway; university hospitals therefore fulfill a role which is not their responsibilities
Opportunities	Challenges
<ul style="list-style-type: none"> • Strong engagement for Universal health Coverage and health in all policies (article 38 of the 2014 Constitution, "White Book" of 2014) • Phase 1 of the National Health policy Dialogue concluded by a national health conference and a declaration on the major axes of the health system reform supported by wide consensus Phase 2 has been launched since October 2014 and aims at operationalizing the vision that emerged at the conference in line with the current plans of the MoH. Diverse and dynamic civil society organizations exist with strong interest in health issues • Acknowledgment of the central role of the local communities and willingness to use current decentralization projects as an opportunity for health reforms 	<ul style="list-style-type: none"> • Epidemiological, demographic and life style transition resulted in rapid increase in the burden of non-communicable diseases • Political transition, developing democracy in a post-revolutionary context, which result in many expectations of the population relayed by civil society organization, health being a key domain of political interest, in a context of limited fiscal space and unstable geopolitical environment • Restructuring of the mandatory health insurance system to attain a higher level of equity and transform the CNAM in an actual strategic purchaser may face strong resistance due to powerful interests • High unemployment for newly graduated health professionals • Need to promote trust among citizens, health professionals and administrative staff

Priorities

- Reform health financing strategy to reduce household direct payment and increase the effectiveness, quality and efficiency through strategic purchasing. Create innovative approaches to mobilize additional resources, as well as optimize the use of existing fiscal space
- Ensure equitable access to health care services with focus on populations living in remote areas that is socioeconomically vulnerable and reorganize health care services to improve continuity of care and coordination among the different levels. Bridge the gap in availability and quality of care between the Eastern and Western/southern regions of the country
- Reinforce the function of strategic purchaser and introduce pay for performance mechanisms
- Reinforce health promotion and prevention programmes; introduce family medicine to reinforce the role of primary care and ensure better access to health care services for priority health conditions and establish effective care pathway
- Revise the national pharmaceutical policy particularly for the rational use of drugs and support the national pharmaceutical industry in relation to the production of generic and bioequivalent drugs and promote their export
- Implement health care quality programme based on the use of national norms and protocols and introduce quality indicators to monitor the performance of the health programmes
- Reinforce governance through increasing the participation of citizens, improve transparency and accountability and regulate the private sector and develop public partnerships
- Develop policies that attract health care providers to Western and Southern regions of the country
- Establish a system of "health networks" (pôles de santé) between university hospitals and regional hospitals in line with the reinforcement of local capacities and networking systems
- Implement a continuous professional development programme for all the categories of health professionals
- Implement an integrated health Information system