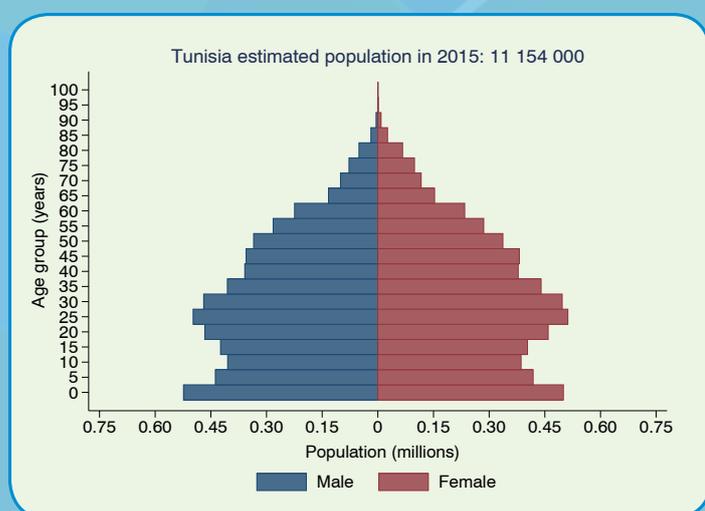




## Universal health coverage

Primary health care facilities per 10 000 population (2013)	1.9
Hospital beds per 10 000 population (2011)	21.8
Modern contraceptive prevalence rate (2015)	53
Antenatal care visits (4+ visits) (2013)	85.1
Measles immunization coverage among 1-year olds (%) (2016)	96
Tuberculosis treatment success rate of new bacteriologically confirmed cases (%) (2015)	91
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2016)	98
General government expenditure on health as % of GDP (2014)	4.0
General government expenditure on health as % of total government expenditure (2014)	14.2

## Estimated population in 2015



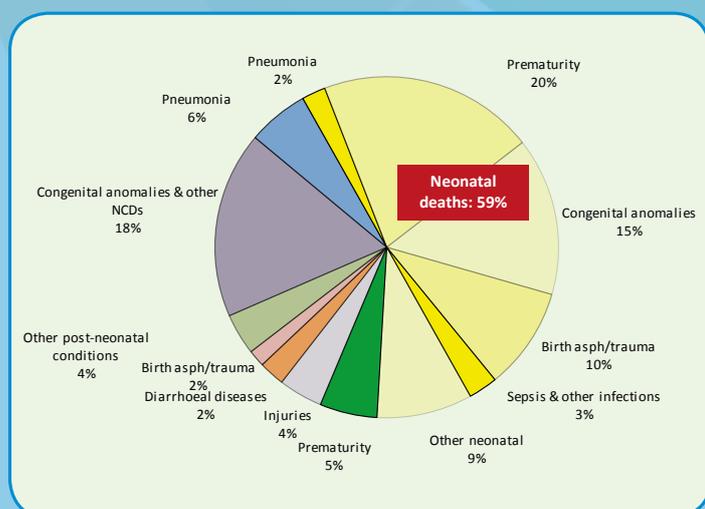
## Selected determinants of health

Population living in urban areas (%) (2016)	68
Annual GDP growth (%) (2016)	1.2
Number of refugees <sup>a</sup> (2016)	636
Number of internally displaced persons <sup>b</sup> (2016)	0

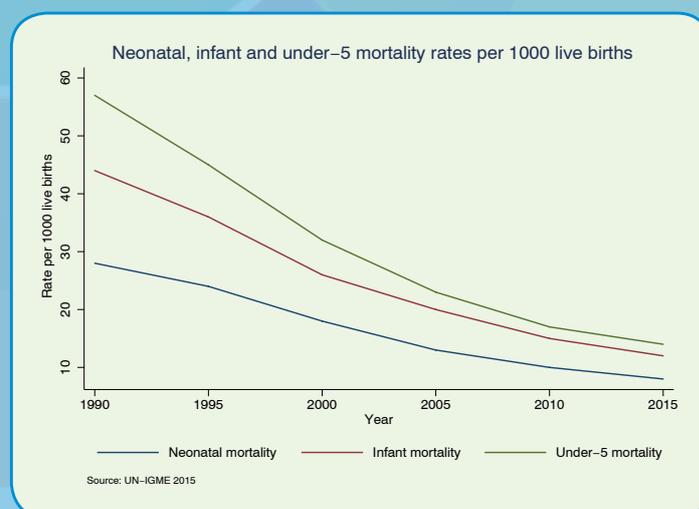
<sup>a</sup> Including persons forcibly displaced from their country of origin due to persecution, war, or violence, as recognized and reported by UNHCR.

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

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



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



# Selected SDGs health-related indicators\*

## 1 NO POVERTY

Population below the international poverty line (2010) % 15.5

Proportion of employed population below the international poverty line (ILO estimate, 2016)

Male %	1.3
Female %	1.0

## 2 ZERO HUNGER

Children under 5 who are (2014)

stunted (2013)	%	10.1
wasted	%	2.8
overweight (2013)	%	14.3

## 4 QUALITY EDUCATION

Literacy rate (15-24 years) (2011)

Total %	97
Male %	98
Female %	96

Net primary school enrolment ratio per 100 school-age children (2014)

Total ratio	99
Male ratio	90
Female ratio	99

## 5 GENDER EQUALITY

Demand for family planning satisfied with modern methods (UN Population Division estimate, 2015) % 86.0

## 6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2015) % 98

Access to improved sanitation facilities (World Health Statistics, 2015) % 92

## 8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2012)

Total %	17.6
Male %	14.6
Female %	25.6

## 11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) (WHO/CEHA, 2014)

Total	36.4
Urban	35.2

## 16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2011-2015) 0.3

\*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

# Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2015)	73.0	77.8	75.3
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2015 estimate)	—	—	62
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	8
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	12
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	14
Tobacco use among persons 15+ years (%) (2015)	56.9	0.9	28.3
Overweight (18+ years) (%) (2014)	...	...	62.9
Obesity (18+ years) (%) (2014)	...	...	27.1
Raised blood pressure among persons 18+ years (%) (2014)	...	...	24.4
Raised blood glucose among persons 18+ years (%) (2014)	...	...	13.3
Raised cholesterol among persons 18+ years (%)	...	...	...
Mortality between ages 30 and 70 from cardiovascular disease, cancer, diabetes, chronic respiratory disease per 10 000 (2015)	...	...	17
Cancer incidence per 100 000 (2012)	...	...	110.6

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

## 3 GOOD HEALTH AND WELL-BEING



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

## Voluntary National Review:

N/A

## National Focal Point for 2030 Agenda:

Ministere de l'Agriculture, de l'Environnement et des Ressources Hydrauliques, Agence Nationale de protection de l'environnement

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

N/A

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

The 2030 Agenda guided the work on the 2016-2020 Five-year National Development Plan (Plan de Développement Quinquennal). This five-year plan relies on five strategic directions; Good governance, administrative reforms and fight against corruption, Transition away from a low value-added economy, Human development and social inclusion, Regional development and Green economy as a pillar of sustainable development. Efforts are currently being made to go beyond this traditional five-year cycle approach and establish a full-blown vision for the development of the country towards 2030 to be fully aligned with the 2030 agenda.

The 2016-2020 Five-year development Plan is available here: <http://www.tunisia2020.com/plan-2016-2020/>

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

The SDGs were at the core of the White Book for a Better Health in Tunisia, which was the result of a deep citizens participation process; phase I of the Societal Dialogue for Health. Ever since, this document has inspired health policy documents in the country. SDG 3 objectives have also been incorporated in the current development efforts of such documents as the National Strategy for Maternal and Neonatal Health and the multi-sectoral strategy for the prevention and treatment of NCDs.

The White Book for Better Health in Tunisia is available here (in French): <http://www.hiwarsaha.tn/upload/1409228805.pdf>

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

As part of UN Development Assistance Framework 2015-19 and in cooperation with the Ministry of Development and International Cooperation and the Ministry of Foreign Affairs, the UN Country Team is currently developing a joint programme to support the Tunisian Government in monitoring and reporting progress towards SDGs.

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

WHO will lead activities related to SDG 3 in cooperation with UNICEF, UNFPA and UNAIDS. In line with the development process of the national health strategy, the joint programme will be dedicated to; awareness raising among decision makers and civil society on SDG 3, setting of national targets, gap analysis and capacity building related to the monitoring of SDG 3 indicators (which will be fully embedded in the monitoring and evaluation framework of the national health strategy). Since 2012, Tunisia is a member country of the EU-Luxembourg-Partnership for Universal Health Coverage, the EU being the financial partner in the case of Tunisia. As part of this partnership, the Tunisian Government has been receiving continuous technical support to sustain citizens participation and to generate reliable evidence as essential foundations for the development of a national strategy for the development of the health system towards the SDGs. Key achievements of this partnership are reported yearly on the partnerships website: <http://uhcpartnership.net/country-profile/tunisia-2/>.

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

As mentioned above, Tunisia has so far moved towards Universal Health Coverage (UHC) in a rather implicit manner, nevertheless achieving a lot as demonstrated by a high percentage of population covered by health insurance as well as the density of the network of health facilities. Yet, an explicit long term strategy for the development of the health system is still missing to secure these achievements and tackle emerging issues, and its development is the exact purpose of phase 2 of the Societal Dialogue for Health launched in 2017. So far, 5 priority thematic areas have been retained for immediate discussion: governance and decentralization, development of proximity health services, health financing policy, access to health technology and social determinants of health.