

Tunisia: Health Systems Profile

Health status (2013)

Life expectancy at birth in years	total	76.0
	males	74.0
	females	78.0
Maternal mortality ratio per 100 000 live births	total	46.0

Communicable diseases (2014)

Tuberculosis notification rate per 100 000 population	27.0
Incidence rate of malaria per 100 000 population	...
Number of newly reported HIV cases	...

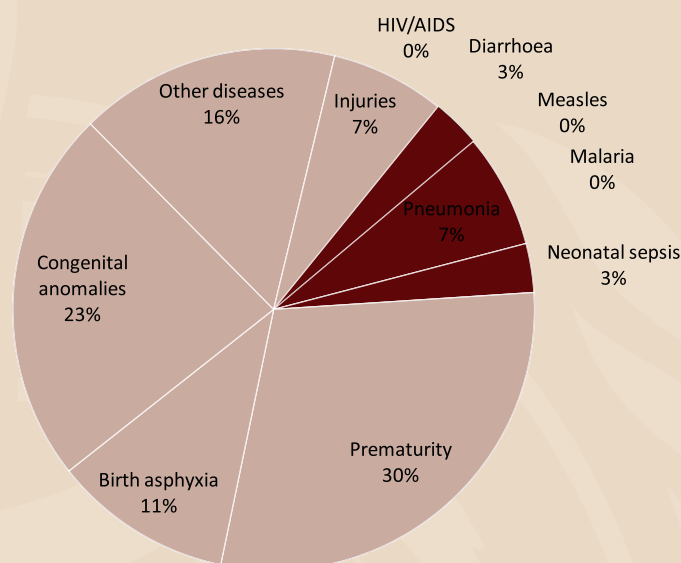
Behavioural risk factors

Prevalence (%)	males	females	total
Current tobacco smoking (2011)*
Insufficient physical activity (2008-)	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

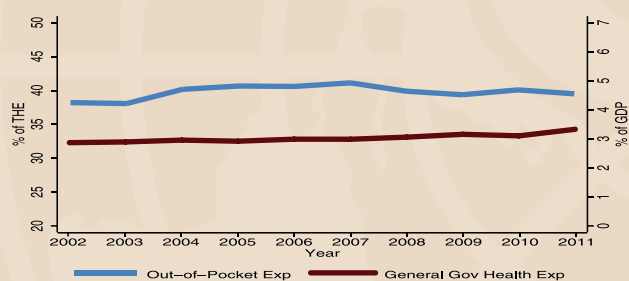
Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 49% of all deaths among children aged <5 years

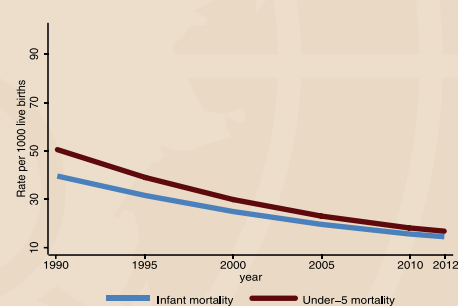
Expenditure and mortality trends

Health finance



*GGHE%GDP is the general government expenditure on health as % of gross domestic product
**OOP%THE is the out-of-pocket expenditure as % of total health expenditure

Infant and under 5 mortality rates per 1000 live births



Health system: selected coverage interventions

Antenatal care visits (4+ visits) (2013)	85.1
Measles immunization coverage among 1-year-olds (2014)	98
Treatment success rate of new bacteriologically confirmed TB cases (2014)	89
DPT3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2014)	98

Health system: finance (2013)

General government expenditure on health as % of general government expenditure	13.3
Out-of-pocket expenditure as % of total health expenditure	35.3
Per capita total health expenditure at exchange rate (US\$)	309

Health system: workforce (2014)

Health workforce per 10 000 population	
Physicians	16.8
Nurses/midwives	32.5
Dentists	3.9
Pharmacists	2.25

Health system: information

Percentage of births registered	0.99
Percentage of causes of death recorded	0.8

Health system: medicines and medical devices (2013)

Availability of selected essential medicines and medical products in health facilities (%)	public	70
	private	80
Number of scanners (in public facilities) per million population ^c	CT	8.912
	MRI	2.001

Health system: service delivery (infrastructure) (2014)

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

... No data available

^a International Classification of Diseases

^b Gross domestic product

^c 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 2015

Strengths	Weaknesses
<ul style="list-style-type: none"> • More than 90% of the Tunisian population covered by a health insurance system that includes free medical insurance of the vulnerable population. • List of predefined health conditions 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 services free at point of care for the population regardless of their income • Established National Health programmes for NCD Maternal Mortality, Immunization, MCI and others • Strong local pharmaceutical industry with important production of generic and bio equivalent drugs • Good infrastructure: 23 university hospitals, 33 regional hospitals, 109 district hospitals and 2085 primary care centers distributes over the 24 governorates • Family medicine now included as a specialty in the university training curricula for medical schools • Large number of qualified health professionals including general practitioners and pharmacists • Establishment since 2012 of the "INAsante" (National Agency for accreditation in health care) 	<ul style="list-style-type: none"> • Rising household out-of-pocket payments on health care despite the existence of health insurance system (40.5%) • Geographic disparity in the distribution of health care providers and in accessibility to specialized services in remote areas • Centralized management of the health system and public health care facilities that impedes responsiveness to local needs, accountability and transparency • Fragmented health information system; available data are not well used to support decision making • Lack of incentives to performance (effectiveness and quality); limited capacity in relation to active purchase of 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 • Primary level 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 the district hospitals due to the absence of a well-defined care pathway; university hospitals are not fully capable to fulfill their roles
Opportunities	Challenges
<ul style="list-style-type: none"> • Strong engagement for Universal health Coverage and health in all policies • 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, that aims to develop a strategy for health and pilot «demonstration project» • Diverse and dynamic civil society organizations exist with strong interest in health issues • Acknowledgement of the central role of the local communities and willingness for decentralization translated into the new Tunisian constitution 	<ul style="list-style-type: none"> • Epidemiological, demographic and life style transition. Rapid increase in the burden of non-communicable diseases. • Within the post revolution context, the population has high expectations, but resources are limited and the geopolitical environment is not stable. • Need for rational reimbursement of care expenses by the CNAM to ensure financial sustainability and limited capacity to collect supplementary funds for health (economic stagnation) • High unemployment for newly graduated health professionals, • Need to promote trust among citizens, health professionals and administrative staff
Priorities	
<ul style="list-style-type: none"> • Reform health financing strategy to reduce household direct payment and increase the effectiveness and efficiency through strategic purchasing. Create innovative approaches to mobilize additional resources. • 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 regions of the country. • Reinforce health promotion and disease prevention programmes; introduce family medicine to reinforce the role of primary care. 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. 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: increase the participation of citizens, improve transparency and accountability. Better regulate the private sector and develop public private partnerships. • Develop policies that attract health care providers to Western and Southern regions of the country. • Establish a strong partnership 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 	

Jointly developed by:

Department of Health Systems Development (HSD) and
Department of Information, Evidence and Research (IER)



World Health Organization

Regional Office for the Eastern Mediterranean