Tunisia: Health Systems Profile

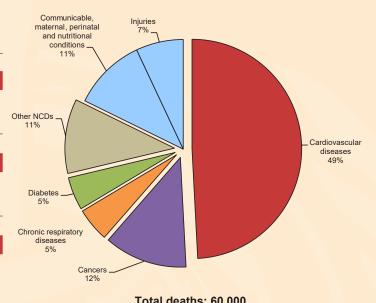


Health status (2016)		
Life expectancy at birth in years	total	76.0
	males	74.1
	females	78.1
Maternal mortality ratio per 100 000 live births	total	62

Communicable diseases (2017) Tuberculosis notification rate per 100 000 population 26.0 Incidence rate of malaria per 1 000 population ... Number of newly reported HIV cases ...



Metabolic risk factors							
Ī	Estimated prevalence (%)	males	females	total			
	Raised blood pressure (2015)		•••	23.2			
	Raised blood glucose (2014)		•••	12.5			
	Overweight (2016)		•••	61.6			
_	Obesity (2016)	•••	•••	26.9			



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

Total deaths: 60,000 NCDs are estimated to account for 82% of total deaths.

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



Health system: selected coverage interventions		Health system: finance (2014)	
Antenatal care visits (4+ visits) (2016)	86.4	General government expenditure on health as % of general government	
Measles immunization coverage among 1-year-olds (2017)	98.0	expenditure	14.2
Treatment success rate of new bacteriologically confirmed TB cases (2017)	88.0	Out-of-pocket expenditure as % of total health expenditure	37.7
DTP3-containing vaccine / Pentavalent coverage group among children under 1		Per capita total health expenditure at exchange rate (US\$)	305
year of age group (2017)	98.0		

Health system: workforce (2015)	Health system: information (2007-2016)		
Health workforce per 10 000 population			
Physicians 13.0	Percentage of births registered		
Nurses/midwives 40.9	Percentage of deaths registered 29.0		
Dentists 3.1	Universal Health Coverage		
Pharmacists 2.3	UHC index (2017) 65.0		

Health system: medicines and medical devices (2013)			Health system: service delivery (infrastructure) (2013)	
Availability of selected essential medicines and medical products in health facilities (%)	public private (2012)	70.0 80.0	Primary health care facilities per 10 000 population	1.9
Number of scanners (in public facilities) per million population ^a	CT MRI	8.9 2.0	Hospital beds per 10 000 population	21.8

^{...} No data available a Computed tomography (CT) and Magnetic resonance imaging (MRI)

Please note the data sources are in the attachment

^{*} Age-standradized estimated

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities - Tunisia 2018

Strengths

- More than 80% of the Tunisian population is covered by an explicit mechanism, based either on mandatory individual contributions (CNAM) or by a non-contributive program to cover poor households (AMG).
- There are extra provisions for coverage of certain illnesses for all patients, alleviating potential financial hardship.
- Established National Health programmes for Maternal Mortality, Immunization, IMCI and others.
- Presence of strong local pharmaceutical industry with important production of generic and bio equivalent drugs.
- Good medical infrastructure in both public and private sector and a large number of qualified health professionals.
- The "INAsante" (National Agency for accreditation in health care), established in 2012, continues to grow in capacity.

Weaknesses

- Out-of-pocket payments on health care still represent a large share of total health expenditure (36.6%) despite the existence of CNAM and the government budget for health.
- Geographic inequality in the distribution of health care providers and in accessibility to specialized services in remote areas.
- Largely centralized management of public health facilities impedes responsiveness.
- Fragmented health information system; available data are not well used for informed decision making.
- Shortages in public sector for some specialties (radiology, gynecology, ICU)
- Significant increase in use of emergency services in recent years at public hospitals
- 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).
- Limited availability of staff at lowest level government health facilities, restricting hours of operation.
- Primary care not well coordinated with higher levels and does not always respond to the community health needs. Lack of welldefined care pathways and ineffective gate keeping send many patients to higher level facilities.
- Additionally, low bed occupancy rates particularly in regional hospitals due to the absence of specialists

Opportunities

- Strong engagement for Universal health Coverage and health in all policies (article 38 of the 2014 Constitution, "White Book" of 2014)
- Phase 2 of the 'Dialogue societal' to reform health system has been resumed since mid-2017. This large participatory process will develop in early 2019 a national health policy until 2030
- Diverse and dynamic civil society organizations exist with strong interest in health issues.

Challenges

- Epidemiological, demographic and life style transition have resulted in rapid increase in the burden of non-communicable diseases.
- Frequent changes in the government in the past few years has created difficulties in consistent implementation of national health strategies
- High unemployment for newly graduated health professionals and brain drain towards private sector and foreign countries
- Need to promote trust among citizens, health professionals and administrative staff, especially in a context of growing expectations of the population.
- Economic and social difficulties facing the country pose a challenge in implementing reforms

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 accelerate accreditation and use of best practice programs.
- Reinforce health promotion and prevention programs; 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 program based on the use of national norms and protocols and introduce quality indicators to monitors the performance of the health programs.
- Reinforce governance through increasing the participation of citizens, improve transparency and accountability and 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 system of "health networks" (pôles de santé) involving the three levels of the system in line with the reinforcement of local capacities and networking systems.
- Implement a continuous professional development program for all the categories of health professionals.
- Implement an integrated health Information system.

