



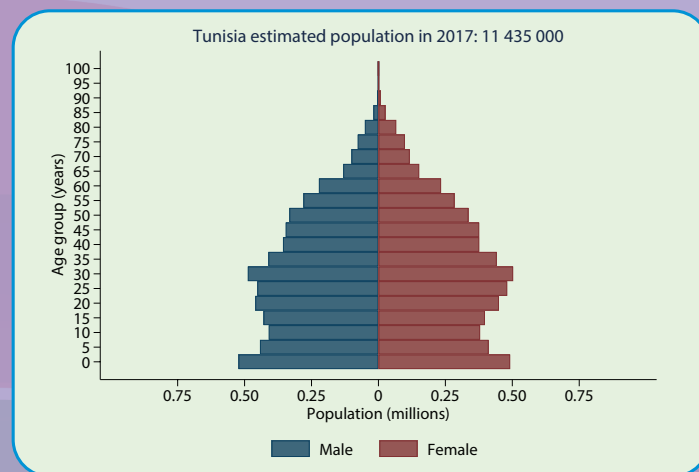
Universal health coverage

UHC service coverage index (2017)	70
Primary health care facilities per 10 000 population (2013)	1.9
Hospital beds per 10 000 population (2013)	21.8
Demand for family planning satisfied with modern methods (%) (2017)	74.7
Antenatal care visits (4+ visits) (%) (2016)	86.4
Measles immunization coverage among 1-year olds (%) (2018)	96
Tuberculosis treatment success rate and relapse TB cases notified (%) (2017)	89
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2018)	97
Out-of-pocket expenditure (OOPS) as percentage of current health expenditure (CHE) (2016)	39.9
Domestic General Government Health Expenditure (GGHE-D) as % of General Government Expenditure (GGE) (2016)	13.7

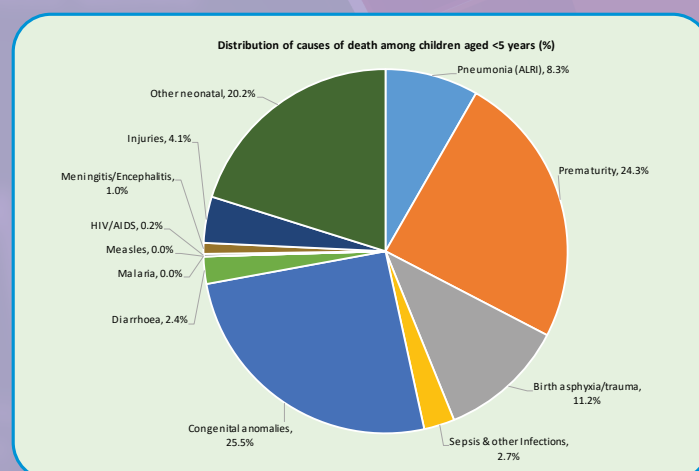
Selected determinants of health

Population living in urban areas (%) (2018)	68
Annual GDP growth (%) (2018)	2.5
Population growth rate (%) (2017)	1.2
Children aged < 5 years with pneumonia symptoms taken to a healthcare provider (%) (2012)	59.5

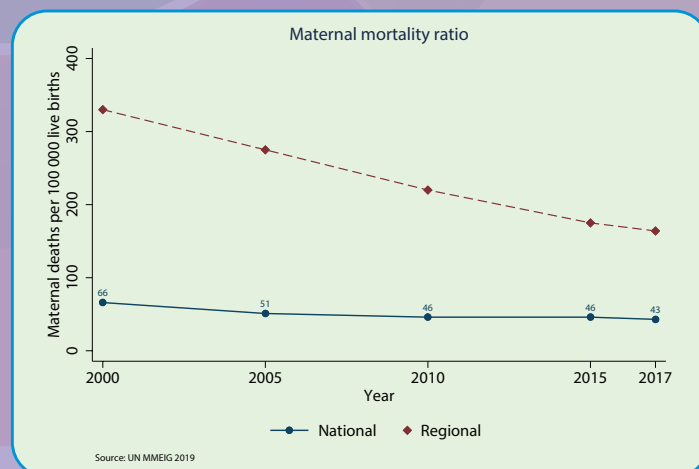
Estimated population in 2017



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



Trends in estimates of maternal mortality ratio



Selected SDGs health-related indicators*

1 NO POVERTY

Population below the international poverty line (2015) % 15.2

Proportion of employed population below the international poverty line (ILO estimate, 2019)

Male %	0.3
Female %	0.3

2 ZERO HUNGER

Children under 5 who are (2016)

stunted	%	8.3
wasted	%	2.8
overweight	%	17.2

4 QUALITY EDUCATION

Literacy rate (15-24 years)

Total %	...
Male %	...
Female %	...

Net primary school enrolment ratio per 100 school-age children (2016)

Total ratio	97
Male ratio	97
Female ratio	97

7 AFFORDABLE AND CLEAN ENERGY

Population with primary reliance on clean fuels and technologies at the household level (Global Health Observatory, 2017) % >95

6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2016) % 86

Access to improved sanitation facilities (World Health Statistics, 2016) % 97

8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2019)

Total %	15.5
Male %	13.1
Female %	22.3

11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) ($\mu\text{g}/\text{m}^3$) (WHO/CEHA, 2016)

Total	35.7
Urban	...

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2012-2016) 0.4

*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 (2018)	74.5	78.1	75.4
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2017 estimate)	—	—	43
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	...	...	8
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	...	...	11
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	...	...	13
Tobacco use among persons 15+ years (%) (2018)	56.9	0.9	28.3
Overweight (18+ years) (%) (2016)	...	...	61.6
Obesity (18+ years) (%) (2016)	...	...	12.5
Raised blood pressure among persons 18+ years (%) (2014)	...	...	26.9
Raised blood glucose among persons 18+ years (%) (2015)	...	...	23.2
Raised cholesterol among persons 18+ years (%) (year)	...	...	...
Probability of dying between age 30 and exact age 70 from any of cardiovascular disease, cancer, diabetes, chronic respiratory diseases, (%) 2016	...	...	16.1
Cancer incidence per 100 000 (2018)	...	...	115.4

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

Health and SDGs at a glance in Tunisia



Voluntary National Review, include year(s) and link(s)

Completed in 2019: https://sustainabledevelopment.un.org/content/documents/23372Rapport_National_Volontaire_2019_Tunisie.pdf

National Focal Point for 2030 Agenda

Ministere du Développement de l'Investissement et de la Coopération Internationale

National Focal Point in Ministry of Health for health related SDGs

Directorate of Studies and Planning, Ministry of Health related to SDGs

Ms Sonia Khayat, General Director for International Cooperation, Ministry of Health, is focal point for universal health coverage (UHC)

1. What efforts have been made to agree on national targets for SDG3+?

In September 2018, Tunisia signed the UHC 2030 International Health Partnership Global Compact for Progress towards UHC in Salalah, Oman.

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 including the Societal Dialogue for Health in Phase 1. 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 as well as the 2016-2020 strategy for the health sector. The joint project between the Ministry of Health and the UN agencies for maternal and newborn health involves the gradual integration of health into all policies, strengthening the vaccination schedule (pneumococcal and hepatitis) and the consolidation of the health infrastructure through the creation of new hospitals, particularly in the regions of the interior of the country, starting in 2020.

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

As part of UN Development Assistance Framework 2015-2019 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 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 European Union (EU) Luxembourg Partnership for UHC, 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 in Tunisia are reported annually on the partnerships website: <http://uhcpartnership.net/country-profile/tunisia-2/.t>

5. Describe a success story or an example of efforts to accelerate action on the health-related SDGs.

A societal dialogue was used for the development of the Health Policy and Strategy. The first phase of the dialogue (2012-2014) involved evaluating the situation of the Tunisian health system and proposing solutions for its improvement. The second phase of the societal dialogue was launched in July 2017 aiming at developing a national health policy based a participatory process involving all stakeholders, including lay population and professionals. Debates have been organized in the 24 governorates to discuss the draft policy. This phase was concluded by a national forum in June 2019, where the national policy was presented, discussed and endorsed. The third phase, which will begin towards the end of 2019, will focus on implementation, monitoring and evaluation of the new health policy.

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