

Tunisia : Health Systems Profile

Key health system indicators

Health status

Life expectancy at birth in years	total	75
Adult mortality rate (probability of dying between 15 and 60 years) per 1000 population	males	134
	females	72
	total	103

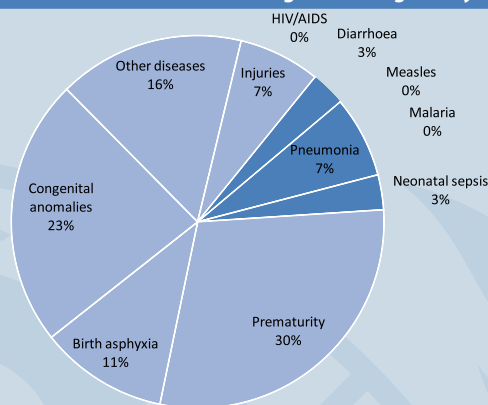
Communicable diseases

Tuberculosis notification rate per 100 000	30
Incidence rate of malaria per 1000 population	...
Estimated number of people living with HIV	1700

Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	58	5	32
Physical inactivity	31.5 [12.4-63.8]	40.3 [17.0-72.1]	35.9 [13.9-68.4]

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



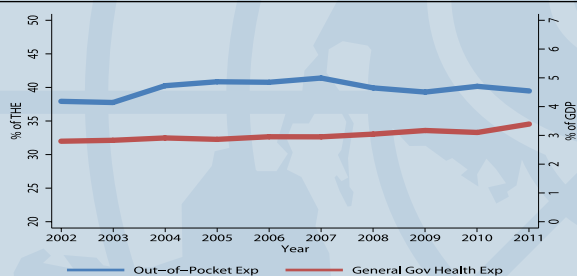
Communicable diseases are estimated to account for 13% of all deaths among children aged <5 years

Metabolic risk factors

2008 estimated prevalence (%)	males	females	total
Raised blood pressure	32.4 [22.1-43.1]	31.6 [21.7-41.7]	32.0 [24.9-39.3]
Raised blood glucose	12.0 [6.4-19.5]	12.7 [6.7-20.5]	12.4 [8.1-17.6]
Overweight	47.5 [34.9-59.0]	64.2 [54.0-73.1]	55.9 [47.7-63.5]
Obesity	13.9 [7.8-21.0]	33.4 [24.0-43.1]	23.8 [18.0-30.1]
Raised cholesterol	37.3 [17.7-61.7]	43.8 [20.8-67.3]	40.7 [25.2-57.5]

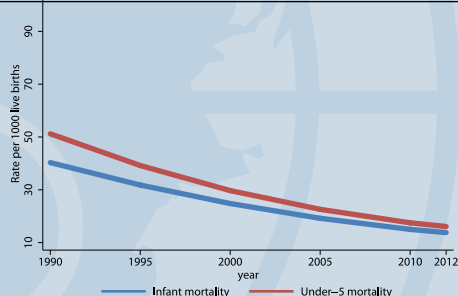
Expenditure and mortality trends

Health finance



The general government expenditure on health as % of Gross Domestic Product (GDP)
The out-of-pocket expenditure as % of Total Health Expenditure (THE)

Infant and under 5 mortality rates per 1000 live births



Health system: governance

Existence of a national health strategy/strategic plan and time frame	Yes (2012-2016)
Annual publication/dissemination of ministry of performance report	No
High level multisectoral advisory council for health available	Yes

Health system: information

Functioning civil registration and vital statistics

Percentage of births registered	>90
Percentage of causes of death recorded	...
Year most recent use of ICD in mortality classification reported	...
Year most recent annual health statistics report published	...

Health system: health workforce

Health workforce per 10 000 population (2011)

Physicians	12.8
Nurses/midwives	32.5
Dentists	3.5
Pharmacists	2.2

Health professions education institutions

Medical	...
Nursing	...

Percentage of doctors working in rural settings

Percentage of doctors working in rural settings	...
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Health system: service provision

Infrastructure

Primary health care facilities per 10 000 population	2
Hospital beds per 10 000 population	21.2

Service delivery

Access to local health services (%)	...
Contraceptive prevalence (%)	62.5
Antenatal care visits (4+ visits) (%)	67.5
Measles immunization coverage among 1-year-olds (%)	96
Smear-positive tuberculosis treatment success (%)	85
Number of tobacco (m)POWER measures implemented at the highest level of achievement	...

Health system: finance

National health accounts conducted (number of rounds; last reference year(s))	(3 ; 2004-2005)
General government expenditure on health as % of GDP (2011)	3.4
Out-of-pocket expenditure as % of total health expenditure (2011)	39.5
General government expenditure on health as % of total government expenditure (2011)	10.8

Health system: technology

Existence and year of last update of published essential medicines list (EML)	Yes
Existence of a functional national regulatory authority (NRA)	Yes (medicines, blood products and vaccines)
Number of MRI/CT scanners (in public facilities) per million population	0.8 / 7.0

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities

Strengths	Weaknesses
<ul style="list-style-type: none"> • More than 90% of the Tunisian population is covered either through a contributing health insurance system or through a free medical assistance programme for the vulnerable population • Full coverage for a list of predefined chronic health conditions. Insured patients are reimbursed for all the related health care expenses • Public health facilities provide preventive services free of charge to all regardless of income • National programmes are established for several public health priorities such as noncommunicable diseases, immunization, maternal mortality, integrated management of childhood illness • Strong local pharmaceutical industry with important generic and biosimilar production • Good infrastructure with 23 university hospitals, 33 regional hospitals, and 109 district hospitals; 2085 primary care centres scattered throughout the 24 governorates • Dynamic private sector, especially in the coastal and northern areas • Family medicine specialty has recently been introduced into the university curriculum • Important and qualified technical and administrative human resources for health • All the country is well covered by physicians (non specialized) and by pharmacists • A national health accreditation authority was established in 2012 	<ul style="list-style-type: none"> • High household out-of-pocket payments on health care despite the existence of health insurance coverage (40.5%) • Geographic disparity in distribution of health care professionals resulting in limited accessibility to general (one or two days a week) and specialty services in remote areas • Centralized management of the health system and public health care facilities resulting in lack of responsiveness to local needs and to geographical disparities. Limited accountability and transparency • Fragmented health information systems. Evidence is not sufficiently used to inform decisions • Lack of incentives for performance (efficiency and quality). Limited capacities for active purchasing of health services. Resource-based health planning with insufficient focus on achievement of results. Accreditation and certification systems not operating yet • Weak regulation and control of the private sector and private activities. Partnership with the private sector to deliver specific package of services is not developed • The primary care level lacks capacity to respond to community health problems and to coordination with other levels of care. Family practice is not implemented yet. Low occupancy rate of hospitals. Because of the lack of referral system, university hospitals are not able to fully play their role
Opportunities	Challenges
<ul style="list-style-type: none"> • Strong political commitment towards achieving universal health coverage and health in all policies • Launch of the "National Dialogue on Health" to inform health system reforms and a new national health policy. The national health policy will be developed through a participative process and informed by evidence • Initiative to build an interministerial commission on health • Emerging dynamic and diverse civil society organizations with a strong interest for health 	<ul style="list-style-type: none"> • Epidemiologic, demographic and lifestyle transition. Rapidly rising burden of noncommunicable disease. In a post-revolutionary context, extremely high expectations of the population, limited resources and unstable geopolitical environment • Issues regarding the financial sustainability of national health insurance due to limited capacity to collect additional funds for health (economic stagnation) and rising burden of chronic diseases (demographic and epidemiologic trends) • High unemployment for graduated health professionals among others with inadequate absorptive capacity
Priorities	
<ul style="list-style-type: none"> • Revise health financing to decrease households out-of-pocket payment, increase efficiency and effectiveness through active purchasing and larger pools. Develop innovative approaches to mobilize additional resources • Ensure equity in access to healthcare services, with a special focus on remote and socioeconomically vulnerable population. In particular, close the gap between the east and west geographic areas in the country with regards to availability and quality of health services • Reinforce health promotion and disease prevention programmes. Improve coordination and continuity of care and scale up the role of primary health care level with the introduction of family practice. Establish a care pathway for priority diseases and an effective referral system • Revise the national drug policy with a focus to improve especially the rational use of medicines. Support the national pharmaceutical industry in developing generic and biosimilar production and medicine exportation • Strengthen governance: increase citizen participation, improve transparency and accountability. Build capacity to implement reforms at the national and local levels. Better regulate and develop partnerships with the private sector. • Develop policies that attract healthcare providers to work in western and southern regions of the country • Establish a strong partnership between university hospitals and regional hospitals as per developing local capacities and network • Establish a continuous professional development programme for the different categories of health professional • Set up an integrated and disaggregated health information system • Implement a healthcare quality programme based on the use of national standards and protocols as well as introducing quality indicators to monitor the performance of health programmes 	

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