

REPUBLIC OF TUNISIA

National Child Health Policy

First Part

Children Under - Five
At Primary Health Care



Ministry
of Public Health



Primary Health
Care Directorate



World Health
Organization

Regional Office for the Eastern Mediterranean

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Preface

Today, health promotion occupies an important place in the Tunisian health system as clearly shown by the political direction (theme) “Tunisia the new Era”, which has made childhood from birth to adolescence as a priority.

This commitment has resulted, as documented, in the achievement of the goals of the World Summit for Children of the last decade in the area of maternal and child health.

These results will be consolidated by sustaining this commitment to face the new challenge of guaranteeing children’s well-being as a child right, that has been strongly reiterated by the electoral programme, “Tunisia of tomorrow”, of H.E. President of the Republic, Mr Zein El Abedein Ben Ali, for the period 2004 – 2009. This programme has indicated, among other objectives in the area of promotion of quality and good conditions of life for all Tunisians, the achievement of better maternal and child health indicators, in order to accomplish by 2009 a rate of 100% of deliveries attended by trained personnel in all the governorates of the country, a reduction of under five mortality rate to 15 per thousand live births, the establishment of regional reference centers for maternal and neonatal health and the development of a plan of action to strengthen the regional reference centers for neonatology.

Many challenges, foreseen by a clear vision, make the investment in maternal and child and adolescent health one the most essential and constant investments to guarantee a healthy and prosperous society both socially and economically. This will galvanize the efforts of all partners in favour of the programme of social development.

The ministry of health is bound to achieving the maternal and child health objectives of the current decade and to the Millennium Development Goals through the development and implementation of comprehensive plans of action regularly monitored and evaluated.

However, given the multi-sectoral nature of the interventions described in this policy document, it is essential to establish an effective partnership, as it was the case in the past, with governmental and non governmental, national and international partners, to contribute with great dedication to child health and development.

I would like to seize this excellent opportunity of signing this preface to congratulate all those who contributed to the development of this document on the national health policy for under-5 children in primary health care, and extend my special thanks to the officials of the World Health Organization for their unstinting, unfailing support throughout this process, which should be pursued to encompass the health of children of all ages and all sectors involved in the provision of health care to children.

Dr Mohamed Ridha Kechrid
Minister of Public Health



FOREWORD

Over the last two decades, the substantial decrease in health problems related to infectious diseases, the improvement of mother and child health due largely to the introduction of primary health care activities and the improvement of the standard of living, have enabled a considerable improvement in Tunisia's health indicators.

These results have been achieved, in spite of the limited resources, by the implementation, since the 1980s, of national programmes to control the infectious diseases which were plaguing the country, as well as child and maternal health related programmes, such as the National Immunization Programme, the National Diarrhoeal Diseases Control Programme (CDD), the National Acute Respiratory Infections Control Programme (ARI), and the National Perinatal Care Programme. These programmes, following a population-based approach, target the population as a whole and entail a good geographical and demographic knowledge of the population. The results of these programmes are goal-related and are mostly expressed in terms of coverage rate, thereby introducing the health evaluation culture that is, nonetheless, still of a quantitative nature.

Given the improvement of the socio-economic level of the population and health indicators, the primary health care sector has, since the end of the 1990s, showed real adaptability launching new strategies such as decentralized and close-to-the-target population management, through the National Health Districts Development Programme meant to improve the efficiency of the national programmes. Strategies for active surveillance of infectious diseases that particularly affect children and that are in the process of being eradicated or eliminated (poliomyelitis, measles, neonatal tetanus) have been developed. The quality of the services has improved, firstly because the principles of integration, comprehensiveness, accessibility, continuity, and equity are used as criteria for quality assessment, and secondly because of the implementation of standardized programmes guidelines.

Currently, the socio-economic development, the demographic and epidemiological transition, the urbanization, and the adoption of western lifestyles, have modified the morbidity and mortality profiles. More generally, these profiles are now dominated by cardiovascular diseases, cancer, diabetes, accidents and the underlying risk behaviours, thus necessitating preventive and health education initiatives as early as in the infancy period. Perinatal conditions have replaced infectious diseases as a major cause of under-five mortality. To this, one should add the consequences of changes in the socio-cultural environment on the child's psychomotor development and education. Moreover, the focus on children is all the greater as the fertility rate has fallen to below 2.1 while the population replacement threshold has decreased. The corollary of all this is that health policy is now being directed towards an improvement of the quality of life for children.

The political commitment in favour of the promotion of child health has been clearly reflected in the electoral programme of the President of the Republic.

However, health problems related to a number of common child diseases are still prevalent among vulnerable population groups and in vulnerable areas. Consequently, there is still scope for improvement of a number of maternal and child health indicators (under-5 mortality, perinatal care coverage), if the national goals are to be reached and the country's international commitments to be fulfilled. Primary health care therefore faces a twofold challenge and, true to its tradition of adaptability, has already developed innovative approaches such as the National Health Districts Development Programme (NHDDP), the Integrated Management of Maternal and Child Health (IMCI) strategy that addresses all children, sick and healthy, and the Strategy for Quality Assurance in primary health care.



The population-based approach is fundamental for addressing these challenges. However, it must be associated with the improvement of service quality, taking into consideration the aspirations of the population to quality care.

It is for these reasons that a national child health policy document is developed, which includes policy statements and relevant strategic directions aiming at a better health for children under 5.

The health policy issues in this document have been identified as a result of an in-depth analysis reported in an official Ministry of Public Health document, to which the present document refers. This analysis was conducted in collaboration with a number of national and international partners involved in child health issues.

COMPONENTS OF THE NATIONAL HEALTH POLICY FOR CHILDREN UNDER - FIVE AT PRIMARY HEALTH CARE

Having achieved most of the goals set for the last decade by the World Summit for Children, current policy directions aim at consolidating these achievements, with a particular focus on the neonatal period, the improvement of the quality of care provided to all children, sick and healthy, and the improvement of their quality of life.

I. ACHIEVEMENTS AND CHALLENGES

A. ACCESS TO CARE, ORGANIZATION OF THE HEALTH SYSTEM AND PROVISION OF SERVICES

Tunisia has accomplished substantial progress in the field of child health. Government investments have enabled an expansion of prevention and curative capacity. Access to health care has been facilitated by legislation on free preventive care for all and on free curative care for the underprivileged social categories.

However, the budget allocated to child health, though steadily increasing, supported by the international cooperation budget, does not meet all programme needs, particularly the continued availability of drugs and the funding of in-service training, supervision, evaluation and research.

Furthermore, in spite of the excellent coverage of the population by health services, there remain disparities in the distribution of the provision and the quality of health services between rural and urban areas, between the western and eastern regions of the country and, within given areas, among different population groups. These disparities are compounded by the instability of trained health personnel.

In inland provinces, given the shortcomings at provincial hospitals, particularly the lack of specialists and the limited accessibility to the university hospitals and private practitioners, the primary health care sector finds itself burdened with too much responsibility towards the health of the population. This responsibility is all the greater as the state remains the main provider of care in spite of some expansion of the private sector. The public sector remains the reference sector and coordination between private, public and parastatal sectors is not yet optimal.

The same applies to the coordination between partners, which are essential actors in the success of social programmes targeting children. It is also the case for initiatives undertaken with the participation of the community, which remain very inadequate in spite of the importance of the community-based approach as a key component of our health action.



Moreover, the Tunisian health system now has to face challenges in improving services quality, upgrading primary health care facilities that do not fulfil all the quality criteria defined by the quality assurance strategy for primary health care, motivating health professionals, preservice and in-service training, reducing disparities, scaling up new programmes promoting quality such as the NHDDP, quality assurance strategy for primary health care and IMCI. The latter, which aims at improving the quality and efficiency of mother and child health services and promoting community involvement, lacks the human and financial resources required to accelerate the process of expansion to achieve full coverage.

In terms of human resource development, preservice and in-service training activities for medical and paramedical personnel, though of good quality, need to be revised so that the national programmes guidelines are better integrated into the university curricula. This will enable students to be better prepared for the realities of work in the first level of care.

The coordination between the institutions in charge of in-service training, namely the Ministry of Public Health (MOPH), medical associations and nongovernmental organizations (NGOs), is inadequate. In addition, the content of their material is not harmonised.

The systems for supervision, information and referral, though well developed, still have weaknesses that could jeopardize their sustainability, notably the lack of human and material resources required for supervision, a lack of commitment and involvement of the universities and the private sector in the information system and the lack of a standardized referral system.

B. PROMOTION OF PRIMARY PREVENTION

In view of the epidemiological changes and the importance of risk behaviour as a cause of health problems, and in order to address the new morbidity and mortality profiles, comprehensive and multisectoral strategies for the prevention of morbid risks are being developed. It is imperative that these strategies focus on the mother-child pair, as the basic cell and essential target for education in healthy behaviours and the prevention of disease among tomorrow's adults.

Likewise, and to better promote primary prevention, some deficiencies must be corrected, notably in Information, Education and Communication (IEC) services which, because of the lack of training of health personnel in this area, are, unlike other programme components, not always monitored and evaluated.

Moreover, the tradition of community participation, which is a key component of primary health care, is manifestly lacking in Tunisia, despite pioneering initiatives developed in programmes such as scorpion poisoning control, family planning and IMCI.

Similar initiatives have been taken to improve mother and child care, notably well-child clinics currently revitalized as part of the IMCI strategy. However, progress in the expansion of this strategy remains relatively slow.

The National Immunization Programme, which has a purely preventive focus, accounts for only 0.5% of national health expenditure, clearly illustrating the excellent cost-effectiveness of preventive health policies. However, it now faces constraints linked to a considerable increase in the price of vaccines and a global market in which supply is outpaced by demand. These budgetary constraints are aggravated by the increase in the multi-dose vaccine wastage rate engendered by the gradual increase in the number of basic health centres offering immunization services to small, scattered rural communities.



This programme has also set up a codified quality assurance system for immunization services that should nonetheless be evaluated and maintained.

C. UNDER-FIVE MORTALITY AND MORBIDITY

In Tunisia, infant and child mortality rates have decreased rapidly and are used to measure the achievement of goals set at national and international levels. Around half of under-five mortality is due to perinatal causes which account for three quarters of deaths during the neonatal period (0-1 month). Also, diarrhoea and ARI cause a quarter of this mortality and half of all infant deaths between 2 and 11 months.

Despite the significant progress achieved in perinatal care coverage, this is still suboptimal in relation to some indicators (number of antenatal and postnatal consultations vis-à-vis to the national programme schedule) at the national level and even more in some governorates.

Although the preventive nature of the national perinatal care programme involves free care, ambiguities in understanding what should be considered as preventive care have led to an increasing number of patients paying contributions or to certain services being charged (e.g. additional investigations, specialized care for referred cases). This has had negative repercussions on programme coverage, follow up and quality of services. A further factor is the financial disincentive of transport costs for women in outlying rural areas.

Providing care for newborns face the problem of availability of adequate services, which are insufficient at the secondary level and overutilized at tertiary level.

Concerning the prevention of mother-to-child transmission of HIV/AIDS, it should be noted that although the epidemiological situation of this infection is stable in Tunisia, and the number of cases of mother-to-child transmission is low, only half of all infected pregnant women are known to the health services. Furthermore, these women are poorly followed up because of delayed diagnosis and lack of coordination between the concerned services.

Moreover, as regards nutritional status, while there has been a regular and significant reduction of malnutrition in Tunisia, stunting is still relatively frequent among children under 5, with higher rates in rural areas. The rates of prevalence of iron deficiency anaemia are high in this age group.

In Tunisia, the rate of exclusive breastfeeding is still far from satisfactory due to lack of knowledge among mothers and their entourage, and even among health personnel, and because of the prevalence of mistaken beliefs and the difficulties encountered by working mothers.

The risk of obesity in relation to changing lifestyles, accelerated urbanization and changes in dietary patterns is becoming more accentuated and the metabolic and cardiovascular consequences will be major problems when today's young children reach adulthood.

D. DISABILITY PREVENTION AND CONTROL

Following the significant progress made in reducing child morbidity and mortality, attention is currently being turned towards the promotion of the quality of life of children and the prevention of disability. Hereditary diseases, perinatal causes, road accidents and domestic accidents are among the most frequent causes of disability.

Moreover, knowledge, attitudes and practices conducive to disability prevention, detection and care in the Tunisian population are found to be deficient. These difficulties are compounded by the fact that mothers work, a lack of know-how among families and foster families in the area of psychological care for children and the presence of insufficiently qualified personnel in the day nurseries and kindergartens.



The current situation is also marked by a lack of involvement of medical and paramedical personnel in the surveillance of psychomotor development and in the detection of the different deficits, the shortage of human and material resources in health care facilities, and the lack of coordination between the different parties involved.

E. ENVIRONMENTAL ISSUES

In Tunisia, the main environmental problems are related to the management of water resources, protection of the soil, protection of biodiversity, energy consumption and industrial pollution that affect the large urban areas, which cause problems with waste disposal and air pollution.

While the large majority of the population has access to drinking water, a significant proportion in the central western and north-western areas and in the rural environment as a whole does not. Shortcomings also exist in waste water disposal in the same regions.

The main factors influencing indoor air quality are the use of insecticides, tobacco smoking at home and coal heating. It is worth noting here that 71% of children under 14 live in households with at least one regular smoker and 49.1% of children under five live in households using biomass energy for heating and cooking.

II. VISION

Tunisian children should be allowed to benefit as far as possible from all interventions favouring physical, mental, social, psychological and educational development, in harmony with a healthy and safe environment. Any child falling ill should receive quality care from qualified health care personnel through health services geographically and financially accessible to all with the support of the family and the community. Essential drugs and treatment should be accessible to all children. All partners responsible for childhood should be efficiently involved in the promotion of better health for children. They should work together to ensure that children continue to receive special attention. Children are an invaluable asset for the nation's future, and child health care is an investment. In this respect, the community and the family are key players and indispensable partners.

III. GOALS

1. To ensure equity in access to care and provision of quality services to all children.
2. To promote primary prevention as part of the health care services provided to children.
3. To reduce perinatal mortality and morbidity and mortality from common diseases.
4. To promote disability prevention and care for disabled children.
5. To promote a healthy environment for children.

IV. STRATEGIC DIRECTIONS

To fulfil our vision for child health and to achieve our goals, first of all the strategic directions consist of actions on the health system, particularly its organization, to improve access and quality of care. Preventive care will remain a top priority as a fundamental component of health promotion in general and of child health in particular.

Second, priority will be given to improving service quality and personnel performance, by consolidating the achievements in the area of quality assurance through the scaling up of the IMCI strategy, improving human resources capacity, upgrading facilities and improving coordination, monitoring and evaluation.



Third, the drug policy will occupy a key position in the child health policy.

Fourth, the focus on the reduction of morbidity and mortality will prioritize the neonatal period while consolidating achievements made in the control of infectious diseases and diseases targeted by immunization. Moreover, anaemia and malnutrition prevention and control will be reinforced mainly by promoting breastfeeding and healthy dietary habits. IMCI will be adopted as the implementation strategy. It will enable the integration of these actions and the further development of the existing child health programmes.

Finally, disability prevention and control and the improvement of the environment will be prioritized in the promotion of child health and welfare.

A. ACCESS TO CARE, ORGANIZATION OF THE HEALTH SYSTEM AND PROVISION OF SERVICES

TUNISIAN CHILDREN WILL RECEIVE QUALITY CARE FROM QUALIFIED HEALTH PERSONNEL THROUGH HEALTH SERVICES ACCESSIBLE TO ALL.

To ensure the fulfilment of this goal, the following strategic directions will be implemented:

A.1 Consolidate achievements in access to care

A.1.1 Improve financial accessibility

To maintain achievements and ensure that mother and child health programmes are sustained, financial accessibility will be consolidated by maintaining free care for preventive activities in these programmes and the curative services provided to children of families in need.

Preventive initiatives having proved very cost-effective, with excellent results achieved for relatively modest outlay, will be given the same priority as curative interventions.

The financial resources allocated to child health are set to be increased to address the increase in health expenditure due to the introduction of new vaccines, the use of new screening and diagnostic methods at primary care level, particularly for the early detection of conditions that might lead to or are related to disability, and the improvement of service quality.

A.1.2 Improve service accessibility in terms of clinic hours

To improve service accessibility in terms of clinic hours and rationalize the use of human resources in the public sector, particularly in Primary Health Care Centres (PHC), PHC clinic hours will be revised to enable afternoon consultations in PHCs where this is possible.

A.2 Pursue the reorganization of the health system

A.2.1 Continue the process of decentralization and developing health districts

This process will be reinforced by speeding up the creation of health districts. This will guarantee an improvement of the approach to health planning by the development of health micro-plans enabling specific problems in each district to be pinpointed and the volume and nature of the services provided to better match the health needs.



A.2.2 Target underserved areas and populations

To reduce disparities, the social action undertaken by the government in this direction will be reinforced by implementing health strategies, which target underserved areas and underprivileged population groups. These strategies will enable a rapid, efficient improvement of health indicators at national level.

These areas and population groups will be regularly identified (surveys, monitoring and evaluation initiatives by the Ministry of Public Health and other partners). They will benefit from additional human and material resources and the implementation of specific regional or local programmes, based on an approach which integrates multiple interventions adapted to local characteristics with the support of central teams (training, supervision, planning, quality assurance, etc).

A.2.3 Clearly define different partners' responsibilities and coordination mechanisms

The responsibilities will be clearly defined for each partner in order to prevent duplication of efforts and overlapping responsibilities, and ensure complementarity.

The coordination between departments involved in child health will be consolidated by establishing a mechanism governing and defining the areas of collaboration between the different parties involved.

The health system will strive to involve private sector medical practitioners in child health programmes.

The community-based approach will be implemented to enable the involvement of the community in the identification of health problems, and the identification, planning, implementation and evaluation of interventions.

Collaboration with the international partners will be consolidated through a strategy of support to the national child health policy.

A.3 Improve quality of services and personnel performance

A.3.1 Consolidate achievements in the area of quality assurance

The NHDDP, with the reinforcement of its components, namely training, support for health teams and the development of family medicine, will enable a shift from general disease-centered medicine to an integrated patient-centered care. Enhancing the role of the paramedics remains fundamental for consolidating achievements and ensuring the success of new programmes.

The certification of health districts will be phased in, using mother and child health quality indicators and functionality indicators.

The guidelines of national programmes will continue to be periodically updated to adapt to new needs.

A.3.2 Promote the integrated management of mother and child health (IMCI) strategy

The IMCI strategy will be reinforced in human and material resources with a view to accelerating its extension and scaling up,



through training of medical and paramedical personnel on one hand, and through the improvement of the health system on the other hand. Also, the community-based component will be gradually developed.

A.3.3 Improve the performance of health personnel

The performance of health personnel will be improved by training and motivation.

Theoretical and practical teaching of national programmes' guidelines will be integrated in the curricula of medical and paramedical schools and periodically updated. It will match the needs of general medicine practice in first level of care facilities and gain from the experience built up by the primary health care sector in this area.

The curriculum at all the institutions responsible for teaching medical students and paramedics will be harmonised by improved coordination between the Ministry of Public Health and the entities concerned.

Appropriate training sites, including primary health care centres, will be identified and supported with the provision of trainers and equipment. Tutors will be chosen from among public health physicians and trained to facilitate practical training at primary health care centres.

Likewise, continuing education cycles will be organized for all health professionals in order to maintain their existing skills and update their knowledge. Financing of in-service training, a component of national programmes, will be augmented through the budget of the ministry of public health.

Coordination between the institutions responsible for in-service training (different levels of the MOPH, medical associations, NGOs) will be strengthened to avoid the duplication of training efforts in some subjects while neglecting others, and the inconsistencies in the guidelines issued by the different partners.

Health professionals will be motivated to better serve children through training, career path management and the enhancement of the role of general practitioners and paramedics. Additional measures will be taken to motivate health professionals to work in priority regions (special allowances, facilitating access to postgraduate courses and other scientific events, etc.). These measures will contribute to the reduction of the phenomenon of personnel instability, especially in priority areas.

A.3.4 Upgrade primary health care facilities

Adequate funding will be provided for primary health care facilities to be upgraded in order to meet quality standards, which implies an increase in the related budget line and the introduction of an accreditation system.

A.3.5 Strengthen the monitoring-evaluation system

Supervision will be improved by scaling up NHDDP, the quality assurance strategy in primary health care and IMCI. Supervision activities will be granted a budget to meet their needs, especially as regards transportation. This will enable to maintain this activity, a prerequisite for service quality.

A.4 Reinforce the drug policy

To guarantee the availability and improve the management of the drugs needed for the curative and preventive care of common child diseases, the national drug policy will be supported particularly as regards the Tunisian central pharmacy's monopoly on drug imports.



To guarantee year-round availability of drugs for paediatric use in the PHC centres, the necessary resources will be mobilized in addition to efficient management, regular evaluations and an update of the drug list. Efficient management of drugs implies that the health professionals involved receive regular training, notably in the rational use of drugs.

Prescribing physicians will be kept informed about the drugs included in the PHC centres drug list by the periodical issuance of memoranda and circulars.

A.5 Improve the information system

The capacity to collect, analyse and make use of routine data at the different levels of health care will be built by training health care workers, while ensuring that the recording and reporting tools are kept up-to-date.

The routine information system will be evaluated periodically, as well as the indicators, enabling it to be adapted to new situations. It will be strengthened and expanded to the referral levels for the collection of specific information. Computerization will be phased in when the above measures have been implemented.

Periodical surveys will be carried out as required to evaluate the performance of health services and collect information not provided by the routine system.

The decentralization of the system for the surveillance of the causes of death will enable more exhaustive data collection and better quality of the information collected by involving the regional level in data validation.

A.6 Improve the referral system

Programmes and strategies such as the development of health districts, quality assurance for care and IMCI, all of which have standard directives for referral, will be more widely implemented.

The involvement of professionals from referral facilities in these programmes and strategies is a prerequisite for compliance with these guidelines.

Feedback will be institutionalized by regulatory documents defining the tools and means that will be used.

B. PROMOTION OF PRIMARY PREVENTION

TUNISIAN CHILDREN WILL BENEFIT FROM ANY PREVENTIVE INTERVENTION LIKELY TO PROMOTE THEIR PHYSICAL, MENTAL, SOCIAL, PSYCHOLOGICAL AND EDUCATIONAL DEVELOPMENT WITH THE SUPPORT OF THE FAMILY AND THE COMMUNITY. PREVENTIVE INTERVENTIONS WILL HAVE THE SAME LEVEL OF PRIORITY AS CURATIVE INTERVENTIONS.

B.1 Promote IEC and community mobilization

B.1.1 Strengthen IEC activities

Training of health personnel in communication techniques will strengthen IEC services within the scope of primary health care services.

This will ensure that educational activities will be undertaken to



target the general public, mothers and their entourage, a prerequisite for optimal care for all children, whether sick or healthy. This training will be included in both pre-service education and in-service training.

The IEC programmes will be designed to meet the needs and characteristics of the population, as determined by studies on their knowledge, attitudes and practices. They will be integrated into the district health action plans.

B.1.2 Mobilize the community

The implementation of the IMCI community-based approach will improve family and community practices related to child health.

B.2 Scale up the well-child clinics

All children will benefit from well-child consultations, which will be supported to improve the quality of care and the quality of life of children in line with the priority accorded to preventive care.

B.3 Strengthen the national immunization programme

B.3.1 Promote quality assurance in both health care sectors (public and private)

Quality assurance will be applied to all the components of the immunization programme at all levels of care, based on adapted standards. It will ensure their harmonious implementation in the public and private sectors.

B.3.2 Ensure sustainability of the budget allocated to immunization and consolidate achievements in terms of free services

To preserve the right of each child to full immunization, the programme will continue to be supported by the budget necessary to sustain the free immunization services as per the national immunization schedule.

To achieve this, programme cost control, already introduced by the policy of reuse of open vials, will be reinforced without reducing immunization quality or causing any fall-off of immunization coverage liable to expose the population to the re-emergence of diseases already eliminated or eradicated from the country.

B.3.3 Periodically update the immunization schedule

The periodic update of the immunization schedule will take into account the national and global epidemiological situation as well as the progress made in knowledge and technologies in this field. This immunization schedule will be standardized and adopted by all those involved at the different levels and in the different health care sectors.

B.3.4 Strengthen the diagnostic capabilities of regional laboratories

The diagnostic capabilities of regional laboratories will be strengthened by training the technicians and providing these laboratories with the means to diagnose diseases targeted by immunization and infectious diseases in general. Associated with the networking of these laboratories, such decentralization measures will make the surveillance strategies even more efficient.



B.3.5 Increase the responsibility of physicians and improve coordination between all stakeholders in the surveillance system

Training will make physicians more responsible in the management of the National Immunization Programme and capable of supervising tasks entrusted to paramedical personnel and checking that data has been correctly collected. The coordination of all the parties involved in the system of surveillance of immunization target diseases will be improved to guarantee the efficient management of this system.

C. REDUCTION OF UNDER-FIVE MORTALITY AND MORBIDITY

TUNISIAN CHILDREN SHOULD BE PROTECTED AGAINST PREVENTABLE DISEASES AND SAVED FROM DEATHS THAT MIGHT RESULT FROM THEM.

C.1 Reduce neonatal morbidity and mortality

C.1.1 Improve population compliance with the national perinatal care programme

An IEC strategy to promote perinatal services will improve knowledge, attitudes and practices (KAP) among women and the population in general.

C.1.2 Consolidate the implementation of free perinatal care

To support the national perinatal care programme and maintain women compliance with pregnancy follow-up, the legal and regulatory measures will be clarified and implemented to consolidate achievements in relation to free perinatal care and overcome the obstacles to perinatal services utilisation.

C.1.3 Enhance the involvement of first level health personnel in newborn care

The improvement of first level health personnel skills (midwives, general practitioners) through IMCI and newborn resuscitation training, will enable to manage at-risk cases at peripheral level, thus reducing complications and the overutilization of referral facilities.

The quality of referrals will also be improved by ensuring, during transportation, the assistance of a medical doctor, if possible, or a paramedical staff, and the availability of adequate equipment.

C.1.4 Strengthen the referral level and develop partnership between the different levels

The referral levels will be developed through a strategy to phase in neonatology units as part of strengthening of paediatric services of regional hospitals, and to upgrade neonatology services of university centres enabling them to meet real referral-level criteria. The national perinatal care programme will advocate these actions that will improve possibilities of rapid access to referral and enable the setting up of a perinatal care network based on the development of a partnership between the different levels.



C.1.5 Set up a data collection system for neonatal morbidity and mortality

The introduction of this system will enable the identification of the most common pathologies and the monitoring of their evolution over time. It will be accompanied by the necessary training activities and its implementation must become compulsory for all levels of care.

C.2 Reduce morbidity and mortality of infants and young children

C.2.1 Maintain and strengthen national infectious disease control programmes

The communicable disease surveillance system will be strengthened for diseases that have been eradicated and eliminated in the country and for emerging diseases.

Infectious disease control programmes will be maintained and, depending on the epidemiological situation, new programmes will be introduced as and when appropriate.

Continuing education will be provided to health professionals to enable them to update their knowledge of the epidemiology of infectious diseases.

C.2.2. Scale up the implementation of the IMCI strategy to maintain achievements gained in common diseases control

The inclusion of the control of common diseases in IMCI will provide a means to solve the problems related to serious forms of ARI and diarrhoea. Moreover, IMCI will enable prevention and management of malnutrition and anaemia, growth monitoring and promotion of breastfeeding and healthy feeding behaviour. It will also enable to improve the quality of life of children through the provision of quality care and the promotion of psychomotor development.

C.2.3 Prevent mother-to-child HIV transmission

The national strategy for the prevention of mother-to-child transmission of HIV will be implemented. This strategy is based on: information, education and communication; training for professionals; voluntary testing and counselling of high-risk groups; and care and prevention of HIV infections by antiretroviral drugs.

C.2.4 Malnutrition and anaemia prevention and control

C.2.4.1 Promote breastfeeding

“Exclusive breastfeeding up to the age of 6 months, followed by the introduction of well-balanced complementary feeding while continuing breastfeeding up to the age of 2” will be the national policy for breastfeeding. The aim of this policy will be to develop the practice of breastfeeding and foster awareness of its benefits among mothers and their entourage.

The skills of health personnel in the provision of information and counselling and in addressing breastfeeding – related problems will be improved through both pre-service and in-service training.

A schedule to advise mothers on breastfeeding during pregnancy, childbirth and the neonatal and postnatal period will be developed and applied.



The “Baby-Friendly Hospital Initiative” will be revived, allowing admission of mothers to paediatric and neonatology services and creating areas dedicated to breastfeeding in day nurseries.

The Ministry of Public Health will advocate with the concerned bodies for an effective implementation of labour legislation for breastfeeding mothers and the law on establishment of nurseries in the workplace.

C.2.4.2 Develop a comprehensive intersectoral policy for the promotion of healthy food habits

A comprehensive health education policy for the population at large will be developed and implemented. It will prioritize the mother-child pair and be based on structured public information programmes about proper food habits. Legal, regulatory and institutional measures will be implemented, notably:

- to counter advertising messages that encourage the use of bottle-feeding and are therefore dissuasive to the adoption of best practices; this will involve establishing mechanisms to check and control food advertising on radio and television;
- to enforce the national code of marketing of breast-milk substitutes;
- to reinforce legislation on the risks resulting from the inadequate composition or inclusion of harmful ingredients in industrial foods (obligation to label products in accordance with regulations);
- To implement the programme on promotion of healthy lifestyles, particularly the practice of a regular physical activity in appropriate conditions and obesity prevention and control programmes.

D. DISABILITY PREVENTION AND CONTROL

TUNISIAN CHILDREN SHOULD NOT SUFFER FROM AVOIDABLE DISABILITIES.
CHILDREN WITH DISABILITIES SHOULD BENEFIT FROM QUALITY SERVICES WHICH PROVIDE APPROPRIATE CARE AND REHABILITATION.

D.1 Set up a disability surveillance system

The collection of information on disabilities to help the decision-making process will involve:

- a routine information system (monitoring and evaluation of activities),
- periodic surveys (evaluation of the magnitude of the problem and its determinants)

D.2 Promote disability prevention

The quality of health care services for pregnant women and newborn babies will be improved and the content of perinatal surveillance reinforced by the phasing in of systematic screening and management of disability-generating diseases.

Strengthened IEC efforts will sensitize the population on the issues of prevention, early detection and disability care.

The surveillance of child psychomotor development will be promoted.

The prevention of accident-related disability will be strengthened by the development of first aid at the scene of road accidents, and by providing hospital emergency wards with the required equipment and skilled staff, and by the establishment of paediatric specialized services, particularly resuscitation.



D.3 Improve disability management

Management of disabilities will be improved by training the primary health care physicians and paramedics in the diagnosis and management of different disabilities (mental, motor, sensory) and strengthening capacities of the regional rehabilitation units and facilities which care for the disabled.

D.4 Improve coordination between preventive interventions and management of the disabled

A national body to coordinate actions and programmes for prevention, detection and care will be set up.

E. PROMOTION OF A HEALTHY ENVIRONMENT

TUNISIAN CHILDREN SHOULD BENEFIT FROM ALL INTERVENTIONS WHICH ENABLE THEIR PHYSICAL, MENTAL, SOCIAL, PSYCHOLOGICAL AND EDUCATIONAL DEVELOPMENT LIVING IN A HEALTHY AND SAFE ENVIRONMENT.

E.1 Strengthen hygiene control activities

The hygiene services will reinforce their inspection activities for:

- the hygiene levels of drinking water and wastewater;
- food hygiene and compliance with the relevant regulations;
- compliance with regulations requiring that toys be manufactured and marketed in accordance with child safety standards.

E.2 Promote the education of families in favour of a healthy environment

A comprehensive education strategy will be developed to counter passive smoking, over-exposure to sunlight, CO poisoning, and to encourage hand-washing, the proper labelling and storage of pesticides and household chemicals, the choice of toys compliant with safety standards and specific safety measures for pregnant women such as those recommended for the use of products such as solvents, lead and pesticides.

E.3 Provide for accommodation facilities for mothers in maternity and paediatric services

The institutional set up will be such as:

- To enable the presence of mothers in maternity and paediatric wards, through the creation of areas safeguarding family bonds (mother and child);
- To provide paediatric services with specialized personnel (psychologists, social workers, school teachers).



CONCLUSION

The national health policy components set out in this official document are intended as a reference for all partners, but will only be effective if they are implemented as part of regularly monitored and evaluated plan of action. This implementation will extend beyond health services to include actions undertaken by public, private and non governmental organizations. Thus, the improvement and protection of child health will be an intersectoral effort, in which it will be essential to involve children themselves, their families and the communities where they live. The health sector and the Ministry of Public Health in particular will have a key role to play in fostering actions in other sectors. In this way, we shall be respecting children's right to enjoy the highest attainable standard of health.



MONITORING AND EVALUATION

A. ACCESS TO CARE, ORGANIZATION OF THE HEALTH SYSTEM AND PROVISION OF SERVICES

A.1 Consolidate achievements in access to care

A.1.1 Improve Financial Accessibility

Indicators

- The existence of a Ministry of Public Health decree stating that preventive and curative care services provided to children of poor families should be free of charge
- Proportion of the total budget allocated to preventive care
- Percentage of annual budget increase for child health compared with the previous year

Monitoring Tools

- Ministry of Public Health official documents
- Budget allocated to the health sector

A.1.2 Improve Service Accessibility In Terms Of Clinic Hours

Indicators

Percentage of PHC centers offering morning and afternoon consultations

Monitoring Tools

Health map

A.2 Pursue the reorganization of the health system

A.2.1 Continue The Process Of Decentralizing And Developing Health Districts

Indicator

Percentage of districts certified by NHDDP.

Monitoring Tool

Annual report of the national health district development programme.

A.2.2 Target underserved areas and population

Indicator

Percentage of targeted areas among those with low performance in terms of maternal and child health indicators.

Monitoring Tool

Annual report on child health

A.2.3 Clearly Define Different Partners' Responsibilities And Coordination Mechanisms

Indicators

- Issuance of an official document by the State Secretariat for Childhood indicating different partners' responsibilities and coordination mechanisms
- Issuance of official guidelines by the Ministry of Public Health for international partners' support

Monitoring Tools

- Official Documents of the State Secretariat for Childhood
- Official Documents of the Ministry of Public Health



A.3 Improve quality of services and personnel performance

A.3.1 Consolidate Achievements In The Area Of Quality Assurance

Indicators

- Number of districts implementing IMCI in relation to the annual plan of action
- Percentage of districts certified by the NHDDP
- Percentage of districts certified by the NHDDP which are implementing IMCI

Monitoring Tool

Annual reports of the IMCI and NHDD programmes

A.3.2 Promote The Integrated Management Of Mother And Child Health (IMCI) Strategy

Indicator

Number of staff working for IMCI at different management levels who have been adequately trained according to the standards set

Monitoring Tool

Organigramme of the IMCI strategy

A.3.3 Improve The Performance Of Health Personnel

Indicators

- Existence of a Ministry of Public Health official document allocating budget to in-service training
- Number of personnel trained in child health related programmes
- Guidelines of national programmes included into the teaching programmes of medical and paramedical schools

Monitoring Tools

- Ministry of Public Health official documents
- Annual reports of child health programmes
- Contents of the curricula of medical and paramedical schools.

A.3.4 Upgrade Primary Health Care Facilities

Indicator

Existence of an adequate budget line for upgrading primary health care facilities

Monitoring Tool

Ministry of Public Health budget

A.3.5 Strengthen The Monitoring-Evaluation System

Indicator

Existence of an adequate budget line for supervisory visits

Monitoring Tool

Ministry of Public Health budget

A.4 Reinforce the drug policy

Indicators

- Existence of an adequate budget line for drug procurement
- Regularly updated essential drug list

Monitoring Tools

- Ministry of Public Health budget
- Essential drug list



A.5 Improve the information system

Indicators

- Proportion of total number of health personnel involved in data collection who have been trained in data collection system
- Data collection system updated according to the programme guidelines.
- Ministry of Public Health official document decentralizing the surveillance system for causes of mortality

Monitoring Tools

- Annual reports of child health programmes
- Data collection system for each programme
- Ministry of Public Health official documents

A.6 Improve the referral system

Indicator

Ministry of Public Health official document describing referral feedback mechanisms

Monitoring Tool

Ministry of Public Health official documents

B- PROMOTION OF PRIMARY PREVENTION

B.1 Promote IEC and community mobilization

B.1.1 Strengthen IEC Activities

Indicators

- IEC plans of action developed according to the needs and characteristics of the populations based on KAP studies.
- Number of personnel trained in communication techniques

Monitoring Tool

Annual report of the health education unit of the Primary Health Care Directorate

B.1.2 Mobilize The Community

Indicator

Percentage of IMCI districts which implement the community component

Monitoring Tool

IMCI annual report

B.2 Scale up well-child clinics

Indicator

Number of health centres implementing IMCI, which offer well-child consultations

Monitoring Tool

Monthly/annual IMCI reports

B.3 Strengthen the national immunization programme

B.3.1 Promote Quality Assurance In Both Health Care Sectors (Public And Private)

Indicator

Existence and implementation of a quality assurance strategy within the context of the national immunization programme



Monitoring Tool

Annual report of the National Immunization Programme

B.3.2 Ensure Sustainability Of The Budget Allocated To Immunization And Consolidate Achievements In Terms Of Free Services

Indicator

Existence of an adequate budget line for the National Immunization Programme

Monitoring Tool

Ministry of Public Health budget

B.3.3 Periodically Update The Immunization Schedule

Indicator

One standardized and periodically updated immunization schedule for both the public and private sectors

Monitoring Tool

Official immunization schedule

B.3.4 Strengthen The Diagnostic Capabilities Of Regional Laboratories

Indicator

- Number of technicians trained in the laboratory diagnoses of diseases targeted by immunization
- Number of laboratories with the equipment and supplies required for the diagnosis of infectious diseases in general and diseases targeted by immunization in particular

Monitoring Tool

Annual report of the National Immunization Programme

B.3.5 Increase The Responsibility Of Physicians And Improve Coordination Between All Stakeholders In The Surveillance System

Indicators

- Number of physicians trained in the national immunization programme
- Existence of an official document regulating coordination between all the stakeholders involved in the surveillance system of diseases targeted by immunization

Monitoring Tools

- Annual report of the National Immunization Programme
- Ministry of Public Health official documents

C. REDUCTION OF UNDER-FIVE MORTALITY AND MORBIDITY

C.1 REDUCE NEONATAL MORBIDITY AND MORTALITY

C.1.1 Improve Population Compliance With The National Perinatal Care Programme

Indicators

- Rate of antenatal visits according to the national schedule
- Rate of postnatal visits
- Rate of births attended by skilled personnel

Monitoring Tool

Routine data collection system of the national perinatal care programme



C.1.2 Consolidate The Implementation Of Free Perinatal Care

Indicator

Existence of an official document consolidating the achievements related to free perinatal care

Monitoring Tool

Ministry of Public Health official documents

C.1.3 Enhance The Involvement Of First Level Health Personnel In Newborn Care

Indicators

- Number of health personnel trained in IMCI
- Number of health personnel trained in newborn resuscitation
- Existence of an adequate budget line for the purchase of appropriate equipment for transportation of newborn babies with the assistance of medical staff

Monitoring Tools

- Annual report on child health
- Guidelines of the national perinatal care programme
- Ministry of Public Health budget

C.1.5 Set Up A Data Collection System For Neonatal Morbidity And Mortality

Indicator

Establishment of a data collection system for neonatal morbidity and mortality

Monitoring Tool

Annual report of the national perinatal care programme

C.2 REDUCE MORBIDITY AND MORTALITY OF INFANTS AND YOUNG CHILDREN

Indicators

- Infant mortality rate
- Under-5 mortality rate

Monitoring Tools

- Periodic MICS and DHS surveys
- Annual data from the National Institute of Statistics (INS)

C.2.1 Maintain And Strengthen National Infectious Diseases Control Programmes

Indicators

- Existence of a surveillance system for diseases that have been eradicated or eliminated from the country and for emerging diseases
- Number of health professionals with updated knowledge of the epidemiology of infectious diseases

Monitoring Tool

Annual report of the Epidemiology unit of the primary health care directorate

C.2.2 Scale Up The Implementation Of IMCI To Maintain Achievements Gained In Common Disease Control

Indicator

Number of districts implementing IMCI compared to the annual plan of action

Monitoring Tool

Annual report on child health



C.2.3 Prevent Mother-To-Child HIV Transmission

Indicator

Number of cases of mother-to-child HIV transmission

Monitoring Tool

Communicable disease surveillance system

C.2.4 Malnutrition And Anemia Prevention And Control

C.2.4.1 Promote Breastfeeding

Indicators

- Ever breastfeeding rate
- Exclusive breastfeeding rate
- Number of personnel trained in information, counselling and management of breastfeeding problems
- Official correspondence and minutes of meetings to advocate with the concerned bodies for an effective implementation of labour legislation for breast-feeding mothers and of the law on establishment of nurseries in the workplace

Monitoring Tools

- Periodic MICS and DHS surveys
- Annual report on child health
- Ministry of Public Health official documents

C.2.4.2 Develop A Comprehensive And Multisectoral Policy For The Promotion Of Healthy Food Habits

Indicator

Existence of a comprehensive and multisectoral strategy for the promotion of healthy feeding behaviours

Monitoring Tool

Guidelines of the national perinatal care programme, the IMCI strategy, and the national programme for control of noncommunicable diseases

D. DISABILITY PREVENTION AND CONTROL

D.1. Set Up A Disability Surveillance System

Indicator

Establishment of a disability surveillance system

Monitoring Tool

Annual report on childhood

D.2 Promote Disability Prevention

Indicator

- Existence of guidelines on systematic screening and management of disability-generating diseases
- Existence of an adequate budget line for systematic screening and management of disability-generating diseases.

Monitoring Tools

- Guidelines of the national perinatal care programme
- Ministry of Public Health budget



D.3 Improve Disability Management

Indicator

- Number of personnel trained in disability management
- Existence of an adequate budget line for increasing the resources of regional rehabilitation units and facilities which care for the disabled

Monitoring Tools

- Annual report of the national perinatal care programme
- Ministry of Public Health budget

D.4 Improve The Coordination Of Preventive Interventions And Management Of The Disabled

Indicator

Existence of a document establishing a national body to coordinate the programmes and interventions for disability prevention, detection and care

Monitoring Tool

Ministry of Public Health documents

E. PROMOTION OF HEALTHY ENVIRONMENT

E.1 Strengthen Hygiene Control Activities

Indicator

Existence of hygiene control activities

Monitoring Tool

Annual report of the Directorate of Environmental Hygiene and Protection

E.2 Promote The Education Of Families In Favour Of A Healthy Environment

Indicator

Existence of a comprehensive health education strategy to promote a healthy environment

Monitoring Tool

Ministry of Public Health official documents

E.3 Provide For Accommodation Facilities Of Mothers In Maternity And Paediatric Services

Indicator

Existence of an adequate budget line to support accommodation facilities for mothers in maternity and paediatric services

Monitoring Tool

Ministry of Public Health budget

A plan of action will be developed to implement this document on the national child health policy. The action plan will be regularly monitored and evaluated using the indicators mentioned above.

