World Health Organization

Country Cooperation Strategy at a glance

Tunisia

http:// www.who.int/countries/en/

WHO region	Eastern Mediterranean
World Bank income group	Lower-middle-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2012)	10875
% Population under 15 (2012)	23.22
% Population over 60 (2012)	10.49
Life expectancy at birth (2012) Total, Male, Female	78 (Female) 76 (Both sexes) 74 (Male)
Neonatal mortality rate per 1000 live births (2012)	10 [7-14] (Both sexes)
Under-5 mortality rate per 1000 live births (2012)	16 [14-19] (Both sexes)
Maternal mortality ratio per 100 000 live births(2010)	56 [29-110]
% DPT3 Immunization coverage among 1-year olds(2012)	97
% Births attended by skilled health workers (2006)	94.6
Density of physicians per 1000 population (2010)	1.222
Density of nurses and midwives per 1000 population (2010)	3.29
Total expenditure on health as % of GDP (2011)	6.2
General government expenditure on health as % of total government expenditure (2011)	10.8
Private expenditure on health as % of total expenditure on health (2011)	44.9
Adult (15+) literacy rate total (2008)	77.6
Population using improved drinking-water sources (%) (2011)	100 (Urban) 96 (Total) 89 (Rural)
Population using improved sanitation facilities (%) (2011)	97 (Urban) 75 (Rural) 90 (Total)
Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2010)	1.1
Gender-related Development Index rank out of 148 countries (2012)	46
Human Development Index rank out of 186 countries (2012)	94

Sources of data:
Global Health Observatory April 2014
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

Across the country, life expectancy at birth has increased. In 2009, 72% deaths were attributable to NCDs while infectious and parasitic diseases accounted for only 3% of deaths.

Communicable disease control achieved remarkable results. The national immunization program ensures high immunization coverage rates with a demonstrated impact on under-5 mortality rate. Measles, polio and neonatal tetanus are in the eradication or pre-eradication phase. Though, prevalence of certain zoonotic diseases remains stable; this, along with problems related to environmental management (waste, water), justifies control maintenance activities and consolidation of the capacity to respond to emerging and re-emerging diseases. Regarding the HIV situation, while the number of new indigenous cases has remained stable and low, recent behavioral data confirmed a concentrated HIV epidemic in key populations, mainly in men having sex with men (13%) and in injecting drug users (2.5%).

Tunisia is facing a significant increase in NCD (60% morbidity in 2009), related to changes in lifestyle and increased life expectancy. Disease of the respiratory system, metabolic diseases and cancer are the main causes of both morbidity and mortality. Traffic deaths and injuries steadily increase and it is the main cause of mortality and morbidity among 15-20 years old. Though recent figures on prevalence of mental disorders are lacking, limited evidence and qualitative studies point to serious concerns regarding anxiety, depression, violence, and addiction, in particular among the young population.

Though impressive progress has been achieved with regards to rate of attended birth (99%) and antenatal care coverage (85% at least 4 visits), progress in MMR has not been as sharp as expected and MDG5 is not yet achieved. Mother and child health indicator vary significantly between regions (MMR lowest in North East region 27.9/100 000 LB and highest in North West region 37/100 000 LB). Analysis of the age distribution shows that congenital diseases and perinatal conditions are responsible for 70% of deaths before the age of five years.

HEALTH POLICIES AND SYSTEMS

Article 38 of the new Constitution (2014) recalls that health is a human right. It highlights that the State should assure preventive and curative health services and provides sufficient resources to guarantee security and quality of services. The State guarantees free health care for poor people. It guarantees also social protection as stated in law. A broad consultative process is currently implemented, with the support of WHO (through the EU funded project "Policy Dialogue on Health Policies, Strategies and Plans"). This consultative process will identify medium- and long-term reform orientations to decrease health inequities, and better respond to expectations of the population and the changed demographic and epidemiological environment.

Other noteworthy developments in 2013-2014 are: national institute for accreditation in health established including HTA and guidelines development; national strategy on mental health elaborated; and national strategy for reduction of maternal and neonatal death currently being revised. The Tunisian health system can build on well-developed public infrastructure with PHC facilities established throughout the country (2085 PHC centers and 109 district hospitals), a dynamic private sector and an extended workforce. However, specialized resources (including in the private sector) are unevenly distributed. The public sector covers 2/3 of consultations and 90% of hospitalization; while most human and financial resources are being diverted to the private sector. A significant proportion of health expenditure (42.5 %) remains borne directly by households as out-of-pocket expenditures though 92% population is covered with a financial protection scheme. A health system reform is needed to implement an integrated approach, based on primary care, focusing on prevention and health promotion, and including provision of palliative care and rehabilitation following specialist management, in order to respond better to the increased chronic diseases and their risk factors and change in etiology of disability. This is a priority for the MOH.

COOPERATION FOR HEALTH

Various organizations of the United Nations are present in Tunisia (UNICEF, UNDP, FAO, UNFPA, UNIDO, IOM, UNAIDS, UN Women, UNOPS, WFP, OHCHR, UNHCR, WB) and new ones (UNESCO) are now opening their offices as a result of the political process.

In light of the changing political situation, it was decided to postpone the UNDAF process and replace it with a 4-years transitional UN strategy for Tunisia (STT) 2011-2014. The 2015-2019 UNDAF is structured around eight expected results and three strategic dimensions: democratic governance, inclusive, sustainable and resilient economic model, social protection and equitable access to social services.

Several international donors are present in Tunisia and contribute in different ways to the economic and social development of the country. Most active donors include EU, ADB and the French, Italian, and Spanish international cooperation agencies. There is renewed interest in investing in the health sector.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2014-2017)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Communicable diseases	• Vector-borne diseases: Implementation and monitoring of multisectoral action to prevent vector-borne diseases. • Vaccine-preventable diseases: Implementation and monitoring of the global vaccine action plan as part of the Decade of Vaccines Collaboration strengthened with quantitative and qualitative emphasis for reaching the unvaccinated and under-vaccinated population; intensified implementation and monitoring of measles and rubella elimination, and hepatitis B control strategies facilitated.
STRATEGIC PRIORITY 2: Noncommunicable disease	• Multisectoral policies: Development of national multisectoral policies and plans for implementing interventions to prevent and control noncommunicable diseases facilitated. • Mental health promotion, prevention, treatment and recovery services improved through advocacy, better guidance and tools on integrated mental health services; Expansion and strengthening of country strategies, systems and interventions for disorders due to alcohol and substance use enabled. • Nutrition: Norms and standards on nutrition, population dietary goals, and policy options for effective nutrition actions to prevent NCDs (diabetes and cardiovascular diseases) developed.
STRATEGIC PRIORITY 3: Promoting health through the life course	• Maternal and neonatal mortality: Further expansion enabled for access to and quality of effective interventions from pre-pregnancy to postpartum focusing on the 24-hour period around childbirth to reduce maternal and neonatal mortality; research undertaken, and evidence generated and synthesized to design key interventions in maternal and newborn health (maternal death audit and operational research). • Adolescent health: Tunisia enabled to implement and monitor effective intervention to reduce adolescent risk behavior. • Socio-economic determinants of health and social participation: Increased country capacity to implement a health-in-all-policies approach, intersectoral action and social participation to address the social determinants of health. • Environmental health: Country capacity strengthened to assess health risks, develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental risks.
STRATEGIC PRIORITY 4: Strengthening the health system	• Policy dialogue to support countries to develop comprehensive national health policies, strategies and plans; Country capacity to develop and implement legislative, regulatory, and financial frameworks. • Primary health care and integration of services: Policy options, tools and technical support to countries for equitable people-centered integrated service delivery and strengthening of public health approaches; • Quality and safety: Guidelines, tools and technical support to countries for improved patient safety and quality of services, and for patient empowerment. • Information systems: Comprehensive monitoring of the global, regional and country health situation, trends and determinants, using global standards, and leadership in the new data generation and analyses of health priorities; Knowledge management policies, tools, networks, assets and resources developed and fully utilized by WHO and countries to strengthen their capacity to generate, share and apply knowledge; • Ethical issues: Policy options, tools and support provided to define and promote research priorities, and to address priority ethical issues related to public health and to research for health.
STRATEGIC PRIORITY 5: Emergency preparedness and response	• IHR: Tunisia enabled to develop core capacities required under International Health Regulations (2005); WHO provided evidence-based and timely policy guidance, risk assessment, information management and communications for all acute public health emergencies. • Pandemic, epidemic and re-emerging diseases: Countries are enabled to develop and implement operational plans, in line with WHO recommendations on strengthening national resilience and preparedness. • Health established as a central component of global multi-sectoral frameworks for emergency and disaster risk management; national capacities strengthened for all-hazard emergency and disaster risk management for health.

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