

Community Health








Policy and Implementation Landscape Mapping in the Middle East and North Africa Region 2024

Tunisia Country Brief





1. Community health in Tunisia

						
Existence of a community health policy in place	Recognition of CHWs as part of the national health workforce	Number of CHWs currently deployed	Inclusion of CHWs in emergency preparedness plans	Domestic funding available	Community engagement mechanisms in place	Formal linkages between community health and other sectors available
Alternative policy available	No	Unknown	Unclear	Yes	Yes	Yes

1.1 Country context

Tunisia is a country in North Africa, located between Algeria and Libya. Similar to other emerging countries in the South and Eastern Mediterranean, the country is undergoing rapid demographic and epidemiological change.¹ The Tunisian health system, managed mainly by the Ministry of Health and its 24 regional directorates, is made up of a public sector, a private sector and a para-public sector. The public health sector comprises three lines of care: the first line consists of basic health groups, basic health centres (CSB) and district hospitals; the second line comprises regional hospitals, generally located in the main towns of the governorates; and the third line involves university hospitals and specialist centres.²

Over the last few decades, Tunisia has achieved remarkable results in terms of public health campaigns and programmes and health system performance. More specifically, three major reforms have shaped the health system and contributed to these results: the reform of basic health care in 1979, the reform of public health establishments in 1991, and the reform of the National Health Insurance Fund in 2004.³ However, despite these reforms, there are still major regional imbalances in terms of the distribution of human resources as well as accessibility problems. Notable public health campaigns include mass screening campaigns to combat tuberculosis in 1956, the Bacillus Calmette-Guérin vaccination programme launched in 1979, and public health programmes to combat HIV/AIDS and malaria.⁴

Furthermore, in 2011, family medicine (FM) was defined as a strategic priority in Tunisia. This orientation resulted in the establishment of a vision aimed at promoting FM, including the integration of a dedicated sector within the framework of health coverage, the creation of a FM college, the reform of medical studies in 2011 as well as the placement of focal points at various levels of the health system.⁵

1 Romdhane, H.B., Tlili, F., Skhiri, A., Zaman, S & Phillimore, P. (2015). Health system challenges of NCDs in Tunisia. *Int J Public Health*. 60(39-46). DOI 10.1007/s00038-014-0616-0

2 Ministère de Santé (2021). Carte Sanitaire 2020-2021 Synthèse. Direction des études et de la planification. Ministère de la Santé. République Tunisienne.

3 Ben Abdelaziz A. (2021). Forty years of Basic Health Care in Tunisia: From "Health for All" to "Universal Health Coverage". *Tunis Med*, 99 (1) : 12-28. English. PMID: 33899171; PMCID: PMC8711107.

4 Norris, E. (2020). Tunisia country report. RAD-AID International Country Reports. Republic of Tunisia. <https://rad-aid.org/wp-content/uploads/Tunisia-Country-Report.pdf>

5 Megdiche, M., Ben Mansour, N., Ben Zina, B., Lassoued, F., Hadj Amor, S., Rahay H., Hajer, A.S. (2021). Le chemin vers la Médecine de Famille en Tunisie. Analyse stratégique. *La Tunisie Médicale*, 99 (1) : 80-88. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8636965/pdf/tunismedv99i1-80-88.pdf>

1.2 Overview of community health

In Tunisia, the community health approach, though not formalized under a specific policy, is integrated into various health programmes, including PHC, Public Health, multisectoral collaboration, and Family Medicine. The comprehensive model implemented in Tunisia covers preventive, curative, and promotional health services. In addition, community health initiatives are currently being mainstreamed in the country's health efforts and reforms. In fact, the country is currently revising its national strategic plan for risk communication and community engagement, emphasizing the need for stronger community involvement in health risk management.

Tunisia is currently implementing a national health policy for 2030, based on the constitutional right to health. This health policy is partly based on community involvement and strengthening community engagement. The implementation of the National Health Policy, which is seen as the culmination of a long process of societal dialogue spanning 10 years and involving a broad-based participatory approach, began on 7 April 2021 and was based on a synergistic, complementary, and dynamic approach.⁶

Insight: Overview of past community activities

- In the 1990s, the National Family and Population Office (ONFP) set up a family planning service in disadvantaged areas, where 222 women were trained to provide awareness-raising services on a range of topics, including reproductive health, pre-marital consultations, antenatal and postnatal consultations, vaccinations, breastfeeding, preventing and combating diarrhoea, and health care awareness and education, prenatal and postnatal consultations, vaccinations, breastfeeding, prevention and control of diarrhoea, health care awareness and education, with the aim of improving the vital links between their communities and the health system.⁷
- In 1997, the size of the province of Sidi Bouzid, its low rate of urbanization and its relatively limited health resources necessitated a one-off measure as part of an anti-scorpion control programme based on the involvement of community health workers. In fact, the 338 community health workers who cover 76 per cent of emergency points treated 42 per cent of cases.⁸
- Civil society organizations (CSOs) remain the main actors in community health, with a number of initiatives financed by donors, including: projects mobilizing peer educators among refugees (Mdm, ATL, etc.), the participatory platforms implemented by Mdm in Gafsa and Sidi Bouzid,^{9,10} the SEHATY project to ensure better access to front-line health services and promote local communities' awareness of their rights and responsibilities,¹¹ the BEDER association's projects for citizenship and equitable development (which presented the experiences of the 'citizen jury' as part of the SAHA project and the 'citizen observer' as part of the HAL project),¹² the community health approach with the Santé Sud 'Sahat Al Moujtam3 - SAM' project and the ATSR project, which aims to improve the quality of reproductive health services through community participation.

6 Bouzouita, A. (n.d.). Politique Nationale de Santé à l'horizon 2030 : quelles considérations éthiques ? [bouzouita_pnsethique2023.pdf](#) (rns.tn)

7 Mtraoui, A & Gueddana, N. (2002). The family and reproductive health programme in underprivileged areas in Tunisia. CICRED'S Seminar. Bangkok 22-29 November.

8 Njah, M., Ben Abdelaziz, A., Abdouli, M., Zaher, M., Garaoui, A. (2001). Programme de santé et recours aux agents de santé communautaire : l'exemple de l'empoisonnement scorpionique en Tunisie. *Sante*11(1):57-62. French. PMID: 11313233.

9 Haddouk, W. & de Bethune, X. (2019). Capitalisation de l'approche participative en santé de Médecins du Monde en Tunisie. *Médecins du Monde*.

10 Mosbah, F. (2018). Formation des animatrices accompagnatrices communautaires en éducation pour la santé de la mère et du nouveau-né. Rapport final. *Médecins du Monde*.

11 Rinaldi, M.D. (2021). Capitalisation du processus d'appui, renforcement et réalisation des initiatives des Organisations de la Société Civile actives dans le domaine de la santé de première ligne en Tunisie. *Sehaty*. <https://www.cospe.org/wp-content/uploads/2021/04/guide-sehaty-web.pdf>

12 Beder (2024). Vers une Gouvernance Inclusive : Institutionnalisation de la participation sociale dans la prise de décision en santé en Tunisie. Newsletter informative sur le secteur de sante de la Tunisie Saha news, 24. <https://beder.org/blog/newsletter--saha-news--n24---mars-2023>

2. Health system pillars

2.1 Governance and accountability

- Although there is no specific policy on community health, the community approach is always present in strategic health documents and can be found as an essential component in the various programmes, namely the Basic Health Care (BHC) Policy, Public Health, multisectoral collaboration and Family Medicine. The BHC in Tunisia follows a global model that combines preventive, curative and promotional activities.
- Community participation can be achieved through regional and local (*circonscriptions*) health councils.
- The introduction of the societal dialogue strengthens the role of the population and civil society, guarantees their right to health and involves the community in the development of the National Health Policy (NHP). The importance of the community approach to health has been reflected in the various strategic documents, most notably the National Health Policy 2030, but the mechanisms for community involvement have yet to be made more explicit.
- The health districts with their three levels of operational structures (outreach teams, basic health centres and district hospitals) were created with the aim of taking charge of the population's state of health as well as the intra- and inter-sectoral coordination.¹³
- In Tunisia, although there is a political commitment to the implementation of Family Medicine (FM) it lacks operationalization at several levels, especially in reference to the pillars of FM implementation that go beyond academic FM training programmes.^{5,14}
- The private sector is not heavily involved in the community approach. There are individual mainly curative initiatives that focus on specific diseases rather than on health in general.
- The National Observatory for New and Emerging Diseases, in collaboration with the Basic Health Care Directorate (DSSB) and the National Institute for Public Health (INSP) is currently finalizing an updated national strategic plan focused on risk communication and community engagement. This plan emphasizes the need to strengthen frontline responses and outlines key tools and mechanisms for effective community involvement in managing health risks.
- A One Health charter is being finalized for signature by the four ministries (Health, Environment, Agriculture and Home Affairs). The director of the DSSB is the One Health Tunisia focal point. Collaboration in this area has increased very recently as part of the fight against rabies.

2.1.1 Community engagement

- In Tunisia, regional health councils at the governorate level and local health councils, which include representatives from all development sectors, serve as platforms for involving community health workers (CHWs) in decision-making processes. Community engagement also takes shape through various health promotion and lifestyle activities.
- It is unclear if there are social accountability mechanisms in place related to the services provided by health workers in the community.

13 Décret n° 200-2825 du 27 novembre 2000, relatif à l'organisation des circonscriptions sanitaires. Journal Officiel de la République Tunisienne, 5 décembre, 2000. <http://www.atds.org.tn/DECRETNOV2000.pdf>

14 Mтираoui, A. & Bel Jak Yahia, M. (n.d.). « Vers une première ligne de proximité offrant des prestations efficaces et de qualité. La médecine familiale au cœur d'une circonscription sanitaire « revigorée » Projet « Essaha Aziza ». Commission Européenne.

2.2 Health management information systems

- At present, community health data is not being captured.
- The health information system, which is in the process of being digitized, is currently developed in phases and based on the manual collection of data, due in part to connectivity problems and the absence of unique patient identifiers. This causes delays in the collection and use of data which results in a lack of interoperability, a lack of cross-referencing of data and a reduced overall perspective of communities.
- Although there is no specific information system for community health, a DHIS II information system is currently being implemented, and the partner associations in the national AIDS and STI programme have received training so that they can access this information system and input data. There is an opportunity to introduce the community component into the current system, as shown by several projects that are underway: RNS-NG, DMI, EVAX, Telemedicine, Télé-RDV.

2.3 Medicines and health commodities

- The Ministry of Health manages the supply of drugs, screening tests and contraceptives. CSOs working with the DSSB as part of the national programme to combat AIDS and STIs are supplied with condoms and screening tests based on needs.
- The Association *Tunisienne de la Santé de la Reproduction* (ATSR) helped to provide contraceptives when the ONFP had supply problems.
- During the COVID-19 pandemic, the private sector and CSOs contributed to the supply of personal protective equipment as well as providing material support.

2.4 Health workforce

- There is no defined status for CHWs, but there are 'relais communautaires' who are essentially volunteers who devote part of their free time to taking part in community activities (often as part of association projects). These community actors are not employed by the state. They have no status, and they do not receive a salary.
- CSOs mobilize volunteers as part of health promotion projects (actions limited in time and space).
- There are no exact figures for the number of volunteers involved in CSOs, nor for their distribution.
- There are also health personnel profiles within the Ministry of Health such as "*infirmiers des centres de santé de base*" and "*éducatrices de l'Office National de la Famille et de la Population*" whose role is similar to that of the CHW. These professionals have the role of promoting health, preventing disease and, more generally, reducing social inequalities linked to health.¹⁵

15 https://pop-umbrella.s3.amazonaws.com/uploads/f745819f-5744-4a71-a5d7-50703ec455b1_PSI_CHWs_In_Africa_French_02.pdf

2.5 Service delivery

- The community approach lacks a regulatory framework and seems to be emerging more as a way for various actors to intervene.
- There are currently no specific structures for community health services. However, CSOs (e.g. the Health & Psychology initiative) and the DSSB are reflecting on this issue.
- The services provided include awareness-raising, early detection, screening and referral, support, evaluation and research, advocacy.
- Activities are supervised by health professionals and health facilities (DRS) through partnership agreements.
- In terms of service provision, there are also problems with the replication of certain projects in certain regions by different donors.

2.6 Partnerships and financing

- External partners such as UN agencies (WHO, UNICEF, UNAIDS, etc.), the European Union, the World Bank and international NGOs play an important role in supporting the community approach to health by providing technical and methodological support (reflection, capacity building, studies, accompaniment, etc.). As a result, most community initiatives are financed by these external partners under the supervision of the Presidency in the form of cascade financing and participatory budgets. This leads to problems of distribution and replication of certain projects in certain regions by different donors.
- Internally, CSOs play an important role in mobilization and networking. There is also a contribution from medical faculties and other academic stakeholders through the social responsibility of faculties, as well as from the private sector such as laboratories, clinics, practitioners, the media (Radio Hayet FM) and, potentially, the participation of municipalities and local councils in community initiatives.
- Internal funding is provided through various government programmes. The National Health Insurance Fund (CNAM) mainly covers curative care. The private sector's contribution is very limited. There is a need to consider new funding models to ensure the sustainability of the activities carried out by these organizations.

2.7 Cross cutting issues

2.7.1 Gender considerations

- Although there are no gender-sensitive national policies and programmes for CHWs, international NGOs and most donors require the integration of this component for the implementation of interventions and the granting of funds.
- Some services are more acceptable when provided by female community workers (e.g. perinatal care and SRH).

2.7.2 Emergency preparedness

- It is unclear whether CHWs and their supervisors are included in emergency preparedness plans.

2.7.3 Refugees and internally displaced persons (IDP)

- Refugees and asylum seekers are only marginally involved in the provision of community health services in their communities, for example by mobilizing certain peer educators in projects aimed at this vulnerable population.
- They are sometimes partially integrated into existing community health programmes through programmes financed by international cooperation projects.

3. Conclusion

3.1 Challenges

- In recent years, the system has suffered from a decline in BHC, the disengagement of district medical officers and a loss of motivation and dynamism in human resources.¹⁸
- Despite the success of several public health campaigns and various reforms, there are strong regional imbalances in the country in terms of distribution of human resources and difficulties in accessing care.³ Some CSBs work only once a week, with professionals commuting back and forth, which calls into question their efficiency.¹⁹
- Newly recruited doctors are also unfamiliar with national programmes, which can hamper their work at the community level. To achieve a balance between the preventive and curative care approaches, with a particular emphasis on non-medical prevention and health promotion, necessitates an in-depth review of national programmes with the aim of consolidating traditional programmes that combat communicable diseases and strengthening programmes targeting chronic and degenerative diseases and other emerging diseases.¹⁹
- Community participation announced in the BHC strategy has remained a vague notion due to lack of clear definition and specific implementation strategy.⁶
- The lack of adequate means of transportation and insufficient funding prevents the mobile teams from carrying out their functions on a continual basis.
- There is a lack of digitalization specific to community health and reporting on community health indicators.
- There is a lack of monitoring, evaluation and communication on community health.
- The absence of a strategic framework for organizing the participation of the private sector makes it difficult to define its responsibilities in implementing a health policy or a community-based approach.

16 <https://www.tunisiaodd.tn/wp-content/uploads/2021/03/5-1.pdf>

17 https://www.eeas.europa.eu/sites/default/files/profil_genre_tunisie_2021.pdf

18 Ayadi, I. & Essebsi, A. C. (2023). Right to health in Tunisia: The challenges of universal healthcare Arab Watch Report on Economic and Social Rights (AWR) series. Arab NGO Network for Development (ANND). <http://www.annd.org>.

19 Achour, N. (2011). Le système de santé tunisien : Etat des lieux et défis.

3.2 Enablers

- The government's commitment to the Alma Ata Declaration in 1978 emphasized the priority of access to essential and efficient health care.²⁰
- The development in 1980 of the BHS and the formal introduction of the notion of 'community participation' into the BHS strategy were a starting point for the implementation of a community-based approach which has already proved its worth in Tunisia.²¹
- The "Programme National de Développement des Circonscriptions Sanitaires" (PNDCS), formally established in 1994, was the concrete expression of the reform of primary health care initiated in the early 1980s. The PNDCS is managed by the DSSB and aims to transform the health districts into 'functional' health districts (local health systems), that meet the criteria of quality of service, good management and efficiency that the population has a right to expect. The PNDCS has two more specific objectives: to improve the quality (technical and relational) and efficiency of care in the CSBs and district hospitals, and to strengthen and involve the population in health care.
- The mobilization within the Ministry of Health of several structures to provide preventive services to the population, such as the DSSB, the School and University Medicine Directorate (DMSU) and the ONFP, attests to the importance of preventive care in Tunisia.²¹
- The creation of a CSB in rural areas and the establishment of a regional health council at governorate level and local health councils are helping to promote community health.
- The existence of legal, regulatory and institutional frameworks paves the way for an operational environment conducive to the involvement of civil society in BHS initiatives and the community approach.²² Several positive experiences show that, thanks to their proximity, knowledge of their communities and strengthened links with the various stakeholders, volunteers from CSOs played a crucial role during the COVID-19 pandemic crisis.²³
- The National Health Conference in 2014 refocused the health care system around the citizen in order to better meet their expectations.²⁴
- The NHP project based on societal dialogue, which brought together resource persons, citizens and health care professionals to discuss and enrich strategic choices from a regional perspective, emphasized the importance of collaboration and community involvement for health.^{7, 25}
- The country environment and intersectoral collaborations in Tunisia are very favourable for strengthening the community approach.

20 Ben Abdelaziz, A. (2021). Evaluation de la politique des Soins de Santé Primaires au Maghreb. Retour d'expériences des Experts-Leaders* en Tunisie. *La Tunisie Médicale*, 99 (1) : 59–79. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8711109/pdf/tunismedv99i1-59-79.pdf>

21 Zoghalmi, C., Nouira, S., Chebil, D., Ben Hassine, D., Khelil, M., Ben Salem, K., Ben Abdelaziz, A. (2021). Vers des nouvelles perspectives d'appui à la Prévention au Système National de la Santé, en Tunisie. *La Tunisie Médicale*, 99 (1) : 139-147. <https://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC8636976&blobtype=pdf>

22 OCDE (2023). L'environnement opérationnel favorable aux organisations de la société civile en Tunisie. Dans *Scan de l'espace civique en Tunisie*, Éditions OCDE, Paris. DOI: <https://doi.org/10.1787/b0dff06d-fr>.

23 UNICEF (2021). Face à la Covid 19, les scouts tunisiens font preuve, une fois de plus, d'engagement Toujours en Mouvement. <https://www.unicef.org/tunisia/recits/face-%C3%A0-la-covid-19-les-scouts-tunisiens-font-preuve-une-fois-de-plus-d'engagement#:~:text=UNICEF%20Tunisie%20Une%20jeune%20scout,comme%20nous%20le%20r%C3%A9v%C3%A8le%20M>.

24 Dialogue Sociétal (2019). Le projet de Politique Nationale de Santé (PNS) à l'horizon 2030.

25 WHO (2019). Tunisia citizens and civil society engage in health policy. https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/tunisia/stories_from_the_field_issue1_tunisia.pdf

3.3 Priority policy directions

- Study the feasibility of implementing a new system specific to community health and the training of community agents in Tunisia or rather focus on the revitalization and strengthening of the current system. This will consist of a revitalization of the BHC and the strengthening of the FM as a pillar of community health by emphasizing the importance of the community approach in the curricula and in continuing training, especially for the FM. It will also be necessary to ensure that adequate incentives are put in place to address the problem of demotivation of health professionals by reformulating job profiles and potential promotions.
- Promote community engagement by strengthening the role of municipalities and encouraging local-regional initiatives and associations around CSBs to lead discussions with citizens, strengthening volunteering in academic training and encouraging young people to participate in community life, capitalizing on the experiences of local health councils already in place to strengthen citizen participation and that of civil society.
- Speed up the digitization process and ensure that it is comprehensive and exhaustive, encompassing both the public and private sectors.
- Strengthen monitoring, evaluation and communication on community health. It is important to involve the Ministry of Health in the evaluation of community health projects to improve planning and ensure the sustainability of the community approach.

This country brief was commissioned by UNICEF MENARO and was developed by hera – Right to Health and Development in collaboration with UNICEF Tunisia, and the Tunisia Ministry of Public Health. It was developed as part of the Community Health Policy and Implementation Landscape Mapping carried out in 12 countries in the MENA region as well as the region of North West Syria. We extend our gratitude to all contributors for their expertise and commitment to enhancing community health.
