

A SNAPSHOT OF TUNISIA'S HEALTH SYSTEM AFTER COVID-19

The gist:

Budget problems already plagued Tunisia's health system before the COVID-19 pandemic hit, resulting in a general downward trend in its functioning. Our review found that the negative trend has continued after COVID-19. The pandemic posed major challenges for the country's health system, but it also presented opportunities, since the emergency resulted in new equipment being bought for facilities, for instance. We found that such resources have not been used optimally. There is still hope for some of the pandemic-era wins (such as the digitalisation of the childhood vaccination programme) to be broadened.

How did the review work?

To gauge the health of Tunisia's health system, we developed a study tool based on building blocks supported by the World Health Organisation (WHO) and on the epidemic preparedness measures developed by BMJ Global Health.

[Click here](#) to see a simplified version of our study tool.

We populated the tool with information from 2019 (before the pandemic) and compared that with the reality in 2020 and 2021.

Gathering information to populate our study tool proved tricky because reliable, up-to-date data about health systems in the region is difficult to find. To bridge the gap, our team opted for a two-pronged methodology.

1. We gathered information from reports and studies published by official sources such as the Tunisian government, the World Health Organisation and the World Bank.
2. Then, we consulted with Tunisian public health experts, activists and health workers, who provided their analysis of the information we gathered based on their on-the-ground experiences. For this reason, the report and its findings include subjective elements.

Why did we do it?

The point of the evaluation is to identify the interventions that would improve the working conditions in Tunisia's health system, increase health worker retention and in so doing, help to build a health system that can deliver universal health coverage for all and respond to future health crises.

The report should also provide decision-makers and civil society actors with the knowledge needed moving forward in health systems reform efforts.

The main objective of this paper is to understand the changes and effects of the pandemic on the healthcare systems and highlight needed interventions to strengthen them.

Who was on the expert panel?

1. A general practitioner and representative of the Ministry of Health
2. A retired manager from the National Social Sickness Fund
3. A retired head of the Department of Preventive and Community Medicine at a university hospital
4. A general practitioner and president of a health and human rights organisation
5. A retired general practitioner and activist for the protection of health service consumers
6. A young doctor active in civil society
7. A young dentist active in civil society
8. A young pharmacist active in civil society

The panel was asked to vote on whether Tunisia's health system was better, worse, or the same as it was in 2019.

The consensus (or lack of consensus) was then justified with a short summary of each panellist's views.

How did Tunisia fare during COVID?

COVID-specific measures

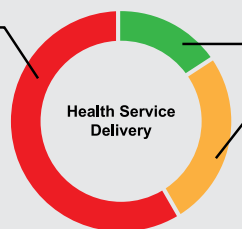
Was COVID data available? (new infections, deaths & illness)	Yes. Experts in agreement.
Was COVID data credible, regular and accessible?	No consensus
Was vaccine coverage to high-risk target groups ensured and vaccine equity realised?	Yes. Experts in agreement.
Were boosters available and coverage achieved?	Yes. Experts in agreement.
Were tests affordable and accessible?	No consensus
Was treatment affordable and accessible?	No consensus



HOW IS TUNISIA'S HEALTH SYSTEM DOING NOW?

Worse than 2019:

- Comprehensiveness
- Barriers of cost, language, culture or geography
- Coverage of the sick, healthy, rich, poor and all social groups
- Continuity of care
- Person-centredness



Slightly better than 2019:

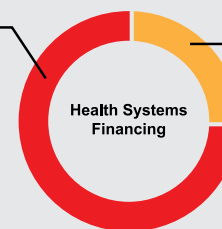
- Coordination

Same as 2019:

- Accountability and efficiency
- Quality

Worse than 2019:

- Government spending on health
- Financial risk protection and coverage for vulnerable groups
- Out-of-pocket payments

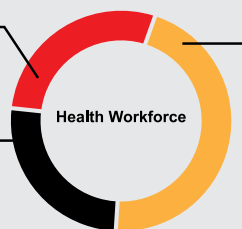


Same as 2019:

- Financial transparency

Worse than 2019:

- Size of health workforce
- Capacity



Same as 2019:

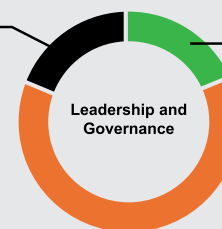
- Strategic planning and medical human resources management
- Public sector interaction and regulation
- Motivation and staff performance

No consensus:

- Management of health workforce migration
- Management of inefficiencies

No consensus:

- Grievance redress mechanisms



Better than 2019:

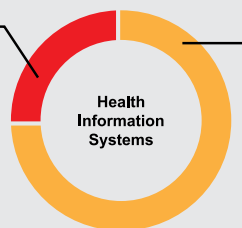
- National health strategy

Same as 2019:

- Representation in decision-making
- Transparency
- Accountability and efficiency

Worse than 2019:

- Existence of health facility reporting

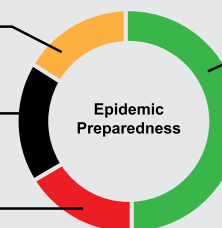


Same as 2019:

- Data generation
- Data analysis and validation
- Existence of health surveys
- Existence of birth and death registration
- Existence of censuses
- Existence of health system resource tracking

Same as 2019:

- Hospital capacity



Better than 2019:

- Surveillance
- Expert's consensus
- Labs

No consensus:

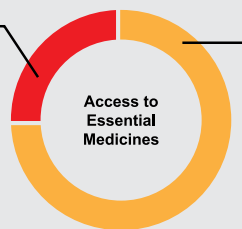
- Public health infrastructure

Worse than 2019:

- Coordination

Worse than 2019:

- Practical availability of essential medicines

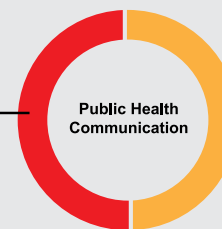


Same as 2019:

- Access to essential medicines as a right
- Published national medicines policy
- Published national list of essential medicines

Worse than 2019:

- Public education and risk education



Better than 2019:

- Communication with health workers