



# The Rebirth: Tunisia's potential development pathways to 2040

## Health

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## Health

Tunisia introduced free healthcare at independence and has since made significant investments in the sector. As a result, it is estimated to have gone through its epidemiological transition during the late 1960s and early 1970s. Since then, NCDs have been the primary cause of death, replacing communicable diseases.

However, healthcare services started to deteriorate in the late 1970s, at the height of authoritarian rule followed by Tunisia's financial crisis of the mid-1980s. Despite the challenges in the sector, a large majority of Tunisians have access to medical services and there are increasing private investments in the health sector. [1]

This generally positive situation is reflected in the fact that life expectancy in Tunisia was about 76 years in 2019 and is projected to be close to 79 years by 2040 — nearly three years above the global average.

Infant mortality stands at 10 deaths per 1 000 live births and is lower than that of UMICs globally. Tunisia is projected to have an infant mortality rate of 8 deaths per 1 000 live births by 2030 and six by 2040. The country will not, however, meet the SDG goal of eliminating preventable deaths of newborns and children by 2030.

Tunisia's maternal mortality ratio is estimated at 55 deaths per 100 000 live births — less than a third of the average for low middle-income countries globally. On the Current Path, the maternal mortality ratio is projected to decline to 15 deaths per 100 000 live births by 2040.

It has also made impressive strides in reducing malnutrition, and in 2019 the World Hunger Index ranked hunger as 'low' in the country. [2] However, obesity has become a significant issue. The Tunisian Health Examination Survey of 2016 indicates that 64.5% of Tunisians are overweight, with 72.4% of this number women and 30% are considered to be obese. [3]

Economic development and the intensification of urbanisation have been accompanied by changes in lifestyle and nutrition, fostering the rise of NCDs. Cardiovascular-related deaths and cancer are the leading causes of mortality in terms of NCDs. Although the importance and impact of NCDs were recognised in the early 1990s in Tunisia, the primary healthcare system is still ill equipped to manage and implement a comprehensive approach to NCDs. [4] Awareness of prevention measures for NCDs is also low.

Among communicable diseases, 'other' communicable diseases (a catch-all category for communicable diseases that are globally less prevalent/prominent) and respiratory infections are the leading causes of death.

While tobacco smoking is on the rise among both men and women in Tunisia, it is declining across Europe and the United States. Due to the absence of legislation on the issue, the share of young people who smoke tobacco remains high, a trend that is expected to negatively influence mortality in the next decade if appropriate legislation measures are not implemented. [5]

Meanwhile, deaths from road traffic accidents are quite high. In fact, the World Health Organization reported in 2015 that Tunisia had the second-worst traffic death rate per capita in North Africa, behind war-torn Libya. [6] In 2018, the National Observatory for Road Safety (ONSR) showed a nearly 16% decline in traffic accidents, although Tunisian roads are still considered deadly. [7]

Going forward, mortality from NCDs will continue to increase sharply. Mortality from communicable diseases will decline,

but very slowly, while deaths from injuries will rise.

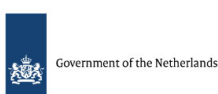
The mortality burden from injuries will surpass that of communicable diseases by 2025.

Because NCDs are inherently more expensive to diagnose and treat than communicable diseases, Tunisia will have to scale up its health framework and the associated amenities to respond to its evolving disease burden.

## Endnotes

1. WHO and Regional Health System Observatory, [Health system profile: Tunisia, 2006](#)
2. World Hunger Index, [Global Hunger Index 2019: Tunisia](#),
3. Portail national de la santé en Tunisie, [Rapport de l'enquête nationale THES-2016](#)
4. R Ben et al, Health System Challenges of NCDs in Tunisia, *International Journal of Public Health*, 60:S1, November 2014.
5. R Fakhfakh, M Hsairi and N Achour, Epidemiology and Prevention of Tobacco Use in Tunisia: A Review, *US National Library of Medicine*, 40:6, 2005.
6. World, ['The accident rate is simply terrifying': Tunisia sees deadly spikes on roads](#), 1 September 2016
7. Atlas Magazine, [Decrease in the number of accidents in Tunisia in 2018](#), 15 January 2019

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## About the authors

Dr Jakkie Cilliers is the ISS's founder and former executive director. He currently serves as chair of the ISS Board of Trustees and head of the African Futures and Innovation (AFI) programme at the Pretoria office of the Institute. His 2017 best-seller *Fate of the Nation* addresses South Africa's futures from political, economic and social perspectives. His three most recent books, *Africa First! Igniting a Growth Revolution* (March 2020), *The Future of Africa: Challenges and Opportunities* (April 2021), and *Africa Tomorrow: Pathways to Prosperity* (June 2022) take a rigorous look at the continent as a whole.

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