COUNTRY REPORTS

AF

Tunisia

General data

POPULATION, 2023
12,458,223

PHYSICIANS/1000 INH, 2020–2022
1.3

NURSES/1000 INH, 2020–2022
2.13

LIFE EXPECTANCY, 2022
76.90

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower middle income

HUMAN DEVELOPMENT INDEX RANKING, 2023
104

GDP PER CAPITA (US$), 2023
3,977.70

HEALTH EXPENDITURE, 2021
265.47

UNIVERSAL HEALTH COVERAGE, 2021
67

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
Ⓑ POLICIES
Ⓒ RESEARCH
Ⓓ USE OF ESSENTIAL MEDICINES
Ⓔ EDUCATION AND TRAINING
Ⓕ PROVISION OF PC

LEVEL OF DEVELOPMENT

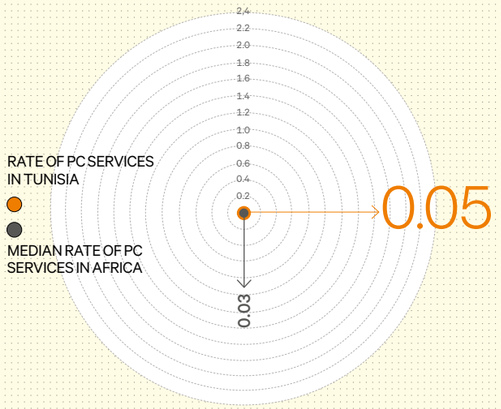
1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

Ⓕ Provision of PC (Specialised Services)

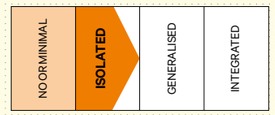
Total number of Specialised PC services **5**

Rate of PC services per 100,000 inhabitants **0.05**

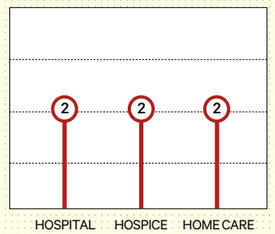
Tunisia in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

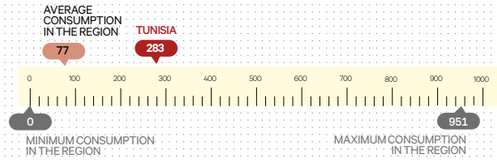
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1

TOTAL NUMBER: 0

Ⓓ Use of essential medicines

Opioids consumption (excluding methadone) **283** S-DDD/MILL INHABITANTS/DAY

Tunisia in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level

General availability of immediate-release oral morphine at the primary level

Ⓒ Research

PC-related research articles: 2

Existence of PC congresses or scientific meetings: 2

National Association: Association Tunisienne de Soins Palliatifs.

Consultants: Henda Rais; Nesrine Mejri.

Data collected: From December 2023 to March 2024.

Date validated by consultants: Yes

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Ⓔ Education & Training

Medical schools with mandatory PC teaching **0/3**

Nursing schools with mandatory PC teaching **0/43**

Recognition of PC specialty: 2

Ⓑ Policies

National PC plan or strategy: 2

Responsible authority for PC in the Ministry of Health: 1

Inclusion of PC in the basic health package at the primary care level: 1

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 3

Advanced care planning-related policies: 1

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Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

3

Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/program areas.

The Tunisian Association for Palliative Care (ATSP), founded in 2001, previously played a significant role in advancing the field. It established a regional branch in Gabès and collaborated with the Salah Azaiez Institute in supporting patients in the palliative phase. While no public activities have been documented since 2019, some ATSP members continue to be active in the palliative care field. Meanwhile, the Tunisian Association for the Fight Against Cancer remains active and has led awareness campaigns that may indirectly support people with palliative care needs.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

1

There is no national policy or guideline on advance care planning.

Tunisia does not have a national policy or legal framework governing advance directives (ADs) for end-of-life care. Public awareness remains limited, with only 27.1% of the targeted population familiar with ADs, although nearly half have considered their preferences for palliative care. Among surveyed physicians, 86.96% have never proposed ADs to their patients, despite 90.22% expressing willingness to do so. The lack of legal recognition is a major barrier to clinical implementation and contributes to low awareness. Nevertheless, both healthcare professionals and the public show significant conceptual support for ADs, suggesting strong potential for adoption if legislative and educational structures are established. Systemic reforms could enable the integration of ADs into Tunisia's healthcare system.

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

2

Developed over 5 years ago.

There is currently no standalone palliative care plan or strategy. However, the 2015–2019 National Cancer Plan addressed some palliative care needs, including an estimate of 250 required palliative care beds in Tunisia. It also introduced a five-year long-term leave entitlement for cancer patients and established a dedicated annual palliative care budget line of 30,000 TND.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

3

There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

3

The indicators exist, but have not been updated (implemented out of the determined period).

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

1

Not at all.

In Tunisia, palliative care is not included in the package of health services provided at the primary care level or among prioritized essential services. Current national health strategies and essential service packages focus primarily on maternal, neonatal, and other basic health care, without integrating palliative care into primary care structures. As a result, access to palliative care remains limited, and patients with advanced illnesses are often managed without systematic support at the community or primary care level. The absence of palliative care in national service packages highlights a significant gap in comprehensive health coverage in Tunisia.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1

There is no coordinating entity.

There is no national coordinating authority for palliative care (such as a unit, service, or department) within Tunisia's Ministry of Health or any equivalent body responsible for palliative care. The organization of hospital services is characterized by compartmentalization and a lack of coordination, with no dedicated national structure overseeing or integrating palliative care at the policy or operational level. This absence of centralized leadership contributes to fragmented service provision and hinders the development and implementation of comprehensive palliative care strategies in the country.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.).

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Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

2

Only sporadic or non-periodical conferences or meetings related to palliative care take place.

Palliative care development in Tunisia began in 1993 with support from Douleur Sans Frontière and French experts including Prof. Philippe Poulain, Prof. Michèle Salamagne, Prof. Alain Serrie, and Prof. Bernard Calvino. British experts also contributed to the activation of the ATSP branch in Gabès. At the national level, the Tunisian Association for the Fight Against Cancer (ATCC) organises an annual congress dedicated to palliative care. The 2024 edition focused on early palliative care and featured international experts. Regular scientific meetings in Sfax and Sousse further contribute to continuous professional development.

Ind 7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.

2

Reflects a limited number of articles published.

A comprehensive scoping review conducted in March 2023, covering publications from 2017 onwards, identified 9 peer-reviewed articles on palliative care in Tunisia that met the inclusion criteria for this indicator. In addition to these, several other studies have been published in local or regional journals, addressing topics such as access to opioids, communication of diagnosis, national pain management strategies. Further research explores patient preferences, the role of NGOs in PC development, challenges related to prolonged care, and preferred place of death.

Ind 8

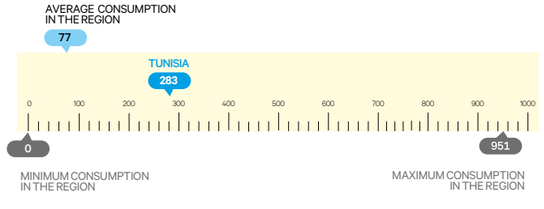
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020–2022.

283

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



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Ind 9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

In Tunisia, essential medications for pain management and palliative care are available at different levels depending on their category. First-step medications, such as paracetamol and anti-inflammatories, are widely accessible in hospitals, primary health centers, and private pharmacies. Second-step drugs, like codeine and tramadol, are generally available, although their use depends on price and marketing authorization. Strong third-step opioids are not accessible in primary care and are limited to certain university, regional, and private hospitals, requiring a special prescription. Although regulations allow for 28-day prescriptions, these medications are typically dispensed for only 14 days. **Oral Moscontin** is administered for 14 days in hospital settings and dispensed every 28 days in private pharmacies, in accordance with legal provisions. Immediate-release oral morphine is not available in hospitals but can be obtained from private pharmacies, where a minimum stock of opioids is required by law.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

3

Good: Between 30% to 70%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

In Tunisia, immediate-release oral morphine, such as Oxynorm (5 mg, 10 mg, and 20 mg), is available only in private pharmacies and is primarily purchased directly by cancer patients, with higher doses representing a significant financial burden. In hospitals, rapid-acting morphine is administered as morphine hydrochloride, either subcutaneously or orally-often as a syrup prepared in the pharmacy for both children and adults. Access to rapid-acting morphine in university and regional hospitals is generally free for patients covered by the national health insurance (CNAM) or those with low income, with about 70% of these patients receiving rapid-acting morphine. However, rural areas lack access at the primary care level; patients must travel to a regional hospital to obtain morphine hydrochloride, as immediate-release tablets are not available in primary care settings.

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Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)

0/3

11.2. The proportion of medical schools with OPTIONAL teaching in PC.

3/3

11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).

0/43

11.4. The proportion of nursing schools with OPTIONAL teaching in PC.

1/43

In Tunisia, none of the three medical faculties-located in Tunis, Sousse, and Sfax-include compulsory palliative care education in their undergraduate programs. Palliative care is only offered as an optional course through Certificates of Complementary Studies (CEC). Similarly, palliative care is not a mandatory subject in the curricula of public or private nursing schools. Although private nursing schools include a palliative care program in their core curriculum, participation remains optional. The country has 21 public and 22 private nursing schools, yet none require formal palliative care training at the basic education level. This highlights a significant gap in the integration of palliative care into foundational medical and nursing education in Tunisia.

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.

2

There is no process for specialization for palliative care physicians but exists other types of professional training diplomas without official and national recognition (i.e., advanced training courses or masters in some universities or institutions).

In Tunisia, specialization in palliative medicine for physicians is available through Certificates of Complementary Studies (CEC) and master's programs offered by several medical faculties. The Faculty of Medicine of Tunis has provided a CEC in chronic pain management since 1997, training about 1,250 physicians. The Faculty of Medicine of Sousse offers a CEC in palliative care and cancer prevention since 2005, with 570 practitioners trained, including general practitioners and oncology residents. The Faculty of Medicine of Sfax offers a Master's in palliative care, with 150 graduates over four cohorts. Since 2021, an inter-university CEC in palliative care in Tunis has trained 30 physicians, some of whom have pursued further training in France. Additionally, a professional Master's in palliative care for nurses has been available in Sousse since 2010. Although palliative care is not integrated into core medical curricula, targeted initiatives such as "La mort, parlons-en" have enriched student training.

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Ind 13

13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.

2

Isolated provision: Exists but only in some geographic areas.

13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.

2

Ad hoc/ in some parts of the country.

13.3. Free-standing HOSPICES (including hospices with inpatient beds).

2

Ad hoc/ in some parts of the country.

13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

2

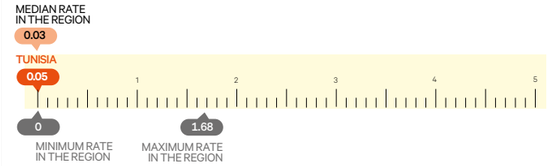
Ad hoc/ in some parts of the country.

13.5. Total number of specialised PC services or teams in the country.

5

Specialized palliative care services in Tunisia are concentrated in major regions such as Tunis, Sousse, Sfax, and Gabès, but their number is insufficient for a population of approximately 12 million as of 2021. The only dedicated palliative care unit in the country is located at the Salah Azaiez Institute of Medical Oncology in Tunis. Established in 2008, this unit has eight beds and a multidisciplinary team including a psychologist, a physiotherapist, and two nurses. While some physicians and nurses trained in palliative care are active in the community, there is still no well-structured national network of specialized services. This limited distribution means that many regions and patients lack adequate access to specialized palliative care, highlighting a significant gap in coverage relative to the country's needs.

RATE OF SPECIALISED PC SERVICES/100,000 INH



← SPECIALISED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.

1

No or minimal provision of palliative care specialized services or teams for children exists in country.

14.2. Number of pediatric specialised PC services or teams in the country.

0

PPC TEAMS

Paediatric palliative care in Tunisia remains limited and is not integrated into any official national programme. Most children receive care from adult oncology teams rather than specialised paediatric services. At the Salah Azaiez Institute in Tunis, the palliative care team includes children in its activities, focusing on pain management and supportive care. The paediatric oncology team at the Tunis Children's Hospital also provides care in the palliative phase. Similar support is available in cancer centres in Sousse, Sfax, and Gabès, though none of these institutions have dedicated paediatric palliative care teams or programmes.