EM

Tunisia

General data

POPULATION, 2024
12,277,109

PHYSICIANS/1000 INH, 2020-2022
1.28

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower middle

HUMAN DEVELOPMENT INDEX RANKING, 2023
105

GDP PER CAPITA (US$), 2023
3,977.7

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

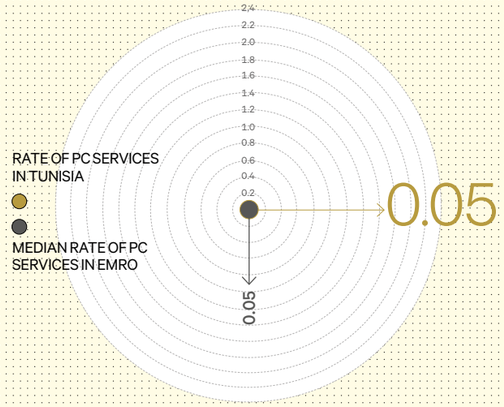
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

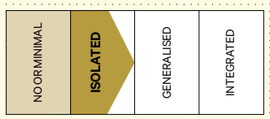
Total number of Specialized PC services: **5**

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

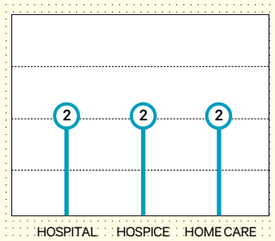
Tunisia in the context of EMRO



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1

TOTAL NUMBER: 0

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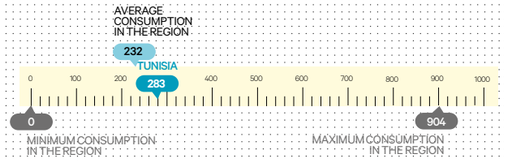
Ⓓ Use of essential medicines

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

Tunisia in the context of EMRO



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: December 2023-March 2024.

Report 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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People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, 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.

Policies

Ind 3

3.1. There is a current national PC plan, program, 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 program 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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Policies

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 healthcare, 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 MoH or any equivalent body responsible for this field. Hospital services are characterized by compartmentalization and a lack of coordination, with no dedicated national structure overseeing or integrating palliative care at either the policy or operational level. This absence of central leadership contributes to fragmented service provision and impedes the development and implementation of comprehensive palliative care strategies across 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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Research

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) organizes 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.

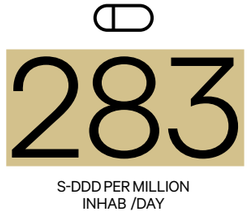
A comprehensive scoping review conducted in March 2023, covering publications from 2017 onwards, identified nine peer-reviewed articles on palliative care in Tunisia that met the inclusion criteria for this indicator. Additionally, several studies have been published in local or regional journals, addressing topics such as access to opioids for cancer pain, communication of diagnosis in oncology, national pain management strategies, and opioid dispensing by pharmacists. Further research explores patient preferences, the role of non-governmental organizations in palliative care development, challenges related to prolonged care, and preferred place of death. Recent publications also examine trends in opioid consumption and attitudes towards advance directives.

Medicines

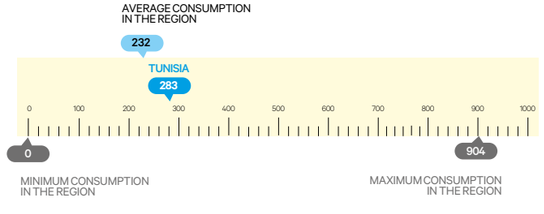
Ind 8

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

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



COUNTRY VS REGION



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Medicines

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 medicines for pain management and palliative care are available at various levels according to 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, including 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 permit 28-day prescriptions, these medicines 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 opioid stock is legally mandated.

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 imposing a substantial financial burden. In hospitals, rapid-acting morphine is administered as morphine hydrochloride, either subcutaneously or orally—often as a syrup prepared by 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 approximately 70% of these patients receiving it. However, rural areas lack access at the primary care level; patients must travel to regional hospitals to obtain morphine hydrochloride, as immediate-release tablets are unavailable in primary care settings.

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Education & Training

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 within their undergraduate programs. Palliative care is offered only as an optional course through Certificates of Complementary Studies (CEC). Similarly, palliative care is not a mandatory subject in the curricula of either public or private nursing schools. Although some private nursing schools incorporate palliative care into their core curricula, participation remains optional. Despite the presence of 21 public and 22 private nursing schools in the country, none require formal palliative care training at the basic education level. This underscores a significant gap in the integration of palliative care within foundational medical and nursing education in Tunisia.

Ind 12

Existence of an official specialization process in palliative medicine for physicians, recognized 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, physician specialization in palliative medicine 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 approximately 1,250 physicians. The Faculty of Medicine of Sousse has offered 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 across 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 the core medical curricula, targeted initiatives such as "La mort, parlons-en" have contributed to enriching student training.

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Provision of PC / Specialized Services

Ind 13

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

2

Ad hoc/ in some parts of the country.

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 (specialized 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.

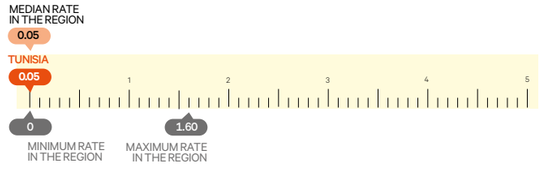
13.5. Total number of specialized PC services or teams in the country.

5

← SPECIALIZED PALLIATIVE CARE SERVICES

Specialized palliative care services in Tunisia are primarily concentrated in major regions such as Tunis, Sousse, Sfax, and Gabès. However, their availability remains inadequate for a population of approximately 12 million as of 2021. The sole dedicated palliative care unit in the country is situated at the Salah Azaiez Institute of Medical Oncology in Tunis. Established in 2008, this unit comprises eight beds and a multidisciplinary team, including a psychologist, a physiotherapist, and two nurses. Although some physicians and nurses trained in palliative care actively provide services within the community, Tunisia lacks a well-structured national network of specialized palliative care services. This limited distribution results in many regions and patients lacking adequate access to specialized palliative care, underscoring a significant gap in coverage relative to national needs.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



Ind 14

14.1. There is a system of specialized 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 specialized PC services or teams in the country.

0

PPC TEAMS

In Tunisia, pediatric palliative care (PPC) services remain limited and are not part of any national program. Most care for children is delivered by adult oncology teams rather than specialized pediatric services. At the Salah Azaiez Institute in Tunis, the palliative care team includes children in its activities, offering pain relief and supportive care. The pediatric oncology team at Tunis Children's Hospital also provides care during the palliative phase. Similar support is available in cancer centers in Sousse, Sfax, and Gabès, though none have dedicated PPC teams or programs. As a result, children requiring palliative care are often managed within adult-oriented services.