B6 | THE RIGHT TO HEALTH IN TUNISIA

In a chilling reminder of the self-immolation of Mohamed Bouazizi in 2010 that sparked the 'Arab Spring', less than three years later (on 13 May 2013) a twenty-seven-year-old street vendor named Adel Khazri immolated himself in front of the National Theatre on Habib Bourguiba Avenue in Tunis. Adel, just like Mohamed earlier, was forced by the dismal condition of his life to take such a precipitate step. He used to earn about US$100 a month by selling smuggled cigarettes on the streets, but this was not enough to feed him and his old parents, who lived in the poor governorate of Jendouba, in north-western Tunisia.

Adel Khazri's family later revealed that he had been suffering from multiple health problems, and that most of his limited income had gone towards paying for healthcare and medicines in the private sector. He had not been able to get the indigence certificate, which could have allowed him to get free healthcare in public hospitals. This tragedy reveals the failure of successive governments that came to power in the period after the 17 December–14 January 'Freedom and Dignity Revolution' to address issues of social protection. It also reveals the gradual erosion of the right to health of the people of Tunisia, particularly since the implementation of structural adjustment reforms and neoliberal policies starting in the mid-1980s.

Measures to provide social security and accessible healthcare in Tunisia have evolved gradually and have seen many changes since the independence of Tunisia in 1956, in sync with changes in the political and economic environment of the country. Important political changes have influenced the nature and extent of the government's role in protecting the right to health and in determining the concrete policies that were implemented to protect this right.

Social security in the pre-independence period

The ground for the creation of a social security system had been prepared during the colonial period, at a time when progressive forces were in power in France, particularly in the period between the two world wars. The first social security Act was institutionalized through a decree on 8 June 1944.[1] The Act created an inter-professional fund for family allowances, set up a family allowance fund for miners, and created a social compensation fund for workers engaged in construction, public works, and port and dock work. Early measures such as this paved the way for the development of social security, including social health insurance, after Tunisia gained independence.

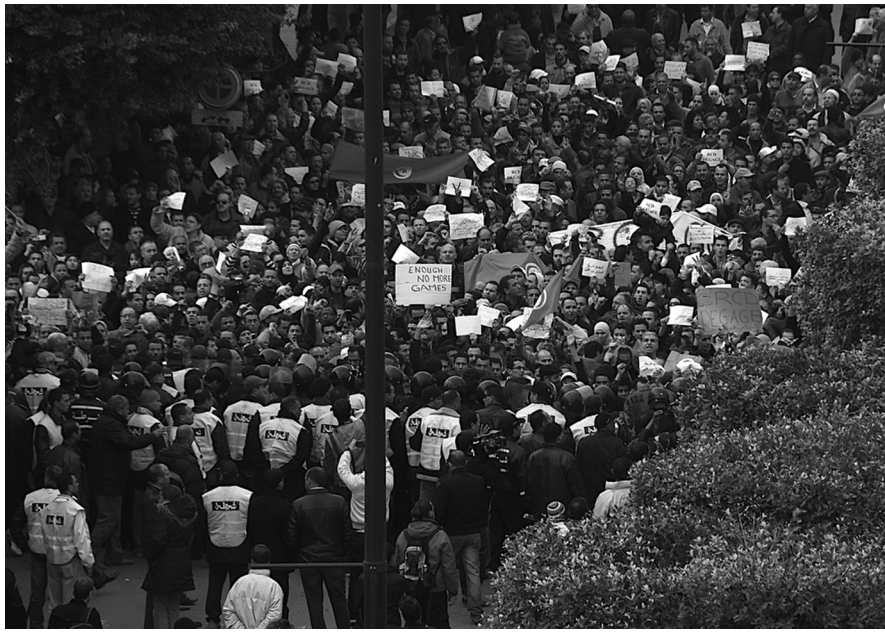

Image B6.1 Scene from the uprising in Tunisia that led to the overthrow of President Ben Ali (Chris Belsten)

Before independence, the healthcare system was not well developed, particularly in rural areas. General hospitals were established in big cities, particularly in Tunis, for specific populations, including for specific religious groups (Christians of French and Italian origin, and indigent Muslims). The latter were also catered to by charitable institutions such as the Aziza Othmana (named after a Muslim sponsor). Civil society organizations also provided free healthcare to the poor and the needy. However, there was no real system of organized social health protection in the form of social health insurance for Tunisians.

Provision of free healthcare after independence

Tunisia achieved independence from France in 1956 after an armed nationalist struggle. The first constitution (adopted in 1959) recognized the right to health and education in its preamble. Important measures were taken to make education free and mandatory for both sexes, to outlaw polygamy, to promote gender equality, and to provide free healthcare for all citizens.

The ruling party in the post-revolution period until the late 1980s was the Socialist Destourian Party. Provision of healthcare services was principally through public services, organized by the state. The 'socialist' approach of the ruling party resulted in a welfare state, in which free healthcare and education were integral components.

In 1960, social security was strengthened through the creation of special

funds for workers in the private and government sectors.[2] These funds dealt with pension funds, family allowances, work accidents and injuries, and health insurance. The adoption of progressive policies was not only dependent on a wise and visionary leadership, but also reflected the influence of the working classes on the liberation movement. The main workers' union, UGTT, played an important role during the independence struggle and was instrumental in shaping the social and economic programmes of the country.

For more than two decades after independence, health and education were high on the political agenda and the budgets allocated to these two sectors amounted to 33 per cent of the total government budget. Significant efforts were made to build public healthcare facilities all over the country, following a primary-healthcare-based service delivery model. Also, policies aimed at improving human resource development were implemented, and several nursing and paramedical schools were built in most governorates. The first medical school was established in Tunis in 1965 with technical support from the WHO (Akin et al. 1987). From the mid-1970s more medical schools, a school of dentistry and a school of pharmacy were built.

Social health protection was further improved by the strengthening of the two insurance funds covering workers in the government and private sectors and by providing various social security services, including health insurance. The gradual increase in insurance coverage through mandatory enrolment has led to the coverage of about 60 per cent of Tunisians by contributory health insurance schemes. Poor and deprived sections, representing nearly 30 per cent of the total population, were covered by the government through the medical assistance programme which allowed eligible citizens free or subsidized access to public healthcare facilities.

The improvement in the social determinants of health, including education, nutrition, housing, access to water and sanitation, and investment in human resource development, and the increased coverage by promotive and preventive programmes, led to important achievements in health outcomes, as reflected by an increase in life expectancy and a reduction of general mortality and morbidity rates in various age groups.

Authoritarian rule and crisis

However, the political system based on one-party rule and limited freedom of speech and democracy led to several crises. The most important was the economic crisis of 1969 following the failure of top-down and poorly designed agrarian reforms aimed at establishing production cooperatives. Incidents such as this ended the socialist orientation of the government after the then responsible minister, Ahmed Ben Saleh, was sacked and his successor imprisoned.

The ruling party increased its interference in the workers' unions in order to get the working classes to support unpopular economic and political decisions. This situation led to a general strike in 1978 led by the workers' union.

President Bourguiba ordered a military general named Ben Ali to repress the general strike, leading to bloodshed and violence that resulted in the loss of more than two hundred lives.

In the mid-1980s, the government was almost bankrupted and turned to the International Monetary Fund (IMF) and the World Bank to borrow money in a bid to resolve its financial problems. These Bretton Woods institutions imposed macroeconomic reforms and a structural adjustment programme on Tunisia, with stringent reductions in public spending, particularly in the social sectors, including health and education.

Structural adjustment programmes and the erosion of the right to health

The well-known recipe of a structural adjustment programme (Achour 2011) consisted of the introduction of user fees for publicly provided healthcare services to compensate for diminishing government spending in the social sectors, including health, reduction of food subsidies, and promotion of privatization in the area of service delivery.

Significant reduction in the subsidies for bread, pasta, sugar and oil, which are the main staples of Tunisians, led to the 'bread riots' in 1984. These were once again severely repressed by the government, leading to tens of deaths and injuries to many more. The magnitude of the riots throughout the country obliged the then president to reverse these measures. The measures were gradually reintroduced during the second dictatorship of President Ben Ali.

User charges were implemented for all publicly provided healthcare services with the exception of preventive and promotional services. The share of the government in total healthcare spending decreased from 45 per cent in the 1970s to nearly 26 per cent in 2008. At the same time, the share of households in total healthcare expenditure increased from 36 per cent in the 1970s to nearly 45 per cent in 2010. As public facilities became gradually underfunded, patients, including insured ones, sought healthcare in the private sector. Supplies of medicines in public facilities were often limited and skilled health workers migrated to work in the more lucrative and better-equipped private sector.

The increase in out-of-pocket healthcare expenditure is explained by several factors, including active and passive privatization resulting from a weak public sector, balanced billing for insured patients, and co-payments and provider-induced demand resulting from the dual practice promoted in public healthcare institutions. Equity studies, carried out with technical support from WHO (Chaoui et al. 2012), have shown that nearly 5 per cent of households faced catastrophic expenditure levels and that 2 per cent were pushed every year into poverty following ill health.

The landscape of service provision has also changed as a consequence of government policies aimed at promoting the role of the private sector in both healthcare financing and delivery. Between 1990 and 2008, the total

number of private hospitals increased from thirty-three to ninety-nine, while private bed capacity increased during the same period from 1,142 to 2,578 (a 2.25-fold increase) (Achouri and Achour 2002). All of this has led to a two-tier system of service provision: one for the rich, who can afford to pay for quality private healthcare services, and one for the poor, who are served by a failing public sector. These changes have led to the *erosion of the Tunisians' constitutional right to health*.

Neoliberal policies and healthcare for those who can afford it

The growing role of the private sector in service delivery and financing, which was initiated in the 1980s, further increased after 2000 with the adoption of neoliberal policies and the subsequent privatization of major sectors of the economy and the implementation of free trade agreements (FTAs) (Zogby 2011). At the same time, reduction in government spending led to the freezing of civil service recruitment, which increased the number of unemployed health professionals.

The pace of growth of private healthcare investments was higher than in previous decades. Several national medicine companies were established, as were joint ventures with international pharmaceutical firms. This has had a positive impact in terms of increasing self-reliance in medicine production and manufacturing to around 45 per cent.

Some private investors, aware of the strategic position of the country and the availability of its competent and trained healthcare workforce, have started developing health and medical tourism services to attract patients from the region and from Europe.

Outsourcing of clinical and non-clinical public services to private providers was aggressively promoted by the government. Therefore, several functions carried out previously in public hospitals were outsourced, leading to job losses for health workers in government healthcare facilities. Also, public–private partnerships (PPPs) were encouraged at the national, regional and international levels.

The deterioration of public health care facilities in general and of hospitals at various levels in particular has meant that the healthcare options available to middle-class citizens and insured patients are limited. Price inflation in the private sector, weak governance and regulatory mechanisms are forcing important segments of the patient population to seek healthcare privately, even at the risk of becoming indebted or impoverished. The marketization of healthcare has become an unacceptable reality.

The reform initiated by the government to establish a unique insurance fund covering civil servants and workers in the private sector was based on providing access for the insured to private healthcare providers. Since the implementation of the health insurance reform in 2008, reimbursement costs for services bought privately by insured patients have witnessed a significant

increase, threatening in the medium term the financial viability of the national health insurance fund. The financial deficit of the insurance fund in 2011 was estimated to be around US$100 million.

National policies of privatization and practices of labour flexibility have exacerbated unemployment among young Tunisians and have increased social vulnerability. Increasing frustration and anger resulting from social unrest, political impasse, unemployment, exclusion and the erosion of human rights, including the right to health, led to the 17 December–14 January 'Freedom and Dignity Revolution', which ended half a century of political dictatorship in Tunisia (ANC 2014).

The right to health in the aftermath of the 'Freedom and Dignity Revolution'

The defence of, and the importance accorded to, human rights, including the right to health, came to occupy a very high place on the political agenda following the Tunisian revolution. Most electoral campaign programmes of the major political parties have highlighted the importance of promoting and protecting the right to health in the country's future constitution. Most programmes have called for the introduction of a universal health system and for the rehabilitation of the public health sector as an important partner in service provision.

Civil society organizations (CSOs) are becoming very active in advocacy of the right to health in a democratic and free society. Several associations are defending the rights of patients to access quality care services without the financial burdens being placed on individuals and families, including access to quality and affordable medicines, particularly for patients with chronic diseases and cancers.

The Tunisian Association Defending the Right to Health (ATDDS) has played an active role in facilitating networking among CSOs that defend the right to health and in advocating and promoting the right to health in the new constitution (ibid.). Thanks to media coverage and interaction with members of the constitutional assembly, the statement on the right to health in the draft constitution has been improved and expanded, and this has in turn promoted the forging of links with social determinants of health, such as employment, housing and education.

However, it has not been possible to introduce into the new constitution explicit reference to the government's responsibility in protecting the right to health and in securing mechanisms for the monitoring and evaluation of such a right. Also, concerns have been raised about the 'charity-based' approach promoted by some influential members of the governing Islamist party, which does not recognize health as a right, but rather regards it as an act of charity that could be provided through a network of faith-based associations.

The ATDDS plans to conduct studies on equity in healthcare financing and on social health protection in collaboration with other public health profes-

sionals and researchers. Non-governmental organizations (NGOs) have also contributed to a societal dialogue on health reforms supporting the promotion of the right to health at the national, regional and local levels.

Conclusion

The self-immolation of the young unemployed Tunisian man deprived of his constitutionally guaranteed human right to health has shaken CSOs and political activists. His death, seen as an unacceptable tragedy, has led CSOs and human rights activists to strongly advocate the inclusion of economic and social rights in the future constitution.

The values of social justice and equity upheld by the Tunisian revolution, which has opened the way for freedom and democracy in some Arab countries, need also to be used to support the struggle for the rights-based approach for universal health coverage nationally, regionally and globally.

Notes

1 See Centre des Liaisons Européennes et Internationales de Sécurité Sociale (CLEISS), 'Le régime tunisien de sécurité sociale', www.cleiss.fr/docs/regimes/regime_tunisie.html.

2 See ibid.

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