

Tunisia has been the first country in the Region to finalize its National Child Health Policy, an outcome of country efforts undertaken within the frame of the Child Health Policy Initiative (CHPI) conceived by the Regional Office for the Eastern Mediterranean (EMRO) in October 2003. The policy document was launched by the Minister of health of Tunisia in a formal ceremony in Tunis on 10 December 2006, during the opening of the Third Intercountry Workshop on the Child Health Development unit (CAH).

The National Child Health Policy document developed by Tunisia relies on a thorough situation analysis described in the official document of the Ministry of Public Health "Child health situation Analysis in Tunisia" developed in October 2005. The analysis was carried out as a key step to identify strengths of existing policies and child health issues which could be addressed effectively through new policies or strengthening existing ones. The aim was to bring together in one document all policies, old and new ones, which address the health and development of Tunisian children, as a further commitment to ensuring that Tunisian children develop and live to their full potential. The document covers both the healthy and sick child and addresses such issues as access to care and service provision, committing financial resources, health professional development, medicines policy and other health system elements, communication, prevention, monitoring and scaling-up of child-related programme interventions. Thus, going beyond traditional vertical programmes strategies and areas of responsibility, the child health policy recognizes the importance of addressing a number of key determinants of health. Effectively tackling the issues raised by the situation, the policy document deals with such challenges as:

Equity, by policy decisions ensuring quality services and access to quality care to all Tunisian children, with attention to the most vulnerable, underserved disadvantaged families;

Quality of services and personnel performance, by quality assurance approaches such as the National Health Districts Development Programme, the IMCI strategy and the strategy for quality assurance in primary health care, and by certification of health districts, training, motivation schemes for health staff integration of public health programme guidelines into medical and paramedical schools' teaching programmes, and organization of continuing education for all health professionals;

Raising **preventive services** to the same level of curative services;

Promoting **child psychosocial development and disability prevention and control** in addition to health;

Financing by allocating increased resources to support the implementation of these policies, among others maintaining free preventive care for all children and guaranteeing free curative services for children of families in need;

Strengthening **partnerships**, defining partners' responsibilities and coordination mechanisms

The policy document includes the following main sections: background to the policy, policy statements and strategic directions, monitoring and evaluation and an annex with existing child health related policies

Taking in the EMRO CHPI recommendation that monitoring should be included in policy documents to support their implementation, the National Child Health Policy document in Tunisia lists indicators and monitoring resources for each of the policies contained in the document itself. A plan of action setting targets for the key indicators will need to be developed to operationalize the policy as a next, logical step.

The National Child Health Policy document of Tunisia has been made available in three languages, namely Arabic, French and English.

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