

Tunisia

**National Report on Millennium
Development Goals**

United Nations

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Introduction

Adopted at the Millennium Summit (New York, 6-8 September 2000), the Millennium Declaration established world priorities at the beginning of this XXIst century by placing people at the heart of the activities. The Declaration defined the themes and the specific development objectives and made provision for the countries to elaborate progress reports on the crystallisation of the eight goals proclaimed by the Declaration in order to encourage a favourable climate for development and for poverty eradication.

Thus the national report on the Millennium Development Goals constitutes a framework basically to relaunch the national debate on development, to create a favourable climate for action and to impart a new impetus to political commitments on a national level and to reinforce national capacity in evaluating these goals.

The list of millennium development goals (MDG) synthesized the targets and goals for the monitoring of human development. The focus is on eight main goals:

- Eradication of poverty and hunger;
- Provision of universal primary education;
- Promotion of gender equality and women's autonomisation;
- Reduction of child mortality;
- Improving maternal health;
- Combating HIV/AIDS, malaria and other diseases;
- Ensuring a sustainable environment;
- Creating a world partnership for development.

Each of these objectives is accompanied by targets expressed in figures, which are to be attained within 25 years, between now and 2015¹. Appropriate indicators have been retained to measure the progress made in each domain. The MDG cover most of the goals fixed at world summits and conferences organized during the 1990s. They would serve as indicators to monitor the activities on a national level, but without constituting any rigid guidelines.

With the support of the United Nations system, the first MDG report in Tunisia will make it possible to highlight the stages of progress so far and to provide a new opportunity to better mobilize political leaders and higher authorities as well as civil society, the communities, the greater public and the medias. The report will furthermore make it possible to consolidate the achievements and to forge ahead through other stages of development.

¹- 1990 year of reference.

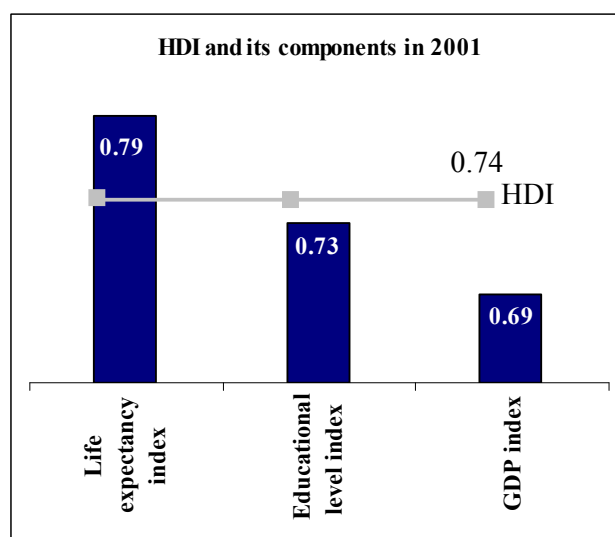
Chapter 1

Economic and social context

With a gross domestic product per capita exceeding 3100 Dinars in 2002, Tunisia is amongst the countries with a strong development potential. In the last few decades, the country's economic and social position evolved remarkably thus reflecting the tremendous efforts deployed by the public authorities to improve economic performance and to promote social wellbeing. The average annual rate of growth of the GDP in the last few years was about 5% and, thanks to a better distribution of the fruits of growth between all the social strata, the rate of poverty in the 1960s went down from 60% to 7% in the middle of the 1990s and to 4.2% in 2000.

An improvement in economic indicators is the result of sound macro-economic management basically since the adoption and implementation of the structural adjustment programme from 1986 onwards to ensure both sustainable and sustained economic growth, Tunisia introduced a series of reforms to reduce the budget deficit in particular whilst preserving a macro-economic equilibrium and safeguarding a favourable social environment.

The structural adjustment programme (whilst reducing some social expenditures, though not as much as the other categories of expenditure) and the budget constraints meant that particular attention had to be given to the social aspect of development. The programme thus led to an increase in real terms of the inhabitants' income and to a reduction in social inequalities, which in its turn attenuated poverty.



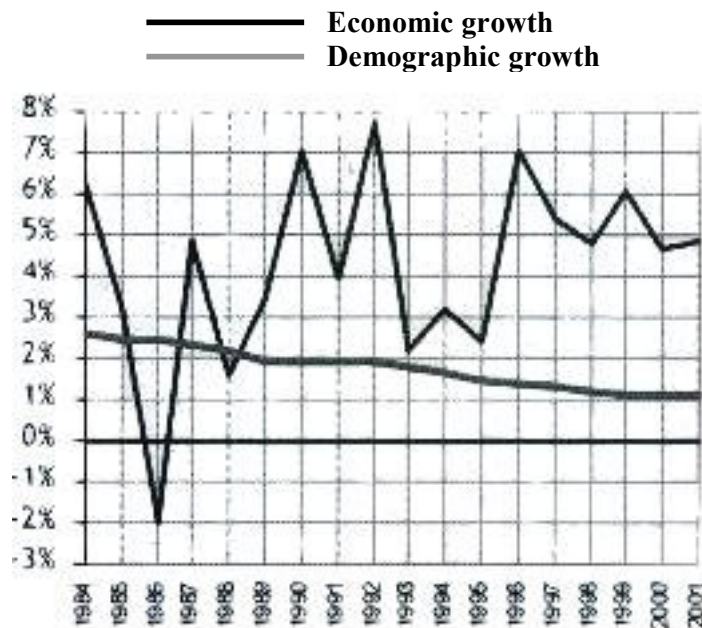
This economic performance and social achievements entailed permanent monitoring as they could be upset by the challenges facing the Tunisian economy in the next few years in view of the commitments contracted within the framework of the partnership agreement with the European Union and also with the WTO or those contracted on a national level in order to respond to an ever-growing demand for jobs both in terms of quantity and quality. The agreement with the European Union will have considerable social implications insofar as trade with this economic area represents nearly 75% of imports and 80% of Tunisia's exports.

The agreement, however, was implemented progressively and prudently which guarantees a certain protection up to 2008 so that Tunisia can absorb short-term negative effects and prepare itself for the deadline and also continue implementing the reform, economic ones in particular, during a

transitional period. The repercussions of the partnership agreement would be stronger on small and medium sized companies, which could not cope with strong competition. The impact would be even greater on an almost unskilled labour force belonging to declining sectors, and women in particular. From the social viewpoint, its a question of consolidating the insertion mechanisms and of combating poverty so as to protect the most vulnerable categories from the negative repercussions of this agreement. This means adapting policies and social institutions to an ever shifting and unpredictable international economic environment.

With the regression of absolute poverty, it is now ever more difficult to act on the incidence and severity of poverty.

The necessity to better target the advantages of the social programmes are all the more greater as the incidence of absolute poverty is going down. Tunisia has made considerable progress in the social sphere through a demographic growth policy and the valorisation of human resources. This policy, for several years, led to an economic growth well above demographic growth which is now around 1%.



Chapter 2

Eradication of poverty and hunger

Goal, to reduce by half the proportion of the population living in situations of extreme poverty between 1990 and 2015.

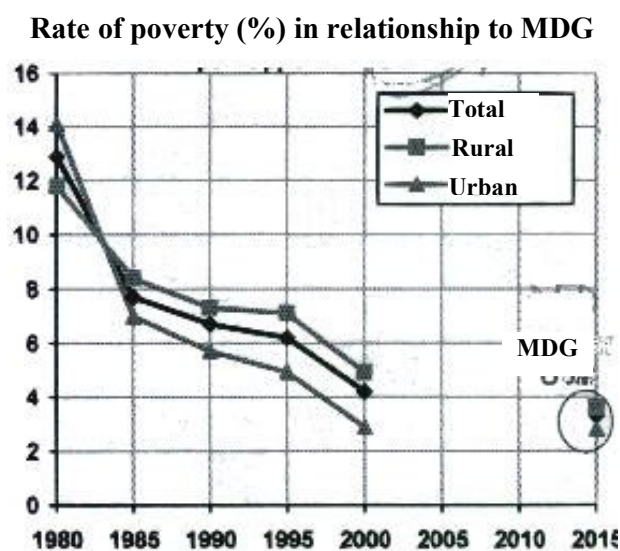
Studying the phenomenon of poverty is based on sociological surveys and multiple statistics in order to understand a complex reality. The rate of poverty is a sensitive indicator of social statistical information. But the concept of poverty also extends to numerous other dimensions of wellbeing. Poverty can include notions of vulnerability.

Evolution of poverty in Tunisia

Understanding the phenomenon of poverty is through the rate of poverty, which is determined on the basis of surveys on budgets, consumption expenses and the living standard of households. On the basis of this indicator, poverty has considerably regressed in Tunisia since 1980. The figures from the different surveys indicate that, in absolute terms, the number of poor has gone down relatively quickly from 823 thousand in 1980 to 399 thousand in 2000.

As for the situation in urban and rural areas up to 1980, the categories of poor populations were concentrated in rural areas, representing at that time 62.3% of the total population of the poor. In 1990 the trend started to change and to gain in amplitude. In urban areas the number of poor was 354 thousand, i.e. 65% of the total number. The proportion was about 69% in 1995 and 74% in 2000.

The rate of poverty was 4.2% in 2000, against 6.7% in 1990 and 12.6% in 1980. Poverty thus regressed considerably during the second half of the 1990s after stagnating during the 1985-1990 period.



Source: INS – consumption surveys

Table 1: Poverty indicators

	<u>1980</u>	<u>1985</u>	<u>1990</u>	<u>1995</u>	<u>2000</u>					
Total number (in thousands)	823	554	544	559	399					
Urban (No. and % share)	393	47,7	325	58,6	354	65,0	389	69,0	296	74,0
Rural (No. and % share)	430	62,3	229	41,4	190	35,0	170	31,0	103	26,0
Poverty rate (in %)	12,9	7,7	6,7	6,2	4,2					
Urban	11,8	8,4	7,3	7,1	4,9					
Rural	14,1	7,0	5,7	4,9	2,9					

Source: Budget and household consumption surveys- INS: 1980, 1985, 1990, 1995, 2000

As for extreme poverty, the portion of the population with less than a Dollar a day to spend went down from 1.5% in 1990 to 0.5% in 2000. As for the population with less than two Dollars a day to live on, the percentage stabilized at about 6.7% in 2000 against 11.1% in 1990.

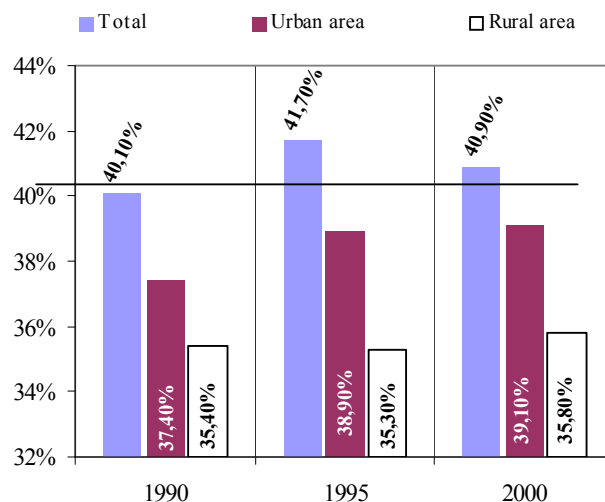
Economic inequalities and poverty

Examining the changes in the distribution of incomes makes it possible to appraise the efficiency of the economic growth process in relationship with the national goal of combating poverty. Economic growth dynamics and the equitable distribution of the fruits of this growth do indeed have a favourable impact on the evolution of incomes and consequently on the profile of inequalities and of poverty.

Gini's¹ index calculated on the distribution of households' consumption expenditure already makes it possible to follow the evolution of poverty and its regional profile. Gini's coefficient has remained at about 0.4 and the portion of expenditure of each of the two poorest deciles increased only marginally. Between 1990 and 1995, Gini's coefficient for the urban area deteriorated slightly but remained unchanged for the rural area. In contrast, between 1995 and 2000, Gini's coefficient deteriorated slightly in rural areas and remained unchanged in urban areas.

¹- Gini's index measures the degree of concentration of statistical distribution, its value varies between 0 and 1, an index close to 1 indicates a concentration of distribution (unequal distribution).

Evolution of Gini's index



Source: INS – Surveys on households' budgets and consumption

Gini's index masks a disparity in the structure of expenditure, even if with a value of 0.4 it indicates a slight concentration of incomes. The national survey on households' budgets and consumption in 2000 shows that in terms of the distribution of incomes between the different categories of the population, the richest 20% account for 47.3% of the total consumption, whilst the poorest 20% account for only 6.9% of the total, consumption. Furthermore, the average expenditure of the richest 10% represents 6 times more than the average expenditure of the poorest 10%.

Table 2: Expenditure per capita and per annum (ECA) depending on the regions – 2000

Region	ECA (in Dinars) of the richest 10%	ECA (in Dinars) of the poorest 10%	ECA of the richest 10% / ECA of the poorest 10% of the Centre-West
District of Tunis	3317	584	11,4
Nort-East	2180	401	7,5
North-West	1983	398	6,8
Centre-West	1715	291	5,9
Centre-East	3005	508	10,3
South-West	1827	351	6,3
South-East	2059	359	7,1
Total	2537	412	8,7

Source: Surveys on households' budgets and consumption. INS 2000.

The average expenditure per capita of the richest 10% of the District of Tunis rose to 3317 Dinars and that of the Centre-East to 3005 Dinars, representing respectively 11,4 times and 10,3 times the average expenditure per capita of the poorest 10% of the Centre-West and practically double of the richest 10 % of the same region. This ratio partly explains the reasons for the migrations from the Centre-West towards the coastal areas.

The evolution of food security

Like poverty, food insecurity regressed considerably in Tunisia. Several indicators are used to illustrate the progress made:

Food energy availability is assessed at 3500 kcal per person per day according to the results of the 1995 consumption survey.

Examining the evolution of the net production index per capita since 1961 shows considerable fluctuations due to climatic instability and a general trend towards improvement in food availability in the country. The food production index has more than doubled between the beginning of the 1960s and the end of the 1990s. There was an improvement of over 40% per capita.

The food energy deficit applies to less than 1% of the population.

Access to food is measured in terms of financial availability, better incomes and life styles. Poverty is one of the causes most directly linked to food insufficiency. Better access to food was provided through poverty reduction, through the setting up of assistance programmes for those most deprived and through support actions to create sources of income for the poor.

Synthesis		
	Environment evaluation	Appraisal
		Strong Average Weak
Poverty has regressed considerably in Tunisia since 1980 and this is an undeniable fact. Figures from the different surveys indicate that, in absolute terms, the number of poor has dropped relatively quickly from 823 thousand in 1980 to 399 thousand in 2000	Data collection quality and capacity	
	Statistical processing capacity	
	Statistical analysis capacity	
	Statistical analysis integration capacity when elaborating policies and resource allocation mechanisms	
	Reports and dissemination of information	

Chapter 3:

Primary education for all

Goal: to enable all children, boys and girls, to complete primary education in 2015.

Tunisia in the last forty years has deployed tremendous efforts to progressively consolidate the goal of education for all. The State furthermore has done the same to safeguard the achievements in the educational system even during the economic structural adjustment period despite the evermore pressing development constraints and commitments and continued to devote an average of 6% per annum of the GDP to education.

The 23 July 2002 law on “the orientation of education and school teaching” marked a new stage in this process by adapting the education legislation to the needs of society so that it is in conformity with international conventions and to attain the recommendations and objectives fixed by the world summits and conferences on education. Apart from stipulating that “education is a national priority” and that it is a “fundamental right” and “a duty assumed jointly by individuals and the collectivity”, the law reaffirms the principle that education is compulsory and free as well as equal opportunity in exercising the right to education and places the pupil at the centre of educational action. Whilst giving prime attention to the quality of education, the law texts also provide solutions to the persistent problems of early school dropouts and the pupils’ poor performance.

Everyone’s right

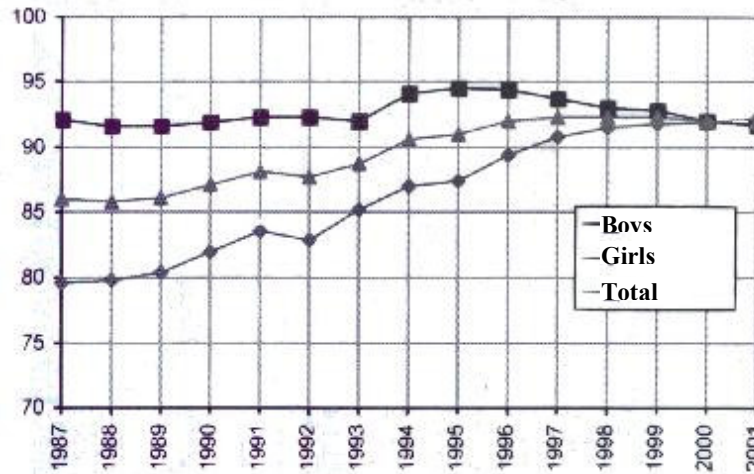
Access to school for all school-age children became a readily admitted option in Tunisia since the promulgation in 1958, only two years after independence, of the first legislation on education. The 1958 law stipulates in its article 2 that “access to education and higher education is open to all children from the age of 6...”. Nevertheless it should be stated that the legislator at that time, being aware of the difficulties in implementing that commitment, did not make it mandatory for the State to enforce this right. That is why the same article 2 of the said law mentions that “later provisions will fix the date from which it will become mandatory for all parents and throughout the whole Tunisian territory to ensure education for children aged 6 to 12 years”.

The results obtained were not as expected and not in line with the goals fixed basically because of the widespread inadequate schooling at the beginning of the 1960s and because of the development imperatives. A number of dysfunctions were noted which persisted until the beginning of the 1990s when a second reform was introduced.

The reform of the education system, anchored by the July 1991 law, aimed to adapt the school to the great changes which had taken place in the country’s economic and social structures, and also to guarantee 9 years basic education for all children from 6 to 16 years old. Article 4 of the said law clearly stipulates that “the state guarantees, free of charge, to all school-age children, the right to schooling and the maximum equal opportunity to enjoy this right... for as long as they are able to regularly attend their schools according to the regulations in force”.

Better results were achieved as there was a lower dropout rate and a higher level of schooling of the children aged from 6 to 12 years.

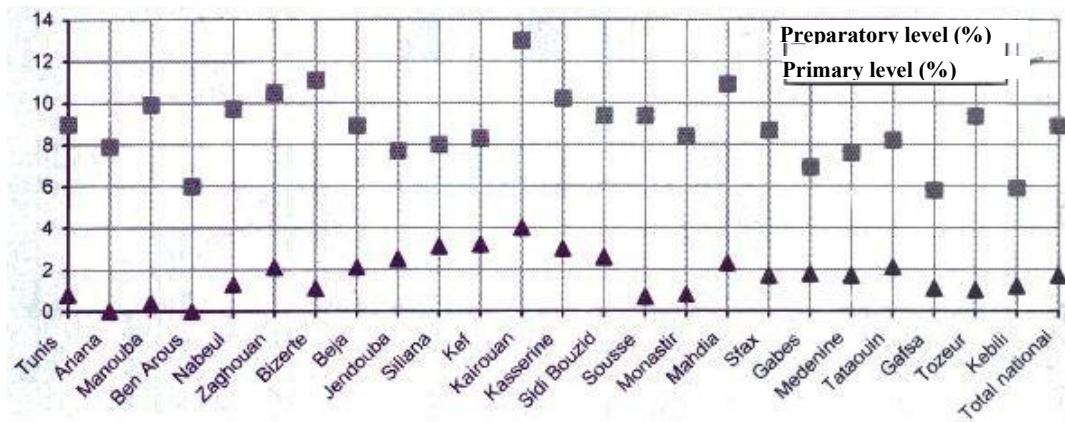
Net rate of schooling (6 – 12 years)



Source: school education statistics – Ministry of Education and of Training.

Regional results, however, still show disparities which need to be highlighted so that they can be corrected, especially the rate of dropouts from the preparatory education level which in some regions has reached levels high enough to cause concern.

Dropout rate per governorate (2001 – 2002)



Source: School education statistics 2001/2002. Ministry of Education and of Training

The emergence of new, internal and external challenges lead to a reform of the education system in 2002 so as to cater for three basic requirements, namely efficacy, quality and equity.

The right to education was reiterated once more by the new legislation on education. The first article of the 2002 law stipulates that “education is a guaranteed fundamental right for all Tunisians, with no discrimination based on sex, social origin, colour or religion”.

A number of new measures were introduced to enable many pupils to successfully complete their primary education. Apart from pedagogical measures, other ones pertaining to compulsory schooling and equity in the right to education were either brought in or further consolidated.

Free education

Free education, as stated in the 1958 law, confirmed by the 1991 law, is reiterated by the 2002 law whose article 4 stipulates that “the state guarantees the right to free schooling in public schools for all school-age children”. Apart from being free for all children, without any distinction, registered at the schools, the 2002 law, like those of 1958 and 1991, stipulates in article 4 that “the State will provide assistance for pupils from modest income families”, but this assistance does not depend on the pupil’s good school results.

At present, a considerable amount of assistance is provided annually to pupils from underprivileged families, in the form of school supplies, outfits and the distribution of meals provided in school canteens. This assistance to schoolchildren from poor families is further bolstered by actions of support from various social organisations. It is worth mentioning that the assistance provided by the State covers all the levels of education without exception.

Compulsory education

Free primary education is an accepted fact in Tunisia since independence and compulsory education was a novelty instituted by the 1991 law. The 2002 law reiterated this principle and went as far as stating that an interruption in education before the 9 – year basic education period was “to be the exception” (article 20). A range of measures was proposed and implemented in order to ensure that these provisions were indeed applied.

Firstly parents who fail to register their children at one of the primary schools or who withdraw them before the age of 15 are liable to a fine of from 20 to 200 Dinars. The fine is increased to 400 Dinars if the parents fail to comply again. The State furthermore intensified the network of primary schools in the rural areas, consolidated roads and tracks to end the isolation of some areas and to make it easier for the pupils to get to school, improved the pedagogical supervision of the pupils and introduced changes in teaching methods, programmes and in organizing the school-day.

Finally, some programmes and mechanisms were set up to solve some specific problems. Thus a “map of priority education areas” was prepared and covers those schools with a poor internal performance.

Measures have been taken to enable the schools identified to improve their performance as well as the teaching conditions. The same applies to social action cells set up within the schools whose main task is to prevent school dropouts by monitoring those pupils with difficulties in their studies.

The 2002 law paid particular attention to children with special needs. It stipulates in article 4 that the “State is watchful to ensure adequate conditions for children with special needs so that they can exercise their right to education”. Thus, through the 2002 law, like the 1991 law which was the first school legislation to pay attention to this category of children, the State is to ensure that these children get the maximum opportunity to exercise their right to education. These are basically children with disabilities and those lagging behind in their education.

For children with disabilities, different formulas for schooling have been set up:

The first formula is to integrate all those children with no major handicaps into normal classes with some adjustments of the facilities and furthermore a new national strategy (2003) was implemented so as to encourage this integration of children with disabilities into all the domains.

The second formula is a partial integration of some categories of children with poor hearing and slight mental deficiency for whom special support is provided apart from integration into a normal school.

The third formula provides education in specialized centres basically for the blind, those with mental disabilities and for the deaf.

For the other categories of children with specific needs, the interventions take place within the framework of priority education areas, social action cells and lessons to catch up.

Consolidating the achievements and improving the quality of education

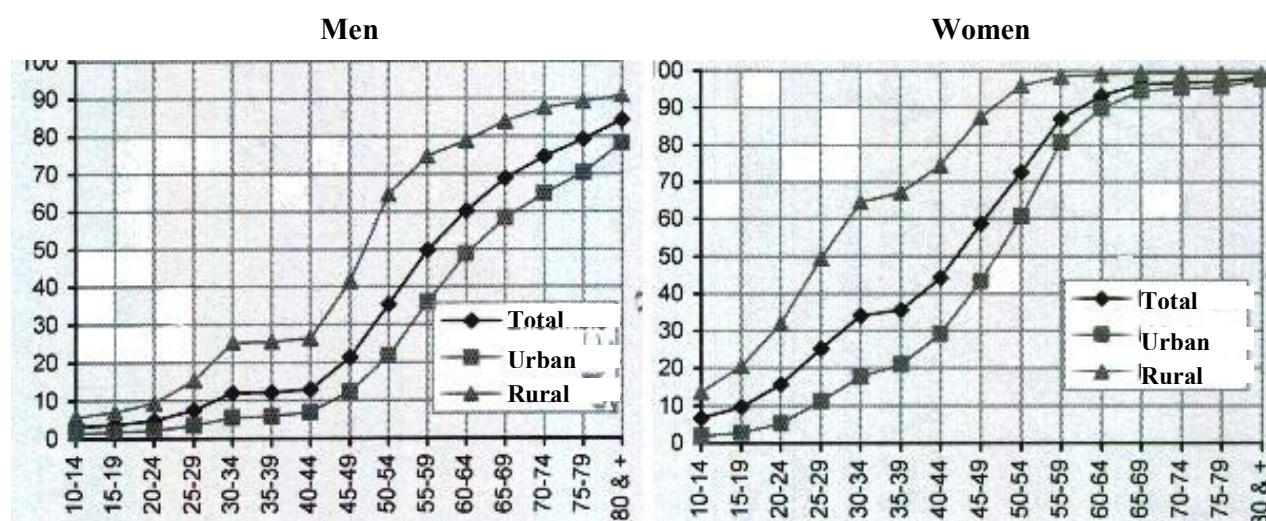
The various regulatory, institutional, financial and pedagogical measures implemented have made it possible to attain the goal of universal schooling at the primary school and should also make it possible to ensure schooling throughout the whole duration of primary education.

The challenge for the education system in the years to come is that of quality. In view of the different measures taken in all spheres of education, the quantitative aspect should have been taken care of.

Education for all, furthermore, is education meaning a basic period of 9 years of education instead of 6 years. Food quality education should therefore cater for basic educational needs which include the essential learning tools and the necessary contents so that the children can develop all their faculties, participate fully in the development process and continue learning.

The number of illiterate persons was deemed to be too high in view of the efforts deployed in the sphere of education and this led to the adoption in 2000 of the National Adult Education Programme with more resources being allocated to this domain.

Level of illiteracy per age in 1999 (%)



Source: INS-1999 National Survey on Population and Employment.

This programme targets the young, women and the rural areas as a priority. The aim is to reduce the level of illiteracy to around 16% in 2006. Illiteracy in the population aged 15 to 29 should also be eliminated by the same date.

The 1999 National survey on Population and Employment furthermore estimated the illiterate population at 2 million with the following characteristics:

Two thirds of the illiterate population are women.

One illiterate out of 4 is under the age of 34 representing over five hundred thousand persons.

Over half of this population lives in rural areas, with the rural population representing about 35% of the total population.

Within the same context, a quarter of the population aged 10 and over is illiterate. The level of illiteracy attained 40,8% in rural areas and 19% in the communes and varies considerably with gender, age and the person's environment.

Synthesis				
	Evaluation of the environment	Appraisal		
		Strong	Average	Low
Improved results are seen from the lower dropout rate and the higher rate of schooling of the population aged from 6 to 12.	Data collection quality and capacity			
	Statistical processing capacity			
	Statistical analysis capacity			
	Statistical analysis integration capacity when elaborating policies and resource allocation mechanisms			
	Reports and dissemination of information			

Chapter 4:

Promotion of gender equality and women's autonomisation

Objective: to eliminate disparities between the genders in primary and secondary education in 2005 and at all levels of education in 2015

Women have constantly constituted a permanent element in the global approach to development and have always been considered as a privileged actor and beneficiary. This choice stems from the belief that women's liberation, the crystallisation of their rights in all their amplitude and the consecration of their participation in the work of development are prerequisites for the establishment of a harmonious, tolerant and well-balanced society.

It is on the basis of this belief, namely women-development – society, that the three axes were established:

- A first axis concerning the adaptation of the legislation to the spirit of equality between men and women.
- A second axis pertaining to the structures, which watch over women's promotion.
- And finally a third axis, which covers all the measures and actions to promote women's participation in economic, social and public life.

Since independence, Tunisian legislation has helped to promote women, and to ensure the durability and irreversibility of their acquired rights. These rights furthermore are constantly evolving and being adapted to the social changes taking place in Tunisia. Hence the different amendmends, firstly, to the personal status code promulgated in 1956 and modified in 1993 and to the other codes deemed to be essential to the establishment and anchoring of equality between the genders, such as the nationality code, the labour code and the penal code. These revisions aimed to expurgate all forms of discrimination against women from the said codes. The amendmends also pertained to legislation dealing with social, civil and economic transactions. The most recent amendmends pertained to the joint estate of husband and wife and the abrogation of all discrimination against women with reference to contracts and commitments.

The legislative reforms affected even the constitution itself so as to firmly ensure the principle of gender equality and non-discrimination. The amendmends stipulate that any Tunisian, with a Tunisian father or a Tunisian mother, with no distinction whatsoever, has the right to become a candidate for the chamber of deputies.

Tunisia has furthermore always tried to reconcile the principles of Islam with universal rationality and to remain faithful to a twofold requirement, namely to preserve its national identity and to be open to an ever changing world.

Tunisian women and the support structures for women's promotion.

To better integrate women into the development process, Tunisia has set up a number of structures whose main role is to elaborate women's promotion policies, to monitor the implementation of these policies and to ensure the reduction of gender disparities.

The first of such structures is the Ministry of Women's Affairs, the Family and Children. Its role is to contribute towards ideas and to the elaboration of governmental policy for women's promotion, the family and children. The ministerial department is also responsible for ensuring women's rights and safeguarding the family's equilibrium by ensuring its stability.

Several complementary agencies pursuing the same goals were set up in support of the Ministry to help it to fulfil its mission.

The most important of these is the National Council for Women and the Family, the Commission on "Women and Development" and the Research, Study, Documentation and Information Centre on women known as CREDIF. Then national council basically constitutes a framework for discussions on women's issues. The commission, which meets during the preparation of Development plans and their monitoring, like other plan commissions, constitutes a place for reflection and for the orientation of policies. CREDIF is furthermore a scientific body responsible for developing studies and research work on women.

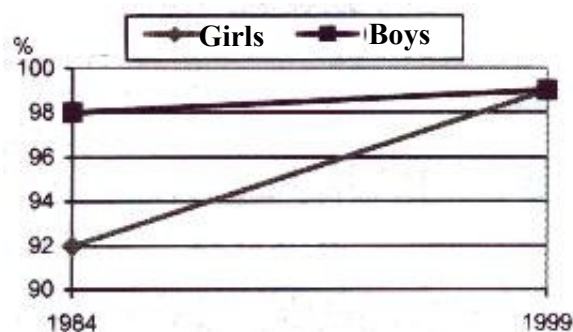
Several institutional support mechanisms for rural women have also been set up in order to take into account the characteristics and specificities of the rural world.

The task of the National Commission for Rural Women, set up in 2001, is to define a national strategy for the promotion of rural women and to ensure coordination between the different operators of the national plan for the promotion of rural women and which started in 1998.

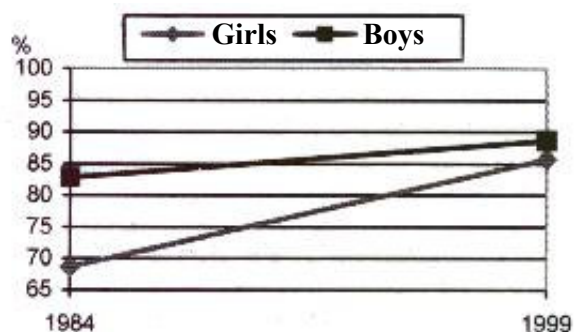
Tunisian women in economic and social development

Women's role in development has been strengthened by the opportunities provided through education, training and access to the labour market. The different reforms in the educational system have had positive repercussions on the schooling of girls. The gaps in the rate of schooling of boys and girls at all levels of educations have not only retracted but the trend has also been reversed to the detriment of boys.

Schooling rates of 6 year-olds



Schooling rates in secondary education



Sources: 1984 general population and Housing Census.

1999 National population and Employment Survey.

As for primary education, the rate of schooling of 6-year-old children is at present the same for both girls and boys (99%) whereas in 1984 there was a 6-point-gap. The schooling of the 13 to 19 age group showed a similar trend to that found in the 6-12 age group. The rate of schooling of the 13-19-year-olds reached 66.1% in 2001 for girls and only 64.3% for boys; in 1985 these rates were respectively 34.3% and 49.5%. These results applied even to higher education where the rate of schooling for girls increased from 4.7% in 1985 to 25.4% in 2001 for girls against 7.7% and 21.2% for boys.

These achievements were corroborated by a reduction in the illiteracy rate in general and by the reduction applicable to the 10-29-year-age group. The rate of illiteracy for young women aged 10 to 29, estimated at 9.4% in 2000 on a national level, dropped considerably in the last two decades. But this rate is still high in non-communal areas where it stands at 27%.

Table 3: Evolution of the illiteracy rate

Rate of illiteracy (in %)	1984	1994	1999
Population of 10-year-olds and over	46,2	31,7	23,6
Boys	34,6	21,3	14,7
Girls	58,1	42,3	32,5
Population aged between 10 and 29	12,9	7,7	6,7
Boys	13,6	6,0	2,7
Girls	36,5	19,7	9,4

Sources: 1984-1994 general population census. 1999 National population and employment survey

It is also interesting to note that the dropout rate, especially in primary education, has gone down.

Table 4: Evolution of dropout rate

<i>Dropout rate (in %)</i>	1984/1985	1990/1991	2001/2002
<i>Primary education</i>	5,3	6,9	1,8
Boys	5,0	7,1	2,0
Girls	5,8	6,8	1,6
<i>Secondary education</i>	7,6	11,6	7,8
Boys	8,3	13,4	9,9
Girls	6,6	9,5	5,7

Source: 2001/2002 schooling statistics. Ministry of Education and Training.

However, despite these results, there are still some regional disparities. A number of specific measures were set up to offset these shortcomings, such as the programme for priority education areas and the national adult education programme which in particular targets the young, women and rural areas.

The different strategies adopted by Tunisia in the sphere of employment aimed to create the maximum number of jobs with no gender distinction being made between the job applicants.

Table 5: Evolution of activity rate

(in %)	1975	1984	1999
25 – 29 years	21.2	29.3	37.8
30 – 34 years	16.2	23.5	34.1
35 – 39 years	14.2	18.9	28.7

Sources : 1975-1984 general population Census. 1999 National population and employment survey.

Despite all these strategies, which emanated from the changes taking place in Tunisian society, which encourages women's participation in the labour market and with women's higher level of education, they represented only 25.3% of the overall active population in 1999 against 21.3% in 1984 and 18.7% in 1975. The change in the rate of activity is notably slow, which means that one woman out of three aged between 25 and 39 enters the labour market.

Tunisia's population and health policy also further enhanced women's autonomisation. The family planning programmes implemented since the 1960s and developed even further since the Cairo conference in 1994 within the framework of an integrated reproductive health approach, aimed at a better management of women's health specifically. These programmes were strongly supported by the government and contributed towards women's promotion and encouraged their participation in development efforts.

Synthesis and evaluation				
The goal fixed by the Millennium Summit, namely “to eliminate gender disparities in primary and secondary education by 2005 is possible, and at all levels of education in 2015 at the latest, has been achieved by Tunisia to a great extent already in 2000. What Tunisia is striving at is to improve the quality of education, especially as the quantitative aspect of the problem has already been tackled.	Environment	Appraisal		
		Strong	Average	Low
	Data collection quality and capacity			
	Statistics processing capacity			
	Statistical analysis capacity			
	Statistical analysis integration capacity in the elaboration of policies and resource allocation mechanisms			
	Reports and dissemination of information			

Chapter 5:

Reduction of child mortality

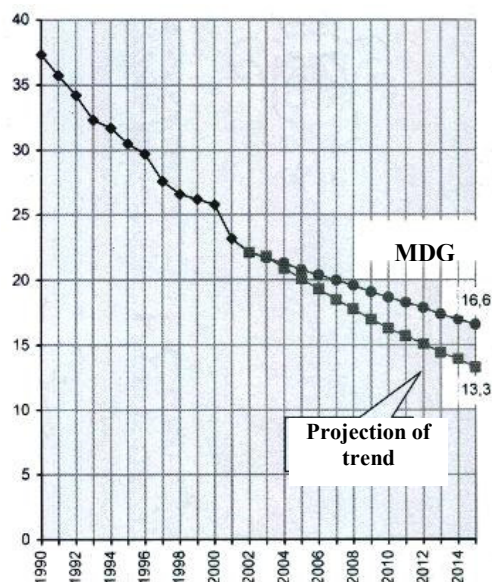
Objective: to reduce child mortality by two thirds between 1990 and 2015

The significant drop in child mortality in Tunisia resulted not only from the means used to promote the health policy but also from the various changes in Tunisian society. Since independence Tunisia has greatly invested in health, in infrastructures and in the training of medical and paramedical personnel. Tunisia developed more than ten national programmes in favour of the mother and child tandem which were managed in an integrated manner by field teams. Great efforts were made to ensure a better regional distribution of health services. The population's state of health was improved but such results could not have been achieved without a considerable and concomitant improvement in living standards and in housing conditions of the citizens, as well as in better education and in women's promotion.

The latter was indeed a determinant factor in reducing infant mortality which dropped from 51.4 per thousand in 1985 to 37.3 per thousand in 1990 and 30.5 per thousand in 1995 and finally 22.1 per thousand in 2002. These overall satisfactory results however, must not obscure the gap which separates Tunisia from the other developed countries (11 per thousand in the OECD countries in 2001) as well as the disparities between rural and urban areas. Child mortality in rural areas is double that of urban areas.

Child mortality was thus brought down fourfold between 1970 and 2002. The mortality of infants aged 1 to 5 went down most significantly during that period, namely in the 1970s and 1980s. Some wide-reaching and specific health measures explain these improvements, such as the prophylactic programmes to prevent some diseases through vaccination and preventive measures against diseases with diarrhoea. A satisfactory level of vaccination was obtained as well as a significant drop in child mortality through dehydration because of acute diarrhoea.

Rate of child mortality (per thousand)



Source: INS statistics yearbook.

As for the nutritional state of the children, the rate of retarded growth and inadequate weight in children below the age of five was 12.3% and 4% respectively in 2000. But these rates varied quite considerably depending on the regions.

Table 6: Prevalence of moderate and severe malnutrition

In %	Retarded growth	Inadequate weight
Greater Tunis	7,0	2,3
North-East	10,7	3,1
North-West	14,7	4,5
Centre -West	17,7	6,5
Centre-East	11,3	3,4
South-West	15,9	5,5
South-East	12,5	3,3
Tunisia	12,3	4,2

Source: DSSB – MCS2 - 2000

As for the prevention and treatment of diseases, the level of vaccinations is satisfactory and intensive actions were undertaken to reduce the effects of the main diseases responsible for child mortality.

The health information system still has shortcomings so that it is still not possible to know the precise causes of child deaths, especially deaths occurring in the home or to foresee the evolution of this phenomenon in the different regions of the country.

The last national survey on health and wellbeing of mother-and-child in 2000 shows that the main causes of death in children under the age of 5 are as follows:

- Perinatal disorders: 46,7%
- Acute respiratory infections: 14,0%
- Congenital anomalies: 10,8%
- Diarrhoea: 9,7%

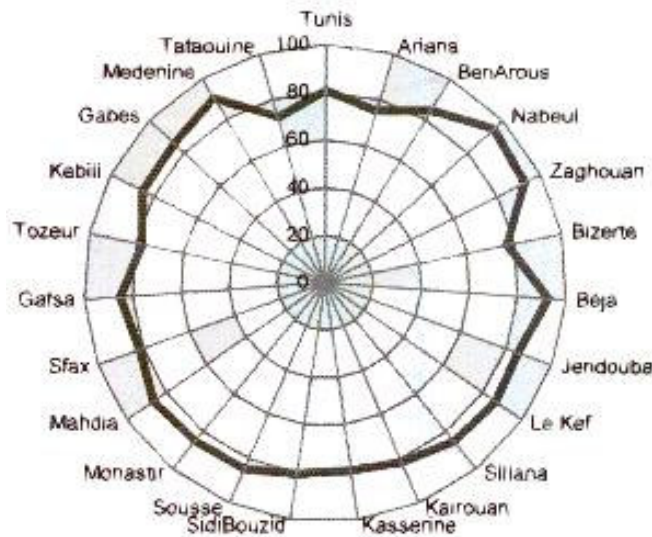
At this stage it should be pointed out that the death rate due to diarrhoea went down from 1.4% in 1991 to 0.57% in 2000 and the death rate due to acute respiratory infections went down from 1.12% to 0.8% during the same period.

As for vaccination, there is almost complete coverage through certain vaccines but there are still regional disparities in terms of all the vaccines being used. Thus:

- 96.60% of infants aged 24 to 35 months have been BCG vaccinated,
- 95.8% have been vaccinated for DTCP3,
- 88.9% have been vaccinated for HBV3,
- 84.6% have received a first dose of the vaccine against measles.

At the age of 24 months, 83,6% of infants have had a complete primo-vaccination and this ratio is above 80% in 20 regions out of 24. Finally, the anti-HIB vaccine has been included in the systematic vaccinations schedule for babies in 2002 in order to help reduce the rate of infant mortality and morbidity. This rate varies from 82.6% in rural areas to 84.2% in urban areas and reached a level of 72.0% in the governorate of Tataouine against 94.9% in the governorate of Nabeul.

Proportion of infants aged 24 to 35 months who have had all the vaccines



Source: DSS B – MICS2 – 2000

In parallel with the improvement of the children's nutritional state and actions undertaken within the framework of programmes to combat diseases for which vaccines are available, diarrhoea and acute respiratory infections, particular attention was given to mothers' health by improving prenatal, perinatal and postnatal services, especially as there seems to be a close correlation between the quality of these services and the rate of infant mortality; the ratio may thus vary from 1 to 3 depending on whether prenatal case was available or not available.

Apart from socio-health factors, socio-cultural factors too may influence infant mortality as these are closely linked to the mother's profile, such as her age, intervals between the pregnancies, the urban or rural origins and the mother's educational level.

It can be said in conclusion that great strides forwards have been made in reducing infant mortality. These results were obtained thanks mainly to the programmes and health actions which were implemented. Regional disparities still exist nevertheless and some of the causes of infant mortality seem to be out of proportion. Awareness building in the population needs to be strengthened so that the families take appropriate action to protect their children against certain diseases, such as acute infectious diseases and diarrhoea, so that they recognize the severity of the symptoms and take their children to health care centres and rapidly. Such a policy would make it possible for Tunisia to go beyond the objective fixed by the Millennium Summit and also to reduce the disparities between the rural and urban areas.

Synthesis and evaluation				
	Environment	Appraisal		
		Strong	Average	Low
Infant mortality went down from 37.3 per thousand in 1990 to 22.1 per thousand in 2002. These overall satisfactory results must not obscure the gap between Tunisia and the other developed countries as well as the regional disparities and the efforts still to be deployed in order to tackle all these challenges	Data collection quality and capacity			
	Statistics processing capacity			
	Statistical analysis capacity			
	Statistical analysis integration capacity in the elaboration of policies and resource allocation mechanisms			
	Reports and dissemination of information			

Chapter 6:

Improvement of maternal health

Objective: to reduce maternal mortality by three quarters between 1990 and 2015

Tunisia, in its development policy gave particular attention to health services and to improving the health of the population.

Considerable resources were allocated to the health sector and various measures were implemented to improve the quality of health care and to bring the various health services closer to the population.

Like the general health policy, the women-oriented policy was aimed at women of child-bearing age in particular and took account of the economic and social changes which were taking place as well as the new requirements in the sphere of women's health.

This policy was based on the concept of family planning, then evolved towards the concept of mother-and-child health care and finally included the aspect of reproductive health based on the promotion, prevention and management of women's health in general and more specifically the health of the mother in particular.

Thus reproductive health services began to be integrated into the basic health care services (over 2000 units). A national perinatal programme was also set up with the main aim of reducing maternal and perinatal morbidity and mortality. A monitoring system of maternal mortality was set up in order to identify the dysfunctions in the health system, which had led to maternal deaths, and to correct these shortcomings to avoid further deaths.

Remarkable progress was made by providing pre-marital consultations, prenatal monitoring, assisted births and postnatal follow-up. The national survey on health and wellbeing of mother-and-child in 2000 by the Ministry of Public Health with the support of UNICEF led to the following results:

- 89,3% of women benefited from assisted birth against 80.1% in 1995 and 71.3% in 1989;
- 91.5% of women had at least one prenatal consultation (58% in 1988) and 57% of the women had 4 and more consultations (28.3% in 1989);
- 59.3% of women had at least one post-natal consultation (25% in 1994 and 20.6% had the two consultations between the 8th and 40th day.

These results are close to the results published by the Basic Health Care Department of the Ministry of Public Health in its 2001 activity report, which shows that:

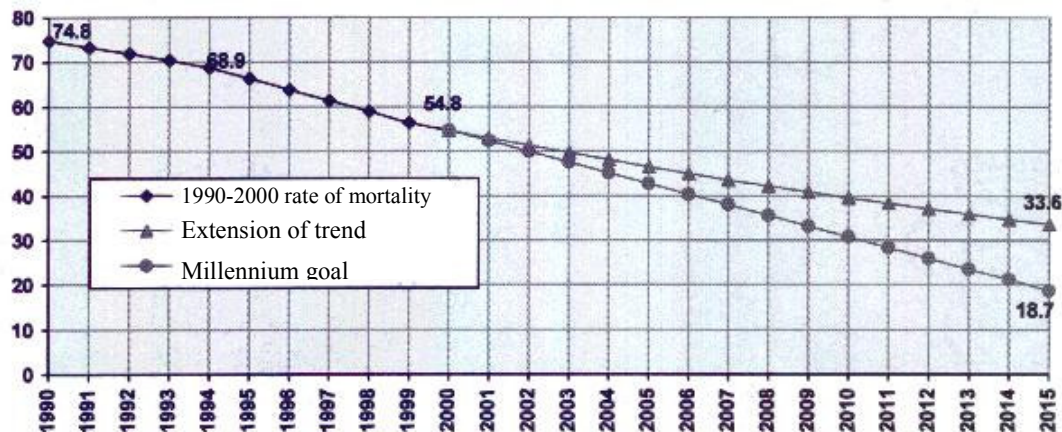
- 83.6% of women gave birth in public maternity services;
- 70% of women had at least one prenatal consultation in public health structures and 42.6% of women had at least four consultations;
- 64.1% of women had at least one post-natal consultation in the public health structures.

These perinatal health achievements and the prevalence of contraception led to a drop in maternal mortality and to a reduction in the synthetic index of fecundity.

The rate of maternal mortality was estimated at 54.8 per 100 thousand births in 2000 against a rate of 68.9 per 100 thousand in 1994. The rate of evolution of maternal mortality does not, however,

make it possible to attain the objective of reducing this rate by three quarters between 1990 and 2015. A national strategy to reduce maternal mortality had been set up since 1998. This strategy made it possible to set up a maternal deaths monitoring system to gather the necessary data for corrective actions on a regional level, to mobilize health professionals so as to improve the quality of obstetrics and to monitor on a national level the progress made in reduction maternal mortality.

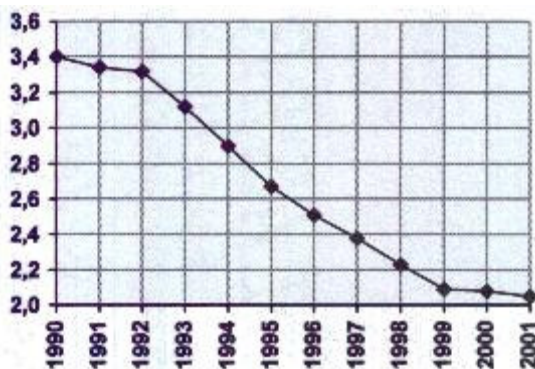
Rate of maternal mortality (per 100 thousand births)



Source: INS, DSSB: 1990, 1993 and 2000.

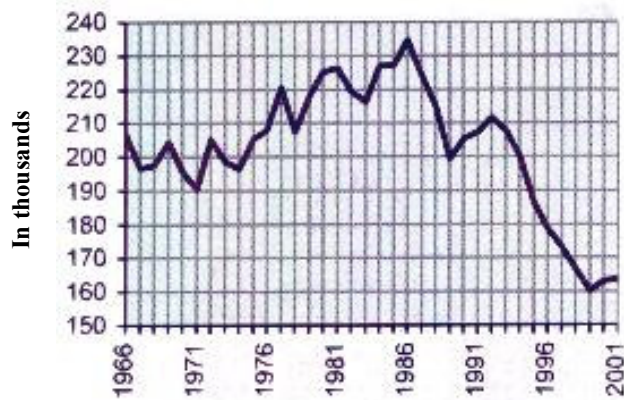
The drop in maternal mortality occurred after a significant reduction in births which started at the end of the 1980s and which accelerated in the last ten years, from an average of 200 thousand births per annum during the 1966-1992 period to approx 160 thousand at present¹.

No of births



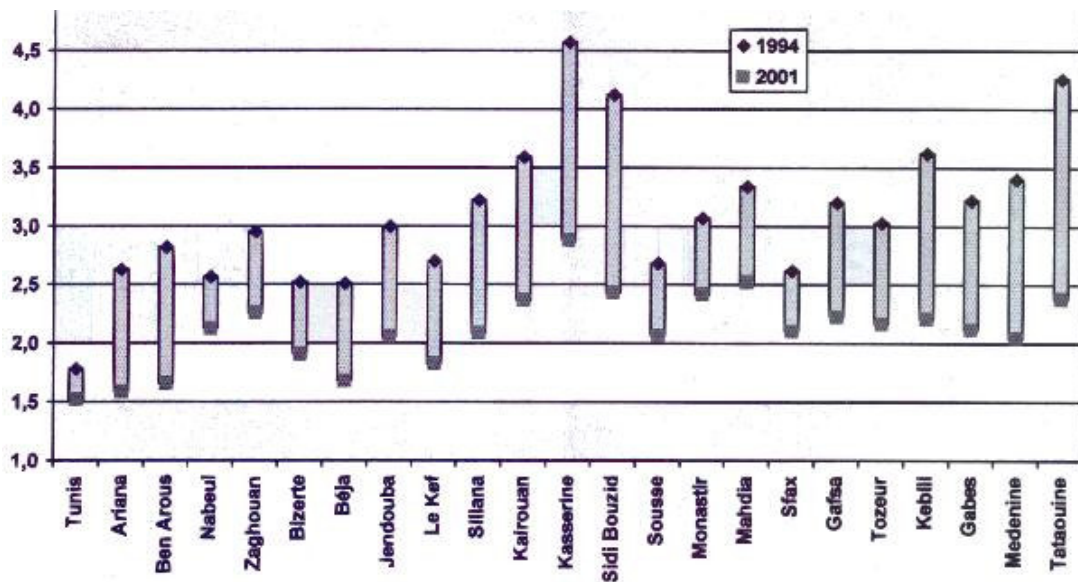
Synthetic index of fecundity¹

¹- Source: INS statistical Records.



This reduction caused a significant and generalized drop in all the regions of the country of the synthetic index of fecundity from 3,4 in 1990 to 2,05 in 2001. All the governorates, except Kasserine and Mahdia, had a synthetic index of fecundity below 2,5 in 2001.

SIF between 1994 and 2001



Source: INS statistical Records

These results have been achieved thanks to the family planning programme, which according to an impact evaluation, is thought to have contributed to the drop in fecundity of 44% during the 1966-2000 periods.

These significant results nevertheless must not obscure the differences which still persist depending on the women's social status, regions and their level of education.

As for prenatal consultations, there are still variations depending on the governorates and uneducated women make the least use of these consultations.

Table 7: Use of prenatal consultation

	At least one consultation	4 and more consultations
National level	91.5 %	57.3 %
The last three governorates		
• Tataouine	64.3 %	10.6 %
• Kasserine	70.3 %	27.0 %
• Sidi Bouzid	73.1 %	29.4 %
Per		
• Urban area	96.8 %	69.9 %
• Rural area	84.2 %	39.8 %

Source: DSSB – Activity Report 2002.

As for postnatal consultation, the uptake is very low with persistent regional disparities, as can be seen from the rates which vary from 29% for the governorate of Kairouan (mostly rural governorate) to 79.8% for the governorate of Tunis. These rates respectively drop to 9.3% for two postnatal consultations and to 34.6 % for one single consultation.

Table 8: Use of postnatal consultation

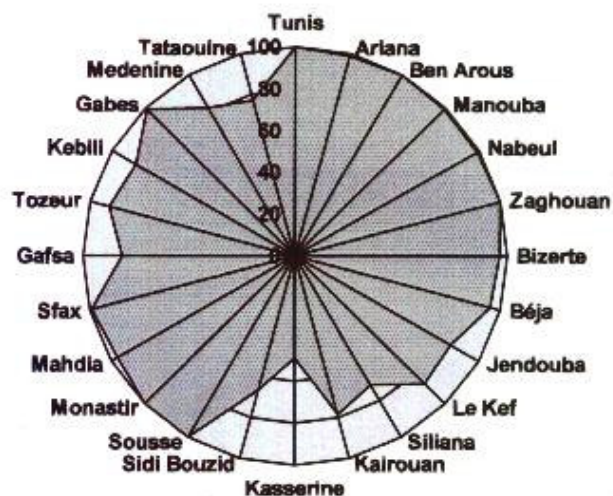
	1 consultation at least	2 consultations
National level	59.3 %	20.6 %
Per		
• Urban area	66.9 %	24.1 %
• Rural Area	48.6 %	15.7 %
Mother's educational level		
• No level	42.5 %	11.5 %
• Primary level	61.3 %	21.3 %
• Pre-school level	68.9 %	25.9 %
• Secondary level and higher	73.8 %	29.2 %

Source: DSSB – 2002 Activity Report.

Despite the progress in maternal health, there was still a non-negligible percentage of home births of 10.7 % in 2000. This percentage conceals great regional disparities. In fact, the percentage of home births recorded by MICS 2000 was 28.7% for Siliana, 51.3% for Kasserine, 33.7% for Sidi Bouzid. PAPFAM gave a rate of 32.9% for the Centre-West.

These results have been corroborated by the data from the Health and Family Survey (September 2002) where it was shown that home births represented 9.7% of all the births and that this rate varies from 3.1% in urban areas to 20.8% in rural areas.

Assisted births (in %)



Source : MICS 2 – 2000

Synthesis and evaluation				
	Environment		Appraisal	
	Strong	Average	Low	
<p>The rate of maternal mortality was estimated at 54 per 100 thousand in 2000 against a rate of 68.9 per hundred thousand in 1994. These results must not obscure the fact that home births still persist in predominantly rural governorates in the Centre West.</p>				

Chapter 7:

Combatting HIV/AIDS

Objective: to stop the spread of HIV/AIDS and inverse the present trend

The data available for Tunisia shows that VIH/AIDS is not spreading actively for several reasons due mainly to social culture and an improvement in women's living conditions.

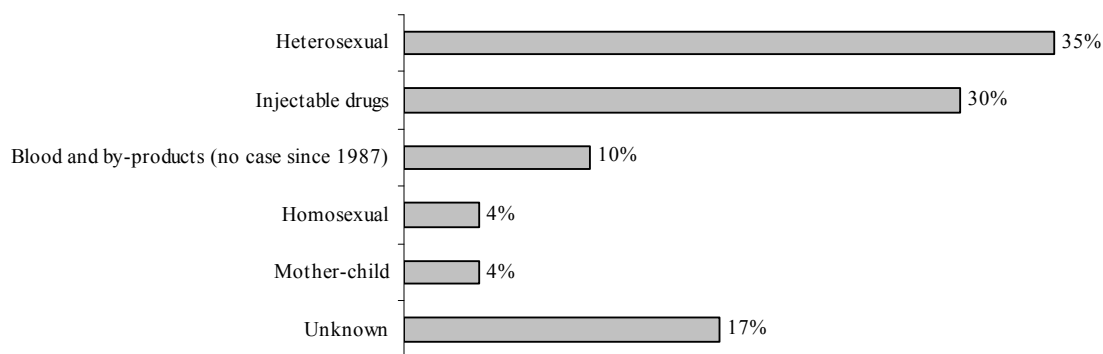
The first case of HIV/Aids infection in Tunisia was noted in December 1985. At the end of 2003, the cumulated number of HIV/AIDS infected Tunisians was 1175 broken down as follows:

- Men over the age of 15: 808
- Women over the age of 15: 284
- Children under 15: 83

The annual number of diagnosed Aids cases varied during the 1990-2002 period between 26 and 37 cases and 40 cases were recorded 3 times only, thus showing that there was a certain stabilisation of the epidemiological situation of HIV/AIDS infection in Tunisia.

As for the mode of transmission, it is predominantly heterosexual and through the use of injectable drugs outside the country. These two modes represent 65% of all the modes of transmission.

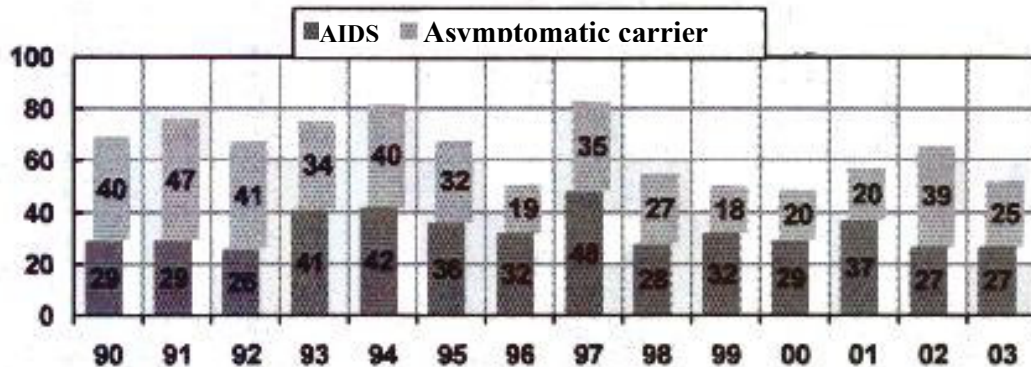
Breakdown per mode of transmission



HIV/AIDS situation in Tunisia

- New cases of HIV infection in 2003 : 52
 - Adults > 15 years : 47 including 15 women
 - Children < 15 years: 15 : 5
- Total HIV/AIDS cases (1985-2003): 1175 cases
 - Including 732 in the Aids phase
- Total no of recorded deaths (1985-2003) : 399

Annual evolution in the number of HIV/AIDS cases



It is interesting to note the number of foreigners tested in Tunisia, namely 3 per annum before 1997, 13 in 1997-1999 and 66 and 159 respectively in 2000 and 2001. These were non-residents who came to check their serological status or to be treated in Tunisia.

Furthermore, 61.5% of HIV/AIDS cases of infection belong to the 20-39 age group with a predominance of men.

The epidemiological situation of HIV/AIDS infections is still under control in Tunisia due to:

- The control of contamination through blood since 1987, when donated blood started to be screened throughout the whole Tunisian territory;
- Contamination through the use of injectable drugs is mainly due to Tunisians who had stayed abroad;
- a small number of children who had been contaminated by their mothers;
- Approx 61% of HIV infected cases are between 20 and 39 years old.

These results were achieved through a deliberate policy to contain the propagation of this scourge. From the time the very first cases of AIDS appeared in Tunisia, a national programme to combat AIDS/STD (PNIS/MST) was launched, then consolidated through a National multidisciplinary committee which was set up and which included four subcommittees, such as the one for monitoring the HIV/AIDS epidemiological situation and another one for the IEC.

The 27 July 1992 law on transmissible diseases also makes it compulsory to inform the patient of the disease from which he is suffering, to declare the diagnosed diseases to the health authorities, the modalities of hospitalization, the care of patients with the diseases in question as well as the sanctions in case of a breach of the provisions in the said law.

Other preventive and curative measures and initiatives were taken to reduce vulnerability to HIV/AIDS and to deal, insofar as possible, with the psycho-sociological repercussions of this disease on those persons living with HIV/AIDS and their entourage.

Medical care is free in Tunisia for all HIV infected persons by providing them with the tritherapy. Efforts were deployed to intensify and to diversify the information, education, communication and awareness-building campaigns.

HIV/AIDS control based on prevention and on monitoring through a well-rooted network of health centres throughout the territory needs to be strengthened in view of the numerous factors of vulnerability especially in the 15 to 29 age group which represents approx 30% of the population

whose knowledge on these matters is very poor. The results of the family health survey (PAPFAM) in 2001 by the National Family and Population Office showed that two thirds of the young believe sexuality to be very important and that the main sources of information on this topic are the lycée, the faculty or friends. The results of this survey also show that 13% of university-level girls are not familiar with AIDS and that 31% of both boys and girls in primary education are not familiar with it either.

Synthesis and evaluation				
At the end of 2003, three were 1175 HIV-injected Tunisians. The HIV/AIDS epidemiological situation in Tunisia is still under control	Environment	Appraisal		
		Strong	Average	Low
	Data collection quality and capacity			
	Statistics processing capacity			
	Statistical analyses capacity			
	Statistical analyses integration capacity in the elaboration of policies and resource allocation mechanisms			
	Reports and dissemination of information			

Chapter 8:

Ensuring a sustainable environment

Objective : to integrate the principles of sustainable development into national policies; to inverse the present trend of depleting environmental resources, to reduce by half the percentage of the population with no sustainable access to drinking water.

Tunisia, a semi-arid country,, faces climatic constraints because of irregular and inadequate rainfall, and constraints because of a fragile ecosystem and the imbalance between available resources and the danger of possible intensive exploitation of these resources.

Land use

Tunisia opted very early on for a deliberate policy of sustainable development through continuous efforts to preserve a balance between the imperatives of sustained economic development and the need to preserve the natural environment.

The national Agenda 21 has defined the specific objectives of rational management of each natural resource for the sake of sustainable development. This means:

- Improving the knowledge on pedogenesis and the dynamics of land degradation processes.
- Increasing the yields of the land depending on the intrinsic vocation of the soils;
- Strengthening the land protection programmes against the phenomena of degradation and desertification on the basis of the approach as advocated by the convention to combat desertification;
- Developing new systems of subsistence in rural areas;
- Better mobilization and involvement of the population in programmes for the proper management of lands.

Annually Tunisia spends about 135 million TD in actions to control land degradation and these actions support the policy of soil and water conservation (70 million per annum on average) as well as the strategy of forest development which includes the control of desertification (65 million Dinars per annum on average).

Recent studies show that 3 million ha of land in the Centre and in the North are being strongly eroded and over 7 million ha of land in the South are being invaded by sand, suffer from wind erosion and secondary salinisation. The indices of land erodability through water are very high, ranging from 5 to 50 t per ha and per annum.

To reconcile the agricultural use of lands and soil protection against the different processes of desertification, Tunisia has, for several decades, elaborated several programmes for reforestation, pastoral improvement, dune fixation and the conservation of soil and water. There is the law to protect agricultural land against non-agricultural uses (1983), the CES code (1995 soil and water conservation) and the latest measures for a better integration of the populations living in forest and pastoral areas into the soil and natural resources management systems by setting up forestry associations of collective interest (the AFIC) and collective interest associations for soil and water conservation.

In parallel with these preventive, socio-economic measures, a new programme is being implemented to identify high potential production lands and fragile lands.

As for the development of forest resources, the forest surface area was increased from 470 thousand ha in 1990 to 630 thousand ha in 2002, which corresponds to a re-forestation effort of 35%. This strategy is to continue during the Xth Development Plan (2002-2006) during which 115 thousand ha of forests are to be planted.

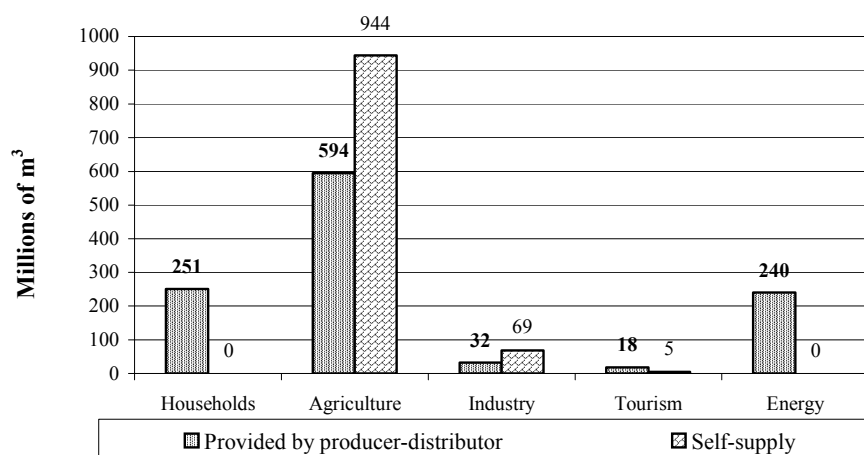
Water resources and utilization

To manage its water resources, Tunisia in the last few decades had adopted a strategy whereby priority was given to the mobilization and valorization of water resources. The danger because of pollution, of shortages because of draught and intrusions of saline water are amongst the main points of this strategy. Out of the total potential volume of water resources in Tunisia, 3450 million m³ i.e. three quarters, are deemed to be highly sensitive to pollution (ground water and aquifers).

According to the national statistics on the environment published by INS, the volume of water provided by the public services (losses not included) was estimated in 2000 at 1135 million m³ representing 52,7% of the total net supply volume against 679 million m³ in 1990.

Losses in the agricultural sector which takes up approx. 80% of the water used, were estimated at 36% in 2001 against 50% in 1996. As for water distributed by SONEDE, losses were estimated at 30% in 1991 and at 18% in 2000. The long term objective in the use of water is to reduce the losses and to increase the efficacy of irrigation water to strengthen the role of the irrigated sector in food security.

Water supply (2000)



Sources of energy

Consumption of primary energy increased in the last ten years at an annual rate of 4.1% and reached 6.5 million TEP in 2000, with 58.5% of petroleum products and 40% of natural gas. The country's own resources evolved at an annual rate of 2.1%. Tunisia produces approx 78 thousand barrels of oil per day and became a net importer in 2000. Natural gas production, estimated at 1.8 billion m³ per annum, is considered too low to satisfy the needs in energy. The Tunisian Electricity and Gas Company (STEG), the main consumer of primary energy, introduced a strategy based on the use of effective technologies and on the encouragement of renewable sources of energy instead.

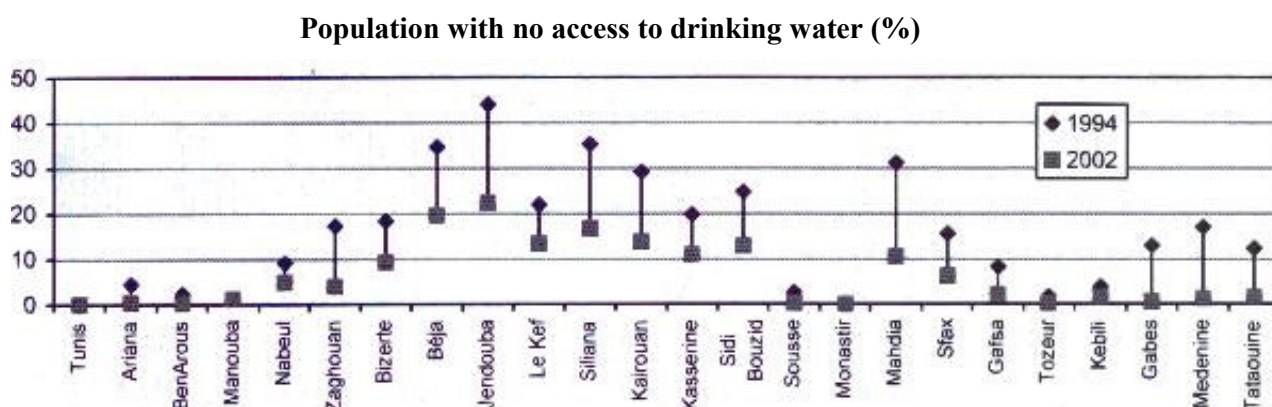
Maritime domain

With its 1300 km of coast, the Tunisian littoral has various landscapes and important natural resources under a variety of pressure, such as natural or artificial pollution, exploitation of sea resources and a concentration of human and economic activities along the coast causing environmental problems linked to the fragility of the marine ecosystems. The utilization of the coastline and adjacent spaces is monitored through various mechanisms with various institutions responsible for the environment, with the Ministry of Agriculture, Environment and Water Resources in the lead.

Access of the population to drinking water

Great efforts were deployed by adopting regional development strategies to improve the living conditions of the households through access to basic public services such as drinking water, electrification, health services and education.

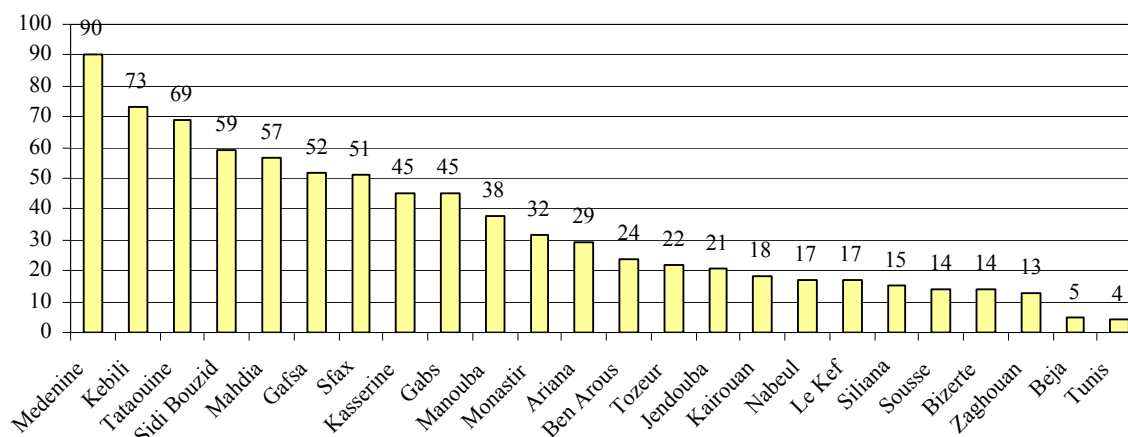
This strategy provided drinking water in 2002 to 93.6% of the total population, and 82.6% in rural areas. But regional statistics showed up notable disparities with 10% of the population in the North West and Centre West with no access to drinking water. The highest peak of non-supply of drinking water represented 22,4% in the governorate of Jendouba.



Source: Annual report on infrastructure indicators-INS

As for the sanitation network in the communes, even if the global rate of connection increased considerably in the last few years from 59.9% in 1994 to 70% in 2002 there are still considerable regional variations. The rate of connection varies from 10% in the governorate of Medenine to 96,3% in the governorate of Tunis.

Population with no access to the sanitation network



Source: Annual report on infrastructure indicators-INS 2002

Synthesis and evaluation					
Out of the total potential volume of water resources in Tunisia, 3450 million m ³ , i.e. three quarters are considered as highly sensitive to pollution. Recent studies showed that 3 million ha of land in the Centre and in the North are being strongly eroded and over 7 million ha in the South are being invaded by sand, suffer from wind erosion and secondary salinisation. The strategy provided 93.6% of the total population with drinking water in 2002 and in rural areas 82.6% of the population gained access to drinking water.	Environment		Appraisal		
			Strong	Average	Low
Data collection quality and capacity					
Statistics processing capacity					
Statistical analyses capacity					
Statistical analyses integration capacity in the elaboration of policies and resource allocation mechanisms					
Reports and dissemination of information					

Chapter 9:

Towards a world partnership for development

Bilateral and regional partnership

Being committed to world partnership for development,, Tunisia endeavored to develop an active bilateral, regional and international cooperation.

Tunisia concluded bilateral partnership agreements for free trade areas with Morocco, Egypt and Jordan. Efforts still continue to set up free trade areas within the framework of the League of Arab States with most of the member countries.

Cooperation relations with all the countries of the North and the South of the Mediterranean (5+5) constitute a development framework for a Euro-Maghrebi partnership. Tunisia has always paid great attention to the South-South partnership and to the development of cooperation with the Arabo-African world.

Furthermore, Tunisia's membership of the WTO since 1995 crystallized its development strategy based on a gradual opening up of its economy to the outside world, Tunisia was the first country to have signed a partnership agreement with the European Union which is to lead to a free trade area in 2008.

A world partnership to combat poverty

Tunisia's efforts to combat poverty are based on the premises that the economic and social aspects cannot be dissociated, as Tunisia is firmly attached to universal values as advocated by the international community within the framework of the United Nations.

Tunisia's initiative to create a World Solidarity Fund, adopted unanimously on 20 December 2002 by the UN general assembly through resolution 57/265, shows Tunisia's concern to contribute towards combatting extreme poverty and exclusion. The World Solidarity Fund was instituted in February 2003 as a trust fund of the UNDP. It is to be replenished through voluntary contributions from individuals, foundations and governments. This new mechanism for the international community is basically to be an active contribution to eliminate poverty, to promote social and human development in the poorest regions of the world. A high level committee comprising eminent international personalities representing the different continents has been entrusted with the elaboration of strategies to run the fund and to mobilize the necessary resources for project implementation.

Within the framework of establishing a world partnership for development, Tunisia has also encouraged the establishment of a world digital partnership based on a joint vision of solidarity and development involving the governments, civil society and the private sector, being convinced that the digital divide is not only technological but also social and which could impede human development and the dialogue of civilizations. As the initiator country of the World Summit on the Information Society since 1998 and host of the second phase which will take place in Tunis in 2005, Tunisia sought to reflect the aspirations of the international community by placing the digital issue within the perspective of a strategic and solidary partnership in favor of economic growth and human development throughout the world with no exclusion or any disparity whatsoever.

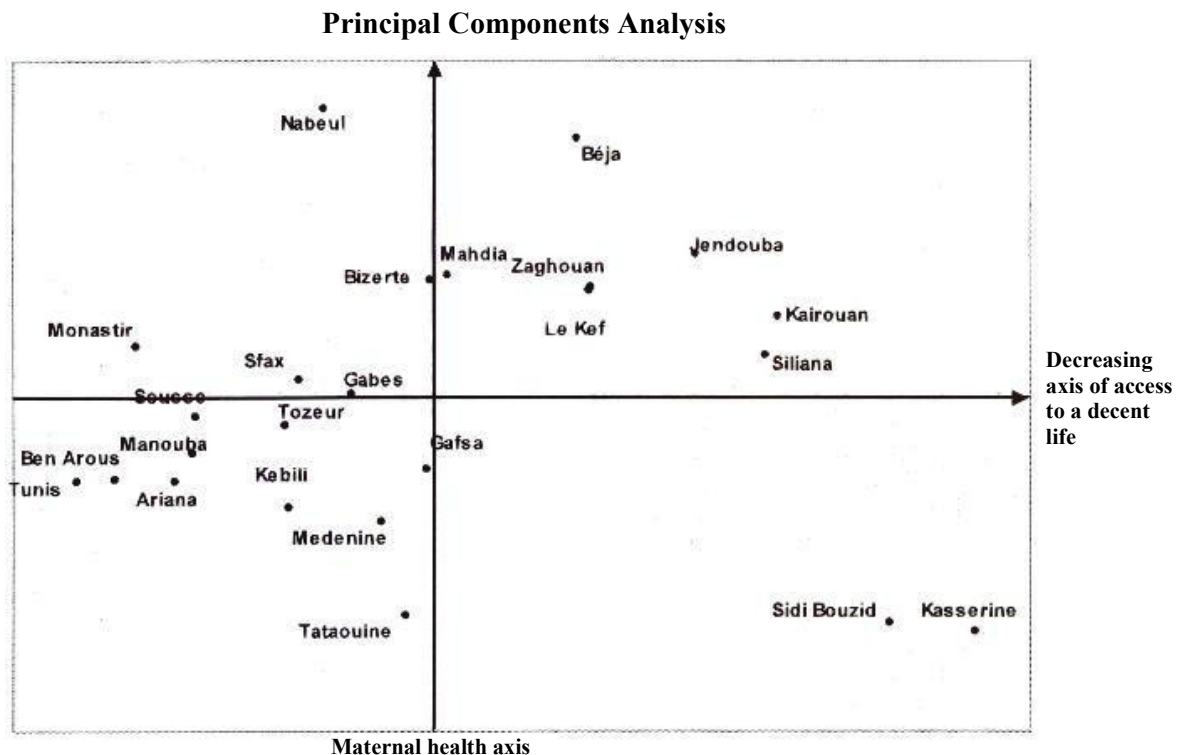
Chapter 10:

Regional disparities and Millennium Development Goals

When the Development Plans were designed, they all integrated regional development strategies so as to reduce the disparities between all the different regions, hence the notion of regional disparities, pockets of poverty, expanding regions and depressed regions. The design and introduction of pluridisciplinary development programmes reflect the idea of regional development.

The degree of performance of these different strategies varies considerably from one region to another, disparities still persist and the divergencies are getting worse.

This observation was supported by statistical techniques used to explore multidimensional data. The Principal Components Analysis method used in conjunction with a series of indicators¹ focused on the different Millennium Development Goals provides a good illustration of the persisting regional disparities which reflect some inadequate services such as assisted births, vaccination of children, literacy classes, school dropouts, access to drinking water, connection to sewage and sanitation services, electrification, women's participation in active life and access to household equipment and decent housing.



This graph stemming from the application of the Principal Components Analysis method has yielded the following conclusions:

¹- See table "Principal Components Analysis" – Table of regional indicators" in the annex.

1. The horizontal axis of the graph represents the purchasing power axis or access to basic public services and household equipment. This axis confronts the governorates with basic infrastructures with the less equipped governorates and also highlights the dichotomy. Prevailing between the East and the West and which can be seen on the horizontal axis :
 - Over 10% of the population in the West has no access to drinking water in rural areas and 22.4% of the population in the governorate of Jendouba.
 - Approx 10% of the population in the Western region has no access to electricity, against 0.7% in Tunis, 1% in Ariana and 1.4% in Monastir.
 - Over a quarter of the households in the West have no kitchen or toilet.
 - Only 10% of the households in the West have a bathroom.
 - Nearly a third of households in the Centre West have no TV.
 - Approx. 50% of the women in the West are illiterate, which is double the figure for the governorates in the East.
 - 40% of the active population is illiterate in the West as against less than 20% in the East.

The governorates in the North West and the Centre West stand out only because of the level of activity of women between 30 and 34, with 29.6% for Jendouba, 17.2% for Sidi Bouzid and 14.6% for Kasserine.

2. The vertical axis represents maternal health, reflecting the rate of assisted births. This graph reflects the differences between the governorates with a high level of home births (at the bottom of the axis) and the governorates with a low level (at the top of the axis). In the governorates of Tataouine, Sidi Bouzid and Kasserine, home births in 2000 were respectively 22.8%, 51.3% and 27.7% out of the total births (according to MICS 2). On the vertical axis, this phenomenon is below 2% in the governorates of Nabeul, Bizerta, Mahdia and Beja.

The goal of reducing maternal mortality by three quarters by 2015 seems to be a difficult one. It would be advisable to set up a regional strategy to reduce home births in the most affected regions so as to considerably reduce maternal mortality.

Conclusion

Tunisia is to attain, or even go beyond, the different Millennium Development Goals.

1. In 1990 the rate of poverty was 6.7% and is expected to be below 2% in 2015. Poverty at present affects a hard core of the vulnerable population and the instruments to combat poverty need to be reinforced for better targeting.
2. The objective of primary education for all children has been nearly attained. The reduction in the dropout rate will make it possible to resorb the 1.2% of pupils who do not complete their primary education.
3. The objective of “eliminating gender disparities in primary and secondary education by 2005 and at all levels of education by 2015” has already been attained by Tunisia in 2000.
4. The efforts deployed to vaccinate children could result in a considerable reduction in child mortality and even go beyond the objective of reducing child mortality by two thirds between 1990 and 2015.
5. maternal mortality is the only indicator whose projections for 2015 are relatively pessimistic, with an achievement rate of 70%. Despite the progress made in reducing maternal mortality and despite all efforts to improve the indicators for perinatal care, the results still show some regional disparities. Priority should be given to reduce these disparities through better targeting of the least performing areas, especially the regions in the Centre West and the South.
6. Even though the HIV/AIDS epidemiological situation in Tunisia is under control, further prophylactic measures need to be undertaken especially targeting the vulnerable populations including the 15 - 29 age group.
7. Tunisia has for several years integrated the principles of sustainable development into its national policies and endeavored to inverse the depletion of environmental resources and to improve the environmental conditions of the populations so that 94% of the total population now has lasting access to drinking water.
8. Tunisia is striving to develop an active cooperation on a bilateral, regional and international level. Tunisia’s initiative to set up the world Solidarity Fund reflects its concern to contribute towards combating extreme poverty and exclusion and appeals to all parties concerned to promote a world partnership for development.

The analysis made on the basis of indicators on the Millennium Development Goals highlights regional disparities, which characterize Tunisia’s landscape. So the question is whether to just measure the performance on a national level and ignore regional disparities. A more detailed regional analysis focused on the Millennium Development Goals could be most useful.

Annexes

Annex 1: Combatting poverty in Tunisia

The Tunisian experience in combatting poverty reflects a firm commitment to eradicate poverty by adopting a two-dimensional integrated approach; a priority economic approach to ensure a growth level which would encourage the integration of vulnerable populations into the production circuit and an accompanying social approach so that the hard core of poverty could benefit from social protection and special support. This policy made it possible to reduce the level of poverty from 22% in 1975 to 4.2% in 2000, a percentage which constitutes the hard core of the poor receiving direct assistance from the state. The strategy adopted comprised three aspects: (i) financial assistance to guarantee a minimum income for all citizens especially the most underprivileged; (ii) specific development programmes to improve general development dynamics and contribute to growth; (iii) regional action for social promotion and the improvement of socio-economic conditions of the populations living in the deprived areas. These integrated development programmes are now part of global action for sustainable development.

Social insertion and economic integration of vulnerable groups

Instituting a system of permanent assistance.

This assistance is provided within the framework of the National Assistance Programme for Needy Families (known as PNAFN), the Assistance Program for the disabled who are unable to work and the Permanent Assistance Programme for the old with no family support. This assistance at present covers about 121 thousand needy families. Credits allocated to these programmes for 2004 amount to 59.2 million Dinars. An information system for socio-economic insertion and reinsertion (SIRISE) made it possible to standardize information on poverty thus strengthening the coordination between the different stakeholders.

Access to care in public health structures

Access to free care or at reduced prices (depending on the family's situation) reflects the will to ensure better health coverage for needy populations with limited incomes. These two health care regimes were reformed in 1998 to better target the needy populations with limited incomes and to improve the quality of health care and social cover.

Creating sources of income

Tunisian experience in this domain was based on a policy of actively tackling poverty through a two-way approach to control poverty and unemployment. The first approach was support for micro-enterprises and for income-generating activities. The second approach was through employment promotion and training-insertion programmes for vulnerable populations of the long-term unemployed who generally had a very limited education level, completely unskilled or nearly so.

- **The Regional Development Programme**

It was set up in 1973 and restructured in 1987 to support the efforts of the populations in deprived areas. This programme was based on a decentralized approach comprising four aspects, namely professional training, the creation and consolidation of jobs, improving living conditions and regional job opportunities to provide even temporary jobs to ease the pressure of unemployment in the regions.

- **Integrated rural development programmes**

These integrated approach programmes were set up in 1984 to improve the income of the rural populations in geographical areas which had been identified so as to improve the living conditions of the populations by enhancing the production potential. These programmes include the creation of infrastructures and new sources of income.

- **Integrated urban development programme**

Set up in 1992, this programme was specially tailored for urban areas and town quarters by strengthening the infrastructures and public service equipment and by creating permanent jobs. During the IXth development Plan (1997 – 2001), 50 million Dinars were allocated to this programme.

- **National solidarity Mechanism**

To crystallize these national aspirations for shared prosperity as a principle and as a development catalyst for the country, several mechanisms for social promotion and economic integration were set up, such as the National Solidarity Fund (the FNS, known as “26-26”), the Tunisian Solidarity Bank (BTS), the National Employment Fund, known as “21-21”, and the Micro-Credits System.

“26-26” National Solidarity Fund

since its creation in 1993, the National Solidarity Fund is promoting all those areas which do not benefit directly from economic reforms, so that the inhabitants may obtain basic public services such as decent housing, health and educational structures, means of communication, electricity and drinking water, polyvalent leisure centres as well as the creation of sources of income. Up to 2003 the Fund’s activities covered 240 thousand families, over 1 million people in 1340 deprived areas.

Tunisian Solidarity Bank and the Micro-Credits System.

The Tunisian Solidarity Bank (BTS) was set up to help those young people with no real collateral to set up their own businesses (handicrafts) through low interest credits. A micro-credits system, initiated in July 1999, is to be a supportive system through a network of development NGOs for those social categories which are not eligible and which cannot comply with the requirements of the banking system, Furthermore, an income generating programme for needy disabled persons capable of working was set up as well to reduce the unemployment rate of the disabled and to provide them with additional employment opportunities.

“21-21” National Employment Fund

The National Employment Fund, set up in 1999, finances all those operations likely to improve the qualifications of job candidates and to enhance their job opportunities through: (i) public interest activity programme which would help to find jobs for those with no professional qualifications so that they could be integrated both professionally and socially; (ii) specific projects and activities for the self-employed with professional qualifications; (iii) programmes and operations for job seekers, especially those with a higher education level, to facilitate their insertion into professional life, either as employees or as self-employed; (iv) readaption and professional integration operations.

Annex 2: Tunisian's situation in relationship with the goals

<u>Goals/targets</u>	Will the goals/targets be achieved ?				Ambiant support			
	Potentially	Probably	Improbably	No data	Strong	Good	Low but improving	Low
Extreme poverty and hunger Reduce by half, by 2015, the portion of the population living below the poverty threshold								
Primary education for all Ensure primary education for all by 2015								
Gender equality Ensure, for boys and girls, between now and 2005, equal access to primary and secondary education								
Maternal health Reduce by two-thirds, between now and 2015, the rate of maternal mortality								
Child mortality Reduce by two-thirds, between now and 2015, the mortality rate of children under the age of 5								
HIV/AIDS Stop the spread of HIV/AIDS and inverse the present trend between now and 2015								
Sustainable environment Inverse the trend towards depletion of environmental resources between now and 2015. Reduce by half the portion of the population with no access to drinking water								

Annex 3: Monitoring and reporting capacity for progress made in Millennium Development goals

Goal		Data collection quality and capacity			Statistics processing capacity			Statistical analysis capacity			Relevant statistics for elaboration of policies			Reports and dissemination of information		
		Strong	Average	Low	Strong	Average	Low	Strong	Average	Low	Strong	Average	Low	Strong	Average	Low
MDG 1	Poverty and hunger															
MDG 2	Primary education for all															
MDG 3	Gender equality															
MDG 4	Child mortality															
MDG 5	Maternal health															
MDG 6	HIV/AIDS															
MDG 7	Ensure sustainable environment															

Annex 4: Principal components analysis: table of regional indicators

Governorate	v1	v2	v3	v4	v5	v6	v7	v8	v9	v10	v11	v12	v13	v14	v15	v16	v17	v18	v19	v20	v21	v22
Tunis	0.0	1.6	3.7	0.7	0.7	3.7	0.9	43.0	71.6	4.6	9.3	9.0	0.8	15.8	6.7	22.5	36.3	8.7	43.4	18.5	0.0	80.9
Ariana	0.5	2.8	28.6	1.0	0.8	3.3	1.4	62.3	75.1	6.6	16.2	7.9	0.0	19.7	12.5	26.5	29.1	6.5	31.3	12.5	1.2	75.0
Ben Arous	0.3	2.3	24.0	1.3	0.6	3.3	1.8	50.5	74.9	5.7	11.6	9.9	0.4	16.1	6.9	22.5	35.6	6.2	36.0	22.2	0.0	84.5
Manouba	1.3	7.4	37.5	1.6	0.8	3.3	1.4	62.3	75.1	6.6	16.2	6.0	0.0	19.7	12.5	30.3	29.1	6.5	31.3	12.5	1.2	75.0
Nabeul	4.8	20.2	17.0	1.1	0.9	49.0	4.2	66.3	82.7	8.1	19.3	9.7	1.3	23.3	16.3	47.7	24.9	3.3	35.0	10.6	1.2	94.8
Zaghouan	3.9	42.3	13.3	4.2	0.7	16.9	17.4	88.7	89.3	24.7	52.8	10.5	2.1	36.3	22.8	35.1	18.5	1.5	20.1	30.3	0.0	92.3
Bizerte	9.4	27.5	14.0	2.4	1.7	13.3	11.4	78.9	88.8	15.2	34.1	11.1	1.1	27.2	16.3	46.2	24.0	2.7	31.3	17.6	3.7	76.8
Béja	19.7	41.1	5.0	7.0	2.2	17.4	16.8	84.2	89.4	17.5	43.8	8.9	2.1	35.6	29.1	53.3	21.3	2.4	29.6	22.7	4.8	92.8
Jendouba	22.4	53.6	20.5	7.1	1.4	19.1	26.8	88.5	93.2	24.6	48.4	7.7	2.5	40.1	38.2	43.2	16.0	1.9	26.5	14.5	15.2	85.2
Le Kef	13.5	43.4	16.5	9.1	6.8	13.1	16.2	89.8	89.1	17.8	44.2	8.0	3.1	31.8	20.7	48.1	20.9	2.0	22.1	32.6	13.7	86.3
Siliana	16.7	52.1	14.7	12.7	3.8	22.6	31.6	90.2	90.0	29.0	59.5	8.3	3.2	37.0	27.7	55.2	17.4	2.2	23.2	32.5	28.7	85.3
Kairouan	13.7	48.7	17.8	10.6	1.2	22.7	33.9	86.8	89.3	28.8	65.3	13.0	4.0	44.3	40.5	56.7	13.0	1.6	25.8	14.5	21.7	81.5
Kasserine	11.0	54.5	45.0	16.3	2.2	31.1	52.8	92.2	94.1	49.0	80.0	10.2	3.0	44.0	37.3	51.2	14.5	1.5	14.6	29.3	51.3	79.4
Sidi Bouzid	13.0	62.2	59.0	10.3	0.5	18.5	59.3	94.9	89.1	38.4	71.3	9.4	2.6	38.5	33.4	31.2	14.9	1.5	17.2	8.6	33.7	80.8
Sousse	0.1	5.8	14.4	1.9	0.4	6.9	5.1	52.1	81.6	8.4	21.8	9.4	0.7	22.4	12.6	26.3	27.1	5.4	40.9	14.0	0.0	84.6
Monastir	0.0	1.1	32.0	1.4	0.2	3.6	1.1	48.4	82.2	6.5	12.7	8.4	0.8	18.8	7.4	44.0	30.1	5.1	41.1	7.8	0.0	85.2
Mahdia	10.7	28.4	56.5	4.5	0.3	9.8	11.0	78.7	86.1	13.1	38.1	10.9	2.3	32.4	31.5	31.9	15.8	1.7	37.9	7.1	3.5	86.6
Sfax	6.2	24.0	50.5	1.3	0.8	4.3	8.5	62.8	77.3	11.4	23.8	8.7	1.7	22.1	14.7	32.8	24.7	4.3	34.8	15.4	0.8	81.4
Gafsa	2.2	20.2	51.9	3.9	1.4	14.0	17.6	78.2	90.2	15.3	30.9	6.9	1.8	24.1	17.9	34.3	26.5	2.9	26.1	27.6	18.7	85.0
Tozeur	0.1	2.4	21.8	1.2	0.1	9.5	4.0	80.8	93.0	9.0	19.1	7.6	1.7	23.0	14.8	32.4	23.7	2.2	27.9	29.9	9.3	77.6
Kebili	1.5	6.9	73.2	0.3	0.1	3.4	3.2	69.9	86.9	7.7	22.4	8.2	2.1	22.9	18.4	31.1	25.9	2.2	15.2	21.4	13.3	84.7
Gabès	0.6	16.5	45.0	4.3	0.2	11.0	12.2	68.3	84.8	14.9	30.2	5.8	1.1	25.4	19.9	34.1	23.2	2.4	24.4	12.5	1.1	85.8
Medenine	1.3	27.1	90.0	2.8	3.0	5.2	5.2	63.5	78.3	14.3	32.0	9.4	1.0	24.9	16.1	33.6	21.6	1.7	12.8	16.2	18.4	90.3
Tataouine	1.5	23.9	69.0	5.0	0.3	3.2	9.1	72.0	68.1	16.3	32.3	5.9	1.2	25.8	21.1	35.2	19.1	1.3	17.2	16.0	22.8	72.0

v1= Rural population with no access to drinking water – 2002
v2 = Population with no access to tap water – 2002
v3 = Population with no access to sanitation network – 2002
v4 = Population with no access to electricity – 2002
v5 = Households using paraffin as a source of energy – 1999
V6 = Households with no kitchen – 1999
v7 = Households with no toilets – 1999
v8 = Households with no bathrooms – 1999

v9 = Households with no car – 1999
v10 = households with no TV – 1999
v11= Households with no fridge – 1999
v12 = Dropout rate at preparatory level (%)
v13 = Dropout rate at primary level (%)
v14 = rate of illiteracy
v15 = illiterate active population
v16 = illiteracy rate in women

v17 = women with secondary education level
v18 = women with higher education level
v19 = activity rate of women 30 – 34 age group
v20 = level of women's unemployment
v21 = home births – 2001
v22 = Vaccinated infants ages between 24 to 35 months

