

Policy and Institutional Responses to COVID-19 in the Middle East and North Africa: Tunisia*

Summary

Tunisia was one of the best performers during the initial wave of the COVID-19 pandemic. As the virus continued past the first few months, the country struggled to find the most appropriate balance between mitigating its health and economic dimensions. The government began relaxing economic restrictions in May and reopened Tunisia's borders in June, leading to a spike in infections which eventually grew into a much larger second wave. The wave is expected to peak in mid-December and then ease after a portion of the population gets vaccinated (potentially in the spring of 2021). Until then, rising infections and deaths are stretching Tunisia's public healthcare system beyond capacity and adding additional economic pressure to an already struggling population.

When facing the first wave of the coronavirus pandemic between March and September 2020, the Tunisian government responded swiftly with a comprehensive set of measures, including border closures, school closures, a national lockdown, and nightly curfews. These measures were implemented effectively and communicated extensively with the public. As a result, compared to many of its regional neighbors, Tunisia managed to successfully control the initial epidemiological threat posed by the pandemic; its number of fatalities per capita compared favorably with global leaders such as Australia and South Korea. It had the second lowest fatality rate in the Middle East and North Africa (MENA) region. In recognition of its effective response to the pandemic, the European Union began lifting restrictions on travelers coming from Tunisia in late June.

Tunisia benefited from the overall strength of the country's health system, one of the most advanced in the MENA region. The country has strong pre-existing institutions that were able to deal with the pandemic, most notably the National Observatory of New and Emerging Diseases which was founded in 2005 under the supervision of the Ministry of Health. Other pre-existing structures include the Response and Relief Organization and the Regional National Committees for Disaster Prevention.

These institutions were able to work with a special committee created by the government, the National Coronavirus Response Authority (NCRA), to control the outbreak and centralize measures dealing with the pandemic. The NCRA focuses primarily upon the epidemiological aspects, coordinating activities between the different institutions and through the country's 24 governorates. At the local level, municipal councils established local crisis committees, which worked with civil society organizations and political parties to improve local government responses to the pandemic.

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Tunisia's public health system was able to cope with the pandemic in this first phase in part because the number of cases was limited. In the wake of its initial success, the government came under pressure to reopen the economy, which it ultimately did. Due to the relaxed social distancing measures and border re-opening, Tunisia experienced a spike in the number of daily infections over the summer. On October 23, the country saw a record number of new cases (1,775). Of the total 52,399 confirmed cases on this date, 51,231 cases were recorded after Tunisia reopened its borders to international flights on June 27. As of December 8, Tunisia's total cases stood at 105,445, its total recoveries reached 80,082, and its total deaths reached 3,668. This spike has stretched the public health sector, which is no longer able to manage the growing number of cases as intensive care units in most state hospitals are currently at maximum capacity. Currently, each COVID-19 patient is costing the state \$583 per day (\$801 if oxygen is required).¹ At this point, the government's response capacity is increasingly stretched and outdated.

The impact of the pandemic's second wave has highlighted notable flaws in Tunisia's healthcare system, including: social inequality between interior and coastal regions; a gap in specialized public health services; and strained public health institutions. Public health facilities provide free preventative services to all Tunisians regardless of income, and more than 90 percent of citizens are covered either through a free medical assistance program or through a contributing health insurance system. However, the Tunisian health care system suffers from geographic disparity in the distribution of resources (including specialized doctors and resuscitators, screening services, intensive care units, and hospital access and accommodation) favoring bigger cities and coastal towns over rural interior regions.

Throughout the pandemic, Tunisia has grappled with its economic consequences, which have greatly damaged the country's already frail economy. By the end of 2020, the economy is expected to contract between 3.9 percent and 6 percent, and state resources might decrease by more than \$1.753 billion. Unemployment is estimated to increase by 3.9 to 12.2 points from its 2019 level, and the financial poverty rate may increase by four points. To mitigate some of these impacts, the government has introduced several initiatives and support packages including a one-point reduction in a key interest rate; the relaxation of bank loan-to-deposit ratios; and establishing a guarantee fund for private sector enterprises. It has also postponed corporate tax payments; facilitated value-added tax (VAT) credit repayment; and deferred tax payment penalties. Additionally, it has allocated a one-off cash transfer to informal sector workers; delivered support packages to vulnerable groups; and distributed grants to workers at risk of losing their jobs.

Despite these important initiatives to support the private sector at the onset of the pandemic, administrative hurdles have hindered the implementation of many of these measures. While the government announced its economic recovery plan in July, this plan is yet to be implemented. As social demands rise in marginalized areas with the progression of the second wave, the government will continue to struggle with both alleviating economic pressures as well as protecting lives.

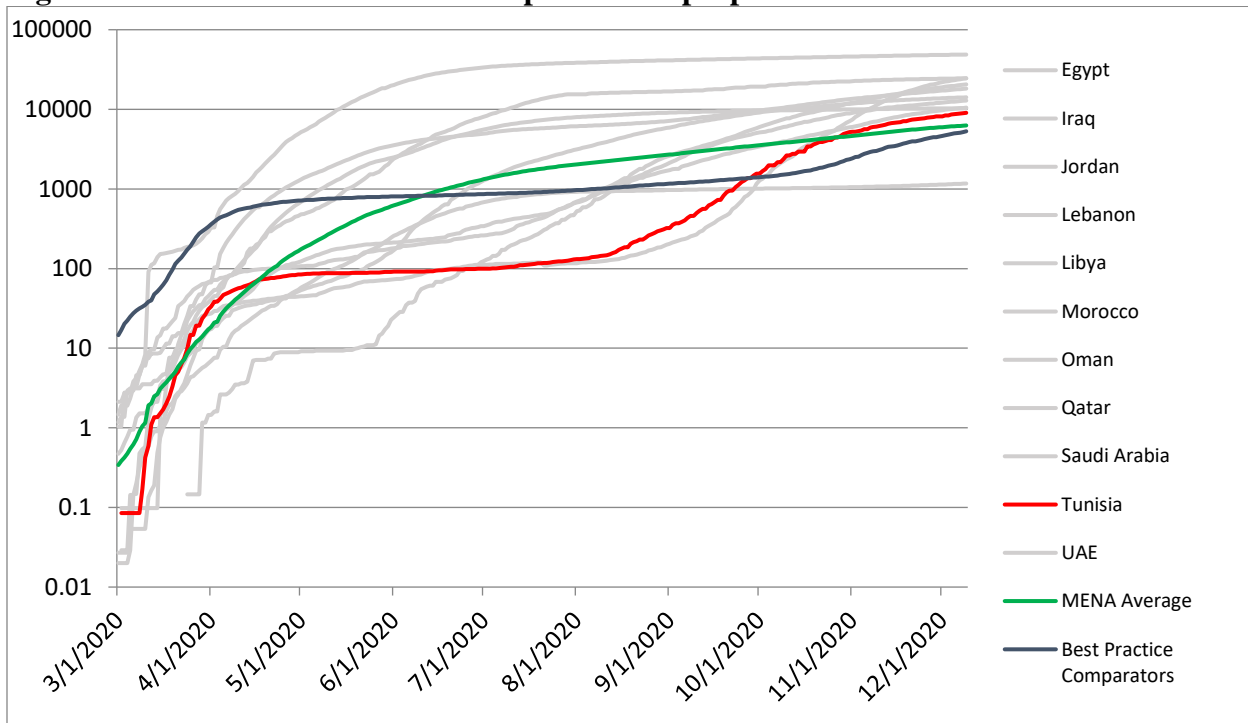
General Information (as of December 8, 2020)

<i>Indicator</i> ²	<i>December 8</i>
Confirmed COVID-19 cases:	105,445
COVID-19 related deaths:	3,668
COVID-19 recovered patients:	80,082
COVID-19 tests administered:	490,874

Source: Tunisia Ministry of Health; Our World in Data

The figures below explore Tunisia's efforts to combat the COVID-19 pandemic, providing a comparison of performance and outcomes with other countries reviewed in this series where relevant. Figure 1 and Figure 2 compare outcomes in terms of total confirmed cases and deaths over the course of the pandemic. Figure 3 documents Tunisia's expansion of testing over time. Figure 4 compares the strictness of governmental responses to the pandemic over time using the Oxford COVID-19 Government Response Tracker's Stringency Index. The index is a composite measure of responses related to school closures, business closures, and travel bans, although it should not be construed as an indicator of the *effectiveness* of the government response. Using this index, Figure 5 tracks the strictness of Tunisia's policy response against daily confirmed cases, allowing for an analysis of how closure policies have shifted with changes in virus incidence.

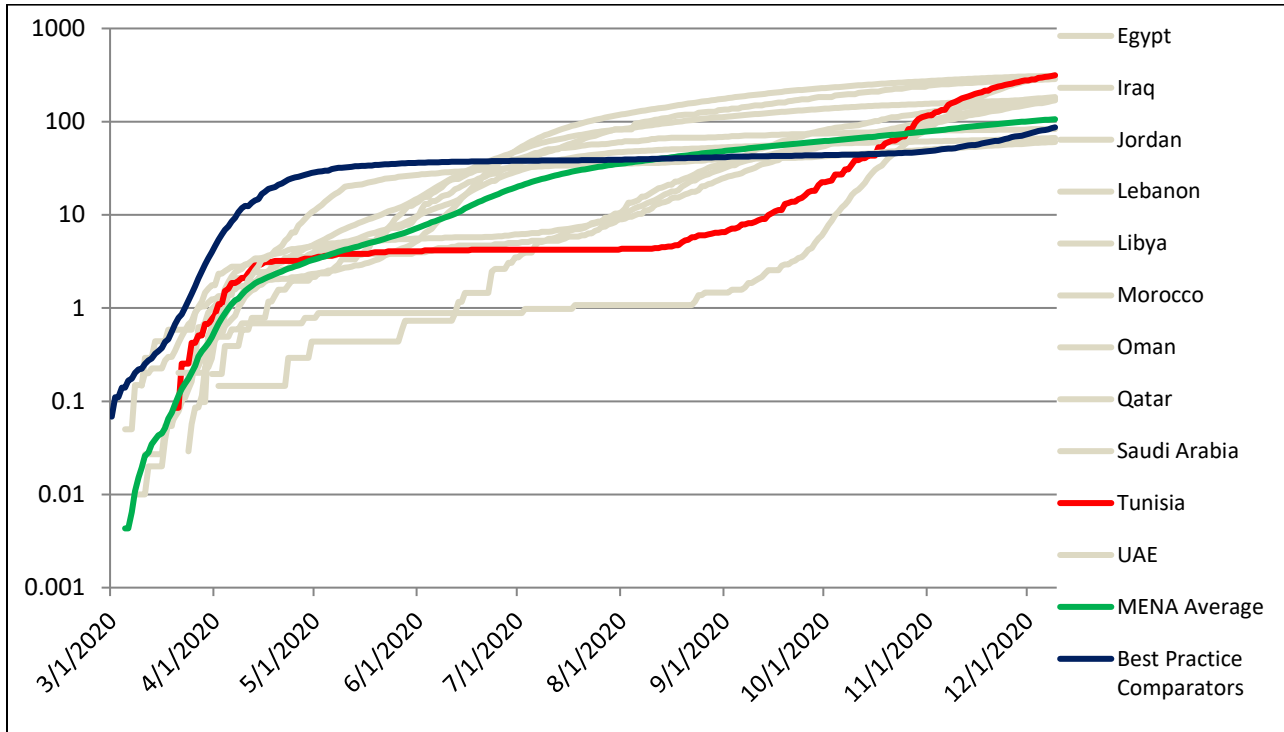
Figure 1: COVID-19 confirmed cases per million people in Tunisia³



Source: Our World in Data

Note: MENA Average is a population-weighted average of MENA countries for which data exists, including Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Tunisia, the United Arab Emirates, and Yemen. The Best Practice Comparators average is a population-weighted average of Australia, Denmark, Germany, New Zealand, South Korea, and Vietnam. To compare specific countries identified in this graph, the reader should consult the case studies for relevant countries in this publication series.

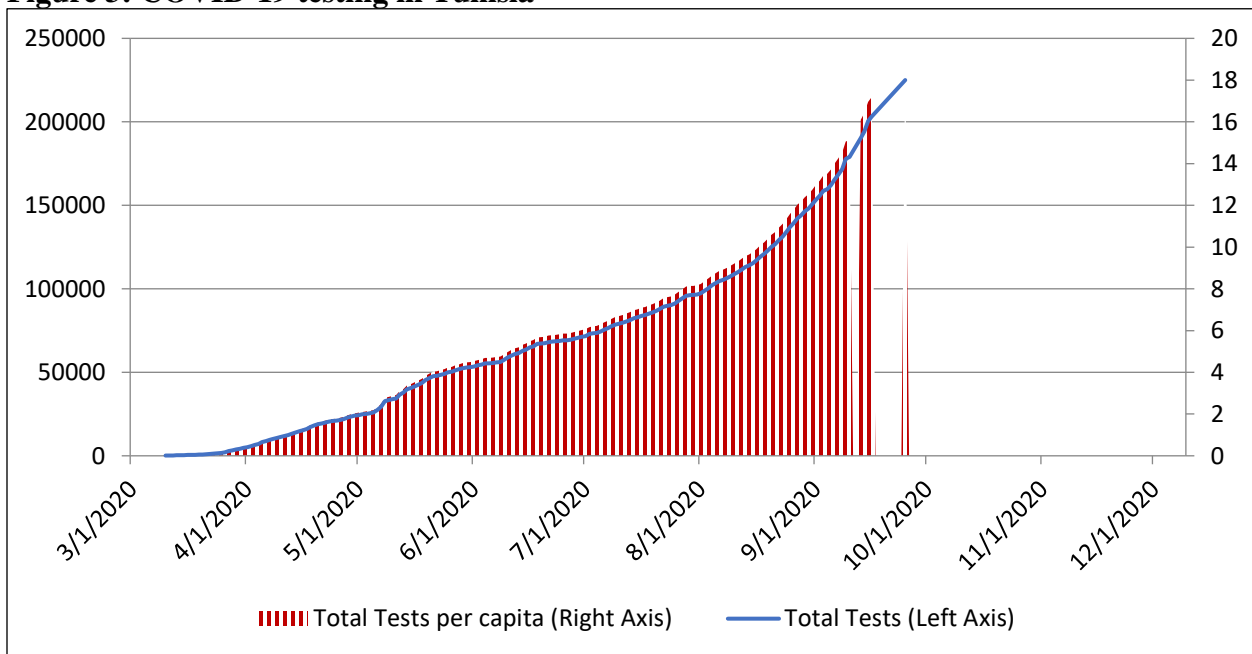
Figure 2: COVID-19 deaths per million people in Tunisia⁴



Source: Our World in Data

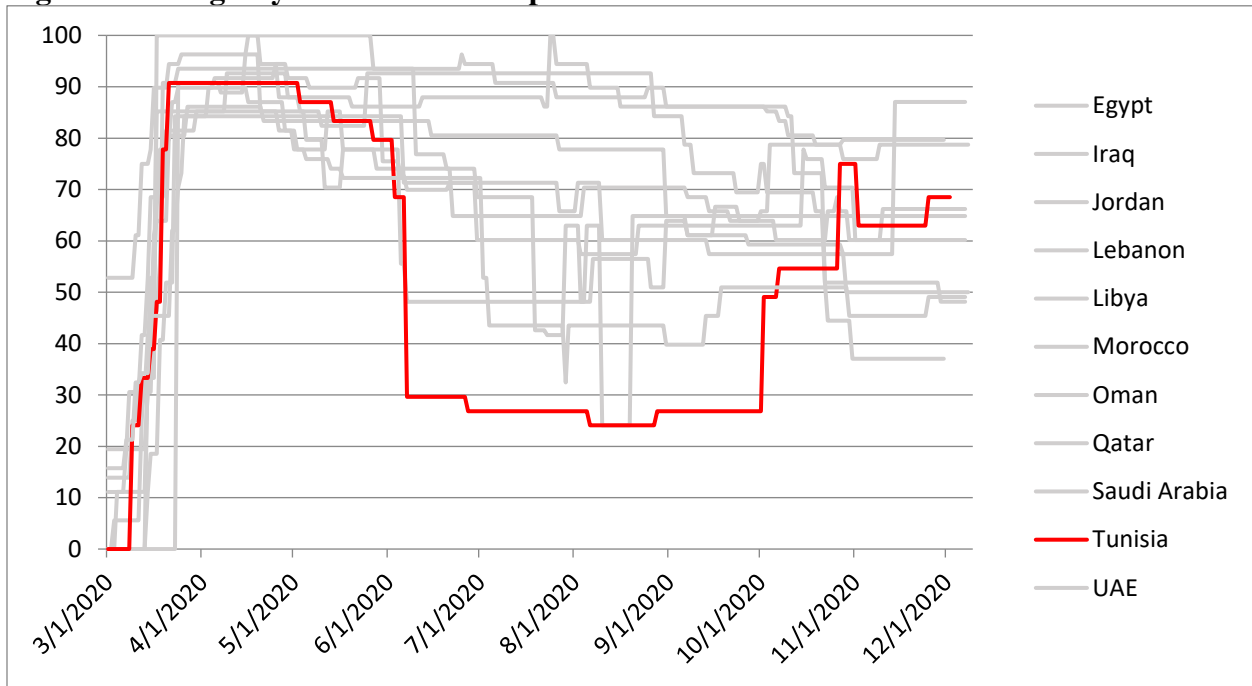
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Figure 3: COVID-19 testing in Tunisia⁵



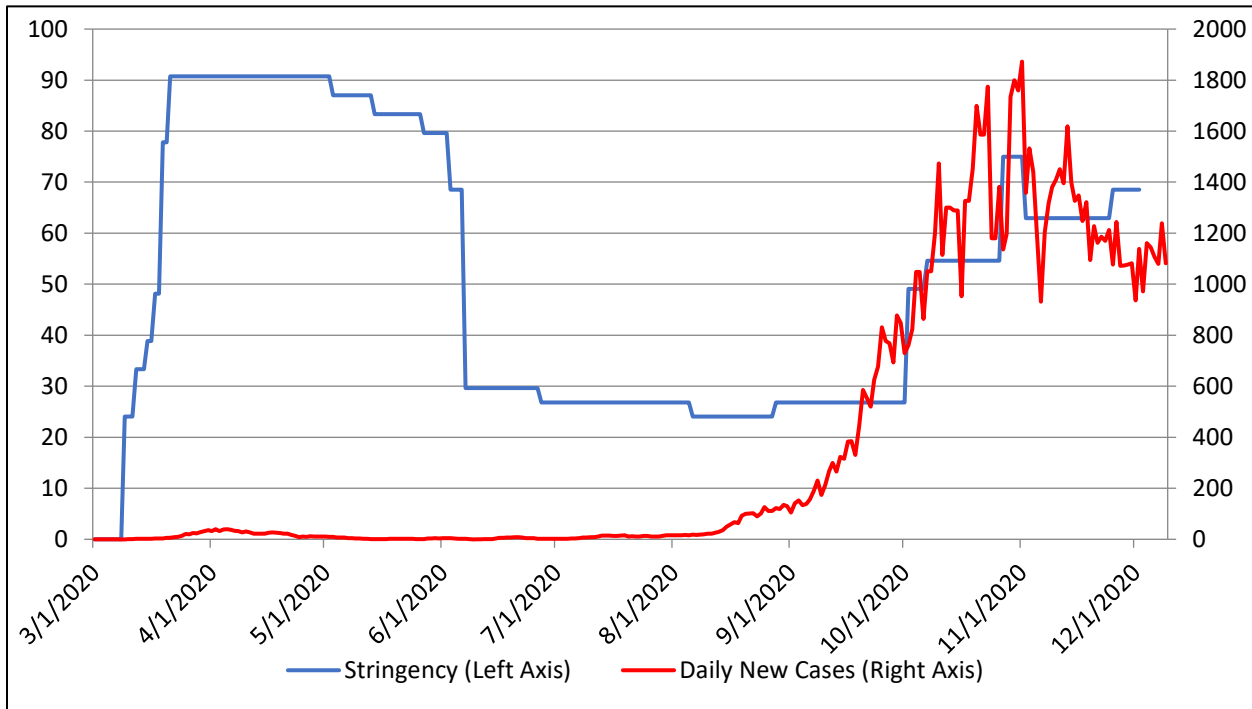
Source: Our World in Data

Figure 4: Stringency of COVID-19 response in Tunisia⁶



Source: Oxford COVID-19 Government Response Tracker
 Note: On the Stringency Index, 100 represents the strictest approaches to closures.

Figure 5: Stringency of Tunisia’s COVID-19 response against daily cases⁷



Source: Oxford COVID-19 Government Response Tracker, Our World in Data
 Note: On the Stringency Index, 100 represents the strictest approaches to closures. Daily new cases have been smoothed using a running average.

Increase in unemployment associated with the pandemic:

Before the COVID-19 crisis, Tunisia's National Institute of Statistics estimated a total unemployment rate of 14.9 percent for 2019 and 15.1 percent for the first quarter of 2020.⁸ Given the outbreak's economic impact, various domestic experts initially estimated that the total unemployment rate will increase by a range of 3.9 to 5.2 percent,⁹ with one study estimating a reduction in employment by 4.1 percent if the crisis lasts one month, 8.1 percent if it lasts two months, and 12.2 percent if it lasts three. This would represent a total job loss of 143,000, 287,000, and 430,000, respectively.¹⁰ According to the former prime minister, the pandemic may lead to 130,000 job losses by the end of the year and an economic contraction of 6 percent, which represents a decrease in state resources of more than 5 billion Tunisian dinars (\$1.75 billion).¹¹ The Ministry of Development, Investment and International Cooperation and the United Nations Development Programme (UNDP) projects an unemployment rate of 21.6 percent by the end of 2020, the equivalent of an additional 274,500 jobs lost.¹²

Additionally, the pandemic and the lockdown measures taken by the government are expected to affect people working in the informal sector,¹³ which represents 38 to 53 percent of gross domestic product (GDP)¹⁴ and employs nearly 60 percent of the workforce.¹⁵ The migrant community living in Tunisia saw an extreme loss of employment with the employment rate dropping to 11 percent from 64 percent since the start of the general lockdown through early May.¹⁶

Description of government response to the COVID-19 pandemic:

Tunisia has been in a national state of emergency since November 24, 2015 due to a terrorist attack. The Tunisian president extended the state of emergency on May 29, 2020 for six months (through December 31, 2020) to help the government address the COVID-19 pandemic.

Border closures:

On March 16, the government closed the borders and ground all international flights, with the exception of the repatriation flights for Tunisians returning from abroad. At the time of these measures, only 24 COVID-19 cases were confirmed in the country. Repatriated Tunisians were required to complete a 14-day quarantine at designated hotels at the state's expense until June 4. From June 4 until June 14, they were required to complete a 7-day quarantine at designated hotels at their own expense. From June 18 and through June 27, repatriated Tunisians were required to test negative for COVID-19 no more than 72 hours before arrival in Tunisia and had to self-quarantine.

Tunisia opened its sea, land and air borders on June 27, and Tunisians and tourists have been allowed into the country based on conditions in departure countries. Tunisian authorities have classified countries of residence in three categories, depending on a number of epidemiological indices such as the proportion of active cases over the total number of cases over the past 28 days. Residents of the first country group (color coded as "green," low prevalence of COVID-19) are not subject to any special preventive measures. Residents of the second group ("orange," medium COVID-19 prevalence) are required to submit a negative polymerase chain reaction (PCR) test performed no more than 72 hours before travelling and 120 hours before arriving in Tunisia. For the third group of countries ("red," high COVID-19 prevalence), only Tunisian expatriates residing in these countries are allowed to enter Tunisian borders, provided they submit a negative PCR test

performed no more than 72 hours before travelling and 120 hours before arriving in Tunisia, with the obligation to adhere to a mandatory 7-day quarantine in designated hotels at their own expense, followed by a second PCR test at the expense of the state, then another 7 days of self-quarantine at their residences.¹⁷

Since September, Tunisia has witnessed a second wave of infections, raising the total confirmed cases by 6,898 between June 27 and September 14.¹⁸ This spike may be linked to the reopening of borders, social gatherings and celebrations, and laxer implementation of social distancing after the lockdown. As a result, the Ministry of Health updated its list of country categories. Later, on the recommendation of the coronavirus taskforce, the Ministry of Health decided that all travelers arriving to Tunisia must present a negative PCR test and self-isolate for any trip longer than five days.¹⁹ However, travelers taking part in organized trips are not required to isolate.²⁰ Clearly, this is meant to attract more tourists and shows the state's continuous struggle between economic recovery and epidemiological control.

Social distancing:

The government implemented a series of proactive measures to curb the domestic spread of coronavirus. On March 13, it canceled all cultural and sporting events, shut down movie theaters and all other cultural venues, mandated the closure of restaurants, cafes, and night clubs by 4:00 p.m., closed mosques, and suspended group prayers. The government implemented a 12-hour overnight curfew on March 18 and a nationwide lockdown from March 22 to May 3. The lockdown stopped almost all economic activity except for the health and food sectors (as well as emergency medical and judicial services). People had to remain in their residences unless they were shopping for groceries or experienced medical emergencies. To enforce the lockdown, police officers and army personnel patrolled the streets from 6 p.m. until 6 a.m. daily.

With the progression of the second wave, governorates and towns that saw the infection rate spike implemented local measures such as suspending weekly markets, implementing an overnight curfew, banning wedding parties and other large gatherings, prohibiting public gatherings, and canceling cultural activities. In November, the government publicly insisted on wearing masks as an important countermeasure, saying that at least 80 percent of the population should wear masks to reverse the spread of the virus.²¹ Only 40 percent of the population were adhering to this rule, according to the government, which raises the prospects that a second lockdown may be necessary.

School closures:

The government decided to move the spring holidays (a two-week break for all grades initially scheduled for March 14-29) forward by two days and suspended all classes until further notice. The Minister of Education announced on April 29 that the 2019-2020 school year would end, and classes would be resumed for the upcoming year in September for all levels except for baccalaureate students (seniors in high school), who would resume classes on May 28 before taking the national baccalaureate exams on July 8. University students resumed classes on June 1. University professors and students living in governorates with the highest level of infections were subject to COVID-19 rapid testing before resuming classes.

Testing:

Due to the limited availability of testing kits and testing capacity, Tunisia adopted a selective testing strategy, limiting testing to a specific population fringe including those showing symptoms

or having been in contact with confirmed COVID-19 cases. While testing was initially centralized in the Charles Nicole Hospital in Tunis, the Institut Pasteur Laboratory in Tunis was authorized to conduct COVID-19 testing by the end of March, followed in April by Fatouma Bourguiba Hospital in Monastir, Farhat Hached Hospital in Sousse, Habib Bourguiba hospital in Sfax and several mobile laboratories attached to the Ministry of National Defense. The Ministry of Health also imported more than 500,000 rapid tests in April for areas with an increasing rate of infections.²² By September 14, 179,035 tests had been performed nationally, representing about 1.5 percent of the population. Notably, even patients with mild symptoms were quarantined in designated facilities as a precautionary measure.

Meanwhile, civil society groups in some regions, such as the island of Djerba (which was determined to be an epicenter in March), collected donations and volunteered expertise to establish a local laboratory for COVID-19 testing within its regional public hospital in early May. The initiative was welcomed by the Ministry of Health, which assessed and authorized the lab.²³

Medical supplies:

Tunisia has received medical supplies from Germany, Qatar, China, and Turkey;²⁴ from organizations such as the World Health Organization (WHO); and from international corporations such as Huawei and Samsung.²⁵ It also received \$35 million in assistance from the World Bank to acquire essential medical equipment and supplies.²⁶ Meanwhile, the Donation Committee at the Ministry of Health organized donation campaigns for the coronavirus prevention program. For instance, between June 15 and 21, it collected 2,182,623 Tunisian dinars (\$767,990) in services, protective medical supplies, and medical equipment.²⁷ In addition, Tunisia has ordered medical supplies from Russia and China to meet its COVID-19 response needs.²⁸ In early November, the UAE sent an aid plane carrying eleven metric tonnes of medical supplies and ventilators to Tunisia; these supplies are reportedly expected to help 11,000 medical workers fight the spread of the virus.²⁹ To help deal with the second wave, the Ministry of Health announced in November that two field hospitals will open shortly in Kram Exhibition Center and Sfax, with 118 total intensive care unit (ICU) beds and 560 oxygen beds.³⁰ The Ministry of Health is also hoping to establish a telemedicine platform for remote care.

Finally, according to the Ministry of Health, the state plans to acquire five million vaccine doses as of November to be delivered in the spring of 2021.³¹ The plan is to cover 20 percent of the population to reduce the number of infections, and to ultimately raise this percentage to 50 percent. Priority will be given to senior citizens (over the age of 65), chronic disease patients, and employees in essential sectors (e.g., health and military). However, no information was provided about the laboratories which Tunisia has approached to acquire the vaccine.

When the pandemic erupted, the government benefited from the cooperation of the majority of the population. In March 2020, nearly 65 percent of surveyed Tunisians reported fully abiding by the implemented restrictions and nearly 30 percent reported a high-level compliance. Even more impressive, 99 percent reported that they would voluntarily quarantine for 14 days if they suspected infection.³² In April, 88 percent of surveyed Tunisians highly valued response measures taken by the Ministry of Health, and 82 percent highly valued the security and military efforts to fight the pandemic. When asked about the national lockdown, 42 percent replied they could tolerate a lockdown period longer than one month, 57 percent advocated for keeping the national

lockdown, and 39 percent suggested a multi-phase deconfinement and the resumption of certain economic activities.³³

General assessment of how the response has worked:

The clearest indication that the early institutional responses worked well is that Tunisia was able to reduce the number of COVID-19 cases from 60 on March 24 to two on June 2. Tunisia recorded no new cases for five consecutive days on May 10. In fact, as early as March 26, Tunisia received a letter from the WHO declaring that it was among the countries closest to controlling the spread of the virus.³⁴ On June 10, the Director of the National Observatory of New and Emerging diseases announced that no new local or imported cases were recorded, which she qualified as a victory over the virus.³⁵ On June 14, the country went through the last stage of deconfinement, with the resumption of all economic activities at full capacity.

Although Tunisia recorded zero new cases for five days starting on May 11, it experienced a spike in the number of confirmed infections starting in July. As of December 8, Tunisia had 105,445 total cases of COVID-19 (104,277 of which were recorded since the borders were opened on 27 June). Several factors may have contributed to this surge, including Tunisia opening its borders to international travel on June 27; the fact that not all travelers were required to present a negative PCR test prior to their arrival; the conduct of social gatherings associated with the Eid al-Adha celebrations; and the general climate of laxer regulation post-confinement.

To what extent have there been protests and/or unrest surrounding the virus outbreak or stay-at-home orders?

At the onset of the outbreak, there were some scattered protests triggered mainly by the economic implications of the containment measures. These protests were swiftly dispersed by the police. For instance, on March 31, hundreds of workers in the informal sector protested in the capital against the economic implications of the lockdown.³⁶ On the evening of April 21, while a night curfew was in place, police forces dispersed protesters calling for better quarantine conditions for patients in southern Qbili, the second governorate after Tunis in terms of number of coronavirus cases.³⁷ However, as the second wave hit Tunisia and the economic and health implications of the pandemic intensified, a series of protests broke out in October, November, and December.³⁸

How accurate are the statistics perceived to be by neutral external observers (i.e., WHO, World Bank, etc.)?

There has been no evidence to suggest that the statistics provided by the state are not credible.

Institutional Response: Health Sector

Did the government create special institutions to coordinate its pandemic response (such as a task force), or did it work through existing structures such as the Cabinet?

The Tunisian governmental structure is transparent by design and confers decision-making authority to the president and the prime minister.³⁹ As such, President Kais Saied and Prime Minister Elyes Fakhfakh (who was in office when the pandemic started until he resigned on September 2, 2020) have played central roles in directing the COVID-19 response. This clear

structure made the confinement and deconfinement processes straightforward at the national level. On April 4, the parliament voted to give the prime minister extra powers to deal with the crisis.

The government on March 25 created the National Coronavirus Response Authority (NCRA) to centralize and unify measures in response to the pandemic.⁴⁰ The NCRA is tasked with coordinating the actions of the country's 24 governorates. It is also responsible for overseeing two pre-existing structures under the supervision of the Ministry of Interior: The Response and Relief Organization and the Regional National Committee for Disaster Prevention. The NCRA works with the National Security and Defense Council (supervised by the president), which addresses potential threats to the country's security, independence, or national integrity.⁴¹

If the former, which ministries and agencies are participating in the task force? How frequently does it meet? Who chairs the meeting?

The main drivers of Tunisia's COVID-19 response are the president, the prime minister, the minister of health, and the minister of interior. The NCRA is directly supervised by the prime minister. Its members include the speaker of parliament, the ministers of health, interior, justice, defense, foreign affairs and finance, trade, social affairs, transportation technologies, and the head of the national intelligence center. They meet regularly, sometimes via videoconference. The NCRA focuses primarily on the epidemiological aspects of the crisis.

Have various operational subcommittees been formed addressing specific dimensions of the challenge? What are they, who chairs them, and how often do they meet?

Overall, Tunisia has depended on existing structures such as the Ministry of Finance, various crisis bodies and authorities (like the Permanent National Committee for Disaster Prevention and the National Observatory of the New and Emerging Diseases), and local governing bodies.

At the local level, municipalities can implement additional measures. Municipal councils established local crisis committees to improve local government responses to the pandemic and make them more targeted. Civil society organizations and political parties have worked with these committees to control the outbreak.⁴² These committees meet regularly.

In some municipalities such as Sfax, volunteer subcommittees have been formed to control the outbreak's progress locally.⁴³ These committees are under the supervision of the municipality and make decisions related to their local area, such as delaying local events. Some of the volunteer subcommittees created include the Awareness Committee, the Disinfection and Sterilization Committee, as well as a committee of volunteer health workers. There is no information on who chairs these committees and how often they meet.

Is there a secretariat supporting the government's response or a designated ministry that is providing technical support?

The Tunisian parliament has designated the prime minister as the lead of the institutional response. He is supported by his chief of staff (Fethi Touzri) and the director-general of the military hospital (Mustapha Ferjani). The Minister of Health (Abdellatif Mekki) is supported by the director-general of the National Observatory of New and Emerging Diseases (Nissaf Ben Alaya), the general

director of governance within the Ministry of Health (Mohamed Meftah), and the director of the National Center for Transplants (Tahar Gargah).

How is communication taking place with sub-national government entities?

Communication took place daily between these authorities and the officials in the 24 governorates, with authorities at both levels using these discussions to communicate pandemic data and to review guidelines and decisions.

How are governments reaching out to external expertise in the medical and scientific communities? Have they developed mechanisms for channeling this expertise into government?

The government has focused on engaging local medical and scientific expertise, specifically medical officials from pre-existing public health institutions, hospitals, and universities. In terms of foreign expertise assistance, Tunisia has received help from China which sent doctors to the capital during the start of the outbreak. However, most of the expertise has been local, including medical experts from the Ministry of Health.

In early November, the Ministry of Health confirmed that the ministry had contacted 3,000 Tunisian doctors living abroad to ask them to return to Tunisia temporarily to help alleviate pressures on the stretched public health sector. During this period, the ministry received medical help from Tunisia's powerful General Labor Union.⁴⁴

Has the government taken any decision to ramp up the production of medical supplies and equipment during the crisis? Have procurement rules been waived or modified to facilitate the purchase of supplies?

Civil society and the private sector have contributed to the production of medical supplies and equipment. For instance, one medical equipment manufacturer voluntarily operated double shifts to produce 50,000 face masks daily, while youth at Orange Solidarity FabLabs, a makerspace in Tunis, produced 1,500 face shields per day for hospital staff.⁴⁵ Another company committed to manufacturing breathing ventilators and infrared thermometers.⁴⁶ Students of the Engineering School of Sousse responded to a public bid issued by the Ministry of Health on March 16 to manufacture a respiratory assistance machine, while students of the National Institute of Applied Sciences and Technology have been working on developing an open source artificial intelligence tool that can instantly diagnose the coronavirus from lung x-rays.⁴⁷

How are health response communications being handled? How frequently do briefings occur?

The Ministry of Health (in collaboration with a crisis communication team comprised of the director of Hygiene and Basic Health and the director-general of the National Observatory of New and Emerging Diseases) communicated with the public daily via regular press conferences starting on March 24. These conferences were broadcasted through national television and radio channels, on a website created by the government to share updates regarding the outbreak, and on social media via two Facebook pages (one created specifically to update the public regarding the pandemic and the official health ministry's page).⁴⁸ The conferences are also an opportunity to

reiterate calls for compliance with government directives. The spokesperson communicating these updates is Nissaf Ben Alaya, director National Observatory of New and Emerging Diseases. In a strong affirmation of this effort, 85 percent of surveyed Tunisians said they trusted the government's communication policies.⁴⁹

However, a major weakness in the government's communication strategy was ambiguity around the status of health establishments, specifically regarding temporary closure of establishments due to suspected contamination such as in Tunis Al Amen private polyclinic, Tunis Military Hospital, and Sfax Hospital.⁵⁰ There was also lack of clarity surrounding the availability of beds and hospital admission rates.

Where do these arrangements appear to be working well? Are there any success stories that are particularly relevant?

Tunisia had proven to be a success story within the MENA region in terms of government response to the pandemic. The political leadership had been strong, transparent, and organized during the crisis; and it had earned the public's approval. Indeed, the majority of Tunisians approved of the institutional responses; 88 percent valued the health ministry's measures, while 82 percent approved of Ministry of Interior's security measures.⁵¹ Tunisia was particularly successful in terms of the epidemiological response. During the four first months of the pandemic, the country's rate of infection remained significantly lower than most countries across the region and in Europe.⁵²

Tunisia's health system is one of the most advanced in the MENA region. It benefits from a strong health infrastructure, including 23 university hospitals, three regional hospitals, 109 district hospitals, and 2,085 primary care centers across the country's 24 governorates. Tunisia possesses an advanced pharmaceutical industry with significant generic and biosimilar production, along with established national programs for health priorities such as maternal mortality, immunization, and non-communicable diseases.⁵³ Current health expenditure per capita in international dollars and adjusted for purchasing power parity (PPP) was \$863.3 in 2017, higher than Morocco's (\$438.1), Egypt's (\$613.8), and Jordan's (\$756.7). In terms of number of physicians per 1,000 people, Tunisia had 1.3 physicians in 2017, higher than Morocco (0.7) and Egypt (0.8).⁵⁴

What key institutional challenges are being encountered (staffing, finances, supplies, etc.), and how is the government responding to them?

Public health facilities provide free preventative services to all Tunisians regardless of income, and more than 90 percent of citizens are covered either through a free medical assistance program or through a contributing health insurance system.⁵⁵ However, the Tunisian health care system suffers from geographic disparity in distribution of resources (including specialized doctors and resuscitators, screening services, intensive care units and hospital access and accommodation) favoring bigger cities and coastal towns over rural interior regions.⁵⁶

Tunisia would benefit from a higher health system capacity, more hospital beds and intensive care units, and more medical equipment. Of Tunisia's 24 governorates, 13 have no resuscitation units.⁵⁷ Indeed, because of state mismanagement in the 1990s, private sector growth was prioritized of public sector growth; in 2016-2017 (latest data available) the private health sector capacity rose

by one percent while public sector capacity decreased by the same amount.⁵⁸ Despite this, the public health sector accounts for 80 percent of Tunisia's hospital capacity.

Importantly, there is a disparity in the quality of the healthcare systems in coastal and interior governorates, with interior governorates at a disadvantage. This disparity includes a major staffing problem as the majority of specialist doctors work in big cities on the coast.⁵⁹ In addition, the majority of laboratories that are able to conduct COVID-19 testing are concentrated in the capital, further exacerbating the geographical disparity in the healthcare system.

To address this problem in the short-term, the government set up several field hospitals and laboratories, prioritizing areas that lacked capacities to respond to the pandemic and providing them with essential medical equipment from foreign sources. In the long-term, the government will need to increase public health funding in rural and neglected areas to narrow out the gap between the healthcare systems of the different geographic regions.

Institutional Response: Economic Sector

How has the government responded economically to the crisis? Has it shut down all or parts of the country to enforce physical distancing?

Tunisia implemented a nationwide lockdown between March 22 and May 3, stopping all activities except for the health and food sectors activities (i.e., grocery stores were open, all cafes and restaurants were closed). Starting from May 4, Tunisia started a gradual resumption of economic activity (see below).

Has the country taken any unique or extraordinary economic measures to address the crisis, such as providing support to various sectors, payments to businesses to retain staff, or direct payments to individuals?

The government created a national fund, the COVID-19 Solidarity Fund 1818, under the supervision of the Ministry of Finance to mitigate the coronavirus economic impact, which has collected more than 200 million Tunisian dinars (\$69.14 million) in voluntary contributions from citizens and businesses.⁶⁰ The government also implemented measures to defer some taxes, postpone social contributions and loan payments for small businesses, and extend benefits to unemployed workers and persons earning less than 1000 Tunisian dinars a month. The government dedicated 300 million Tunisian dinars (\$103.7 million) for displaced workers, who were entitled to 50 percent of their salaries once their employers applied for this program. It also allocated 150 million Tunisian dinars (\$51.9 million) in exceptional bonuses for vulnerable social classes. Factories were granted the option of deferring tax payments for up to three months starting from April 1. In addition, second quarter social contributions to the National Social Security Fund (CNSS) could be postponed for a period of three months. In addition, the government pledged 500 million Tunisian dinars (\$175.4 million) in loans, at two-percent interest, for hotels to pay the salaries of their employees through March 2021.⁶¹ It provided a one-time cash transfer of 200 Tunisian dinars (\$68) to 623,000 household members working in the informal sector and workers who do not benefit from the formal social security system.⁶² By the end of June, the government had delivered 300,000 support packages to vulnerable groups, provided support measures to

15,000 institutions to protect them from bankruptcy, and distributed grants to 460,000 workers to maintain their jobs.⁶³

Aid to the Private Sector

Companies with financial difficulties were offered the option of deferring tax debts for up to seven years, receiving immediate tax suspension certificates. They were also granted facilitated procedures to recover VAT payments. In addition, the government created a specialized unit to support struggling establishments and preserve the jobs of their employees. This cell is composed of representatives of the Ministry of Finance; the Ministry of Social Affairs; the Central Bank of Tunisia; the Tunisian Confederation of Industry, Trade, and Handicrafts; the Tunisian General Labor Union; the Professional Association of Banks and Financial Institutions; and the Tunisian Federation of Agriculture and Fishing. The government also allowed factories producing for export markets to sell 30 percent to 50 percent of their products locally in order to keep their businesses afloat and avoid bankruptcy.⁶⁴

Furthermore, an emergency complementary fund of \$300 million was established to support struggling small and medium enterprises (SMEs), and an investment fund of 500 million Tunisian dinars (\$175.4 million) was created to finance companies of all sectors and support them in maintaining workers through quasi-equity investment. The government also established a 100 million Tunisian dinars (\$35 million) investment fund exclusively for repurchasing mutual fund contributions for strategic sector institutions going through financial difficulties. Meanwhile, the Central Bank encouraged banks to issue debit cards to their clients without any fees in an effort to move towards cashless transactions.⁶⁵

The government responded to investment concerns swiftly by providing sectoral support and encouraging companies to shift production to free zones. It also expanded access to local markets to foreign investors.⁶⁶

The European Union granted Tunisia 250 million euro (\$281 million) in aid to help mitigate the economic and social impacts of the pandemic, while the International Monetary Fund (IMF) approved a \$743 million loan to help the country overcome the COVID-19 crisis.⁶⁷ In addition, Tunisia secured a coordinated support package from the World Bank, Kreditanstalt für Wiederaufbau (KfW), Agence Française de Développement (AFD) Group, Japan International Cooperation Agency (JICA), and the African Development Bank that amounts to \$600-700 million for 2020, with \$175 million disbursed in June.⁶⁸

Support for Workers

The government has allowed workers earning a monthly wage less than 1,000 Tunisian dinars (\$322) to defer loan payments. It also issued a new decree (Decree No. 2 of April 14, 2020) suspending Article 21-12 of the labor code to protect employees, legal determining termination of employment contract for reasons related to COVID-19 an unfair practice. In addition, the government established a new decree mandating a deduction of one working day worth of earnings from workers to be collected to the benefit of the state budget. The decree exempts employees with annual net income less than 5,000 Tunisian dinars (\$1,824). The country's major trade union

(UGTT) has pledged 100,000 Tunisian dinars (\$32,240) towards the COVID-19 Solidarity Fund 1818 to support workers who have lost income during the crisis.⁶⁹

As of November 4, the prime minister announced a series of emergency measures to limit the pandemic's economic impact. The debts of artists and cultural institutions were rescheduled. The retirement allowance of professionals will be doubled.⁷⁰

Does the government have a plan in place for reopening the economy once the virus passes? What are its key dimensions?

The government implemented a three-phase deconfinement strategy aiming to re-start the economy gradually between May 4 and June 14 (while continually taking into consideration the evolution of the pandemic). Most deconfinement guidelines do not apply to people over 65 years of age, with immunodeficiency or chronic disease carriers, pregnant women, and children under 15 years of age.⁷¹

Phase 1 (May 4-24):

- Financial services and services institutions that are unable to work remotely: 50 percent of working employees working at offices while complying with the health protection protocols.
- Liberal professions that are unable to work remotely: 100 percent of working employees working at offices while complying with the health protection protocols.⁷²
- All industrial and construction services: 50 percent of working employees at workplaces while providing employees' transportation and complying with the health protection protocols.
- All governmental institutions: 50 percent of working employees working at offices.
- Starting from May 11, small professionals and commercial activities: work every other day according to the national identity card number (CIN), with those ending in even numbers working one day and those ending in odd numbers working the next, while complying with the health protection protocols.

Phase 2 (May 25-June 4):

- 75 percent working employees for the aforementioned activities in addition to cultural, sports, entertainment and touristic activities and restaurants, cafes, and weekly souks.

Phase 3 (June 5-14):

- 100 percent working employees.
- Gradual resumption of childcare services and cultural, sports and entertainment activities and reopening of places of worship.

Which ministries and agencies are coordinating the government's economic response to the crisis? Is there a separate task force? How frequently does it meet? Who chairs the meeting?

The economy recovery plan is headed by the minister of finance, who answers to the prime minister. It was presented to parliament. The minister of finance held talks with the Tunisian Union of Industry, Trade and Handicrafts and the General Workers Union. Meetings within the government were held regularly and chaired by the minister of finance. There were no separate task forces organized to support the economic recovery plan.

Have various operational subcommittees been formed addressing specific dimensions of the challenge? What are they, who chairs them, and how often do they meet?

A committee was created to deal with the pandemic's impact on companies. It aimed to preserve workers' rights and protect them from unemployment. It included representatives from the Ministry of Finance; the Ministry of Social Affairs; the Central Bank of Tunisia; the Tunisian Union of Agriculture and Fisheries; the Professional Association of Banks and Financial Establishments; the Tunisian Union of Industry, Trade and Handicrafts; and the General Workers Union.

Another committee was created to deal with the pandemic's impact on the tourism sector, especially on hotel establishments. The committee offered low-interest loans for hotels to pay the salaries of their employees through March 2021. It included members from the Ministry of Finance, the Central Bank of Tunisia, and the Tunisian Guarantee Company.

Is there a secretariat supporting the government's response or a designated ministry that is providing technical support?

The Ministry of Finance had taken on this role and had created a web platform to facilitate the communication of the government's economic response.

How is communication taking place with sub-national government entities?

The governors of the country's 24 governorates communicated with the Minister of Finance regularly.

How are governments reaching out to external expertise in the business and economic communities? Have they developed mechanisms for channeling this expertise into government?

There has been no evidence that external expertise has been sought. Any expertise sought out by the government seems to be local.

How are economic communications being handled? How frequently do briefings occur?

Economic communications have been announced by the minister of finance or the prime minister to the press and the public via the state television channel. The briefings were frequent.

Where do these arrangements appear to be working well? Are there any success stories that are particularly relevant?

Economic activity slowly picked up after the deconfinement phases were complete. Tunisian industries have demonstrated their engagement in fighting the pandemic through donations and stepping in to supply medical equipment. As an example, before masks were deemed mandatory, a local company produced 50,000 masks on a daily basis with workers self-isolating within the factory to continue production. Such initiative showcased the strength of Tunisia's industrial base.

What key institutional challenges are being encountered, and how is the government responding to them?

Tunisia is expected to experience an economic contraction of 3.9 to 6 percent, according to various experts.⁷³ Tunisia's GDP and investment rate are expected to decrease by 4.4 percent and 4.9 percent respectively, and that the financial poverty rate will increase by 4 percent by the end of 2020.

In particular, the tourism sector, which represented 14.2 percent of GDP and employed 11 percent of the workforce in 2019,⁷⁴ may see a loss of \$1.4 billion in revenues and 400,000 in travel-related jobs.⁷⁵ Due to expensive pre-departure screening tests, several countries have cancelled flights to Tunisia despite the government's decision to reopen the borders on June 27 to revive the tourism sector. This led sector specialists to predict that more than 60 percent of hotels would close over the summer.⁷⁶

A key challenge lies in the public benefits distribution system, which requires affected citizens to register to receive advantages. This proved difficult particularly during the national lockdown due to the lack of a digitalization. In addition, the stimulus packages proposed by the government did not address all the lockdown problems and did not target the informal sector sufficiently. The pre-existing administrative framework is weak and overburdened by the sheer number of people seeking help.

Tunisia also struggles with shoring up and retaining investments. The government is working on the country's investment strategy for FY2021 and Investment Promotion Agencies are focusing on aftercare services in hopes of retaining investments in key sectors. Notably, aftercare services now account for 70 percent of the activities of the Foreign Investment Promotion Agency of Tunisia.⁷⁷

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⁶⁸ “US\$175 Million Budget Support for Tunisia to Mitigate the Economic Impact of Covid-19,” World Bank, June 15, 2020, <https://www.worldbank.org/en/news/press-release/2020/06/15/world-bank-approves-us-175-million-budget-support-for-tunisia-to-mitigate-the-economic-impact-of-covid-19-and-hasten-recovery>.

⁶⁹ “Covid-19 impact and responses: Tunisia;” “’ijra’at lil had min tada’iyat firus kuruna al-’iqtisadiya:at wa al-’ijtima’iya;at [Measures to reduce the economic and social consequences of the Corona virus].”

⁷⁰ Bhatia, “Tunisia grapples with Covid-19 spike.”

⁷¹ “al-’istratijiya al-wataniya lilhajar al-sihi al-muwajah [National strategy for targeted containment].”

⁷² Liberal professions include lawyers, notaries, engineers, architects, doctors, dentists, and accountants, amongst others. They usually require special training.

⁷³ Delmas, “Tunisie: «La pire récession depuis l’indépendance» [Tunisia: “the worst recession since independence]”; International Monetary Fund (IMF), “World Economic Outlook: Chapter 1 the Great Lockdown,” April 2020, 85, <https://www.imf.org/en/Publications/WEO/Issues/2020/04/14/weo-april-2020>; “kalimat ra’is al-hukuma;at ’ilyas al-fakhfakh [Prime Minister Elias Al-Fakhfakh's speech],” Présidence du Gouvernement Tunisien, Facebook Post, June 25, 2020, <https://www.facebook.com/213636118651883/posts/3713597325322394/>; “dirasa;at: kuruna tu’amiqu ’azma;at al-bitala;at [Study: Corona deepens unemployment crisis],” *MosaiqueFM*, June 17, 2020, <https://bit.ly/2US2ROF>.

⁷⁴ “Tunisie – Tourisme: Quelle est la place du tourisme dans l’économie nationale? [Tunisia - Tourism: What is the place of tourism in the national economy?],” Klynveld Peat Marwick Goerdeler (KPMG), November 28, 2019, <https://home.kpmg/tn/fr/home/insights/2019/11/quelle-est-la-place-du-tourisme.html>.

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