The overall framework of the campaign

The Coronavirus pandemic, coming nearly ten years after Tunisia's revolution, has demonstrated the depth of social and regional disparities in the country. It has shone a light on inequality in the right to access to public health and the continuing deterioration of hospital services in working class neighbourhoods and the historically marginalised interior of the country, which seemed ill-prepared to cope with the health crisis. The most striking example of this is the fact that many of the interior states lacked any intensive care beds for Coronavirus patients, compared to 189 beds in Tunis. In addition, the crisis caused major turmoil in terms of providing services for people with chronic diseases and many hospitals and basic health centres lacking in medicines.

Worn out public health facilities and poor services are the result of years of austerity policies that have deepened regional inequalities in the right to life. This is evidenced by indicators such as the infant mortality rate, which at its highest level in the western central region. At the national level the infant mortality rate is also vastly different in urban (11 deaths per thousand births) and rural (19 deaths per thousand births) areas. Life expectancy at birth is 77 years in Tunisia as a whole, but 70 years in the provinces of Kasserine and Tataouine, which lie on the Algerian and Libyan borders respectively. These marginalised border provinces also suffer from a resurgence of serious infectious diseases, such as the typhoid fever in Tataouine, Kebili and Medenine, and equine hepatitis A in Gabes, due to the lack of safe drinking water and sanitation. Tunisia has also, in the past year, witnessed an epidemic of measles, a spread that claimed the lives of at least 39 citizens of different ages with the governorate of Kasserine most affected.

The decline in the level of health services has been a continued source of concern for citizens living in these marginalised areas and has negatively affected their perceptions of their safety. This is demonstrated by research carried out by International Alert in the governorates of Kasserine, Medenine and Tataouine. In Tataouine, which occupies the largest area in the country, a citizen-led review of health services found that service users perceive the biggest problems in health provision to be the severe shortage of drugs and the scarcity of specialist doctors. The number of specialist doctors in Tataouine has decreased from 12 in 2016 to 9 in 2018. This includes gynaecologists and obstetricians, resulting in deaths and other preventable tragedies.

Since the revolution, the right to health has been one of the most important axes of social mobilization in the interior regions and border governorates. Citizens have called for improvements to public health facilities and services, including the provision of specialized doctors and establishment of university hospitals, as well as an end to corruption and the democratisation of the sector's governance by involving beneficiaries in the provision of its services.

The 2014 constitution explicitly states that everyone has the right of access to health in Chapter 38, which says:

#Health is a right for every human being.

The State guarantees prevention and health care to all citizens and provides the means necessary to guarantee the safety and quality of health services.

The state guarantees free health care for the unsupported and low-income. It guarantees the right to social security coverage, as provided by law.

However, this constitutional right did not entail policies that guarantee its implementation on the ground. Indeed, the budget of the Ministry of Health witnessed a decline after the revolution, which deepened the deteriorating role of the state in healthcare provision.
In this context, International Alert launches an awareness campaign Health is a constitutional right: yes to an increase in the public health budget.

The campaign extends over three months and aims to
- Concretise Chapter 38 of the Constitution through public policies and societal initiatives that guarantee the right to health.
- Support civil society’s involvement in defending the public health sector as a public facility that guarantees equal access to medical treatment.
- Democratise public health sector governance to ensure the participation of female citizens and citizens who receive this service in its evaluation and in reform processes.

Campaign activities

1. **Short awareness-raising videos**, highlighting the implications of the Coronavirus pandemic on the right to health and physical safety in working class neighbourhoods. This activity is carried out in partnership with the Douar Hicher Ambassadors Network and the I Change Network in Ettadhamen and deals with three key issues: public health services disruption, widespread domestic violence, and a lack of medicine.

2. **A virtual dialogue on public health**, including three virtual cafes on the status of public health services in border governorates and popular neighbourhood which will bring together representatives of the regional health departments, doctors and directors of local or regional hospitals, as well as civil society activists. Cafes will take place through July, according to the following schedule:
   - **Kasserine**: Friday July 3rd, 2020 at 3pm.
   - **Ettadhamen and Douar Hicher**: July 10, 2020 at 11am.
   - **Tataouine**: Friday, July 22nd, at 5pm.

The virtual cafes are will be broadcast on the official Facebook page of International Alert Tunisia: (www.facebook.com/internationalalerttunisie ) you can interact by asking your questions directly via the page.

3. **Community evaluation of health services provided to young people**. An online platform will be launched that includes the results of a citizen-led review of health services for young people in 43 health structures in Kasserine, 27 in Tataouine and 18 in Douar Hicher.

4. **Pilot project** for a real-time electronic platform for the public health sector, to be announced shortly.

#Health_is_a_constitutional_right
yes to an increase in the public health budget.