

# AVAILABILITY OF PHARMACEUTICAL CARE AS A COMPONENT OF SOCIAL PROTECTION SYSTEM IN TUNISIA

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**Introduction.** General need for social security is recognized as one of human rights by the international community. Today about 75% of the world's population (5.1 billion people) don't have complete social protection, and 40% don't even have basic protection. Availability of medications is an important component of social protection systems. Tunisia is a leader in terms of welfare of all African countries. However, availability of medications does not always correspond international conventions №102 (1952 year) on minimum standards social welfare which has caused actuality of the chosen research theme.

**Aim.** The aim of the study was an analysis of the availability of drugs in the context of social protection in Tunisia.

**Materials and methods.** To achieve the objective we used methods of scientific analysis, systematic approach and content analysis.

**Results and discussion.** Each state provides certain types of social health services, thus theoretically opening available, at least, a limited list of medical services, including medicines. There are two health insurance systems In Tunisia: compulsory and voluntary, which operate independently or in combination. Compulsory health insurance covers more than 90% of the population – the so-called active citizens of Tunisia: officials, employees of state enterprises, the agricultural sector laborers, fishermen, students and children.

Compulsory health insurance provides this category of citizen free medical care by social insurance, that is carried out in public health facilities. In addition, such insurance enables receiving a list of drugs prescribed in the insurance policy by every patient. The average cost for health services in cases of using just public medicine to each citizen of Tunisia are only 20% of the cost of medical services.

There is regular round the clock community pharmacy with fixed prices in every region of the country. Find community pharmacy in any city in Tunisia can sign «PHARMACIE». It is noteworthy that almost every community pharmacy in Tunisia is not just a place where you can buy the necessary medication, but also is a place where easy to get a little advice, if the disease is not serious. The fact is that experts with medical education work in the «PHARMACIE», they could to measure pressure and provide first aid needed.

In general, sanitary and epidemiological situation in the country is

controlled by the state, and therefore considered a favorable. One of the most common diseases in Tunisia are hepatitis A and B – in varying degrees, it get sick about 10% of the population. Also cutaneous leishmaniasis and hepatitis C are widespread.

Today the health care system in Tunisia is actively developing. The state modernizes the existing network of health services and building a new one. There are implementing new technologies, increased qualification of doctors and pharmacist. According to WHO, the total cost of health by state is about 7% of GNP.

Evidences of success in healthcare Tunisia is a few medals won at international level for its efforts in health care, in 1996 received a gold medal "Health for All" and the medal of the World Federation of blood donors in 1997 received gold medal of the seventh conference of the red Cross and red Crescent Societies.

**Conclusions.** Social protection of Tunisian in availability of medicines is provided two systems of health insurance active in the country: compulsory and voluntary. Compulsory health insurance covers more than 90% of population. The public health system in Tunisia allows us to provide a decent level of service for citizens of their country. The cost for each citizen of Tunisia for health services are only 20% of the cost of medical services that corresponds to one of the main requirements of the Convention №102, namely "... set the framework emergency medical costs not exceeding 40 percent of total family living expenses".

Lack of financial availability and financial protection, of course, closely associated with existing coverage gaps social healthcare system – as legislatively established and realistic. These mechanisms include a wide range of institutional arrangements, including the implementation of government programs, social insurance, private insurance, are common in many African countries, including Tunisia.

Each state provides certain types of social health services, thus theoretically expanding availability to medicines. In terms of international practice basic set of such expansion must meet international Millennium Development Goals (especially in the case of healthcare of mother and child), the requirements for the treatment of certain diseases, such as AIDS or malaria, and the requirements of the Convention N 102.