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INTRODCUTION

The right to access health

1. The Corona pandemic revealed the depth of social and regional disparities in Tunisia especially concerning the right to access public health, also the continued deterioration of hospital services in popular neighborhoods and interior regions, which seemed unable to confront the health crisis. The most prominent example of this was the lack of recovery beds in many internal provinces, while there were 189 beds in Tunis. In addition to the great disruption caused by the crisis at the level of providing services to people with chronic diseases and the shortage of medicines in many hospitals and basic health centers.
2. The erosion of public health facilities and the deterioration of their services is the result of years of austerity policies that deepened regional inequality in the right to life. as evidenced by many indicators such as the infant mortality rate, which reaches the highest level in the center-west (23.6 deaths per thousand births compared to 17.8 at the national level). In addition to record differences between urban centers (11 deaths per thousand births) and rural areas (19 deaths per thousand births), as well as the index of life expectancy at birth, which amounts to 77 years in Tunisia compared to 70 years in the governorates of Kasserine and Tataouine, in addition to a significant return of serious infectious diseases. After a significant decline in these diseases in the past decades, such as typhoid fever in Tataouine, Kebili and Medenine, and Hepatitis A in Gabes, as well as many regions in the past years, including Kasserine, due to the lack of drinking water and the lack of sanitation. Tunisia witnessed last year a widespread epidemic of measles after the preaching of its final eradication occurred, a spread that claimed the lives of at least 39 citizens of different ages, and the governorate of Kasserine was the most affected by it.

3. The decline in the level of health services constituted a source of concern for male and female citizens and a decrease in their sense of safety in these marginalized areas, as indicated by the field studies carried out by the International Alert organization in the governorates of Kasserine, Medenine and Tataouine. In this governorate, which occupies the largest area in the country, the citizen's diagnosis, done by International Alert on health services in hospitals and public clinics. from the point of view of the recipients of the service showed that the biggest problems, besides the severe shortage of medicines in various public health structures, stated that 69.6% declared Among the respondents who went to a public health facility that medicines are "not available".
4. In addition to the scarcity of specialized doctors whose number has been decreasing (from 12 in 2016 to 9 in 2018), including specialists in obstetrics and gynecology, in addition to a lack of diagnostic services. (Medical imaging services, especially advanced ones, and numerous laboratory tests), medical equipment and machines, and the ambulance fleet.
5. With regard to mental health, the study carried out by the International Alert Organization in the year 2022 in three regions: North Tataouine in the governorates of Tataouine, in the Nour district in the northern Kasserine delegation in the governorates of Kasserine, and El-Kabbariya, one of the popular districts in the wilaya of Tunis. showed that more than a quarter of young people consider their mental state to be bad or too bad. about the same percentage felt the need to go to a specialist or psychologist in the year before the study. But the biggest dilemma remains in the possibility of obtaining services in the field of mental health. Young people who have actually visited a psychiatrist or psychologist do not reach even one-eighth of those who felt the need to do so. This proves the great importance of the financial factor (which is often multiplied by virtue of the multiplicity of shares or pledges required by the undertaking. Clinics and transfers due to the absence of specialists in many internal regions and popular areas surrounding major cities) and the lack of information about mental health care structures and procedures for accessing psychological care.
6. According to the same study, half of young people aged 18-29 years are deprived of health coverage, a percentage that represents at least two and a half times the national percentage, which according to sources ranges between 17% (National Institute of Statistics 2015) and 20% (National Institute of Health 2016). It is known that denial of health coverage leads to denial of the right to health care.
7. The 2014 constitution explicitly stipulates the right of everyone to access health through Article 38, which says:
8. "Health is a right for every human being. The state guarantees prevention and health care for every citizen, and provides the necessary capabilities to ensure safety and quality of health services. The state guarantees free treatment for those without bonds and people with limited income. It guarantees the right to social coverage in accordance with what is regulated by law."
9. However, this constitutional right was not followed by policies to ensure its activation on the ground. Indeed, the budget of the Ministry of Health witnessed a decline after the revolution, which deepened the deterioration of the state's protective role.

Right to drinking water and sanitation:

10. Since the 1970s, the multiplicity of stakeholders, the divergence of decisions and the adoption of a water resources management model based on supply, giving water a lucrative character, have led to the failure of the policy adopted by the Tunisian State and the inadequacy of the legal and institutional frameworks established.
11. Tunisia is one of the Mediterranean countries most threatened by water scarcity. Its modest water potential estimated to 4.772 billion cubic meters in 2019. These fragile and threatened resources risk becoming a major obstacle to development, preventing people from benefiting from their most basic and legitimate right to water.
12. Tunisia has recognized, since 2014, the right to water as a guaranteed constitutional right for all Tunisians. However, in recent years, an increase in the number of protests by citizens noticed in all regions of Tunisia, not having access to water due to the absence or recurrence of drinking water cuts and irrigation water. More particularly, from the day after the Revolution in 2011, associations of irrigators in Tunisia were subject to claims.

Economic, social & cultural rights

13. Tunisia faced numerous and unprecedented political and social transformations over the few last years; lack of political stability resulted in a continuous succession of governments. Furthermore, Tunisia is facing, structural economic and social challenges such as intensification of regional disparities, higher rate of poverty, growing pressure on public finance.
14. Combined with the COVID-19 pandemic, that reached Tunisia in March 2020 and led to 27840 deaths by the end of February 2022, all these factors resulted in major deterioration of the Tunisian economy and public finance. The last budget in 2021 notices a deficit around 8.3 percent of GDP and public debt around 86 percent of GDP. The Tunisian government, by means of the State Budget 2022, is planning to intensify austerity policies in order to reduce the fiscal deficit.
15. Following the revolution of 2011, the Tunisian stakeholders focused mainly on civil and political rights while leaving the economic and social rights behind. Although the fact that the deterioration of these rights was the basic motive of the 2011 revolution with the slogan "Work, Freedom, National Dignity".
16. Since all human rights are interlinked, uneven progress in the field of economic, social and cultural rights can undermine the significant improvements in civil and political rights.
17. According to human rights fact sheet n°33, the government is obliged to respect, protect and fulfil economic, social and cultural rights, and it's required to take steps to the maximum of their available resources to achieve progressively the full realisation of human rights.
18. The International Covenant on Economic, Social and Cultural Rights signed by Tunisia in 1968 and ratified in 1969, impose the government to an immediate obligation to take appropriate steps towards the full realization of economic, social and cultural rights. A lack of resources cannot justify inaction or indefinite postponement of measures to implement these rights. States must demonstrate that they are making every effort to

improve the enjoyment of economic, social and cultural rights, even when resources are scarce.

19. The UPR in 2017 provided with concluding observations of Committee on Economic, Social and Cultural Rights, CESCRi. In the 15th paragraph, the CESCR recommended that the Tunisian government undertake tax reform to introduce more tax justice and an equal distribution tax burden among tax payers that was granted to Tunisians by the 2014 constitution' Article 10 that states "Paying taxes and contributing towards public expenditure are obligations, through a fair and equitable system."ii
20. According to the Tunisian Observatory of Economy's (TOE) Budget Brief 2021iii, the tax rate to GDP increased from 21.9 percent in 2017 to 25.5 percent in 2021. This could be considered as a positive effort from the Tunisian State to maximize available resources. However, the years 2020 and 2021 have seen a strong decrease in GDP compared to 2019 which can explain partially the increased ratio. In addition, following the Corporate Income Tax (CIT) rate decrease from 30 percent in 2014 to 15 percent in 2021, tax revenues from CIT decreased by 23 percent of the total fiscal revenues between 2014 and 2021. Hence, in 2021, 72 percent of the fiscal revenues comes from Personal Income Tax revenues. This trend shows a persistent choice to put most of the additional tax burden on workers instead of enterprises hence increasing income inequality in the country.
21. According to the report about tax incentives published by the Ministry of financeiv; Tunisia spent 4225 million dinars as tax incentives during 2020. The tax incentives report does not indicate the real impact of these expenditures, whether these tax incentives enhance investment or contribute at generating more tax revenues. In the same year, the Government allocated 4175 million dinars for the Ministry of Health and Ministry of Social Affairs combined. This precludes the Government from maximising available resources to fulfil economic and social rights.
22. Wasting 18 percent of the tax revenues during 2020, an amount that exceeds the public expenditures on health and social affairs combined in 2021, for an uncertain revenue

Public expenditures, ESCR and right to development

23. By the end of 2016 and by means of State Budget of 2017 and the following year, the Tunisian decision makers continued to adopt the austerity policy that was first endorsed in 2013, backed by the International Monetary Fund by the virtue of the Extended Fund Facility of 2016v.
24. The austerity and liberalization measures required under the extend Fund Facility represent a source of high social and political tension, and the government is biding its time in carrying out social costly reforms which will be emphasized afterwards.
25. Even though Tunisia has supported 2017 UPR recommendations 125.111 Further intensify the governments activities to boost youth employment (A/HRC/36/5-Para.125) job creation per capita rates in inland governorates remain the lowest in Tunisia. According to TOE data analysis n°25vi published in 2021, inland governorates: SidiBouزيد, Medenine, ElKef, Kebili and Karouan have remained the governorates with the lowest job creation per capita based on the available data to 2018. Coastal regions are more appealing to industries, as they host about 90 percent of small and medium sized business as well as the majority of tourism and manufacturing units according to the same resources. Which is mainly a direct consequence of lack of public investment in

these areas. Overall, the evolution of public expenditures allocated to public investment declined from 7.5 percent yearly evolution between 2014 and 2016 to 4.8 percent yearly evolution between 2017 and 2019^{vii}.

26. Right to health was constrained by the COVID-19 pandemic, along with the Tunisian government inability to implement the 2017 UPR recommendations: 125.115 continue strengthening the health-care infrastructure (A/HRC/36/5-Para.125), 125.116 continue to enhance the effectiveness of measures taken to improve access to health services in remote and rural areas (A/HRC/36/5- Para.125), and 125.117 Continue implementing the national strategy to enhance access to health services in rural areas (A/HRC/36/5-Para.125). At the national level the density of doctors per 10000 habitants increased by 2 percent between 2017 and 2019 according to Sanitary Card published on the ministry of health website^{viii}. However, the indicator shows wide inequality between the country regions; in Zaghouan, a coastal region, the indicator scored 370 percent of evolution between 2017 and 2019 while in Kebili, a rural region, the indicator scored -32 percent between 2017 and 2019.
27. The available report on Budget Management by Objectives BMO published on the ministry of health website^{ix} show a recruitment freezing during 2017 and 2018 while 3892 doctors and paramedics retired from public hospitals during the same period. This is the direct consequence of the austerity policy adopted by the government following the Extended Fund Facility signed between the IMF and the Tunisian State in which one of the conditionality was to control public wages and freeze new recruitments in public sector.
28. The uneven density of doctors per capita between regions cumulated with the freezing of recruitments of medical staff during 2017 and 2018 resulted in the regression of the Tunisian right of access to health which was displayed during the COVID-19 pandemics when the WHO said on 15/07/2021 that Tunisia was the country with the highest COVID-19 mortality rate per capita in the Middle East region and in Africa^x. The Tunisian public health care system, with its deteriorated infrastructure and lack of human resources was unable to face the COVID-19 pandemic.
29. According to the State Budget of 2022, the government resumed the austerity policy on social spending. Ministry of health expenditures fall by 15.98 percent annually, while Ministry of education and Ministry of social affairs expenditures slightly increased by 0.19 percent and 1.6 percent respectively. However, when the inflation rate is taken into account all of the three Ministries budgets decreases when comparing 2022 budget to 2021 budget: -22.78 percent for the ministry of Health, -6.61 percent for the Ministry of Education, and -5.20 percent for the Ministry of Social Affairs
30. The budget brief 2022 published by TOE on February 2022 analysed the regression of the State social role, hence the regression of the economic and social rights of the population in Tunisia. The government justify the lack of investment expenditure and cutting the State social spending by the lack of fiscal space. Whereas, as pointed previously the government didn't take the needed action to maximise the available resources.

Right to self-determination: right to determine its own form of economic and social development.

31. Concluding observations of Committee on Economic, Social and Cultural Rights, CESCR; in the 17th paragraph the CESCR recommended that the Tunisian government must ensure accountability and transparency in the management of public funds, and 19th paragraph recommended that the government, along with the parliament, must evaluate the potentials impact of financing agreement on economic and social rights.
32. Neither the succession of governments since 2017 nor the elected parliament had evaluated the potential impacts of the financing agreements signed with the International Financial Institutions IFI. According to Policy Brief n° 3 published by TOE in 2017 the conditionalities required by the IMF in 2016 are similar as those found in the 1986 structural adjustment plan.
33. "History has been repeating itself as the IMF and the World Bank continue to coordinate with each other and work in concert to continue the deregulation and liberalization of the Tunisian economy- a task they have been attempting since 1986, in the context of shrinking state power and of successive governments that lack a genuine vision for the country. Liberalizing trade without first building up the country's productive capacities results in a significant increase in unemployment and further deteriorates the balance of payments and trade balance. It is worth noting that Tunisia's trade balance is already in a considerable deficit, and further liberalization given the current context will consequently increase the country's indebtedness"xi.
34. According to the Data Analysis n°22 published by Tunisian Observatory of Economy TOExii, the devaluation of the Tunisian dinar since 2016 is the main contributor to the increase in public debt. Following the Central Bank of Tunisia Independence Act and the liberalization of the exchange rate in April 2016, the contribution of the exchange rate effect exploded. By 2016, the devaluation of the dinar is the main cause of increase in public debt to 3.9 billion dinars. Since then, this contribution has exploded to 9.5 billion dinars in 2018 alone, five times more than the budget deficit in the same year. The devaluation of the dinar doubled the stock of external public debt from 29.9 billion dinars in 2015 to 60.2 billion dinars in 2018 as the Data Analysis explained it.
35. The austerity policy adopted by the government since 2017 included social spending cuts, public wages control and recruitment in public sector which resulted in the deterioration of health right due to the poor infrastructure and low doctor density in rural area and the same goes to education rights the sector suffers from lack of human resources and the state is cutting the ministry of education spendingxiii.
36. Moreover, lack of accountability and transparency in the management of public funds still persist. Only seven of the thirteen annexes of the State Budget of 2022 were published and the ministry of finance is adopting a policy of opacity when it comes to public finance indicators and the ongoing IMF negotiations.
37. Depriving the Tunisian citizens from their right to transparency make it impossible to hold the government accountable of the economic policy adopted. Hence the government deprive the citizens from their right to be well informed in order to exercise their right to economic and social self-determination.
38. The adoption of IFIs conditionality resulted in the government imposing a development model and economic orientations that are incoherent to economic and social situations



in Tunisia which justify the continuity of social unrests.

Recommendation

The right to access health

With regard to public policies:

1. Enshrine Chapter 38 of the Constitution through public policies that guarantee the right to health.
2. The necessity of breaking with the austerity policies that still contribute to the deterioration of the level of public services and the deepening of social and regional disparities.
3. Reviewing the Finance law for the year 2220 in a way that guarantees an increase in the amount allocated to public health by 15% of the public budget. To be financed through a radical review of the system of fiscal privileges, serious resistance to fiscal evasion, and the establishment of a progressive tax on wealth and other mechanisms devoted to fiscal justice.
4. Improving the infrastructure of public hospitals, including support for the maintenance of buildings and equipment, and the development of the number of recovery beds and health transportation means.
5. The need to respond immediately to the legitimate demands of public health professionals to provide the necessary capabilities and requirements to do their work in the best way.
6. Urgent and final assignment of all young doctors working today in the public sector, settling their financial conditions, and solving the dilemma of doctors (and specialists in particular) reluctance to work in the public sector, including reviewing incentives to work in the interior regions.
7. Democratizing the governance of the public health sector to ensure the participation of female and male citizens who receive this service in the evaluation of the services they receive and the reform of the health facility

For the governorate of Tataouine:

8. Giving the state “highest priority” in the field of medical specialization within the framework of the effective establishment of the principle of positive discrimination
9. Provide the agency with additional incentives, using various formulas that prove their effectiveness in motivating sufficient number of specialized doctors in all specializations

to work and settle in the public sector in the region, in addition to a drastic review of the rehabilitative, medical, and therapeutic system.

10. Developing services in dependency centers by providing ultrasonography, clinics to follow up cases of risky pregnancies, and the requirements of services secured by obstetric units.

11. Enabling the regional delegation for the family and human population with the necessary capabilities, foremost among which is a full-time doctor specialized in obstetrics and gynecology), in addition to strengthening the framework of midwives and completing the equipment (such as to enable them to be equipped with a full-time gynecologist).

12. Expanding the list of analyzes that are carried out in the laboratories of local hospitals and health centers, to suit the needs, and adopting “sampling” for analyzes in primary health centers and delivering them to the relevant laboratories for the labs that are supplied to the laboratory. This is not the case in some states.

Regarding the mental health of young people:

13. Providing mental health services for young people, decentralized in a way that enables young people and the population to access its services in efficient ways, and replacing the so-called “national strategy for the advancement of mental health” that the Ministry “created” about 15 years ago.

14. Developing training mechanisms for first-line professionals in the health sector specific to youth health, whether within the framework of basic and continuous structured training, or within the framework of developing a special academic training, including master's degrees for first-line doctors on the one hand, first-line nurses on the other hand, and other

15. The necessity of providing direct, open psychological counseling, guidance and pledge cells without the necessity of medical or other guidance, in various health departments run by psychologists specializing in clinical psychology or psychology of children and youth, with priority given to the centers of the internal states and then to their delegations farther from them. This requires a thorough and comprehensive review of the function of the psychologist in general and of his position in the public health sector.

16. Enabling young people in prison facilities to obtain their own mental health services managed by the structures of the Ministry of Health with the participation of other ministries, scientific-social associations specialized in mental health and human rights

organizations.

17. Integrating psychologists specialized in the field of occupational psychology into the structures of occupational medicine or occupational health and safety, with clarification of the mechanisms of their interventions and ways to achieve their efficacy.

18. Developing the qualitative and quantitative levels of training for psychologists (including expanding the training to university institutions outside the capital).

19. Enabling young people, regardless of their economic status, to obtain health coverage in ways that enable them to benefit from it without procedural or financial difficulties, and without guardianship, pressure or control from a family "breadwinner".

Right to drinking water and sanitation:

Legal and institutional framework:

20. Organize a comprehensive national dialogue on the theme of water with the participation of stakeholders from the water sector, with the aim of defining strategic visions for water in the next fifty years.

21. Establish a general protocol and precise and transparent specifications for its use so as to effectively make it the public property of the population and not the property of the bureaucratic procedures of the State.

22. Establish a general protocol and precise and transparent specifications for its use so as to effectively make it the public property of the population and not the property of the bureaucratic procedures of the State.

23. Establish and implement exemplary experiences for local development models taking into account the capacities and needs of the regions and what nature provides them.

24. Individualize the water sector by separating it from the Ministry of Agriculture into an independent structure that brings together all the structures concerned with water in its forms and sources.

25. Restructure the National Water Exploitation and Distribution Company SONEDE towards a new organizational structure based on regional administrations with great powers in water business, maintenance and investment quantitatively and qualitatively drinkable.

26. Found specialized national committees responsible for drawing up a draft new water code capable of solving water problems and guaranteeing it to all citizens, both quantitatively and qualitatively, in all areas

27. Organize a national dialogue to establish a new development model based on the local capacities available and the needs of the local actors concerned.

28. Organize interactive workshops to prepare and maintain dams and all types of hydraulic development, involving all stakeholders including the national army.
29. Develop a national plan for the modernization of water projects through the adoption of modern techniques in the field of supervision, monitoring, management and maintenance.
30. Establish coordination with civil society in these countries to put the issue in question of public opinion and thus pressure governments to define a framework of protection and determination on the part of each country of these resources.
31. Restructure the Agricultural Development Groups (GDA) and support them in training and restructuring, with a revision of the law that regulates them, and why not integrate them into the structures of the social and solidarity economy.
32. Reconsider the concept of the public water domain to include water and man so as to conform to the concept of the new development model
33. Terminate the debts of GDAs associated with smallholder farmers to STEG to help them overcome their difficult financial conditions resulting from the drought and the COVID19 pandemic
34. The initiation of a careful and transparent examination of the contracts of engagement awarded to bottled water companies in the country, in particular with regard to their financial value, the quantities they are authorized to operate, and the extent in which they meet their obligations.
35. Establish an urban public policy for rainwater harvesting in cities as part of a new vision for the mobilization of water resources
36. Protect our rights to water resources shared with neighboring countries, such as wadis and groundwater and deep water tables, taking the example of the intercalary continental water table shared between 5 countries (Tunisia, Algeria, Libya, Chad and Niger) which represents strategic but non-renewable water reserves. This aquifer has begun to be exploited indiscriminately by neighboring countries, which threatens its sustainability.
37. Opening a scrutiny of water-related debts in Tunisia, including old and new debts.

Potable water :
38. Call for State support for the national water exploitation and distribution company (SONEDE) financially and humanely, in order to modernize its activity and develop its public services related to drinking water.
39. Abolish the debts of agricultural development groups GDA active in the field of drinking water to the Tunisian company of Electricity and Gas STEG

40. Founding a national public company for drinking water and sanitation in rural areas, integrating all drinking water GDAs.

41. Financially and technically encourage the population to collect rainwater in Majels, Fesquias or other individual equipment

42. Establish and make available a complete inventory of all collective and autonomous collection equipment

43. Introduce the digitization of all water distribution networks in all regions of the country to ensure effective monitoring and control

Pollution and Overexploitation:

44. Oblige mining and oil companies to find unconventional water resources for their activities and to stop the use of drinking water in their industry.

45. Require food industries, leather and textile industries and phosphate and oil processing industry to develop water feasibility studies with the aim of mentioning mandatory water sources and their feasibility and the production techniques according to these results of these studies.

46. Work to phase out the overexploited phosphate mining of water resources and replace it with regional and local development pathways linked to the available capacities, the geographical location and the needs of the local population of the mining areas.

47. Require industries to abandon over-exploitation of water resources by export-oriented with low added value

48. Guide industrial companies to adopt clean and modern techniques to reduce the depletion of water resources, energy consumption and pollution.

49. Control the quality of bottled water

50. Nationalize bottled water sources and return their ownership to the state for the benefit of the people, the real owners of this water, in accordance with Article 13 of the Constitution.

Economic, social & cultural rights

51. To implement a working development strategy; in this instance, an industrial and agricultural strategy for the medium- to long-term that seeks to strengthen local production in order to generate secure and gainful employment, create value added and surplus value.

52.To condition all negotiations with the IMF and the World Bank or other IFIs according to this strategy in order to objectively assess and maintain some instruments and leverage for the country's development that are currently being phased out through successive reforms. These include investment regulation based on industrial and agricultural operating strategies, targeted subsidies and incentive policy, exchange rate policy etc.

53.To conduct regular audits of public foreign debt and the related conditionalities in order to better negotiate them and evaluate their impact given Tunisia's exponentially expanding debt.

54.To implement a debt negotiation strategy based on the objective assessment of regularly conducted audits.

55. To revisit and further review the law granting independence to the Tunisian Central Bank (BCT) promulgated in April 2016 under pressure by the IMF to provide fiscal space to the Government and additionally, to return to the goals of the BCT according to Law 199-88, which states in Article 33 that: "The general purpose of the central bank is to defend the value of the national currency and to maintain its stability". The BCT should also contribute to job creation as it is the case in the USA.

56.The Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights, M. Juan Pablo Bohoslavsky, conducted an official visit to Tunisia between 20 and 28 February 2017. The outcomes and recommendations of the visit was published later in collaboration with Tunisian Observatory of Economy as Policy Brief n°4^{xiv}.

57. The Policy Brief included the following recommendations, to the Government of Tunisia, to international financial institutions and to States supporting its economic reform programme:

58. Carry out a human rights impact assessment before implementing major economic reforms, as required by the guiding principles on foreign debt and human rights, following the recommendations made by the Independent Expert for carrying out such assessments.⁸⁵

59.Undertake a debt sustainability analysis based on a comprehensive understanding of debt sustainability, incorporating human rights, social and environmental dimensions.⁸⁶

60.Ensure that public debt does not create economic, social or political vulnerabilities, but contributes to inclusive social growth and development.

70.Design and implement economic reforms on the basis of a realistic timetable, and prioritize the creation of jobs for women, youth and persons with disabilities, in

particular in disadvantaged regions.

71.Reallocate the financial and human resources within the civil service to disadvantaged regions, and refrain from freezing recruitment across the board and from laying off people employed in the public sector.

72.Ensure greater social fairness in taxation with a view to reducing inequality, including by increasing tax revenues from small, medium-sized and large-scale businesses and liberal professionals and by adopting measures to combat tax avoidance and evasion.

73.Ensure that adequate measures are taken to mitigate the impact from reducing food or energy subsidies on low-income households, so that the number of individuals living below the national poverty line will actually be reduced by such reforms and adverse effects on the rights to food and adequate housing can be excluded.

74.Establish a social insurance system against unemployment and develop a national strategy for combating poverty based on disaggregated data.

75.Ensure the financial sustainability of the pension and social security funds and close gaps in the social security net of Tunisia with a view to providing universal coverage against risks in line with the ILO Social Protection Floors Recommendation, 2012(No. 202).

76.Ensure that planned pension reforms are based on the principle of intergenerational fairness and that minimum pension and social security benefits are of such levels that they move rights holders at least out of extreme poverty.

77.Increase public resources for the public health sector with a view to restoring and improving the quality, accessibility and affordability of public health services, including free access to services and medicines for all persons without sufficient means in conformity with the Constitution and international human rights law.

78.Ensure the meaningful public participation of civil society — including trade union, employer, human rights, women's rights, children's rights, transparency and anti-corruption organizations — in the design, implementation, assessment and evaluation of economic reform policies, with a view to fostering social dialogue and national ownership.

ⁱ [Les recommandations faites à la Tunisie par les mécanismes du système des droits de l'homme des nations unies](#)

ⁱⁱ [\(anonymous\) \(constituteproject.org\)](#)

ⁱⁱⁱ [Budget Brief LF2020 AR.pdf - Google Drive](#)

^{iv} [ANNEXE_12.pdf \(finances.gov.tn\)](#)

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- v https://economie-tunisie.org/sites/default/files/20180302-imf_in_tunisia-eng-bap.pdf
- vi [da_num25_en_0.pdf \(economie-tunisie.org\)](#)
- vii [Budget Brief LF2020 AR.pdf - Google Drive](#)
- viii [Santé Tunisie en chiffres 2019 \(rns.tn\)](#)
- ix [Unité budgétaire - Ministère de la santé publique \(rns.tn\)](#)
- x [Risk of 'Catastrophic' Coronavirus Surge in Middle East - WHO | World News | US News](#)
- xi [20180302-IMF in Tunisia-ENG-BAP \(economie-tunisie.org\)](#)
- xii [20190612-datanalysis-22-en-bap.pdf \(economie-tunisie.org\)](#)
- xiii [\(economie-tunisie.org\) على الدور الاجتماعي للدولة؟ | المرصد التونسي للاقتصاد 2022 هل يحافظ قانون المالية : 2022 موجز الميزانية](#)
- xiv [A Human Rights Approach to Debt, Structural Adjustment and Corruption in Tunisia Report of the United Nations Independent Expert on foreign debt and human rights on his mission to Tunisia | Tunisian Observatory of Economy \(economie-tunisie.org\)](#)