

# Governance arrangements of purchasing: An analysis from Tunisia

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based on a study report prepared by  
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Sources of funds

Purchasers

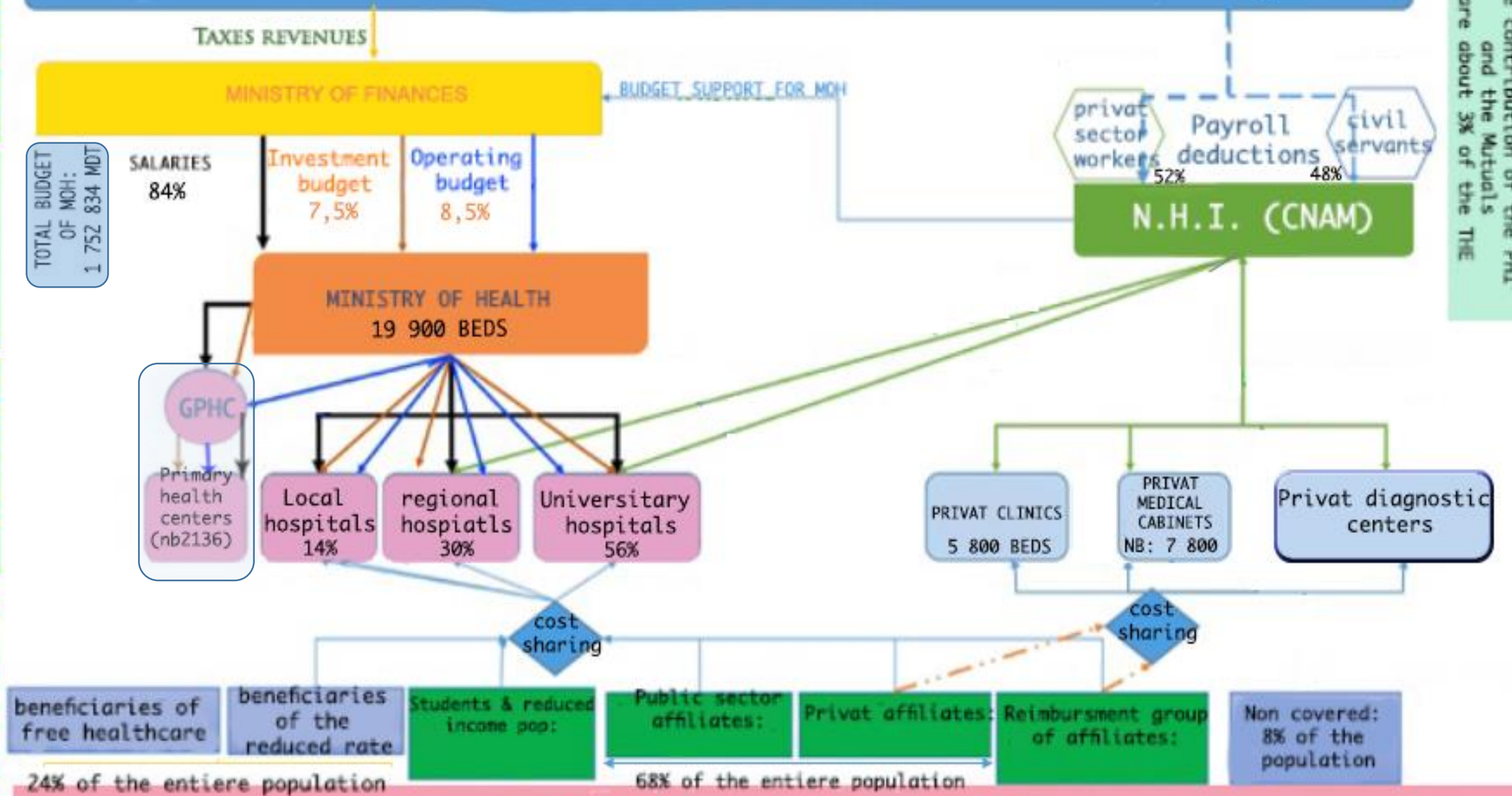
Providers of care

Population covered

# TUNISIAN POPULATION

«CONTRIBUTORS» (APPROX. 437 000 IN 2016)

The contribution of the PHI and the Mutuels are about 3% of the THE



24% of the entire population

68% of the entire population

POPULATION (11,3 Mio people)

# Challenges and related system effects

- Multiple payment methods, creating incoherent incentives and resulting in undesirable provider behaviour (risk of cream skinning and resource shifting, cost-shifting by providers, which creates inequities and inefficiencies)
- Large part of NHI expenditure goes to the private sector, even though only a small share of NHI members has chosen the private sector access scheme (through gate keeper or reimbursement)
- Difference in fee schedule (and practice) between the public and the private sector, big difference in remuneration of health workers
- This results in staff migration to the private sector, lack of staff in the public sector and in remote areas

# Some key governance tasks related to the purchaser market:

- **Policy analysis and strategy development:**

By MOH, but weak – there is no alignment of benefits and payments across different health coverage schemes

- **Consultation and coordination across purchasers and among stakeholders:**

There is no body in place to ensure coordination

- **Ensuring that a functioning integrated or inter-operable information management system is in place:**

Not clear who is in charge, the info management system is very fragmented

# Governance of the public health insurance agency (CNAM)

Governance mechanism	Desirable features for good governance
Clear mandate & objectives for SP	There is no explicit and strong mandate for CNAM to operate as a strategic purchaser, objectives focus on financial equilibrium and ensuring provision of benefits, less focus and interest on coverage extension and financial protection
Clear decision making rules	No formal process and structure in place to determine & review provider payment rates for fee for service and case payment
Sufficient autonomy and authority in line with capacity	Limited autonomy and limited authority (especially with respect to enforcement of payment rules)
Oversight body	The oversight body has not met since 10 years, it is not functional. There is no mechanism to address disagreements

# Governance of the public health insurance agency (CNAM)

Governance mechanism	Desirable features for good governance
Coherent accountability lines	The CNAM should report to the National Council of Health Insurance (which is not active) and to Ministry of Social Affairs as well as to presidency of the government
Budget constraint	Credible budget constraint, but expenditure increases faster than revenues (i.e. not in line with promised benefits); some incoherence about revenue collection, which made budget unpredictable
Selection of the Head of the Purchasing Agency (CNAM) & performance motivation	Head of CNAM is appointed by the Ministry of Social Affairs
Inclusive and meaningful stakeholder participation	CNAM Board: MOH has only one voice, no representation of beneficiaries, citizens or provider/health worker associations



# You are welcome in Tunisia

