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TUNISIA: COVID-19 VACCINATION PLAN MUST BE FAIR AND TRANSPARENT

SUMMARY AND MAIN RECOMMENDATIONS

Tunisian authorities must ensure fair access to vaccines for all and should publish vital information about the national vaccination rollout, including the criteria adopted for determining priority groups, Amnesty International said today.

Tunisia has been harshly hit by the COVID-19 pandemic with at least 16000 deaths reported since the start of the pandemic, making it one of the highest official death tolls in Africa.¹ At the moment, Tunisia's daily confirmed deaths per million is the second highest in the world, only after Namibia.

The country is currently facing the fourth wave of the COVID-19 pandemic with highly alarming daily infection rates that exceeded 669 per million people, the fourth highest in the world after Cyprus, Seychelles and Fiji. On 19 June, the Tunisian government reintroduced a strict full lockdown across several governorates, while the capital, Tunis, and other cities were later put under partial lockdown.² The Ministry of Health reported that public hospitals are exceeding their maximum capacity, with intensive care units (ICU) reaching a record level of 91.8% capacity.³

In the context of the rapid spread of infections and record numbers of deaths, the vast majority of the Tunisian population remains unvaccinated and individuals with a high risk of contracting COVID-19 are left unprotected. As of 13 July 2021, a total of 2,225,629 doses had been administered, with 1,531,039 people (13% of the population) having received at least one vaccine dose and 694,590 people (6% of the population) being fully vaccinated with two doses.⁴

The Tunisian government announced their national vaccination programme in January 2021 and they started implementing it in March 2021 through an online platform, EVAX. However, the strategy is undermined by the failure to consider human rights vulnerabilities in the selection of priority groups, a lack of transparency around the criteria to include certain professions as essential services, undue political interference in the roll out and significant delays due to both the global shortage of vaccines and the government's instability. The country has changed health minister four times since the start of the

¹ Ministry of Health Facebook post, 4 July 2021, available at www.facebook.com/santetunisie.rns.tn/photos/a.724855064220267/4280538428651895/ ; Africa News, 1 July 2021, available at www.africanews.com/2021/07/01/tunisia-partial-lockdown-as-covid-19-cases-reach-record-highs/

² TAP info, *Kairouan, Siliana, Zaghuan and Beja targeted by general lockdown (Prime Ministry)*, 26 June 2021, available at www.tap.info.tn/en/Portal-Society/14120094-kairouan-siliana

³ Ministry of Health Facebook post, 5 July 2021, available at www.facebook.com/santetunisie.rns.tn/photos/pb.186480324724413.-%202207520000..4282327881806283/?type=3&theater

⁴ Ministry of Health Facebook post, 7 July 2021, available at www.facebook.com/santetunisie.rns.tn/photos/pb.186480324724413.-2207520000..4287773967928341/?type=3&theater ; and Our World in Data, *Statistics and Research: Coronavirus (COVID-19) Vaccinations*, accessed 7 July 2021, available at www.ourworldindata.org/covid-vaccinations ; and Ministry of Health Facebook post, 7 July 2021, available at www.facebook.com/santetunisie.rns.tn/posts/4284785534893851?__tn__=-R

pandemic and is locked in a political standoff between the head of the government and the president of the republic, which reportedly delayed the pre-order of vaccines.⁵

The World Health Organization (WHO), in line with international standards, has advised states to prioritize vaccine plans in a way that “takes into account the vulnerabilities, risks and needs of groups who, because of underlying societal, geographic or biomedical factors, are at risk of experiencing greater burdens from the COVID-19 pandemic” and to “ensure equal COVID-19 vaccines access to everyone who qualifies under a priority group, particularly socially disadvantaged populations.” The framework also recommends that vaccine prioritization decisions between various groups should be made “using transparent, accountable, unbiased processes, to engender deserved trust in prioritization decisions”.⁶

While the Tunisian government followed some of the WHO recommendations by placing health workers and those above the age of 60 in the first priority group, people facing other risks were omitted from criteria adopted for vaccine prioritization. This includes people below the age of 60 with chronic diseases rendering them more vulnerable, people with disabilities, people who live in poverty, prisoners and people experiencing homelessness, who often do not have access to health care services, and so are disproportionately affected by COVID-19 with higher risks of experiencing severe illness and death as a result of contracting the virus.

Amnesty International is also concerned that undue political interference has affected national vaccination efforts leading to a serious erosion of public trust. In April 2021, Mofdi Mseddi, the advisor to the Prime Minister, admitted that several ministers had been vaccinated without being eligible; at the time, vaccination roll-out was restricted to frontline health workers and adults over 75.⁷ In May, Mosaïque FM radio reported that the local health director of the Manouba region was fired after offering to vaccinate a parliamentarian representative from the ruling political party, in addition to 78 local healthcare workers who had not yet received their official vaccination appointment.⁸

These incidents undermine public trust in the government’s fulfilment of its obligation to distribute vaccines fairly and without undue political interference. They also call into question the government’s commitment to guarantee all people’s right to health and to prioritize those most at-risk.

In May 2021, the government prioritized vaccinating workers in primary and high education, tourism, and justice, following negotiations with these sectors’ influential labour unions. However, the rationale used to determine eligibility has not been published, despite the fact that the Minister of Health has referenced the existence of a government regulation defining the eligibility of each priority list.⁹ This lack of transparency has raised key questions about the rationale for eligibility criteria and how decisions are made about which groups are prioritized to receive vaccinations.

⁵ The Arab Weekly, *Virus vaccine delay adds to Tunisia’s ambient pessimism*, 18 February 2021, available at <https://the arabweekly.com/virus-vaccine-delay-adds-tunisia-ambient-pessimism>

⁶ World Health Organization, *WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination*, 14 September 2020, available at www.apps.who.int/iris/bitstream/handle/10665/334299/WHO-2019-nCoV-SAGE_Framework-Allocation_and_prioritization-2020.1-eng.pdf?sequence=1&isAllowed=y

⁷ Webdo, *Tunisie : La vaccination des membres du gouvernement fait polémique*, 29 April 2021, available at www.webdo.tn/2021/04/29/tunisie-la-vaccination-des-membres-du-gouvernement-fait-polemique/covid.YMsqFGhKhhE

⁸ MosaïqueFM, *Une directrice régionale de la santé limogée à cause de Arwa Ben Abbès (Vidéos)*, 3 May 2021, available at www.mosaiquefm.net/fr/actualite-national-tunisie/891856/vaccination-de-arwa-ben-abbes-la-directrice-de-la-sante-limogee

⁹ Business News, *Les syndicats appellent à la mise en place d’un programme de vaccination pour les enseignants*, 13 May 2021, available at www.businessnews.com.tn/les-syndicats-appellent-a-la-mise-en-place-dun-programme-de-vaccination-pour-les-enseignants,520,108320,3 ; and Business News, *L’AMT appelle à la vaccination des juges et dénonce la non application des accords conclus avec le secteur*, 4 June 2021, available at www.businessnews.com.tn/L%92AMT+appelle+%E0+la+vaccination+des+juges+et+d%E9nonce+la+non+application+d+es+accords+conclus+avec+le+secteur,544,108912,3#:~:text=Dans%20un%20communiqu%C3%A9%20publi%C3%A9%20hier,en%20appui%20%C3%A0%20l'effort ;

and L’Economiste Maghrebin, *UGTT: début de la vaccination pour les enseignants le 25 mai 2021*, 24 May 2021, available at www.leconomistemaghrebin.com/2021/05/24/ugtt-debut-de-la-vaccination-pour-les-enseignants-le-25-mai-2021/

To ensure accountability, transparency and non-discrimination, governments should release disaggregated data about the implementation of the national vaccination strategy based on indicators of equitable vaccine allocation. The WHO provides guidance for how countries should disaggregate the data on the application of vaccine uptake and coverage by: product, geography, age group, occupation, risk factors, context (i.e. type of facilities: prisons, educational institutions etc.), socioeconomic status, ethnicity and other characteristics.

On 23 June Tunisian authorities launched an open data platform online with general information on the progress of the vaccination rollout across the country.¹⁰ However, the data provided does not include information on priority groups of people.¹¹ Without real time disaggregated updates with information on vaccination of priority groups as well as indicators of equitable access, it becomes impossible to ensure that those who need vaccine the most are receiving it as a priority, especially in a context of limited vaccines supply.

To ensure that their vaccination allocation is fair and transparent, the Tunisian authorities should prioritize:

- Amending their national COVID-19 vaccination plan to ensure that it is accessible, fair, inclusive, and non-discriminatory, in line with human rights laws and standards. Additionally, the plan needs to address factors that may heighten an individual's or a community's risk to COVID-19, and pay particular attention to marginalized groups and those with intersecting identities and legal statuses. The plan would also ideally include social, environmental, and occupational risks, and the impact of systemic discrimination.
- Ensuring that the design and implementation of allocation plans are informed by collection and analysis of data around the impact of COVID-19 on specific groups.
- Publishing data that is disaggregated in a transparent and accessible manner.
- Releasing criteria and rationale applied for eligibility of specific professional categories over others by publishing the legal regulation text ("circulaire") defining those categories.

TUNISIA'S COVID-19 NATIONAL VACCINATION PLAN

The Tunisian government published its national vaccination plan in January 2021, with the stated objective of vaccinating 50% of the Tunisian population by the end of the year.¹² The national strategy also detailed a five-phase vaccination rollout plan for a pre-established list of priority groups.

The Tunisian Ministry of Health launched an online platform, EVAX, where people can register for the COVID-19 vaccine. Both Tunisian citizens and foreign residents are eligible and need to provide personal information including age, date of birth, weight, height, postcode, and medical history. With the exception of health workers, the platform does not collect any information about occupation or profession.

Although the national vaccination plan was published in January, Tunisia was one of the last countries in North Africa to begin its vaccination campaign. Initially, the Health Minister announced that, under the UN-led COVAX initiative, the first wave of vaccines should be delivered by mid-February 2021. However, the arrival of the promised doses was delayed due to both global vaccine shortages and government instability in Tunisia.

By February, serious concerns around vaccine shortages were growing as authorities were yet to secure the delivery of the 12 million vaccine doses that they had promised during the first year of the pandemic.¹³ In

¹⁰All Africa, *Tunisia: Data On National Job Drive Now Available to General Public*, 22 June 2021, available at www.allafrica.com/stories/202106220879.html

¹¹Ministry of Health Facebook post, 1 June 2021, available at www.facebook.com/santetunisie.rns.tn/posts/4185280608177678

¹² Ministry of Health, *Stratégie vaccinale contre la COVID-19 en Tunisie*, accessed on 7 July 2021, available at www.santetunisie.rns.tn/images/strategie-vaccination-covid-19.pdf

¹³ Inkyfada, *All You Need to Know About Covid-19 Vaccinations in Tunisia*, 2 March 2021, available at www.inkyfada.com/en/2021/03/02/vaccinations-covid-19-tunisia/

fact, Tunisia was hoping to receive by late February an initial delivery of 93,600 vaccine doses through COVAX and, by March, an additional 2 million doses through direct pharmaceutical contracting. However, none of these vaccines' supplies were delivered on time.

Tunisia's population in 2020 was at 11,708,370. As of 13 July 2021, only 6% of the population has been fully vaccinated.¹⁴ Only 3,384,503 have registered for a COVID-19 vaccine, indicating that a stronger public awareness campaign could be necessary to increase uptake.

The country's limited negotiation capacity for direct contracts with pharmaceutical manufacturers, partly due to political instability and lack of cohesive vision, has contributed to the slow vaccine rollout and the failure to provide those most at risk with the protection they need in a timely manner.

Based on the two main objectives of reducing morbidity and mortality among the most at-risk age groups and maintaining health services and other essential activities, the national vaccination plan included a roll-out prioritized according to age, exposure to the infection, and comorbidity criteria. The national plan follows some of the WHO's guidelines contained in the SAGE Roadmap for Prioritizing Uses of COVID-19 Vaccines ("SAGE Roadmap") by prioritizing health workers, either alongside or followed by older populations and/or people with comorbidities as detailed in the table below.

FAILURE TO PRIORITIZE ALL AT-RISK GROUPS

When devising national vaccination plans, all states must ensure they fully abide by their human rights obligations to ensure non-discrimination and a specific focus on marginalized, at-risk groups. A human rights perspective is particularly important to consider how systemic discrimination has affected the access to health services of marginalized and at-risk groups such as communities discriminated on the basis of work and descent, people living in prisons and detention centres, people with disabilities and people living in informal settlements, as well as refugees and migrants, among others.

Table of the prioritization scheme for vaccination delivery

	To reduce severe cases and mortality	To maintain essential services
Priority 1	Persons ≥ 60 years by groups of decreasing ages : ≥ 75 years, 65-74 years, and 60-64 years	Health workers in contact with COVID-19 patients
Priority 2	Adults < 60 years with pre-existing health conditions by groups of decreasing ages	Health workers without contact with COVID-19 patients
Priority 3		Professionals of essential services (e.g. interior forces, firefighters, military, education, transport,...)
Priority 4		Other workers
Priority 5	Persons living or working with at-risk people (undefined)	

¹⁴ Our World in Data, *Statistics and Research: Coronavirus (COVID-19) Vaccinations*, accessed on 7 July 2021, available at www.ourworldindata.org/covid-vaccinations

Tunisia's national vaccination strategy is based on strict age-based prioritization and considers health workers, older populations, and individuals with chronic comorbidities as highest priorities for vaccination. While these are important criteria, socio-economic disparities were not taken into consideration during the development of the national strategy. The EVAX platform itself did not include any question about the socio-economic health determinants of the registered people, therefore factors related to social vulnerabilities were missed while assessing eligibility. For example, people living in poverty are disproportionately affected by COVID-19 and they are at risk of experiencing greater burdens from this pandemic.

Moreover, even within eligible priority groups, particular populations remain at risk of experiencing a greater burden from the COVID-19 pandemic and face significant societal and geographic barriers that might limit their access to vaccines. For instance, people living in remote rural areas, homeless people, undocumented migrants, prisoners and persons with disabilities might not have the same access as other people who do not face these obstacles, even if they are eligible according to age criteria.

People who live in prison settings are one of the most vulnerable groups that are highly exposed to COVID-19 due to overcrowding, the inability to practice social distancing, and the limited access to prevention and treatment services. On June 29, a total of 526 COVID-19 cases had been recorded at the civil prison of Messadine in Sousse region on June 29¹⁵. Although Tunisian officials initiated a vaccination campaign for incarcerated individuals since April 2021, with the inoculation of 500 older or chronically ill prisoners¹⁶, it must be noted that only 1650 prisoners out of 22,000 (7.5%) had received at least one vaccine dose across the country¹⁷. Moreover, Tunisian authorities have not shared details about the vaccination process, its timeline, and the adopted vaccine eligibility criteria for prisoners.

Therefore, the Tunisia authorities must ensure that the national vaccination plan includes mechanisms to ensure that all members of at-risk groups, who may be missed due to other barriers, are given access to COVID-19 vaccines.

LACK OF TRANSPARENCY IN DEFINING PRIORITY GROUPS

On 28 April, following leaked information in media outlets that government officials who should not have been eligible had been vaccinated, government communications advisor, Mofdi Mseddi, admitted that a group of ministers, advisors and directors of some public agencies had been vaccinated. At the time, the roll out was only in its third week and was restricted to the first priority group, namely essential health workers and those aged 75 and above, according to the government's national vaccination plan. Mseddi claimed that the vaccination of the senior officials had been carried out "transparently" and followed the national vaccination plan, which included this additional group of select government officials to preserve the "continuity of the state."¹⁸

While "government workers essential to critical functioning of the state" may be considered a priority group of essential workers, the vaccination of government officials is not consistent with what was published of the Tunisian national vaccination strategy for several reasons.¹⁹ First, other essential workers are only listed as a third priority group whose vaccination should not precede the other two groups. Second, the authorities only publicly admitted this decision after the fact, upon pressure due to reports in the media which caused outrage.

<https://www.tap.info.tn/en/Portal-Regions/14150344-sousse-coronavirus> ¹⁵

¹⁶ Webdo, " Tunisie – Covid-19 : Démarrage des vaccinations dans les prisons", 16 avril 2021,

<https://www.webdo.tn/2021/04/16/tunisie-covid-19-demarrage-des-vaccinations-dans-les-prisons/#.YOadZehKjIU>

<https://www.mosaiquefm.net/fr/actualite-national-tunisie/921571/500-cas-de-coronavirus-dans-les-prisons> ¹⁷

¹⁸ Business News, *Mofdi Mseddi : Oui les membres du gouvernement et les conseillers ont été vaccinés*, 28 April 2021, available at www.businessnews.com.tn/article,520,107883,3

¹⁹ WHO, *Essential workers include police officers, municipal services, child-care providers, agriculture and food workers, transportation workers, and government workers essential to critical functioning of the state*, 13 November 2020, **Error! Hyperlink reference not valid.**

This lack of transparency and access to information regarding the criteria considered to make particular populations eligible for vaccines has contributed to the erosion of the public confidence in the Tunisian government's vaccination plan. As of 15 July, the government has not communicated further details about the number of its members who have been vaccinated.

Despite the fact that the initial vaccine prioritization plan based on age groups had yet to be amended, a number of ministries announced the initiation of vaccination campaigns for employees of specific sectors and related professions. The Ministry of Health did not clarify how professionals from these specific sectors fit into the category of frontline workers.

For example, on 24 May 2021, Nabil Hamrouni, the leader of the secondary education union, announced that the union had reached an agreement with the Ministry of Health regarding prioritizing teachers above the age of 50 and/or with comorbidities - for vaccination.²⁰ This announcement was greeted by wide-spread criticism and accusations of favouritism. The doctors' syndicate made immediate calls against the opening of exceptional vaccination centers for workers from the education sector, which ultimately lead to the delay of this profession-specific vaccination campaign.²¹

On 26 May, the Ministry of Higher Education and Scientific Research published a statement calling on its workers to register within the next two days their interest in taking a COVID-19 vaccine on www.evax.tn as well as on its own online platform <https://vaccin.mes.rnu.tn/>.²² Similarly, both Ministries of Tourism and Justice announced specific vaccination campaigns for the sectors of tourism and justice, respectively.²³

Under their international human rights obligations, the Tunisian authorities must make decisions regarding priority groups in a transparent way and according to public health evidence-based data. To this end, decision-making processes around national allocation must be rooted in transparency and the right to information to ensure accountability and build public trust in the country's national vaccination plan. Moreover, decisions should be informed by the collection and analysis of data around the impact of COVID-19 on specific groups and publication of such data in a transparent and accessible manner.

To date, the Tunisian government has not clearly justified the criteria for prioritizing one category of essential workers over another, nor have they considered prioritizing essential workers at high risk such as transportation and food workers. Furthermore, the rationale behind the use of alternative platforms to www.evax.tn that are sector-specific had not been clarified, nor how the different platforms will interact.

In fact, a statement recently published by the Ministry of Justice on 9 June 2021 clearly revealed that eligibility criteria for the third priority group were established according to Regulation No. 10 of 25 May 2021 on the Implementation of the Third Priority Group (the "circulaire numéro 10 du 25 mai 2021 relative aux modalités d'application de la troisième priorité") published on 25 May 2021. Despite the critical importance of transparency around these public health decisions, this official document has not been made publicly available on any government website. What is even more concerning is that a member

²⁰ L'Économiste Maghrebin, *Covid-19 : vaccination du personnel du secteur de l'éducation à partir du 24 mai*, 19 May 2021, available at www.leconomistemaghrebin.com/2021/05/19/personnel-secteur-education-desormais-prioritaire-vaccination-tunisie-beneficiera-vaccination-covid-19-partir-lundi-prochain/

²¹ Gnet news, *Tunisie : Les syndicats de santé refusent de vacciner les enseignants... Taboubi tente de trouver une solution*, 24 May 2021, available at www.news.gnet.tn/tunisie-les-syndicats-de-sante-refusent-de-vacciner-les-enseignants-taboubi-tente-de-trouver-une-solution/

²² L'Économiste Maghrebin, *Universitaires : voici comment s'inscrire à la campagne de vaccination*, 26 May 2021, available at www.leconomistemaghrebin.com/2021/05/26/universitaires-inscrire-campagne-vaccination-coronavirus/

²³ Web Manager Center, *Enfin, une campagne de vaccination des employés du secteur touristique tunisien*, 26 May 2021, available at www.webmanagercenter.com/2021/05/26/468295/enfin-une-campagne-de-vaccination-des-employes-du-secteur-touristique-tunisien/; and MosaiqueFM, *بلاغ وزارة العدل لمنظورها حول التلقيح ضد فيروس كورونا*, 9 June 2021, available at www.mosaiquefm.net/ar/%D8%A8%D9%8A%D8%A7%D9%86%D8%A7%D8%AA-%D8%AA%D9%88%D9%86%D8%B3/909828/%D8%A8%D9%84%D8%A7%D8%BA-%D9%88%D8%B2%D8%A7%D8%B1%D8%A9-%D8%A7%D9%84%D8%B9%D8%AF%D9%84-%D9%84%D9%85%D9%86%D8%B8%D9%88%D8%B1%D9%8A%D9%87%D8%A7-%D8%AD%D9%88%D9%84-%D8%A7%D9%84%D8%AA%D9%84%D9%82%D9%8A%D8%AD-%D8%B6%D8%AF-%D9%81%D9%8A%D8%B1%D9%88%D8%B3-%D9%83%D9%88%D8%B1%D9%88%D9%86%D8%A7

of the official Scientific Committee to fight Corona Virus told Amnesty International that the Committee had no access to this key official document.

Under human rights standards, states must ensure that any decision-making processes around national allocation involve meaningful and effective participation of representatives of civil society, especially with representation from at-risk populations that could be most impacted by these decisions. It is particularly important for the government to adequately consult with all populations most impacted by its decisions, otherwise, a limited number of influential groups may overshadow other groups who may be more vulnerable but have less influence upon government authorities' decisions.

CONCLUSION

A number of serious transparency concerns remain around the fair allocation of vaccines in Tunisia. Overall, the lack of transparency of vaccination prioritization decisions and incidents perceived as favouritism of more politically influential groups continue to undermine public confidence in the implementation of the national vaccination plan. A deficit of public trust can in turn translate into increased vaccine hesitancy. The current shortages of vaccine supply at a time when Tunisia is experiencing a severe COVID-19 wave, make it even more imperative for the government to recognize and address these challenges to ensure optimal vaccine deployment and protect those most at-risk.