



The COVID-19 pandemic has caused more than 17,000 deaths in Tunisia in a population of about 12 million.

Photo by Fethi Belaid/AFP from <https://www.aljazeera.com/>.

Communication Breakdown: Lessons from Tunisia's Second Wave of COVID-19

In mid-2020, Tunisia stood out as a star within its region. The first wave of the COVID-19 pandemic had taken a high toll in the Middle East and North Africa. But by the end of the second week of August, as the first wave ebbed, Tunisia had recorded 149 cumulative cases per million people—compared with more than 800 per million in Algeria, Egypt, Morocco, and most of the rest of the region. Tunisia's epidemic curve was almost flat. However, the good news was short-lived. By mid-August, the number of COVID-19 cases had started to rise, and by October the number of cases per million in Tunisia matched that of other countries in the area. A year later, Tunisia was a regional hot spot. This case study profiles the difficulty of containing the spread of disease when local governments are new and have limited capacity, when public health guidance from a national government modulates or weakens, and when political distrust runs high.

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A Solid Start for Every Child: The Netherlands Integrates Medical and Social Care

Despite having a sophisticated health-care system and spending more on health care than do most countries in the world, by the early 2010s the Netherlands experienced some of the poorest perinatal-health outcomes in the European Union. After discovering that the problem was rooted in mainly in social and economic challenges, three large cities set out to build integrated, multisectoral teams—*local coalitions*—that brought together service providers

working in both the health-care and social domains. To tailor care to an individual patient's own circumstances, the coalitions transcended the traditional boundaries that separated physicians, midwives, municipal officials, social workers, and other service providers. They worked to integrate records, agree on ways to monitor progress, and designed referral systems and procedural road maps to deal with individual client problems. In 2018, the Ministry of Health, Welfare and Sport expanded this approach to reduce maternal and early-childhood health disparities in municipalities throughout the country. By early 2022, 275 of the Netherlands' 345 municipalities were participating in the program, dubbed Solid Start. This case study captures decision-maker reflections about the early stages of this initiative.

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