
**MEDICINE IN TUNISIA: PAST, PRESENT, FUTURE**
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Medicine is a science of uncertainty and an art of probability [2, 3]. To know it is very important for modern students of all kinds [4, 5, 6]. Nowadays many countries stand tall in this domain and one of the most interesting examples in Northern Africa is Tunisia. In 1898, the Saint Louis Hospital was replaced by the French Civil Hospital. From the very beginning it included 190 beds. Reserved for the French, it was opened to the Israelites in 1925.

In 1900 the Italian colony opened the Montfleury hill, a large hospital of 200 beds financed by its nationals, with the contribution of the Italian government.

In 1899, Dr. Brunswick-Lebihan, an intern at Paris hospital, arrived in Tunisia. In 1902 he was promoted to Director and Head of Surgery at Sadiki Hospital. A talented animator, he created a school of medical auxiliaries and organized a medical service with the help of other doctors: Dr. René Broc, Dr. Hassine Bouhajeb, Dr. Gordon (a woman, provided the women's consultation).

Many hospitals and other medical facilities were opened that time by these doctors. However, in the interior of the country, outside the areas where military garrisons and settlements were established, the health situation remained unchanged.

On December 23, 1902, Charles Nicolle replaced Dr. Adrien Loir at the head of the Pasteur Institute. In 1928 Charles Nicolle received the Nobel Prize for Medicine for his work on typhus. In 1929 he was elected to the Academy of Sciences and in 1932 worked at the Chair of Experimental Medicine at the College de France.

In development of medical science and practical healthcare an important role was played by Dr. Ernest Conseil, close associate of Charles Nicolle. He was a director of the Hygiene Office of the Municipality of Tunis in 1909, he distinguished himself in the fight against epidemics with exemplary devotion, tracking the patients he isolated in lazaret La Rabta. This lazaret, attached to the Sadiki Hospital in 1912, took the name of Contagious Hospital in 1924 and that of Ernest Council Hospital in 1930.

In 1927, the hospital of the mental illnesses of Manouba was opened. In 1932, nearly 200 nurses were engaged in work against malaria. According to the daily Ezzohra, October 13, 1934, the number of doctors who practiced in Tunisia was 340, including 203 in the capital.

In 1939, the Preventorium of Ariana opened its doors. In 1944, the French civilian hospital was named Charles Nicolle Hospital and the Italian hospital became the Liberation Hospital, before becoming the Habib Thameur Hospital at Independence. In 1945, for the first time, a Ministry of Social Affairs including the Department of Health was headed by a Tunisian.

A professional paramedical staff was trained, maternal and child health centers were set up in the hospitals and medical-school centers were entrusted to a body of medical inspectors. In 1950 was created the Center Lamine I devoted to tuberculosis control and the Institute of Ophthalmology to the fight against trachoma. The same year, the dispensary infirmary of Kef was established as a regional hospital with a preventorium.
Private medicine was flourishing. Medical practices were concentrated in the big cities, in relation to the economic level of the inhabitants. Hospital doctors, poorly paid, devoted the best of their time to private clients while providing free care to the needy people.

In the aftermath of Independence, the Government made the human element a national priority. He proclaimed in the Constitution the right to education and health for all. The decennial prospects for 1962/1971 set as an objective the promotion of the man called to evolve in a healthy and dynamic society. In the 1960s, social investments had reached more than 50% of investments.

Planning defined the actions to be undertaken. Faced with the shortage of medical staff, the government contracted a large number of practitioners, most of them from eastern countries, and increased the number of training grants for doctors in France and abroad.

The four-year plan outlined three main areas of health:

- The demographic balance and the intensification of prevention and social hygiene
- Optimizing hospital performance by involving physicians in full-time practice
- The creation of a medical education

1. Demographic balance and intensification of prevention and hygiene

From the beginning of Independence, the Government became aware of the importance of demographic balance in the development process. He abolished polygamy in 1956, raised the age of marriage in 1964 to 17 for girls and 20 for boys, and in 1966 introduced a national family planning program.

The population of nearly 4 million in 1956 increased to 7.5 million in 1987 and more than 10 million in 2008, despite a reduction in infant mortality from 175 in 1956 to 50 in 1987 and 19 in 2008. The life expectancy, which was 51 in 1966, was 69 in 1987 and 74 in 2008 (72 for men and 76 for women).

The health situation recorded a decline in communicable diseases, even their eradication. Indigenous malaria was eradicated in 1979, smallpox in 1980 and poliomyelitis in 1994.

2. Optimization of hospital activity

A reform introducing full-time or arranged by two afternoons of private activity at the hospital was offered at the choice of doctors. It was accompanied by an increase in the remuneration of the staff and an improvement of the premises and the equipment, which made it possible to open the hospital to all classes of society and not only to the indigent.

3. The creation of a medical education

In 1962, the number of Tunisian doctors was 233, mainly composed of general practitioners. It had only two aggregates of French doctors. Despite this, the government decided to start medical education. A faculty of medicine, the first faculty created after Independence, opened in Tunisia in October 1964, with 59 students.

In 1966, four new members of the French faculties joined Tunisia. In 1970, 15 candidates were registered on the list of aptitude in France for the functions of Associate Lecturer.

In November 1973, Tunis organized an essay competition in 18 specialties, with an international jury composed of 43 masters of French and foreign medicine and seven Tunisian graduates. This competition provided Tunisia with 37 new associate lecturers who were added to the 17 lecturers already selected on file.

The fold was taken. In October 1974, two other faculties of medicine were born, one in Sousse, the other in Sfax. In 1975, a faculty of dental surgery, a faculty of pharmacy and, in Sidi Thabet, a School of Veterinary Medicine took office in Monastir, followed in 1980 by a fourth faculty of medicine in Monastir.

Since their inception, the four faculties of medicine have provided 15,488 physicians, the faculty of dentistry 2,578 dentists, the faculty of pharmacy 3,321 pharmacists and the School of Veterinary Medicine 1,463 veterinarians.

In conclusion, it can be said that since independence, the health sector has made remarkable achievements [1]. Tunisian medicine has evolved considerably, both in the training of medical and paramedical personnel, in the improvement of its state and private health network and the quality of services offered to citizens. As you can see medicine is an important
IMPLEMENTATION OF DIRECTLY OBSERVED TREATMENT ON MULTI-DRUG RESISTANT TUBERCULOSIS PATIENTS IN YEREVAN, ARMENIA

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Tuberculosis (TB) is one of the important public health problems globally [31,p.5]. Multi-Drug Resistant tuberculosis (MDR-TB) is fetching more concern nowadays, owing to its intensive medical care requirement [30, p.5, 20, p.5]. The low and middle-income countries are the most victims [31, p.5]. As, Armenia is classified as one of the middle-income countries it is included in the WHO’s TB risk regions with 3495 TB cases [33, p.5, 1, p.3]. Though the morbidity and mortality rate of TB incidence in Armenia is reducing, it was reported that 9.4% of all TB cases in the country were MDR-TB, in 2016 [17, p.5, 26, p.5]. The development of MDR in the country can be narrowed down to definite causes, notably, non-adherence to the treatment strategy leading to development of re-infection with drug resistance, poor awareness programs, poor quality of drugs, treatment plan, co-morbidities, and socio-economic status [9, p.4, 10, p.4, 22, p.5]. With increasing global MDR-TB cases at an alarming rate, WHO has developed and adopted Directly Observed Treatment (DOT) strategy [32, p.5]. Georgia, the neighbor of Armenia sharing its geographical and socio-economic situation as a post-Soviet country, has employed DOT in treatment of MDR-TB and showing hopeful results of treating the disease [14, p.5]. With addition of newly developed drugs and revised DOT strategy, Armenia can provide better treatment to TB patients, ensuring comfortable post disease period and making way to the eradication of the disease [3, p.4, 25, p.5].

Tuberculosis (TB) is one of the top 10 causes of death globally [31, p.5]. Tuberculosis been known to man-kind for around 4000 years [35, p.5]. Development of resistance to antibiotic medications is usual and in the case of Mycobacterium tuberculosis is no different.