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The Financing Health System Problem in Algeria

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Abstract

The health sector in Algeria witnesses a great development, especially during the last two decades of the last century to coincide with the economic and social changes of the country. But despite the enormity of what the state spends on this sensitive sector in order to meet the growing demand for health services provided by the public or private sector, which, however, take advantage of these services was still below the required level where the sector remains vulnerable to various problems.

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1. Introduction

After the Independence Algeria has inherited from the French model of health system a system, and what distinguishes this period, the deteriorating situation and the deteriorating public health, it was necessary to reorganize the health sector in line with the new requirements of the situation, and was the adoption of free medicine policy in 1973, which led to the liberation demand and it accelerate health consumption, especially with the expansion of the health infrastructure.

2. Research Methods

The present study applied the qualitative methods. All data is analyzed descriptively. It is used a paraphrase to explain, elaborate, and explore regarding the phenomenon belonging. The conclusion is the last remarked based on the previous discussion and result.

3. Results and Analysis

The financing of the health sector is still an obstacle to reform and the advancement of this sector given the absence of a scientific basis and properly to cover the services provided expenses, although in recent years has been to prepare

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for project contracting system as an alternative to financing the health sector, but that this program did not emerge Badly Home Vala kalah this basis that we set them to determine Square research and discussion are as follows: what is the meaning that we invest all this money and identifies all of these steps and budgets to the health sector and the results are not in accordance with the objectives of the rule? What are the most important measures taken to when they will be implemented at the sector level of fundingThe answer to this problem may ask us to address two main axes:

3.1 The finance health system in Alge -1

The financing of the Algerian health system has known a limited in harnessing financial resources additional to ensure provision for the growing demand mainly resulting from demographic and pathological changes that you know our country, you know the needs of the growing and diverse population in view of the evolution of living standards, and technological advances in the medical field and the flow of information all of that to make individuals more pressing demand and improve treatment North. omn knew that there are three main sources of financing for health expenditures, (Anderson *et al.,* 2011).

a) State contribution

The system has been in force for the financing of health structures at the time of independence depends on public contribution by the state, local communities where it was estimated at 60% of the total health expenditure, only to make the state free of Medicine in 1974 and the abolition of pricing lump-sum system, becoming the state contribute Besides social security to fund a significant proportion of health expenditure by the annual general budget of arbitrariness, the latter of which is already in the annual Finance Act for framing health policy, medical training and medical Boulton *et al.,* (2005) similarities. The main reason for the development of funding sources is controlled by the state's contribution in the early years free treatment to apply, so that this contribution amounted to the year 1974 about 71%, but they fell thereafter to reach 39% in 1984 and then to 28% in 1989, ie by the economic crisis that began to emerge since the mid-eighties, as well as the restructuring results applied by Algeria with the support of international bodies and institutions, all of these things, formed a barrier to recruiting necessary to finance the health sector resources, is noticeable is that this contribution of relative value in terms Taatnaqs.lkn beginning of the nominal value terms are in It continues to increase as the year 1989 amounted to approximately 355 570 million dinars, compared with the year 1974 where was no more than 60100 million dinars. We note that this decline in the proportion of the state's contribution to the health sector did not last long as it was observed coup in contribution ratio starting from the year 1993, which make sure during the last decade, ranging state ratio of 58% in 2000 and 87% in 2012, possibly due to a permanent disability who became Aaaineh social security fund, Feachem *et al.,* (2010) as the new financial situation faced by the country as a result of high oil prices of 28.73 US dollars in 2003 to US $ 112.92 in 2011 and US $ 109.96 contributed to the year 2014, Lautier (2008) in increasing the proportion allocated to the health sector funds.

Table 1
The contribution of the state in the financing of the health sector
Unit: billion dinars

Year	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**
State allocations to the healthsector	31.811	.36.260	46.751	52.756	60.975	59456	67142
Finance percentage	58%	64.46%	64.94	66.78	68.32	62.12%	64.95%
Year	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2014**
State allocations to the healthsector	106.666	139.047	173.229	187.811	218.566	391.343	307.790
Finance percentage	71.34%	77.98%	81.77%	82.77%	83.21%	87%	83.36

Source: Draft state budget starting from 2000 to 2014

b) The Social Security Fund contribution

The health financing in Algeria through the social security of the most important points to be addressed due to the weight of social security as a financier key (Li & Benton, 1996). We have established social security in Algeria in 1949 as a result of the expansion factor segment, as it ensures ago independence health expenditures for the class

of socially insured persons and their families through insurance pattern of the disease, which Mathers *et al.,* (2001) depends on the price of hospitalization the day that he determined annually 30% of the total expenditures for public health bodies.

The creation of public authorities to free treatment in the public sector, which was one of the effects of the adoption of the hospital funding Lump system for health institutions and this necessarily changes the nature of the prevailing relationship between social security and health institutions, has coincided create this system with the expansion of social and financial base of Social Security as a result of the increasing number of believers socially in 1973 to 300,000 insured socially in 1984, an annual increase rate of 13.46% and it just evolved Fund surplus of 25 million dinars to 1493 million in 1980, while during the last decade the120,885 number of believers has reached socially to 5,321,021 in 2001 and then to 9,994,364 years 2011. This basis has contributed to this increase in the number of the faithful to increase the Fund's income from 240 114 million dinars in 2001 to 713 248 million dinars in 2010.

Table 2
The Contribution of the Social Security Fund in the financing of health spending
Unit: million dinars

Year	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**
Social Security Fund	20540	21 500	24 000	25 000	27 021	35000	35000
Year	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2014**
Social Security Fund	35 000	38000	38 000	38 000	38000	48129	57818

Source: draft state budget for the health sector from 2000 until 2014.

The economic, social and political transformations in Algeria at the end of the eighties years, especially after the collapse of oil prices and political reforms through a multi-party system, prompted the Trust to reconsider the organization of social insurance in Algeria by setting new objectives were as follows:

a) Establish a special independent system retirement.
b) Establish an independent special system of insurance against unemployment.
c) Granting additional privileges to certain sectors such as construction and public works.
d) Expand the circle of beneficiaries of social coverage is Almstrki.

c) The families' contribution

When you talk about private funding and there are exporters special funding:

First, the financing which comes from private or public institutions: seeking to establish health centers in order to bring health services to workers on the one hand, and on the other hand, control of expenses that were given to other sources outside the institution for the conduct of (insurance companies, for example).

Second the financing from person's sources: Through the consumers pay for health services from private financial sources that in exchange for the service provided, as a repayment in whole or in part. Although this source is important for health financing but soon evolved to lift barriers to properties in the field of health, this situation explain abuses in the medical definitions by the private sector because the latter did not respect the official pricing and there is no device that monitors these doctors Add to that the increase Price Entries There are families not insured and therefore are forced to bear the expense entirely, the other of them and some do not claim for compensation by the social security fund and there is another phenomenon which is specific to the medication without resorting to the doctor through the purchase of drugs without a prescription.

Although Order No. 74-65 dated December 28, 1974, free treatment, containing not exclude explicitly participation of families in some health expenditures, but it has not issued any legal provision to raise the ambiguity in this area years eighties before, so that the medical treatments they provide all for free and all segments of society, and even foreigners. In the year 1984 issued an instruction to put an end to this mess, imposed on citizens to contribute to the testing costs of medical treatments and despite the weakness of this contribution, but it Ajhat difficulties in the application is caused by obstruction of an administrative temperament.

Overall health expenditure borne by the Algerian family remain lower than recorded in Tunisia and Morocco, but it remains considerably upon reaching 29.5% in 1997, but has recorded level measurement in a period of Murthy

& Okunade (2009), economic crisis and financial difficulties experienced by Algeria in the nineties and have reached the limits of 28.1% of total expenditures health in 1999, while during the last decade have stabilized the share of individuals in health spending to the limits of 20%. That shows the table following more allodia.

Table 3
The contribution of families in financing the health sector

1974	1983	1987	1992	1997	2002	2007	2009	2010
	2.83	1,59	29.3	29.5	24.7	18.4	13.8	20.1

Source: réalisépar nossoinsen se basantsur

Noura KAID TLILANE: La problématique du financement des soinsenAlgérie, revue Internationale de sécuritésociale n ° 4vol.57, Editions scientifiqueseuropéennes, octobre-décembre 2004, p116
Brahim Brahamia, Transition Sanitaire enAlgérie et défis de financement de l'assurancemaladie, colloque international sur les politiques de santé, Université Constantine 2, 18-19 janvier 2014, P35.

3.2 The relation between problematic social security and the public health system

Many problems interrupt the financing of social security and health of the system and the process which are as follows:

Highlight the first continuous ambiguity as a point with respect to the financing of the interests of the public treatment, so is the share of lump-sum for hospitals and other expenses for public health is very significant in the total expenses for Social Security by more than 42.2% az are public health and free treatment in Algeria on the state budget funding, while funding compulsory insurance of the disease mainly through social security contributions model, and the protection of persons deprived and non-believers are dependent on state subsidy, without the social security of any right of any control on the use of such an ad hoc system of health funds.

The continuation of transfers for treatment abroad, but the presence of a kind of idleness and patronage contributed to the high number of their Almtkvl and as well as amplify the treatment bill, for example, the number of their Almtkvl arrived abroad by social security in 1985, about 6,300 diagnosed with an annual budget of up to 760 million dinars. Although Ranson *et al.,* (2010), recording a gradual reduction of the number of patients referred to the outside, and whose numbers swelled in 2009, nearly 1003 people, only to provide for their bill continued to rise where it was recorded in the same year, 1.5 billion dinars (about 20 million dollars).

Table 4
Evolution of the number of patients referred abroad for treatment by the Algerian social security

Year	1985	1994	2000	2005	2006	2007	2008	2012
number of conversions	**6300**	**4639**	**1541**	**1282**	**1002**	**779**	**578**	**500**

Source: PRL Chachoua: le système national de santé 1962 a nos jour, colloquia international sur la politiques de la santé, Alger le 18,19Janvier 2014, P 25 increase honorable usual Services.

Medicines compensation: The liberalization of prices on the social security of the expenses that often affect social security branch and therefore considerations that this service represents a considerable reached the limits of 28.27% of the total social security expenses ratio of the total amount of 16.44 billion dinars (in 1998), but for for the year 2010 the total social security spending has reached in Algeria 186 billion dinars, of which 110 billion dinars ($ 1.4 billion) to compensate for the drugs that have been purchased from the insured party. Raviglione (2003), this is what leads to the development of the financial envelope to compensate for medicines by 16% compared with the year 2010.

Table 5
Medications expenses for social security in Algeria

Year	**2000**	**007**Algeria
Total health expenditures for Social Security (billion Algerian dinars)	**20.7**	**64.56**
The proportion of pharmaceutical expenditure in relation to total health expenditures for Social Security	% **33**	% **45.68**
Annualexpenditure per beneficiary in Algerian dinars	**1036**	**3243**

Source: BrahmiaBrahime; quelle alternative de financement de l'assurancemaladiedansla transition sanitaire enAlgérie op, cit p20.

3.3 Compensation of the private treatment costs

It should be recalled that it was determined testing rates at a general practitioner and a specialist doctor and dentist, respectively, 05 dinars and 100 dinars and 40 dinars, while medical treatment rates are considered much ridiculous so they range from 9.5 dinars to 11 dinars, so as to compensate the Social Security 80% of these expenses. in the year 1993 ie in the early years of editing application medicine procedures has been estimated this expense to 1.918 billion dinars (compensation for private medical treatment expenses), while in 1998 it was estimated that spending by 688 million dinars a growing amount of 78.7% in this time period to reach these limits alimony to 87.07 billion dinars in 2014, and this corresponds to the evolution of more rate with regard to such expenses.

3.4 Daily compensation of the disease

The believer socially takes care of her Social Security since the first day he stopped working and are compensated by 50% of the daily income during the first 15 days of illness and 100% up to 06 months or 03 years in the case of a disease with a long-term. Longer duration of action against the rights to open 15 days during the quarter preceding the illness for leave of more than 06 Ochehr. a comparison with the legislation of other countries highlights the following points.

In most countries of the world we assume the enrollment period is estimated at six months (04 months for Turkey) and the duration of the work, ranging from 200 hours in France for the short Ejaz and 120 hours in Belgium, reservation these conditions initially character Alashamme to serve the Algerian legislation has eased these conditions Is calculated to take advantage of the health deficit according to the principle of capacity to copolymers believer and an estimated 50% of the average wage in the best ten years in France and 70% of the average wage in Turkey and determine the lowest rate in Algeria on 60% .

3.5 Venture contract system in Algeria

Suffering the health sector in Algeria from several disorders, and perhaps the main reason behind it is the lump financing system which is not subject to any economic logic, Fbspbh been moving from the logic of management to the logic of spending without paying attention to the quality of services Almekdmh. oaaud mainly to that relationship existing between health institutions and funders, which represents the basic Rkizatha State, where he gave itself as the equitable distribution of national revolutions a monopoly over health services, relying on Insurance Fund Alajtmaih.an this uncertainty in the financial relationship between health institutions and fund social security and the state led to the imbalance between the supply of health services and the demand for them, and in the form of a chronic inability to meet the growing needs of the citizens.

To restructure this triangular relationship the parties have been contractual framework put this in order to achieve the objectives of the health system at the lowest cost and control Nfqatha.hzh method allows in the case of disablement shed social sanctions, economic and other health institution that must adapt and correct conduct of style, as well as sanctions against those directly responsible for this Aladz.azn under this proposed program, would pay health costs in Algeria?

4. Conclusion

Despite the advanced stage reached by the contractual process compared to the first years of planning by the preparations that are on the level of ministries, but it remains on the relevant authorities to redouble efforts to familiarize themselves with and to take all aspects of the contractual system and fill all the gaps that hinder its application in Gidh.vtnzim hospital institution relationships with funders in the form of contractual relations require the introduction of new tools in the management by replacing the concept of the hospital and the hospital management concept and institution-related public Mounajmnt with an emphasis on the human element.

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Statement of authorship
The author(s) have a responsibility for the conception and design of the study. The author(s) have approved the final article.

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Health systems are defined as comprising all the organizations, institutions, and resources that are devoted to producing health actions. A health action is defined as any effort, whether in personal health care, public health services or through intersectoral initiatives, whose primary purpose is to improve health. But while improving health is clearly the main objective of a health system, it is not the only one. The objective of good health itself is really twofold: the best attainable average level – goodness – and the smallest feasible differences among individuals and groups – fairness. Goodness means a health system responding well to what people expect of it; fairness means it responds equally well to everyone, without discrimination
National health systems have three overall goals:

a) Good health,
b) Responsiveness to the expectations of the population, and
c) Fairness of financial contribution

WHO describes health systems as having six building blocks: service delivery; health workforce; information; medical products, vaccines, and technologies; financing; and leadership and governance (stewardship). The 2008 Ouagadougou Declaration on Primary Health Care and Health Systems in Africa focuses on nine major priority areas, namely Leadership and Governance for Health; Health Services Delivery; Human Resources for Health; Health Financing; Health Information Systems; Health Technologies; Community Ownership and Participation; Partnerships for Health Development; and Research for Health.

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