Access of patients to medicines in public hospital establishments (PHE) in Algeria: Illustration of a sample taken in the wilaya of Tizi-Ouzou

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Abstract:

The purpose of this article is to highlight the conditions of access to medicines for hospitalized patients in Algeria. It consists of addressing the issue of the availability of medicines for hospitalized patients in public hospitals. The objectives of this article are to question the availability of medicines in public hospitals and to raise the financial constraints they face. Our article is based on a survey conducted among three public hospitals (PHE). To address this issue, we conducted a survey of public hospitals using a questionnaire and contacted the Ministry of Health for statistics on their financial situation. At the end of this study, we found that these hospitals are facing budget shortfalls and recurring drug shortages.

Keywords: public management; new public management; financing; access to medicines; performance.
Jel Classification Codes: I, H51, H5

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1. INTRODUCTION

The purpose of our article is to analyze the conditions of access of patients to drugs in public health facilities in Algeria. Financed by the state budget, which is itself dependent on oil revenues, public health services are highly exposed to financial risks (budget), dependence on foreign pharmaceutical products (world market), the emergence of new diseases and the growth in the number of patients (demography and pandemics). Public health in Algeria is one of the priorities of the State. Medication is a key factor in healthcare. A strategic instrument ensures the continuity and effectiveness of care.

The issue of free healthcare depends on the availability of medicines in public hospitals in Algeria, and on patients' access to this resource. It occurs in the follow-up of chronic, orphan, and functional patients. Furthermore, access to medicines in public hospitals is facing obstacles: the first consists of the availability of financial resources, the second is the availability of the medicine on the national pharmaceutical market, To these two problems are added logistical issues related to stock shortages and their delivery. The process of procurement of medicines by public hospitals suffers interruptions and threatens the sustainability of the Algerian health system based on free care, so what are the obstacles to the delivery of medicines to hospitalized patients?

The study helps to explore the difficulties faced by public hospitals in obtaining essential medicines for patients and to determine the obstacles encountered in terms of funding and access to these products on the market. Compared to other studies, the added value of this study lies in highlighting the conditions of access to medicines in these establishments in terms of inadequacies and constraints. but also to highlight the efforts made by these establishments in order to stock up on medicines and ensure the total care of patients.

In order to provide some answers to this study, we will proceed with the verification of these Hypotheses:

- Free health care, as defined by the health policy, ensures the existence of medicines in public hospitals.

- Despite the financial constraints of public hospitals, the supply chain remains efficient, allowing for a continuous supply of medicines.
- Faced with high demand for drugs due to demographics, combined with the pandemic, public hospital facilities are seeing their reduced capacity hinder them from achieving their objectives.

2. The public hospital between financial efficiency and healthcare performance.

The public hospital is subject to specific management. Thus, it does not lead to the expected results following the missions of general interest that he carries out. The introduction of new management tools that are imperative for effective and efficient management.

2.1 Public hospital management

Management is the action, the art or the way of leading and directing an organization, planning its development and controlling it (BARTOLI & HERVE, 2011, pp. 24-35). Furthermore, public management consists in applying private management techniques to the public sector. For Laufer and Burlaud, inspired by managerial practices, hospital management consists in applying appropriate and specific methods for the management of public health facilities (BOUADI, Sonia., 2015, p. 23). The specificity of hospital management is based on the very characteristics of public health systems (SCOTTI & ALLARI, pp. 1-21). The aim is to establish a governance system that reconciles the interests of all stakeholders in the health system. The public hospital, as a public service institution, obeys the logic of a professional bureaucracy in its management (NOBRE, 2001, pp. 125-146). NPM consists of applying the rules of private management to public organizations such as: strategic planning, effective organization and leadership, and performance monitoring. The effectiveness of hospital management dictates the achievement of objectives: the care of patients and the financial sustainability of health organizations.

In the patient care process, the hospital faces challenges such as the urgency of care related to a risk to human life, population growth, and the emergence of new diseases. The primary mission of the public hospital service is to ensure quality diagnosis and care, disease prevention and

training for health professionals, as well as technical assistance in collaboration with non-hospital practitioners.

However, the management of public hospital establishments following the model of professional bureaucracy has been limited due to the dysfunctions caused by their own characteristics (slowness of decision and action). In this regard, the modernization of the hospital public service, resulting from the introduction of New Public Management (NPM), aims to improve the quality of care provided to patients within healthcare facilities and to control spending based on three main principles: contracting, management delegation, and certification (BERTIZENE & DUBRION, 2013, pp. 83-105)

2.2 The specificity of the issue of public hospital funding

The hospital is a complex organization, with several processes (DE KERVASDOUE, 2001, pp. 39-48) administrative (admission, transfers, etc.), clinical (consultation, ordering medicines, planning the operating room, etc.) and hotel (linen, kitchen, cleaning, maintenance, etc.). Access to care for patients is one of the fundamental rights for which the principle of equality is established (CORNU PAUCHET, 2018, pp. 43-56). Universal health coverage (UHC) stipulates access to quality health services at a reasonable cost for everyone, everywhere (EPF, FPA, & UHC, s.d.) The CSU is working to set up a free or semi-free healthcare system, guided by the requirement to offer a "minimum package" of services accessible to all, with particular emphasis on the most disadvantaged social groups (WITTER & HUNTER, 2017, p. 1).

To achieve these objectives, health governance is being put in place: management, hierarchy, financing. Funding is important for the sustainability of the public health service. The financing of the public hospital has a specific framework stemming from the very foundation of access to care as a fundamental right. It is distinguished by a minimum service financed by mandatory contributions from the public authority, making it possible to cover emergencies as well as hospitalization. This concerns funding related to the purchase of medicines and imaging and infrastructure equipment, as well as the payment of hospital staff.

2.3 Access to medicines

The drug is any substance with preventive (vaccine) or curative properties, these are products administered to establish, restore, correct or modify the physiological functions of the human being. Some medicines are essential or indispensable to health care, because they bring satisfaction to the population. Accessibility to medicines is synonymous with access to care and management. The universal nature of the general health insurance scheme in France aims to provide protection for the entire population (LAMOTHE, 2002, pp. 12-13). Medicines are necessary in the public sector because they allow the continuity of the service of general interest. The public hospital suffers from a lack of funding; it uses complex financing mechanisms to maintain the level of care expected by the population. Medication remains the lifeblood of the hospital; the continuity of care depends on the financial capacities of health organizations. The management of pharmaceutical products in a hospital is the responsibility of the hospital pharmacy, which is responsible for planning, selecting, supplying, preparing, quality control, storage, distribution and dispensing medicines (RAVELOJAONA RATSIMBAZAFIMAHEFA, 2017, p. 22).

Manage the hospital's drug supply or "supply chain management (SCM)". SCM consists of managing the flow of medicines to patients through a clinical pathway. The SCM includes the logistics circuit of medicines, from purchase to consumption of the medicine by the patient. These are the phases of prescription, dispensing and administration of the drug. The logistical process is defined from the purchase of the drug to its delivery in the care units (BENOIT, 2015). Hospital logistics aims to achieve overall performance (COSTIN, 2010, pp. 29-48). Client (patient) satisfaction is an indicator of efficient logistics in the process of providing patients with the care they need for their recovery.

The management of the hospital pharmacy is essential for the performance of the drug supply chain, whether clinical or logistical. This performance appears through patient satisfaction, which is an indicator for assessing their access to medicines. Management at the Central Hospital Pharmacy is a managerial process that must be able to control the medication circuit and satisfy the patient.

3. Access to medicines in Algerian public hospital establishments

Faced with population growth, Algeria must address health challenges such as lack of equipment, insufficient hospital beds and shortage of medicines. The government has allocated a budget of 1,004.4 billion dinars ($7.52 billion) to the health sector, including the pharmaceutical industry, as part of the 2025 draft Finance Act. according to Abdelhak Saihi, Minister of Health, during his presentation before the Finance and Budget Committee of the National People's Congress (NPC) in October 2024, this budget represents a 19% increase over the previous year, when the budget allocated to health was 848 billion dinars ($6.3 billion). he strengths of this budget are the specific allocation of 238 billion dinars for prevention, 17 billion for training, 551 billion for general administration, management of health facilities, hospitals and the purchase of medicines. The central pharmacy is being strengthened with a budget of 145 billion dinars with the aim of improving the supply of medicines to health institutions.

3.1 Financing of public health facilities in Algeria and the challenge of drug availability

The public hospital establishments are public structures with a legal status dedicated to the health care of the population. They provide free healthcare, as guaranteed by the Algerian constitution. In 2021, Algeria had 300 public hospital establishments (PHE), 273 public community health facilities (PCHF), 1,706 polyclinics, 6,207 treatment rooms, 534 community-based maternity units integrated with polyclinics, and 16 university hospital centers (UHC), and 83 specialized hospitals Establishments (SHE). The financing of public health in Algeria is mainly through the public budget, followed by the social insurance fund and minimal contributions from patients.

Based on a forward-looking funding model (CASTONGUAY, 2013, p. 23), he public hospital is financed by the public budget, it meets the character of annuality. Indeed, Algerian health establishments make their forecasts based on previous consumption with a margin of increase of about 10% per year (inflation measure). Subsequently, arbitrations are carried out at the supervisory level (Ministry of Finance and Health) in order to

determine the actual budget, then allocate it at the national level. Thus, an inter-ministerial decision is established jointly between the Ministry of Finance and the Ministry of Health, which sets the share of public health institution expenses: Public Hospital Establishment (PHE), Public Community Health Institutions (PCHI)., the Specialized Hospital Establishments (SHE) and University Hospital Center (UHC) of all the wilayas of the country.

The sources of funding for public health institutions are: contributions from social security bodies, from the budget allocated to the health sector, and from specialized hospitals (university hospital centres) and the financial coverage of the medical expenses of insured persons and their dependants. The latter is valued at 28.61% of the appropriations allocated to the Ministry of Labour, Employment and Social Security

3.2 The drug budget is a pivotal element of the care activity

The drug is the essence of the functioning of hospital structures. The supply of these structures with medicines in Algeria is financed as an operating budget by two types of budgets:

- A budget annex I: Charged to the operating budget (chapter thirteen, public accounting), in which we can read: purchase of medication from the CHP (Central Hospital Pharmacy) of Algiers (purchase of reagents, consumables, and other pharmaceutical products), and the purchase of medicines from private suppliers. ndeed, health institutions contract purchases from the central pharmacy (they have credits allocated by the State), a purchase authorization from the private sector.
- The annex II budget: consists of the financial transfer from the ministry to the Algiers CHP for the purchase of the drug; each health facility has its own quota equal to its size and the number of patients attending it.

Indeed, the supply chain passes through the order from the hospital establishment to reach the central pharmacy and private drug wholesalers and pharmaceutical companies.

4. Access to medicines in public hospital establishments (EPH):

Investigation methodology

To understand the procurement process of public hospitals in medicine and verify our assumptions, we opted for a qualitative methodology. We thus carried out a questionnaire survey between March 2022 and November 2022, and the results were updated in 2025, among the managers of three Public Hospital Establishments (PHE). How is the supply of these public hospital establishments supplied with medicines? How are the medicines allocated to patients (from prescription to consumption)? And what are the obstacles encountered in making medicines available to hospitalized patients?

The questionnaire is intended for managers of PHE. We chose to do a qualitative study, with the choice of a convenience sample consisting of three PHE in the wilaya of Tizi Ouzou. This choice is motivated by our proximity to these PHE. Furthermore, we have contacted the administration of the Ministry of Health for statistics regarding the financial situation of these public hospital establishments. The three PHE concerned are located in municipalities with an average distance to the Tizi Ouzou University Hospital of 45 km.

The sample taken consists of three hospitals. They take care of the sick in the commune and those in neighboring communes. In other words, they are responding to a significant demand, such as the number of admissions. For the interviewees, the questionnaire is addressed to the hospital director, the head of the pharmacy, and the person in charge of resources and finances. Nevertheless, to answer all the questions and determine the penalties related to this access, we conducted interviews with the department heads of all hospital wards in the three institutions.

Our investigation was limited to the three EPH. Thus, these EPH are subject to a single set of regulations within the framework of health policy and pharmaceutical policy, furthermore, the same supplier provides medicines to these establishments, which is the Central Pharmacy of the Hospitals of Algiers. Consequently, the availability or disruption affects all establishments.

These PHE are health facilities located at the local level. An EPH in Algeria

is a public administrative structure, with legal personality and financial autonomy, responsible for providing care, prevention, training and medical research to the population.

The results of this survey introduce in two points: the first will be devoted to the description of these PHE investigated, with an emphasis on the budget allocated to medicines. The second will focus on the analysis of the responses to the questionnaire. The first table introduces a descriptive state of our sample, in which it is noted that these PHE are medium in size.

Table (1) : Evolution of the number of inpatient and emergency beds in PHE A (Boghni), PHE B (Draa El Mizan) and PHE C (Larba nath Irathen) from 2016 to 2024

years	Public hospital establishment	Medical specialty beds			surgical specialty beds			Gynecologic-Obstetrics specialty	Observation beds in the emergency room	total
		man	woman	children	man	woman	children			
2016	PHE A	20	22	28	12	18	4	25	/	129
	PHE B	30	30	18	50	50	6	30	6	220
	PHE C	54	52	46	22	24	5	56	18	277
2017	PHE A	20	22	28	12	18	4	25	/	129
	PHE B	15	15	18	76	76	-	30	6	236
	PHE C	34	32	30	9	11	5	36	18	175
2018	PHE A	20	22	28	12	18	4	25	/	149
	PHE B	30	30	18	76	76	-	30	6	204
	PHE C	34	32	30	9	11	5	36	18	175
2019	PHE A	20	22	28	12	18	4	/	/	104
	PHE B	30	30	18	45	45	-	30	6	204
	PHE C	34	32	30	9	11	5	36	18	175
2020	PHE A	20	22	28	11	14	4	21	/	120
	PHE B	30	30	18	45	45	-	30	6	204
	PHE C	34	32	30	9	11	5	36	18	175
2021	PEH A	20	22	21	11	18	-	27	/	119
	PHE B	30	30	18	45	45	-	30	6	204
	PHE C	34	34	34	20	18	6	36	20	202
2023	PHE A	26	26	21	11	18	9	27	/	138
	PHE B	30	30	18	60	60	-	30	6	234
	PHE C	40	40	34	16	16	6	36	20	208
2024	PHE A	26	26	21	11	18	9	27	/	138
	PHE B	30	30	18	60	60	-	30	6	234
	PHE C	34	34	30	16	16	6	36	20	192

Source: Carried out by ourselves from the statistical yearbooks of the Ministry of Health.

5. Analysis and interpretation of survey results

Following our questionnaire survey in the three PHE, the responses to our questionnaire are synthesize as follows: First, we conducted a descriptive analysis in both graphs, followed by an analysis of the budget execution

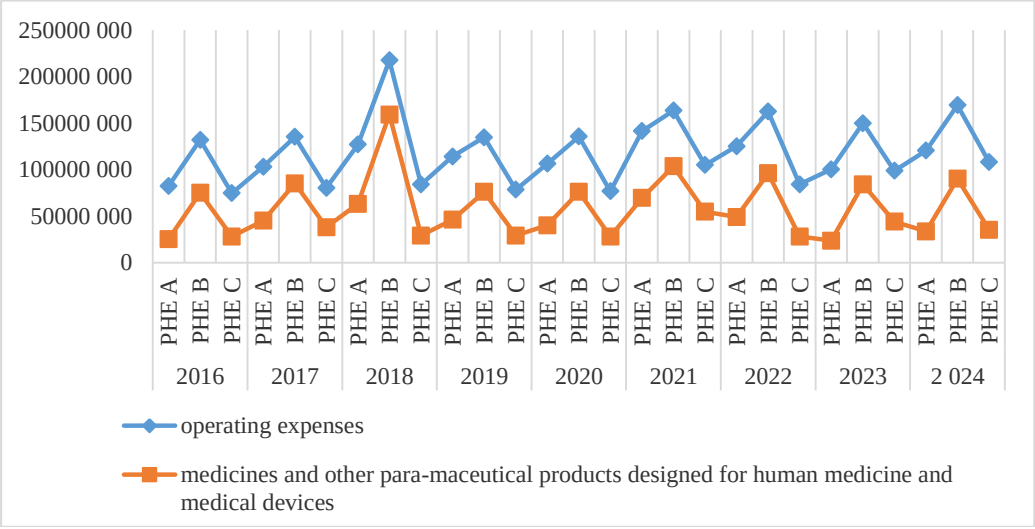
conditions and the obstacles encountered in the supply and delivery of medicines to hospitalized patients in these hospitals.

5.1 Descriptive analysis of survey results

5.1.1 The share of the drug budget in the budget of the PHEs surveyed

The PHE budget is a part of the sectoral budget allocated to the Ministry of Health. The drug budget is an operating expense. The first chart shows the spending situation of the hospitals surveyed between 2016 and 2024.

Fig.1. Evolution of the share of the drug budget in the operating budgets of the surveyed public hospital establishments (2016-2024)



Source: Carried out by us using data from interministerial decisions regarding the distribution of income, expenses, and financial situations of the P.H.E, P.C.H.I, S.H.E, and UHC (2016-2021) of the wilaya of Tizi-Ouzou and the financial situation (2022-2024) of the PHE investigated from the Ministry of Health.

The graph shows two curves: one representing the evolution of the overall budget allocated to the PHE subject of our study, superimposed on the curve representing the expenditures allocated to the purchase of medicines by these hospitals. There has been a constant change in the overall expenditure of these hospitals, along with that of medicines. We also note that PHE B receives a higher budget compared to the other two (which is due to its larger size; see the first table 1). The decrease in spending by

these hospitals in 2016 is explained by the effects of the 2014 oil shock (95% of the public budget is financed by hydrocarbon revenues).

The budget allocated to the purchase of medicines follows the same trajectory as the overall budget allocated to PHE.

The second table introduces the percentage of the (initial) budget intended for the purchase of medicines. It appears through this table:

- An apparent difference between these PHE regarding the share of the budget allocated to the purchase of medicines. The PHE C earmarks a lower share of the budget for medicines compared to the other two, while its management capacities are higher (see the first table).
- The increase in the share of the budget reserved for the purchase of medicines for the years between 2018 and 2022 is justified by the COVID-19 pandemic, and the number of patients hospitalized and treated has increased.

Table (2) : Weight of drug expenditure in the overall budget of public hospital establishments

	2016	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
PHE A	5.57	9.15	12.43	8.36	14.52	10.69	11.45	3.41	4.56
PHE B	11.20	12.54	23.09	11.96	11.2	12.86	15.65	9.29	9.54
PHE C	6.17	8.43	6.68	6.75	6.29	15.18	11.75	5.22	5.22

Source: Developed by ourselves from the survey data.

Moreover, despite its importance in the provision of care, the share of the initial budget reserved for medicines in the operating budget is very insignificant. During our investigation, we found that this budget does not reflect the actual expenditures of these PHE.

Each year, a supplementary budget is allocated to the hospitals to cover the insufficiency of initial funding and to repay these hospitals' debts.

5.1.2 The process of supplying EPHs with medicines

The Public hospital establishments have an operating budget of which an insignificant part is reserved for the purchase of medicines. The procurement process starts with a needs assessment at the end of the year, based on the current year’s consumption. Subsequently, a budget is

allocated to the PHE in order to obtain medicines from both the central hospital pharmacy (CHP) and private pharmacies. How are the public hospitals supplied with medicines?

Supply Chain Management (SCM) at the central hospital pharmacy is present throughout the entire flow of the drug circuit between the CHP and the hospitals. The SCM of the CHP is governed by Circular No. 007/SP/MIN/MSPRH/05, in which we find that the logistical and clinical circuit was subject to other strict rules, those relating to the management of psychotropic drugs and narcotics.

The supply of EPH is done based on a weekly purchase order, allocations for urgent needs, and individual and nominative orders. Indeed, depending on their activities, and in theory all services receive the medicines they need. This SCM ensures the delivery of medicines and prevents supply delays, except in the event of a stock shortage at the C.H.P.

According to the head of PHE A, on average each year, the internal medicine department consumes 12.93% of the drug budget, while the general surgery department consumes 5.94% of the budget. The rest are the expenses generated by outpatient treatment and inter-facility exchanges of patients.

For PHE B, the expenses of the surgery department represent 9.54%, those of the internal medicine department equal 6.65%. The prevention service consumes 4.80% of the budget; the hemodialysis service appropriates 10.79% of the budget. What weighs the most on drug spending is the care of outpatients who hold more than 53% of it.

For the PHE C, the management of orphan (rare) diseases accounts for most of the budget devoted to medicines. The annual shares represent respectively 89.32%, 88.58% and 92.32% of total spending in 2019, 2020 and 2021. Medical coverage in this social category can deprive other hospitalized patients of their right to access medicines. The share reserved for other forms of ill-treatment is 10% of drug purchases. Indeed, despite their importance, internal medicine and medical emergencies services have only 1.85% of annual purchases for the period studied. For the other services, their drug consumption does not exceed 0.90%.

5.2 Analysis of the survey results

- Overstretched care capacity by hospitals, a challenge to overcome:

Hospital intake capacity in Algeria is a growing concern, especially due to the COVID-19 pandemic. Population growth associated with the appearance of new diseases and the growth in the number of chronic patients means that hospitals are under great pressure.

Table (3) : Evolution of admissions and availability of beds in surveyed public hospital

years	**public hospital establishments**	**Total beds**	**medical/surgical admissions/Obstetrics Gynecologist**			**medical, surgical, obstetric gynecologist hospitalization days**			**patient**	***hospitalization days***
			man	woman	children	man	woman	children		
2016	PHE A	129	1447	2676	2570	9087	10924	8347	6693	28358
	PHE B	220	1212	4366	1189	8151	11707	4265	6767	24125
	PHE C	277	1381	3505	1384	9432	15086	6335	6270	30853
2017	PHE A	129	1344	2626	2939	8069	10454	10662	6909	29185
	PHE B	236	1547	2838	1344	8925	13856	6078	5729	28859
	PHE C	175	835	1912	1090	4915	9715	5081	3837	19711
2018	PHE A	149	1200	6462	2881	2264	11162	9821	10543	13247
	PHE B	204	1518	5483	1457	10289	15811	6616	8458	32716
	PHE C	175	845	2062	1088	6112	9144	5758	3995	16344
2019	PHE A	104	1293	3315	2481	8475	13615	9711	7089	31801
	PHE B	204	1628	9540	1509	10231	16314	7044	12677	33589
	PHE C	175	959	2252	1278	5948	9904	4455	4489	20307
2020	PHE A	120	1460	2858	1192	9040	10115	5330	5510	24485
	PHE B	204	1366	5572	1158	6721	14140	4084	8096	24945
	PHE C	175	548	1316	753	3275	5184	3074	2617	11533
2021	PHE A	119	1310	2738	1416	4822	8964	4019	5464	17805
	PHE B	204	1708	4314	1191	11143	14421	4152	6213	29710
	PHE C	202	470	1152	764	3166	4518	2693	2386	10377
2022	PHE A	119	1346	2528	2487	8132	9922	7884	6361	25938
	PHE B	204	1443	2604	1313	8013	10733	3764	5360	22510
	PHE C	224	938	1521	889	5228	7700	2509	3348	15437
2023	PHE A	138	1396	3342	2629	8395	12335	2821	7367	23551
	PHE B	234	814	3199	1455	7260	9959	3785	5468	21004
	PHE C	208	1197	1715	908	6045	8400	3537	3820	17982
2024	PHE A	138	1463	3718	2316	8359	12356	6782	7497	27497
	PHE B	234	1928	3659	1049	7790	11903	3321	6636	23014
	PHE C	192	1139	1302	767	6369	7631	2091	3208	16091

Source: carried out by ourselves from the statistical directories of the Ministry of Health

The third table presents the evolution of patient admissions to surveyed public hospitals and the availability of beds in these public hospitals. We can see the pressure put on these health facilities by the reduced number of hospital beds, which increased during the COVID-19 pandemic.

The demand for medicines is influenced by changes in the number of patients. The surveyed establishments have differences in hospital services staffing, and therefore in the type of essential medicines.

Spending on medicines for hospitalized patients depends on two factors: the number of patients and the duration of hospitalization. There is also the type of disease; some require more expensive treatments than others, for example nosocomial infections, autoimmune diseases and end-of-life care.

Public hospital institutions also provide outpatient treatment for patients with chronic diseases, which is a category of illness, increases drug spending due to the high cost of treating these diseases such as: as: leukemia, psoriasis, cardiology, breast, prostate and colon tumors, inflammatory rheumatism, polyarthritis... etc.

5.3 The obstacles encountered in funding medicines in the surveyed public hospital establishments

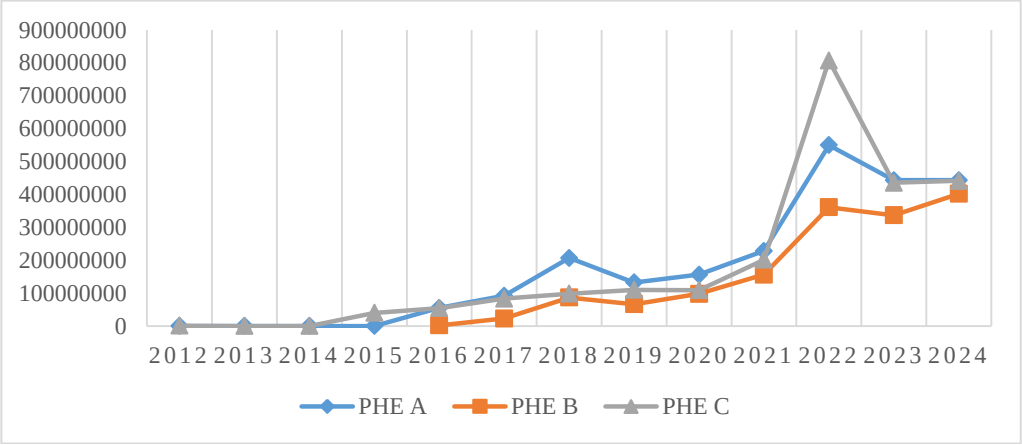
The social mission assigned to the public hospital, combined with free healthcare, attracts a large number of patients in public hospitals. The obligation to cover hospitalized patients comes up against the insufficient funding allocated to these public hospital establishments. Furthermore, in order to meet the growing demand for hospital services, the PHE directs drug demand towards cheaper molecules (generic drugs).

Nevertheless, since the hospitals obtain their supplies from the Central Hospital Pharmacy, which has a monopoly on the distribution of medicines to the hospitals, the type and quantity of medicines delivered to the PHE depend on those available at this central pharmacy. For example, the purchases made by P.H.E "C" of the C.H.P. during the 2016-2024 period rose from 67.35% to 80% of all purchases by this P.H.E. This denotes the state’s monopoly in the supply of medicines to public hospitals despite their limited financial autonomy. It should be emphasized that this monopolistic

management of the supply of medicines to hospitals has the advantage of granting (opening) each hospital a credit with the CHP, allowing hospitals to obtain medicines on credit.

The increase in these may be linked to the growth of outpatient treatments. The second chart introduces the evolution of debts related to the purchase of medicines from the CHP.

Fig.2. Evolution of the debts incurred by the three public hospital establishments in respect of medicines towards the Central Pharmacy of Algiers Hospitals (2012-2024)



Source: Graph produced by us using data from E.P.H. "A," "B," and "C" and the financial situation (2022-2024) of these public hospital facilities belonging to the Ministry of Healt

Before 2013, hospitals were not able to obtain medicines on credit from the CHP, as circular No. 007/SP/MIN/MSPRH/05 of 2005 concerning the management of pharmaceutical products and public health establishments, required them to respect the principle of balanced budgets. This obligation is explained by the fact that the university hospitals did not respect the amounts allocated (overexpenditure of appropriations). This note recalls the objective of rationality in spending, as well as ensuring the permanent availability of medicines in hospitals. As such, the latter must contract purchases of generic drugs at a lower cost.

Furthermore, the same note states that university hospitals carry out

financial transfers to cover the debts of hospital establishments within the framework of cooperation between hospitals. However, these transfers are starting to generate debts for these hospitals following the increase in hospitalized patients treated in 2022 (see Table N°2). This period is characterized by the COVID-19 pandemic, which led to growth in demand for medicines due to the increase in the number of patients (hospitalized and ambulatory in addition to rare diseases), combined with rising drug prices. These accumulated debts have aroused the concern of the public authorities, leading to the implementation of a reform. Organic Law No. 18-15 of 2, September 2018, concerning the finance laws. This law is part of the implementation of hospital management based on objectives to be achieved, results, and monitoring and evaluation, applicable from 2023.

6. CONCLUSION

The national health policy is based on free treatment, which ensures that patients in the establishments surveyed are cared for. This access is dependent on the availability of medicines. The financial dependence of these nursing homes on state resources makes therapeutic care for hospitalized patients limited. The availability of medicines in public hospital facilities is subject to disruptions depending on the contingencies to which the public budget may be subject (lower hydrocarbon prices, lack of tax revenue, public policy priorities...).

Supply chain management applied in the logistics management of EPH supply highlights a circuit based on rationality in drug prescriptions in the middle of these EPHs. His supply system applied forces the P.H.E to incur debts towards the C.H.P of Algiers in order to meet their obligation for total healthcare coverage.

The pharmaceutical policy ensures the dispensing of medicines to hospitalized patients and those treated on an outpatient basis, it is rely on the state’s monopoly in the distribution of medicines in hospitals, as evidenced by the role of the CHP in rationing hospitals for medicines. The reality of the growing number of patients treated in view of the COVID-19 pandemic, the emergence of chronic diseases and orphan diseases is putting public hospital facilities in difficulty. Indeed, in addition to the financial

constraints faced by these hospitals, the hospital drug market is facing recurring shortages and shortages of certain hospital drugs essential for the care of patients. and affects the state of health of patients and complicates the management of services.

During our field survey, we found that in several cases the myth of free care is dispelled when the relatives of the patients, the associative movement active to seek funds to finance the purchase of medicines. The Algerian drug market has experienced particular growth in recent years (production of generic molecules); it is managing to meet local demand for particular drugs. It remains dependent on external markets, whether for the main drugs or the inputs for the pharmaceutical industry.

In the end, the financing method adopted in particular the free healthcare introduced in a favorable economic context is currently a constraint for public finances.

The surveyed public hospital establishments offer a free care service. They encounter several problems in their care-giving process. In addition to the financial constraints borne by public hospitals in terms of debt, there is also the disruption in the drug market that makes drugs sometimes inaccessible. As a result, these public hospital establishments are facing recurring shortages of certain medicines, or even shortages. Doctors use and prescribe other generic drugs with the same therapeutic characteristics even if their quality and efficacy are less important than the product prescribed in rupture. However, if the rupture is long-term, it has a negative impact on patients' health and expenses; the hospital asks patients to buy the medication from outside the hospital, sometimes from outside the country at the patient’s expense. (If the hospital molecule can be substituted by that of pharmacy). This reality calls into question the fact that health care is free.

The management applied to the hospital pharmacy does not lead as a whole to the performance of the drug circuit. It calls into question the principle of efficiency due to insufficient budget, as well as the principle of effectiveness due to the lack of medicines on the market. Thus posing a challenge for the pharmaceutical industry. Consequently, patient satisfaction as much as a performance indicator is far from being achieved in such a

financing and management mode.

At the end of this study, we recommend certain measures that could improve access to medicines in public institutions in particular and in Algeria in general:

- Still investing heavily in the pharmaceutical industry;
- Strengthen research and development of new molecules;
- Reducing barriers to the import of parent and innovative molecules;
- Involve new stakeholders in the financing of health facilities.

Thus, we suggest the following research perspectives in order to translate results into our health system and advance it by improving access to medicines and care:

- Conduct studies on health systems deemed to be efficient, such as that of France, whether in terms of structuring, financing, or management, and highlight shortcomings and suggest solutions.
- Analyser le phénomène d'accessibilité aux médicaments dans certains pays de l'Europe pour des comparaisons et adapter tous décisions pouvant renforcer cette accessibilité émanant de cette recherche

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