

The Development of Free Healthcare and its Impact on the National Healthcare System

تطوّر الرعاية الصحية المجانية وتأثيرها على النظام الصحي الوطني

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Abstract:

The greatest achievement for the public health sector in Algeria has been adopting a policy of free healthcare as a concept and reality, embodied in the large, widely distributed foundational structures across the country. However, in reality, we see the sector struggling to fulfill its duties optimally. This failure does not stem from the fact that the services provided by the public sector are free for every Algerian citizen at any time, which causes demand to increase. Therefore, this situation raises the question of whether healthcare should be chargeable, where patients would pay a certain amount for treatment without involving social security. This could potentially lead to better healthcare development.

Keywords: Health-Free healthcare-Contractual system-Healthcare facilities- Health protection.

المخلص:

يُعَدُّ تبني سياسة الرعاية الصحية المجانية كفكرة وواقع من أبرز الإنجازات التي حققها قطاع الصحة العمومية في الجزائر، حيث تجسدت هذه السياسة من خلال الهياكل القاعدية الكبرى والمتوزعة بشكل واسع عبر التراب الوطني. غير أنَّ الواقع يُظهر أن هذا القطاع يواجه صعوبات في أداء مهامه على النحو الأمثل. ولا يعود هذا الإخفاق إلى كون الخدمات التي يقدمها القطاع العمومي مجانية ومفتوحة لكل مواطن جزائري في أي وقت، مما يؤدي إلى ارتفاع الطلب، بل يطرح هذا الوضع إشكالية حول ما إذا كان من المفترض أن تكون الرعاية الصحية مدفوعة، بحيث يساهم المريض بمبلغ معين مقابل العلاج دون تدخل الضمان الاجتماعي، وهو ما قد يُفضي إلى تطوير أفضل للقطاع الصحي.

الكلمات المفتاحية: الصحة – الرعاية الصحية المجانية – النظام التعاقدى – الهياكل الصحية – الحماية الصحية.

Introduction:

The decision to provide free healthcare was a first step toward making the healthcare sector more effective and unifying its system as a whole. It also aimed at implementing health programs closely related to the social and economic issues of individuals, by utilizing all means and measures to protect and promote health and generalize free healthcare.

As a result, healthcare became a national mission that required important and decisive measures to strengthen it, particularly in the areas of education and training, and increasing the

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number of basic health structures, alongside the strict implementation of regional balance, in accordance with the political decision regarding free healthcare across all health sectors. In parallel, there was a call for the unification of the national health system.

Free healthcare is considered a principle of public facilities and a revolutionary gain that Algeria inherited since independence, enshrined in all Algerian constitutions except the 1963 Constitution. It has become a non-negotiable gain. Based on this, we raise the following issue: Did the adoption of the principle of free healthcare in Algeria contribute to the fulfillment of the public health sector's duties and the achievement of its set objectives?

We will address this issue in two main parts: first, we will explore the development of free healthcare and its impact on the healthcare system, and second, we will examine the contractual system as an essential step toward reforming the financing of health institutions.

First Section: Enshrining Free Healthcare in Various Legal Texts

The principle of free healthcare was enshrined in Article 1 of Ordinance 73-65, which established the foundation for free treatment. Despite the absence of any charter that provides a broad interpretation of this ordinance, the guarantee of the right to free healthcare for all in public health facilities affirms its status as a legal principle¹.

1. Adopting free medical treatment as a constitutional and legal principle

Ordinance 73-65, enacted in 1973, established the provision of free treatment in healthcare sectors. Therefore, the right to health guarantees free treatment for all citizens, which is reflected in the complete free provision of all medical services offered in healthcare facilities², including those related to treatment, prevention, and hospitalization.

The policy of free healthcare was derived from popular demands for social justice. This principle was enshrined in the 1976³ Constitution under Article 67, which explicitly stated: "All citizens have the right to healthcare, and this right is guaranteed through the provision of public, free health services, expanding the scope of preventive medicine, and improving living and working conditions, as well as promoting physical education, sports, and recreational activities." Thus, this principle was affirmed and made a constitutional mandate to be respected.

In this context, the National Charter of 1976 also emphasized the right of citizens to free healthcare, stating: "Free healthcare is a revolutionary achievement and a cornerstone of public health activities, a practical expression of national solidarity, and a means to implement the citizen's right to treatment."

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¹Mohamed Kandouz, thesis for obtaining a Master's degree titled "Developments in Health Law in Algeria within the Framework of Health System Reform", Public Law, Administration and Finance Branch, University of Algiers 1, 2012-2013, p. 19.

²Constitution of the People's Democratic Republic of Algeria, dated 30th of Dhi al-Qi'dah 1396, corresponding to November 22, 1976, Official Gazette No. 79.

³Constitution of the People's Democratic Republic of Algeria, dated 30th of Dhi al-Qi'dah 1396, corresponding to November 22, 1976, Official Gazette, previous reference.

As for Law 85-05 issued on February 16, 1985,⁴ concerning the development and protection of health, it dedicated an entire section of three articles to this matter due to its importance. Article 21 explicitly stated: "The state shall mobilize all means necessary to protect and promote health by ensuring the availability of free medical care," which is consistent with what was stated in the 1989 Constitution in Article 51.

Additionally, the 1986⁵ National Charter, in pages 246 and following, addressed the right to health, stating: "The state is responsible for caring for and improving the health of citizens. Public health activity must contribute to human progress and help people live in a constantly changing world." Based on this, free medicine is considered a revolutionary gain, the foundation of public health activities, a practical expression of national solidarity, and a means to ensure citizens' right to treatment.

Law 85-05 is considered one of the best achievements by Algerian legislators in the field of health, as it dedicated Chapter Three to the principle of free treatment. This was further enshrined in the 1996 Constitution, in Article 54, which stated:

"The state shall place all the means necessary to protect and promote health by ensuring free treatment."

Thus, free treatment was extended to include all health services, including diagnosis, treatment, and hospitalization, within all public hospitals. This was reaffirmed by Law 16-01, dated March 6, 2016, in the constitutional amendment in Article 66.

While the Law on the Protection and Promotion of Health confirmed what was established in the 1976 Constitution, amended by the 1989 Constitution, as well as in Ordinance 73-65, it also provided a comprehensive definition of health activities, including prevention, treatment, and research. It defined the scope of health services within healthcare institutions providing free treatment, and outlined the state's role in providing the necessary resources for public health through free treatment.

2. The beginning of the rollback of the principle of free medical treatment

with the issuance of Order 03-94 on December 31, 1994, which included the Finance Law, there was a retreat from the principle of free treatment. The state was no longer able to provide public hospitals with a comprehensive budget as it had previously. The state used to contribute 85% of the health institution budgets, most of which were allocated to employee salaries, while social security contributed the remaining 15%.

However, due to economic and social pressures and changes in health policy, the state became unable to fully support health protection and development. As a result, the principle of free treatment began to decline in Algeria, which was confirmed with the issuance of the joint ministerial decision on January 7, 1985, between the Ministry of Finance and the Ministry of Health. Consequently, the revenues of public hospitals began to be represented as follows:

1. Income derived from agreements with social security.
2. Revenue from occupational medicine activities.

⁴Law 85-05, dated February 16, 1985, concerning the protection and promotion of health, Official Gazette No. 8.

⁵National Charter, dated 30th of Jumada al-Awwal 1406, corresponding to February 9, 1986, Official Gazette, No. 7.

3. Compensation by social security for general and specialized treatment expenses and hospitalization, which were set at 100 DZD and 50 DZD.
4. Contribution from beneficiaries of accommodation and meal services in medical facilities, including students, university students, professors, and workers.
5. Contribution from beneficiaries of medical consultation services.

It is worth noting that the treatment and hospitalization expenses of 100 DZD and 50 DZD do not apply to all groups but exclude the following:

1. Hospital staff, their spouses, and children under their care.
2. War veterans, widows of martyrs, and their entitled family members.
3. Children under five years old and children living in assisted conditions.
4. Those required to perform national service.
5. Holders of disability cards.
6. Caregivers of patients, as they contribute to public service.
7. Patients affected by epidemics or natural disasters.
8. Individuals within the social welfare network.
9. Workers disabled due to accidents at work, those unable to work, or those receiving social security assistance below the national minimum wage.

In addition to the fact that contributions to health expenses do not cover all categories, there are national health protection programs funded by the state through health institutions, allowing full access to these completely free services. These programs include:

- Program to combat maternal mortality before childbirth.
- Child vaccination program.
- School and university health program.
- Program for the prevention of chronic respiratory diseases.
- HIV/AIDS prevention program.
- Other national programs, such as those for polio, diabetes, and other chronic diseases.

What can be observed here is that Law No. 85-05,⁶ which ensured comprehensive free treatment, has not been amended or supplemented by any other law, respecting the principle of the parallelism of forms. Therefore, regardless of the joint ministerial decision that came to limit this comprehensive free treatment, the Law on the Protection and Promotion of Health remains in effect, respecting the principle of legal progression.

Law 85-05 distinguished between two important phases:

The first decade, marking the establishment of a healthcare system based on the crucial element of free treatment as a legal and political principle.

The second decade, which marked the beginning of a deviation from this principle through the reduction of the scope of health services to prevention. The state's role was diminished, and its involvement in ensuring health protection was limited to prevention.

⁶Article 20 of Law 85-05, previously mentioned.

Article 54 of the 1989 Constitution, amended in 1996, states: “The state is responsible for the prevention of and combating epidemic and infectious diseases.”⁷

By implication, treatment for diseases, diagnosis, and hospitalization were abandoned by state resources. This indeed represents a deviation from the original principle, and this retreat was formalized by the joint ministerial decision between the Minister of Finance and the Minister of Health, issued on January 7, 1995, concerning family and household contributions to specified expenses, alongside state contributions through the budget and social security institutions. According to the provisions of the joint ministerial decision, the contribution scope includes three areas:

1. Contribution of patients to food and accommodation expenses.
2. Contribution of patients to general medical treatment expenses.
3. Contribution of patients to private medical treatment expenses.⁸

3. Challenges of applying free treatment policy

The health sector currently faces enormous challenges primarily related to its ability to meet the health needs of society. The rapid growth in the use of limited resources and rising national healthcare expenses due to population growth and the increase in individual healthcare usage, along with medical advancements that have opened the door to more treatment and diagnostic options, have driven the demand for healthcare up. As a result, achieving better health outcomes with fewer resources has become one of the most significant challenges faced by the public authorities in Algeria.

Despite the massive spending on healthcare in Algeria, the Algerian health system ranks third, behind Tunisia and Morocco, and 81st globally, according to statistics from the World Health Organization in 2005. This is a relatively low ranking compared to the financial, material, and human resources allocated to the sector. This is evident through clinical health indicators such as occupancy rates, turnover rates, the number of inpatients, and epidemiological health indicators like the prevalence of chronic diseases, infectious diseases, and those that indicate the achievement of health care goals, such as life expectancy rates and the system's response to the equitable distribution of services.

Aware of the importance of health, there was a shift towards thinking strategically about organizational and procedural mechanisms for efficient management of the health system. The result was the adoption of a new health map that separates preventive activities, managed by community health institutions, from therapeutic and adaptive activities, managed by various healthcare institutions. However, this development and change were not fully aligned with the set objectives. Although material and financial resources were available, they were not accompanied by improvements in service delivery. This is evident from the general sense of dissatisfaction

⁷Mohamed Kandouz, op. cit., p. 26.

⁸Mohamed Kandouz, same reference, page 27.

among citizens regarding the services provided, which are supposed to be the ultimate goal of their existence and the focus of strategy.

The greatest achievement for the public health sector in Algeria has been adopting a policy of free healthcare as a concept and reality, embodied in the large, widely distributed foundational structures across the country. However, in reality, we see the sector struggling to fulfill its duties optimally. This failure does not stem from the fact that the services provided by the public sector are free for every Algerian citizen at any time, which causes demand to increase. Therefore, this situation raises the question of whether healthcare should be chargeable, where patients would pay a certain amount for treatment without involving social security. This could potentially lead to better healthcare development.

Additionally, hospital distribution across geographical areas varies. It has been observed that as the number of hospitals increases, the demand for healthcare services also rises. When healthcare services are provided at no direct cost to the population, or when the state bears the cost of these services, the demand for healthcare increases freely, as the price for the service is zero.

This results in an infinite demand for services, with the available supply being limited, which creates long waiting lines at healthcare facilities.

The current financing system, based on free treatment, has strained social security funds, which once covered a significant portion of healthcare expenses. However, with the economic crisis and the decline in oil prices, the burden of these expenses has gradually shifted to the state, which now contributes more than 60% of total expenses, while social security's contribution remains token. However, the positive aspect of this system lies in the solidarity it fosters in sharing healthcare costs. It can be described as a system that ensures treatment for most segments of society, even when patients do not have the funds to pay, a level of accessibility to healthcare that many countries have not reached. Yet, the overcrowding in public hospitals today naturally leads to a decline in the quality of healthcare services.⁹ Moreover, there are other factors affecting the morale of healthcare staff, such as the lack of incentives and low wages.

Therefore, it is necessary to reconsider the policy of free healthcare as a general principle, with exceptions for underprivileged individuals, in order to improve the health sector. This could be achieved by relying on the concept of health marketing, which is based on the principles of commercial marketing but differs in its objectives. While commercial marketing seeks profit, health marketing seeks to not only achieve profit but also provide the best services and improve and develop the quality of healthcare services.

Section Two: Reforming Free Healthcare by Introducing the Contractual System.

The process of reforming the healthcare system in Algeria is a national public policy adopted by the public authorities to improve and develop the health sector and bring its institutions and structures closer to the Algerian citizen, with the aim of ensuring the public health of the population.

⁹DalahSouissi, "The Information System as a Tool for Improving the Quality of Health Service in Public Hospital Institutions: A Case Study of the Public Hospital Institution Mohamed Boudiaf, Ouargla," Master's Thesis, University of KasdiMerbahOuargla, Faculty of Economic Sciences, Commercial Sciences, and Management Sciences, 2013, p. 11.

Reforming the healthcare system has become more than necessary, especially in the field of free treatment, due to the various shortcomings observed in the management of the system. Given the many criticisms of the free healthcare policy in Algeria and its impact on the healthcare institutions' budgets, the public authorities have moved to reorganize free healthcare by involving social security funds. This aims to achieve a sense of solidarity in providing treatment for large segments of society.

On this basis, the overall effectiveness of the healthcare system can be considered relative. This topic will address the concept of the contractual system, its foundations, objectives, and its practical implementation in reality.

1. Introduction to the Contractual System

The emphasis on the principle of healthcare services in Algeria through the successive programs and policies of the state, political parties, and governmental and non-governmental organizations is evidence of the society's commitment to social justice and solidarity among different segments of society. This social justice has been viewed from different perspectives, as free treatment for all does not necessarily mean equality in access to healthcare services, nor does it imply that everyone benefits from the same level of healthcare services. Since the establishment of the principle of free treatment in Algeria, healthcare services were made available to all.

Due to the problems faced by the Algerian healthcare system in terms of organization and management, the public authorities sought to improve the methods of financing the health system by replacing the old financing system, or the so-called flat-rate financing system, which was characterized by incoherent expenditures, with a new system—the contractual system—established by Law No. 91-25, dated December 18, 1991, concerning the finance law. Article 175 of this law states:

“This financing is based on contractual relationships between social security, the Ministry of Health, and its modalities are defined through regulations.”

The 1992 Finance Law organized the contribution of social security institutions to the operating budget of public health institutions, where it should be based on a contractual basis. Meanwhile, expenses for prevention, training, and medical research remain the responsibility of the state budget, in addition to financing treatment for the poor or those without health insurance¹⁰.

This approach aims to reorganize how the public health structures are financed and managed, in order to rationalize costs and improve healthcare services, and to achieve a balance between the excessive increase in national health expenditures and the growth in gross domestic production¹¹. This indicates the need to reconsider the flat-rate financing method.

***A Contract according to the World Health Organization:¹²**

¹⁰Djamila Benyoucef-Barr, L'hôpital public et la nécessité d'une réforme en Algérie, La Revue des sciences commerciales, I N C, N° 08, July 2008, page 253.

¹¹Mostefa Khiati, Regard sur la santé, Algiers, Edition Dahlab 1995, page 16.

¹²KharoubiBzara Omar, Master's Thesis, "Reform of the Health System in Algeria 1999-2009," University of Algiers 3, Faculty of Political Science and Media, 2010-2011 academic year, page 87.

A contract is an agreement between two or more economic entities, through which they commit to either relinquish or acquire, perform or refrain from performing certain actions. In this context, the contract represents an administrative connection between independent partners.

*** Contracting in the Concept of the Contractual Approach:¹³**

It means that the public health institution enters into a contract with its financiers to provide a service or care in exchange for financial compensation equal to the total costs incurred to provide the service according to accepted standards.

a. Parties to the Contractual Process:

To provide healthcare services, the following parties must be involved:

1. Service Provider: This is the party that provides the healthcare service, represented by public hospitals.
2. Financier: This is the second party in the contractual process, consisting of both the state and social security funds.
3. Consumer: These are the patients or customers of the health sector in the economic sense.

In Algeria, the parties to the contract are addressed in Article 132 of the 1995 Finance Law, which states that the parties involved in financing public health include entities responsible for funding health expenses, based on data and information provided by the healthcare institution offering the service. According to Article 132/3 of the 1995 Finance Law:

The State is a party in the contract, and its role is to cover expenses related to prevention, training, medical research, and health services for the needy, uninsured individuals, and those without income.

The State determines the needy individuals through the Directorates of Social Activities in the provinces and is responsible for appointing necessary staff to carry out this process. After identifying lists of the needy uninsured individuals, they are provided with a card that allows them to benefit from mandatory health insurance, with the local communities paying the subscription fees.¹⁴

Social Security Funds become parties when it concerns insured patients and their entitled family members. These institutions are dedicated to serving workers and their families, and their main funding source is the deductions taken from workers' salaries. Their role is to provide social protection to workers by achieving solidarity and justice among everyone. The National Social Security Fund is a public institution that provides social services, acting as an intermediary between workers and employers. According to Executive Decree No. 97-466, dated December 2, 1997, the National Social Security Fund became a public institution with a special status, enjoying legal personality and financial independence. Its tasks and powers include:

¹³BelkacemHelouane, "The Contractual Approach as a New Model in Management," Al-Maseer Journal, Special Issue, National School of Public Health, 1999, p. 12.

¹⁴SaidanRachid, Bouhena Ali, "The Reality of Health Services in Terms of Reforms," Al-Bashayer Economic Magazine, Issue 1, September 2014, p. 7.

- Managing social insurance, occupational accidents, and work-related diseases.
- Covering expenses and monitoring disputes related to social security contributions for contracts and unemployment.
- Contributing to the prevention of work accidents and occupational diseases.
- Managing payments due to beneficiaries under international social security agreements.
- Organizing and exercising medical oversight and conducting social medical work.
- Informing beneficiaries and users.

The Service Provider refers to healthcare institutions that provide treatment services. Public health institutions submit quarterly reports to the relevant social security funds regarding the insured and their entitled family members who have been treated in public healthcare institutions.

Beneficiaries of the Service:

These are the patients treated in public healthcare institutions, considered customers in this contract. They are obligated to pay for their healthcare services according to the category they belong to. They are classified into three groups:

1. Needy or indigent individuals: Fully covered by the state.
2. Insured individuals: They are required to pay 20% of hospitalization costs, with the remaining costs covered by social security services.
3. Non-insured individuals: They bear the full cost of their hospitalization.¹⁵

2. The Legal Foundations of Contracting:¹⁶

These are represented by the element of mutual consent between the parties to the contract and the subject matter of the contract, which outlines the obligations of each party in the terms of the contract. It is undoubtedly clear that the validity of contracts, in various forms, relies on two important pillars: the first is the principle of the sovereignty of the will, and the second is the principle of consent. The latter cannot be devoid of the choice of the other party, meaning that valid contracts cannot be concluded unless in a competitive environment that allows the parties to choose from various offers presented.

The contract for providing health services is potential, contractual, consensual, and binding for both parties. In this context, consent can be considered the cornerstone of the contractual relationship between the three parties of the contract:

*** Consent of the Consumer:**

The consumer is protected from fraud and deception in addition to his right to hospitalization in the quantity and quality that he needs, based on the cost he can afford. On this basis, we see that the consumer's consent to the health service is linked to the extent of the care provided by the treating doctor or healthcare facility, as well as the effectiveness of the treatment and the patient's recovery.

*** Consent of the Treating Doctor or Healthcare Facility:**

¹⁵Saidan Rachid, Bouhena Ali, Op. cit., p. 9-10.

¹⁶Suleiman Mohamed, "General Theory of Obligation in Algerian Civil Law," University of Algiers, University Press, 1992,p27.

This is through:

The doctor's consent is linked to the effectiveness of the treatment he provides and his adherence to the ethics and principles of the medical profession, in addition to his agreement to the payment for the service he provides.

The healthcare facility is required not to exceed the budget allocated to it, or else it will face a budget deficit, leading to its bankruptcy and loss of trust and credibility with its clients.

*** Consent of the Funders of the Production Process:**

This can be summarized as follows:

The consent of the funder is measured by how well the treating doctor or healthcare facility controls the costs of treatment and prevention, meaning that the healthcare service should not exceed the available budget and must adhere to the principles of economic analysis. The funder's consent is linked to the quality of the healthcare service provided and its impact on both individual and collective life, as well as the patient's satisfaction with it. However, the ultimate goal for the funder is to achieve marginal benefit at the lowest possible cost.

As for the contractual relationship intended to be applied in Algerian public hospitals, its principles are derived from an important principle of administrative law, namely "privileges of public authority," with the state being its cornerstone. Therefore, we conclude that this is a contract of adhesion, where the state imposes all its terms, marginalizing the principle of negotiation and choice.¹⁷

The final element is the cause and motivation behind the contract, which must be lawful and aimed at creating transparency in the relationships between the funders of the healthcare sector and the producers of healthcare services. It should also clarify the relationships between the service consumers and the institutions responsible for collecting mandatory contributions, taxes, and fees. Furthermore, it opens the door to competition as a means to lower costs while improving service quality and reducing production costs. Therefore, the motivation in the healthcare sector is to identify the funder who must pay the treatment bill, with the goal of achieving both economic and facilitative objectives at the same time.

3. Objectives of Contracting and Its Practical Application:

Contracting is considered a new approach to financing the health system, aiming to achieve several goals that can enhance the effectiveness of this sector. These objectives can be summarized as follows:

*** Controlling Expenses:** This refers to achieving the set goals at the lowest possible cost, and it allows for the following:

- Accuracy in financing.
- The ability to set expense estimation rates.
- Freedom of initiative and competition.
- The contractual system enables the health sector to control its expenses by:

¹⁷Kheroubi Bazzara Omar, op. cit., p. 88.

- Diagnosing costs.
- Rational management of financial and human resources.
- Using health indicators to evaluate health activities.
- Relying on new management tools, such as dashboards, institutional projects, and performance contracts.

*** Improving the Quality of Care: This is achieved through the following:**

- Focusing on courtesy, proper reception, and guidance.
- Implementing hygiene principles in the healthcare environment.
- Emphasizing the qualitative aspect of healthcare services, rather than focusing solely on quantity.
- Achieving transparency in the relationship between public institutions and their funders.

*** Controlling the Health System:** The restructuring of the health system necessarily involves considering the role of both public and private healthcare structures and defining their functions. Contracting allows the state to define the health system and eliminates the barriers that have been established between the public and private sectors in healthcare. This is achieved by integrating the private sector into the health system.

*** Respecting the Principle of Gradual Treatment:** This goal requires the training and standardization of human resources, rationalizing material resources, and adapting the organizational framework to allow the integration of both public and private sector capabilities in healthcare, particularly in areas with inadequate health coverage. This also involves supporting public health services by making access to them easier and more efficient, while better utilizing the private sector's resources and the medical services they offer to ensure the best possible care for citizens.

To implement the comprehensive reform plan, the Ministry of Health, Population, and Hospital Reform developed an integrated strategy that identified weaknesses and tested an initial experience by applying methods and mechanisms in some health sectors, specialized centers, and university hospitals. This led to the implementation of a contracting policy, which brought together three key entities directly related to the patient:

- The Ministry of Health and Hospital Reform.
 - The Social Security Authority.
 - The Directorates of Social Welfare.
- These entities were mobilized with the necessary resources to ensure the smooth operation of this new approach, which directly links citizens to healthcare institutions. The process can be summarized in the following stages:
- Providing the social security registration card.
 - Issuing the “poor” card, which is obtained by those in need through the Directorate of Social Welfare.
 - Providing the military insurance card (for the national army and national gendarmerie).

The service recipient submits these cards to the admission office upon entering the hospital to complete the procedures related to the cost bill that details the various services the patient received during their hospital stay. On the other hand, the state has worked on creating the necessary infrastructure to implement the contracting system through:

- Continuous training for sector workers and equipping hospitals with new facilities and equipment.
- Focusing on the admission office and enhancing it with a national billing program, as it is the main point of contact responsible for applying these reforms.

-Issuing instructions that emphasize proper care, including food, accommodation, and treatment.¹⁸

However, it can be observed that this system has not been successfully implemented to date, despite some attempts that have failed. Financing remains the biggest obstacle for public authorities in applying the reforms. Even though there may be a desire and intent to reform the health system, how can a contractual system be implemented when the social security sector refuses to apply it? As a result, there has been no agreement with the Ministry of Health on health service pricing, and consequently, the system remains only theoretical and not yet operational.

Conclusion:

Since the establishment of free healthcare by the state in Algeria, all necessary means have been put in place to meet the needs in the healthcare sector in order to achieve the goals set by the Ministry of Health. However, this has not led to an improvement in healthcare services; rather, the opposite has occurred. Most healthcare professionals consider free treatment to be one of the biggest problems facing the healthcare sector nationwide. Public hospitals experience overwhelming demand from healthcare users, both day and night. However, if we conduct a simple survey of these patients, we find that only 40% actually need medical examinations, whether general or specialized.

Free healthcare is the policy followed in determining the health strategy in Algeria, and despite all the resources provided by the state, healthcare has not reached the level it aimed to achieve, particularly in most medical specialties and services offered in existing healthcare facilities. The failure of the healthcare sector cannot solely be attributed to this policy, but also to the poorly planned geographical distribution of healthcare services. The largest concentration of healthcare institutions and specialists is found in major cities, compared to other regions, especially rural areas.

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